

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22
U.S.C. 1754(b), COMMISSION ON SECURITY AND COOPERATION IN EUROPE FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2012

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Fred Turner:									
Austria	Euro		1,418.00						1,418.00
United States	Dollar				4,712.00				4,712.00
Robert Hand:									
Monaco	Euro		387.00						387.00
United States	Dollar				2,535.90				2,535.90
Total			1,805.00		7,247.90				9,052.90

SENATOR BENJAMIN L. CARDIN,
Chairman, Commission on Security and Cooperation in Europe,
Oct. 11, 2012.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22
U.S.C. 1754(b), THE MAJORITY LEADER FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2012

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		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Nancy Erickson:									
Germany	Dollar		875.07						875.07
Sweden	Dollar		1,442.82						1,442.82
Norway	Dollar		622.18						622.18
* Delegation Expenses:									
Germany	Dollar						489.48		489.48
Sweden	Dollar						1,290.74		1,290.74
Norway	Dollar						545.80		545.80
Total			2,940.07				2,326.02		5,266.09

* Delegation expenses include payments and reimbursements to the Department of State under the authority of Sec. 502(b) of the Mutual Security Act of 1954, as amended by Sec. 22 of P.L. 95–384.

SENATOR HARRY REID,
Majority Leader, Nov. 6, 2012.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Ms. LANDRIEU. Mr. President, I ask unanimous consent that the Senate proceed to executive session to consider the following nominations: Calendar Nos. 345 and 519; that the nominations be confirmed en bloc; the motions to reconsider be considered made and laid upon the table, with no intervening action or debate; that no further motions be in order to any of the nominations; that any related statements be printed in the RECORD; that the President be immediately notified of the Senate's action and the Senate then resume legislative session.

The PRESIDING OFFICER. Without objection, it is so ordered.

The nominations considered and confirmed en bloc are as follows:

FEDERAL DEPOSIT INSURANCE CORPORATION

Martin J. Gruenberg, of Maryland, to be Chairperson of the Board of Directors of the Federal Deposit Insurance Corporation for a term of five years.

Thomas Hoenig, of Missouri, to be Vice Chairperson of the Board of Directors of the Federal Deposit Insurance Corporation.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

PREEMIE REAUTHORIZATION ACT

Ms. LANDRIEU. Mr. President, I ask unanimous consent that the Senate

proceed to the immediate consideration of Calendar No. 516, S. 1440.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1440) to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act" or the "PREEMIE Reauthorization Act".

SEC. 2. RESEARCH AND ACTIVITIES AT THE NATIONAL INSTITUTES OF HEALTH.

The Secretary of Health and Human Services may, subject to the availability of appropriations, expand, intensify, and coordinate the activities of the National Institutes of Health with respect to research, including transdisciplinary research, on the causes of preterm labor and delivery, tools to detect, prevent, or reduce prevalence of preterm labor and delivery, and the care and treatment of preterm infants. Such activities may include—

(1) *investigating problems in clinical obstetrics, particularly those related to prevention of low birth weight, prematurity, and medical problems of pregnancy;*

(2) *improving the care and outcomes of neonates, especially very-low-birth weight infants; and*

(3) *enhancing the understanding of genetics as they relate to the underlying processes that lead to preterm birth to aid in formulating more effective interventions to prevent preterm birth.*

SEC. 3. RESEARCH AND ACTIVITIES AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) *EPIDEMIOLOGICAL STUDIES.—Section 3 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b-4f) is amended by striking subsection (b) and inserting the following:*

"(b) STUDIES AND ACTIVITIES ON PRETERM BIRTH.—

"(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations—

"(A) conduct epidemiological studies on the clinical, biological, social, environmental, genetic, and behavioral factors relating to prematurity, as appropriate;

"(B) conduct activities to improve national data to facilitate tracking the burden of preterm birth; and

"(C) continue efforts to prevent preterm birth, including late preterm birth, through the identification of opportunities for prevention and the assessment of the impact of such efforts.

"(2) REPORT.—Not later than 2 years after the date of enactment of the PREEMIE Reauthorization Act, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1)."

