to surface that, unbeknownst to the builders or to the consumers, much of the drywall coming from China emitted high levels of corrosive sulfur.

Currently, thousands of homeowners in 42 States, as well as in the District of Columbia, Puerto Rico and American Samoa, have been enduring an emergency situation in which contaminated drywall from China has been causing ever worsening destruction and damage to their homes. It has also caused serious health problems for the families living in those homes. Like my friend from Virginia, in having the opportunity to visit with families and listen to them share their stories about the illnesses that come one after another after another to their children, ultimately forcing them to move from their homes, one can't be helped but be moved to action.

The problematic drywall corrodes copper piping and wiring in homes, which causes the failure of air-conditioning systems, telecommunications wiring, wiring for lighting and other household appliances. Such corrosion poses both potential fire and safety hazards in homes, and it causes undue financial hardship for homeowners who are constantly forced to repair or replace essential appliances.

The damage to the housing structures and the detrimental health impact on family members caused by contaminated Chinese drywall renders many of these homes simply uninhabitable. Such a situation forces some families to find alternate housing while also having to maintain the mortgages on their homes that are uninhabitable. In these difficult economic times, tremendous strain is being placed on limited family finances to constantly replace or make repairs to essential home appliances or to pay for other housing options while maintaining that mortgage on an uninhabitable home with Chinese drywall. These families have been and are in desperate need of assistance.

This bill seeks to provide assistance to homeowners who have contaminated drywall in their homes and to prevent contaminated drywall from entering the country in the future.

Our bill will assist homeowners who are victims of this problematic Chinese drywall by urging the Secretary of Commerce to insist that the Chinese Government facilitate a meeting between the companies that manufacture the contaminated drywall and the representatives of the U.S. Government to help remedy homeowners who have the contaminated drywall in their homes. In addition, the bill urges the Secretary of Commerce to insist that the Chinese Government direct the companies that manufactured this contaminated drywall and exported it to this country to submit to the jurisdiction of the United States Federal courts and to comply with any decisions issued by those courts on behalf of the homeowners with this contaminated drywall.

The bill will ensure that similar problematic drywall is not imported into this country in the future. It would require that each sheet of drywall that is imported for use in the U.S. be labeled with the name of the manufacturer and the month and year of manufacture. In addition, the bill requires that the Consumer Product Safety Commission ensure that future drywall manufactured or imported for use in the U.S. contain sulfur limits that do not cause elevated rates of corrosion in the home. The bill also requires the CPSC to revise their remediation guidance for homes with contaminated drywall to include a provision that contaminated drywall removed from homes should not be used in the production of new drywall.

This bill is a product of bipartisan negotiations, and it demonstrates how this House works best when both sides work together to get something done for the American people.

I really do want to express my sincere appreciation to my cochair of the Congressional Contaminated Drywall Caucus, Congressman RIGELL, for all of his hard work and leadership on this issue.

I also want to thank the Energy and Commerce Committee, particularly Chairman UPTON and Chairwoman BONO MACK, for their help as well as the help of Ranking Member WAXMAN and of the ranking member on the subcommittee, Congressman BUTTERFIELD.

I would also like to thank Congresswoman and Chair ILEANA ROS-LEHTINEN from the Foreign Affairs Committee for all of her hard work, together with that of Ranking Member BERMAN, in the commitment to finding a compromise to permit this bill to move forward.

Finally, I would like to recognize my friend Congressman MARIO DIAZ-BALART for his tireless work on this issue from the time the first reports of contaminated drywall surfaced and for providing much-needed assistance to those victims of contaminated Chinese drywall.

For all of these reasons and for all of the people who have been affected, I urge my colleagues this evening to support the passage of H.R. 4212.

I yield back the balance of my time.

Mrs. BONO MACK. As I have no further requests for time, in closing I just want to make one very important point here—and I think it's a great point to make right now—which is that Republicans and Democrats are united on this very important health and safety issue. ''Made in China'' is stamped on everything from kids' toys to consumer electronics, so let's just make sure it is stamped on our drywall, too. Let's also make sure that this is a safe product, that it's environmentally friendly, and that someone stands behind it.

I applaud Mr. RIGELL for his hard work, and I thank Mr. DEUTCH very much for bringing it to our attention and for working with our committee. I, too, thank the staffs of the subcommittee and the full committee for all of their hard work over these past many days.

With that, Mr. Speaker, I am going to ask that my colleagues support H.R. 4212, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GOHMERT). The question is on the motion offered by the gentlewoman from California (Mrs. BONO MACK) that the House suspend the rules and pass the bill, H.R. 4212, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: ''A bill to prevent the introduction into commerce of unsafe drywall, to ensure the manufacturer of drywall is readily identifiable, to ensure that problematic drywall removed from homes is not reused, and for other purposes.''.

A motion to reconsider was laid on the table.

□ 2050

FDA USER FEE CORRECTIONS ACT OF 2012

Mr. UPTON. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 6433) to make corrections with respect to Food and Drug Administration user fees, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

The text of the bill is as follows:

H.R. 6433

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''FDA User Fee Corrections Act of 2012''.

SEC. 2. CORRECTIONS TO FDA USER FEES.

(a) Section 502(aa) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352(aa)) is amended by striking ''744A(a)(4)'' and inserting ''744B(a)(4)''.

(b) Subchapter C of title VII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379f et seq.) is amended—

(1) in section 738(i)(2)(A)(ii), by striking ''shall only be available'' and inserting ''shall be available'';

(2) in sections 744B(a)(2)(E)(ii)(II), 744B(a)(3)(C)(ii)(III), 744B(a)(4)(D)(i)(II), and 744B(a)(4)(D)(ii)(II), by inserting ''for such year'' after ''obligation of fees'' each place it appears; and

(3) in section 744B(i)(2)(C)—

(A) by inserting a comma after ''September 30, 2013''; and

(B) by striking the comma after ''for fiscal year 2013''.

(c)(1) Notwithstanding section 744B(a)(2)(E)(ii) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379j–42(a)(2)(E)(ii)), the fee authorized under section 744B(a)(2) of such Act for fiscal year 2013

shall be due 30 calendar days after publication of the notice provided for in section 744B(a)(2)(C)(i) of such Act.

(2) Notwithstanding section 744B(a)(3)(C)(ii) of such Act, the fee authorized under section 744B(a)(3) of such Act for fiscal year 2013 shall be due on the later of—

(A) the date of submission of the abbreviated new drug application or prior approval supplement for which such fee applies; or

(B) 30 calendar days after publication of the notice referred to in section 744B(a)(3)(B)(i) of such Act.

(3) Notwithstanding section 744B(a)(4)(D)(i) of such Act, the fee authorized under section 744B(a)(4) of such Act for fiscal year 2013 shall be due not later than 45 days after the publication of the notice under section 744B(a)(4)(C)(i) of such Act.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on this bill, H.R. 6433.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

NATIONAL PEDIATRIC RESEARCH NETWORK ACT OF 2012

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6163) to amend title IV of the Public Health Service Act to provide for a National Pediatric Research Network, including with respect to pediatric rare diseases or conditions, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6163

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Pediatric Research Network Act of 2012''.

SEC. 2. NATIONAL PEDIATRIC RESEARCH NETWORK.

Section 409D of the Public Health Service Act (42 U.S.C. 284h; relating to the Pediatric Research Initiative) is amended—

(1) by redesignating subsection (d) as subsection (f); and

(2) by inserting after subsection (c) the following:

''(d) NATIONAL PEDIATRIC RESEARCH NETWORK.—

''(1) NETWORK.—In carrying out the Initiative, the Director of NIH, acting through the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development and in collaboration with other appropriate national research institutes and national centers that carry out activities involving pediatric research, may provide for the establishment of a National Pediatric Research Network consisting of the pediatric research consortia receiving awards under paragraph (2).

''(2) PEDIATRIC RESEARCH CONSORTIA.—

''(A) IN GENERAL.—The Director of the Institute may award funding, including through grants and contracts, to public or private nonprofit entities—

''(i) for planning, establishing, or strengthening pediatric research consortia; and

''(ii) for providing basic operating support for such consortia, including with respect to—

''(I) basic, clinical, behavioral, or translational research to meet unmet needs for pediatric research; and

''(II) training researchers in pediatric research techniques.

''(B) RESEARCH.—The Director of NIH shall ensure that—

''(i) each consortium receiving an award under subparagraph (A) conducts or supports at least one category of research described in subparagraph (A)(ii)(I) and collectively such consortia conduct or support all such categories of research; and

''(ii) one or more such consortia provide training described in subparagraph (A)(ii)(II).