(b) *REAUTHORIZATION.—Section 3(e) of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b-4f(e)) is amended by striking "2011" and inserting "2017".*

SEC. 4. ACTIVITIES AT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

(a) **TELEMEDICINE AND HIGH RISK PREGNANCIES.**—Section 3301(i)(1)(B) of the Public Health Service Act (42 U.S.C. 254c-14(i)(1)(B)) is amended by striking “or case management services” and inserting “case management services, or prenatal care for high-risk pregnancies”;

(b) **PUBLIC AND HEALTH CARE PROVIDER EDUCATION.**—Section 399Q of the Public Health Service Act (42 U.S.C. 280g-5) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by striking subparagraphs (A) through (F) and inserting the following:

“(A) the core risk factors for preterm labor and delivery;

“(B) medically indicated deliveries before full term;

“(C) the importance of preconception and prenatal care, including—

“(i) smoking cessation;

“(ii) weight maintenance and good nutrition, including folic acid;

“(iii) the screening for and the treatment of infections; and

“(iv) stress management;

“(D) treatments and outcomes for premature infants, including late preterm infants;

“(E) the informational needs of families during the stay of an infant in a neonatal intensive care unit; and

“(F) utilization of evidence-based strategies to prevent birth injuries;”;

(B) by striking paragraph (2) and inserting the following:

“(2) programs to increase the availability, awareness, and use of pregnancy and post-term information services that provide evidence-based, clinical information through counselors, community outreach efforts, electronic or telephonic communication, or other appropriate means regarding causes associated with prematurity, birth defects, or health risks to a post-term infant;”;

(2) in subsection (c), by striking “2011” and inserting “2017”.

SEC. 5. OTHER ACTIVITIES.

(a) **INTERAGENCY COORDINATING COUNCIL ON PREMATURITY AND LOW BIRTHWEIGHT.**—The Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act is amended by striking section 5 (42 U.S.C. 247b-4g).

(b) **ADVISORY COMMITTEE ON INFANT MORTALITY.**—

(1) **ESTABLISHMENT.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) may establish an advisory committee known as the “Advisory Committee on Infant Mortality” (referred to in this section as the “Advisory Committee”).

(2) **DUTIES.**—The Advisory Committee shall provide advice and recommendations to the Secretary concerning the following activities:

(A) Programs of the Department of Health and Human Services that are directed at reducing infant mortality and improving the health status of pregnant women and infants.

(B) Strategies to coordinate the various Federal programs and activities with State, local, and private programs and efforts that address factors that affect infant mortality.

(C) Implementation of the Healthy Start program under section 330H of the Public Health Service Act (42 U.S.C. 254c-8) and Healthy People 2020 infant mortality objectives.

(D) Strategies to reduce preterm birth rates through research, programs, and education.

(3) **PLAN FOR HHS PRETERM BIRTH ACTIVITIES.**—Not later than 1 year after the date of enactment of this section, the Advisory Committee (or an existing advisory committee designated by the Secretary) shall develop a plan for conducting and supporting research, education, and programs on preterm birth through the Department of Health and Human Services and shall periodically review and revise the plan, as appropriate. The plan shall—

(A) examine research and educational activities that receive Federal funding in order to enable the plan to provide informed recommendations to reduce preterm birth and address racial and ethnic disparities in preterm birth rates;

(B) identify research gaps and opportunities to implement evidence-based strategies to reduce preterm birth rates among the programs and activities of the Department of Health and Human Services regarding preterm birth, including opportunities to minimize duplication; and

(C) reflect input from a broad range of scientists, patients, and advocacy groups, as appropriate.

(4) **MEMBERSHIP.**—The Secretary shall ensure that the membership of the Advisory Committee includes the following:

(A) Representatives provided for in the original charter of the Advisory Committee.

(B) A representative of the National Center for Health Statistics.

(c) **PATIENT SAFETY STUDIES AND REPORT.**—

(1) **IN GENERAL.**—The Secretary shall designate an appropriate agency within the Department of Health and Human Services to coordinate existing studies on hospital readmissions of preterm infants.

(2) **REPORT TO SECRETARY AND CONGRESS.**—Not later than 1 year after the date of the enactment of this Act, the agency designated under paragraph (1) shall submit to the Secretary and to Congress a report containing the findings and recommendations resulting from the studies coordinated under such paragraph, including recommendations for hospital discharge and follow-up procedures designed to reduce rates of preventable hospital readmissions for preterm infants.

Ms. LANDRIEU. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be agreed to and that the Alexander amendment at the desk be agreed to.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to.

The amendment (No. 2926) was agreed to, as follows:

(Purpose: To strike provisions relating to the National Institutes of Health)

On page 16, strike line 11 and all that follows through line 6 on page 17.

On page 17, line 17, strike “shall” and insert “may”.

Ms. LANDRIEU. Mr. President, I know of no further debate on this measure and ask that the bill be read for a third time and the Senate proceed to a vote.

The bill was ordered to be engrossed for a third reading and was read the third time.

The PRESIDING OFFICER. Hearing no further debate, the bill having been read the third time, the question is, Shall the bill pass?

The bill (S. 1440), as amended, was passed, as follows:

S. 1440

SECTION 1. SHORT TITLE.

This Act may be cited as the “Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act” or the “PREEMIE Reauthorization Act”.

SEC. 2. RESEARCH AND ACTIVITIES AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) **EPIDEMIOLOGICAL STUDIES.**—Section 3 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b-4f) is amended by

striking subsection (b) and inserting the following:

“(b) **STUDIES AND ACTIVITIES ON PRETERM BIRTH.**—

“(1) **IN GENERAL.**—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, may, subject to the availability of appropriations—

“(A) conduct epidemiological studies on the clinical, biological, social, environmental, genetic, and behavioral factors relating to prematurity, as appropriate;

“(B) conduct activities to improve national data to facilitate tracking the burden of preterm birth; and

“(C) continue efforts to prevent preterm birth, including late preterm birth, through the identification of opportunities for prevention and the assessment of the impact of such efforts.

“(2) **REPORT.**—Not later than 2 years after the date of enactment of the PREEMIE Reauthorization Act, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1).”.

(b) **REAUTHORIZATION.**—Section 3(e) of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b-4f(e)) is amended by striking “2011” and inserting “2017”.

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“(E) the informational needs of families during the stay of an infant in a neonatal intensive care unit; and

“(F) utilization of evidence-based strategies to prevent birth injuries;”;

(B) by striking paragraph (2) and inserting the following:

“(2) programs to increase the availability, awareness, and use of pregnancy and post-term information services that provide evidence-based, clinical information through counselors, community outreach efforts, electronic or telephonic communication, or other appropriate means regarding causes associated with prematurity, birth defects, or health risks to a post-term infant;”;

(2) in subsection (c), by striking “2011” and inserting “2017”.

SEC. 4. OTHER ACTIVITIES.

(a) INTERAGENCY COORDINATING COUNCIL ON PREMATURETY AND LOW BIRTHWEIGHT.—The Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act is amended by striking section 5 (42 U.S.C. 247b-4g).

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(1) ESTABLISHMENT.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) may establish an advisory committee known as the “Advisory Committee on Infant Mortality” (referred to in this section as the “Advisory Committee”).

(2) DUTIES.—The Advisory Committee shall provide advice and recommendations to the Secretary concerning the following activities:

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(B) Strategies to coordinate the various Federal programs and activities with State, local, and private programs and efforts that address factors that affect infant mortality.

(C) Implementation of the Healthy Start program under section 330H of the Public Health Service Act (42 U.S.C. 254c-8) and Healthy People 2020 infant mortality objectives.

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(A) examine research and educational activities that receive Federal funding in order to enable the plan to provide informed recommendations to reduce preterm birth and address racial and ethnic disparities in preterm birth rates;

(B) identify research gaps and opportunities to implement evidence-based strategies to reduce preterm birth rates among the programs and activities of the Department of Health and Human Services regarding preterm birth, including opportunities to minimize duplication; and

(C) reflect input from a broad range of scientists, patients, and advocacy groups, as appropriate.

(4) MEMBERSHIP.—The Secretary shall ensure that the membership of the Advisory Committee includes the following:

(A) Representatives provided for in the original charter of the Advisory Committee.