''(C) NUMBER OF CONSORTIA.—The Director of NIH may make awards under this paragraph for not more than 20 pediatric research consortia.

''(D) ORGANIZATION OF CONSORTIUM.—Each consortium receiving an award under subparagraph (A) shall—

''(i) be formed from a collaboration of cooperating institutions;

''(ii) be coordinated by a lead institution; and

''(iii) meet such requirements as may be prescribed by the Director of NIH.

''(E) SUPPLEMENT, NOT SUPPLANT.—Any support received by a consortium under subparagraph (A) shall be used to supplement, and not supplant, other public or private support for activities authorized to be supported under this paragraph.

''(F) DURATION OF SUPPORT.—Support of a consortium under subparagraph (A) may be for a period of not to exceed 5 years. Such period may be extended by the Director of NIH for additional periods of not more than 5 years.

''(3) COORDINATION OF CONSORTIA ACTIVITIES.—The Director of NIH shall—

''(A) as appropriate, provide for the coordination of activities (including the exchange of information and regular communication) among the consortia established pursuant to paragraph (2); and

''(B) require the periodic preparation and submission to the Director of reports on the activities of each such consortium.

''(e) RESEARCH ON PEDIATRIC RARE DISEASES OR CONDITIONS.—

''(1) IN GENERAL.—In making awards under subsection (d)(2) for pediatric research consortia, the Director of NIH shall ensure that an appropriate number of such awards are awarded to such consortia that agree to—

''(A) focus primarily on pediatric rare diseases or conditions (including any such diseases or conditions that are genetic disorders (such as spinal muscular atrophy and Duchenne muscular dystrophy) or are related to birth defects (such as Down syndrome and fragile X));

''(B) conduct or coordinate one or more multisite clinical trials of therapies for, or approaches to, the prevention, diagnosis, or treatment of one or more pediatric rare diseases or conditions; and

''(C) rapidly and efficiently disseminate scientific findings resulting from such trials.

''(2) DATA COORDINATING CENTER.—

''(A) ESTABLISHMENT.—In connection with support of consortia described in paragraph (1), the Director of NIH shall establish a data coordinating center for the following purposes:

''(i) To distribute the scientific findings referred to in paragraph (1)(C).

''(ii) To provide assistance in the design and conduct of collaborative research projects and the management, analysis, and storage of data associated with such projects.

''(iii) To organize and conduct multisite monitoring activities.

''(iv) To provide assistance to the Centers for Disease Control and Prevention in the establishment or expansion of patient registries and other surveillance systems.

''(B) REPORTING.—The Director of NIH shall—

''(i) require the data coordinating center established under subparagraph (A) to provide regular reports to the Director of NIH and the Commissioner of Food and Drugs on research conducted by consortia described in paragraph (1), including information on enrollment in clinical trials and the allocation of resources with respect to such research; and

''(ii) as appropriate, incorporate information reported under clause (i) into the Director's biennial reports under section 403.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. UPTON) and the gentlewoman from California (Mrs. CAPPS) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. UPTON. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, this legislation brings us a step closer to providing more help to children with unmet health needs, especially those with rare pediatric and genetic diseases.

According to the National Institutes of Health, the NIH, there are 6,800 rare diseases, and most of these conditions have no treatment or cure, and they primarily affect children. I would guess that everyone in this Chamber is personally aware of the devastating impact of these diseases with some family that they know. I, myself, have spent some time with a family from my district whose children have spinal muscular atrophy, SMA. It is a very rare pediatric disease that is the leading genetic cause of death in infants and toddlers.

These are great kids. I've got a picture of one of them here. When they came to see me, they told me that their names were Cinderella and Sleeping Beauty. They really are. These are just really marvelous children. They're great kids, and it's a source of real sadness that their disease is the kind that is often incurable and often untreatable.

The barriers to research on rare and genetic diseases are those that are common to most research. It's already difficult to initiate the experimental and lengthy research needed to find treatments and cures; however, when the population of patients is so small, maybe only a couple dozen in a State, these problems are even more difficult to solve.

This legislation is going to help us establish pediatric research networks and a consortia that are a proven way to overcome those gaps in research. Networks and consortia will be comprised of leading institutions that act