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(1) IN GENERAL.—The Secretary shall designate an appropriate agency within the Department of Health and Human Services to coordinate existing studies on hospital readmissions of preterm infants.

(2) REPORT TO SECRETARY AND CONGRESS.—Not later than 1 year after the date of the enactment of this Act, the agency designated under paragraph (1) shall submit to the Secretary and to Congress a report containing the findings and recommendations resulting from the studies coordinated under such paragraph, including recommendations for hospital discharge and follow-up procedures designed to reduce rates of preventable hospital readmissions for preterm infants.

Ms. LANDRIEU. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDING THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 AND THE EMERGENCY ECONOMIC STABILIZATION ACT OF 2008

Ms. LANDRIEU. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of H.R. 6570, which was received from the House and is at the desk.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 6570) to amend the American Recovery and Reinvestment Act of 2009 and the Emergency Economic Stabilization Act of 2008 to consolidate certain CBO reporting requirements.

There being no objection, the Senate proceeded to consider the bill.

Ms. LANDRIEU. Mr. President, I ask unanimous consent that the bill be read three times and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 6570) was ordered to a third reading, was read the third time, and passed.

NATIONAL MITOCHONDRIAL AWARENESS WEEK

Ms. LANDRIEU. Mr. President, I ask unanimous consent the HELP Committee be discharged from further consideration of S. Res. 490, and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 490) designating the week of September 16, 2012, as “Mitochondrial Disease Awareness Week,” reaffirming the importance of an enhanced and coordinated research effort on mitochondrial diseases, and commending the National Institutes of Health for its efforts to improve the understanding of mitochondrial diseases.

There being no objection, the Senate proceeded to consider the resolution.

Ms. LANDRIEU. Mr. President, I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motions to reconsider be considered made and laid upon the table, with no intervening action or debate and that any statements relating to this measure be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 490) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 490

Whereas Brittany Wilkinson, the first Youth Ambassador of the United Mitochondrial Disease Foundation, joined other Youth Ambassadors of the United Mitochondrial Disease Foundation in working tirelessly to raise awareness about mitochondrial diseases;

Whereas mitochondrial diseases result from a defect that reduces the ability of the mitochondria in a cell to produce energy;

Whereas, as mitochondria fail to produce enough energy, cells cease to function properly and eventually die, leading to the failure of organ systems and possibly the death of the affected individuals;

Whereas mitochondrial diseases can present themselves at any age, and mortality rates vary depending upon the particular disease;

Whereas the most severe mitochondrial diseases result in the progressive loss of function in multiple organs, including the loss of neurological and muscle function, and death within several years;

Whereas mitochondrial diseases are a relatively newly identified group of diseases, first recognized in the late 1960s, and diagnosis of mitochondrial diseases is extremely difficult;

Whereas there are more than 100 identified primary mitochondrial diseases, but researchers believe there are several hundred other types of unidentified mitochondrial diseases and further research is necessary to help identify those diseases;

Whereas mitochondrial dysfunction is associated with many diseases, such as Parkinson's disease, Alzheimer's disease, amyotrophic lateral sclerosis, autism, diabetes, cancer, and many other diseases associated with aging;

Whereas research into primary mitochondrial diseases can provide applications to biomedical research and a window into our understanding of many other diseases, including possible treatments and cures for diseases such as Parkinson's disease, Alzheimer's disease, amyotrophic lateral sclerosis, autism, diabetes, cancer, and many other diseases associated with aging;

Whereas researchers estimate that one in 4,000 children will develop a mitochondrial disease related to an inherited mutation by 10 years of age, and recent studies of umbilical cord blood samples show that one in 200 people could develop a mitochondrial disease in their lifetime;

Whereas researchers also believe that those numbers could be much higher, given the difficulty associated with diagnosing mitochondrial disease and the many cases that are either misdiagnosed or never diagnosed;

Whereas there are no cures for mitochondrial diseases, nor are there specific treatments for any of those diseases;

Whereas human energy production involves multiple organ systems, and therefore primary mitochondrial diseases research involves many Institutes at the National Institutes of Health;

Whereas, according to the National Institutes of Health, more than \$600,000,000 is being spent on research related to mitochondrial functions, of which \$18,000,000