the gentleman from Utah (Mr. MATHESON), the sponsor of the bill.

Mr. MATHESON. Mr. Speaker, I thank my colleague, Mr. PALLONE, for yielding me the time.

H.R. 4290, the Wakefield Act, will reauthorize the Emergency Medical Services for Children program. For the past 30 years, the Emergency Medical Services for Children program has been the only Federal program focused solely on improving emergency medical care for children and adolescents.

In that time, emergency care has gone from treating critically injured children simply as ''little adults,'' to providing more appropriate and specialized care as children.

The program is focused on ensuring that proper emergency medical care is given to sick or injured children no matter where they live, attend school, or travel.

All States and the territories receive grant funding to educate and train medical professionals in trauma care for children. This funding and training has dramatically increased the quality of care at our Nation's emergency rooms and the quality that first providers provide, and in doing so, it has saved lives.

Allied to this, the program supports the coordination, collaboration, and data analysis of pediatric researchers across the country for the continued advancement of emergency pediatric care, a critical component of the program.

The Emergency Medical Services for Children program has long held bipartisan support in Congress throughout its 30-year history and is certainly worthy of being reauthorized because this is a Federal program that truly works, and it has data to back that up. It has dramatically helped improve the quality of emergency medical care for our children, and this bill will ensure that it continues to do so.

In closing, I want to thank both the minority and majority staffs on the Energy and Commerce Committee for working with my office on this legislation. I particularly want to thank my friend and colleague, Congressman PETER KING, for introducing the bill with me.

I urge my colleagues to support this critical program by voting ''yes'' on H.R. 4290.

Mr. BURGESS. Mr. Speaker, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no additional speakers at this time.

I urge passage of the bill, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I rise in support of H.R. 4290, the Wakefield Act of 2014.

The Emergency Medical Services for Children (EMSC) program aims to reduce the number of deaths of children and adolescents due to severe illness or trauma. This program has funded grants to all fifty states, as well as to institutions of higher learning, to advance pediatric emergency care. It is the only federal program that specifically focuses on improving emergency care for children and adolescents.

The EMSC program was first established in 1984 and last reauthorized in 2010. Today's legislation will once again reauthorize the EMSC program through 2019.

I want to commend the sponsors of this legislation, Congressman MATHESON and Congressman KING, for their leadership on this issue. I would also like to thank Chairman UPTON, Chairman PITTS, Ranking Member PALLONE, and all of our staff for their work in advancing this bill through the Energy and Commerce Committee and bringing it to the floor today.

I support H.R. 4290 and urge my colleagues to do the same.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 4290, as amended.

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

A motion to reconsider was laid on the table.

TICK-BORNE DISEASE RESEARCH ACCOUNTABILITY AND TRANSPARENCY ACT OF 2014

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4701) to provide for scientific frameworks with respect to vector-borne diseases, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4701

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 ''Tick-Borne Disease Research Accountability and Transparency Act of 2014''.

SEC. 2. LYME DISEASE AND OTHER TICK-BORNE DISEASES.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following new part:

''PART W—LYME DISEASE AND OTHER TICK-BORNE DISEASES

''SEC. 399OO. RESEARCH.

''(a) IN GENERAL.—The Secretary shall conduct or support epidemiological, basic, translational, and clinical research regarding Lyme disease and other tick-borne diseases.

''(b) BIENNIAL REPORTS.—The Secretary shall ensure that each biennial report under section 403 includes information on actions undertaken by the National Institutes of Health to carry out subsection (a) with respect to Lyme disease and other tick-borne diseases, including an assessment of the progress made in improving the outcomes of Lyme disease and such other tick-borne diseases.

''SEC. 399OO–1. WORKING GROUP.

''(a) ESTABLISHMENT.—The Secretary shall establish a permanent working group, to be known as the Interagency Lyme and Tick-Borne Disease Working Group (in this section and section 399OO–2 referred to as the 'Working Group'), to review all efforts within the Department of Health and Human Services concerning Lyme disease and other tick-borne diseases to ensure interagency coordination, minimize overlap, and examine research priorities.

''(b) RESPONSIBILITIES.—The Working Group shall—

''(1) not later than 24 months after the date of enactment of this part, and every 24 months thereafter, develop or update a summary of—

''(A) ongoing Lyme disease and other tick-borne disease research related to causes, prevention, treatment, surveillance, diagnosis, diagnostics, duration of illness, intervention, and access to services and supports for individuals with Lyme disease or other tick-borne diseases;

''(B) advances made pursuant to such research;

''(C) the engagement of the Department of Health and Human Services with persons that participate at the public meetings required by paragraph (5); and

''(D) the comments received by the Working Group at such public meetings and the Secretary's response to such comments;

''(2) ensure that a broad spectrum of scientific viewpoints is represented in each such summary;

''(3) monitor Federal activities with respect to Lyme disease and other tick-borne diseases;

''(4) make recommendations to the Secretary regarding any appropriate changes to such activities; and

''(5) ensure public input by holding annual public meetings that address scientific advances, research questions, surveillance activities, and emerging strains in species of pathogenic organisms.

''(c) MEMBERSHIP.—

''(1) IN GENERAL.—The Working Group shall be composed of a total of 14 members as follows:

''(A) FEDERAL MEMBERS.—Seven Federal members, consisting of one or more representatives of each of—

''(i) the Office of the Assistant Secretary for Health;

''(ii) the Food and Drug Administration;

''(iii) the Centers for Disease Control and Prevention;

''(iv) the National Institutes of Health; and

''(v) such other agencies and offices of the Department of Health and Human Services as the Secretary determines appropriate.

''(B) NON-FEDERAL PUBLIC MEMBERS.—Seven non-Federal public members, consisting of representatives of the following categories:

''(i) Physicians and other medical providers with experience in diagnosing and treating Lyme disease and other tick-borne diseases.

''(ii) Scientists or researchers with expertise.

''(iii) Patients and their family members.

''(iv) Nonprofit organizations that advocate for patients with respect to Lyme disease and other tick-borne diseases.

''(v) Other individuals whose expertise is determined by the Secretary to be beneficial to the functioning of the Working Group.

''(2) APPOINTMENT.—The members of the Working Group shall be appointed by the Secretary, except that of the non-Federal public members under paragraph (1)(B)—

''(A) one shall be appointed by the Speaker of the House of Representatives; and

''(B) one shall be appointed by the Majority Leader of the Senate.

''(3) DIVERSITY OF SCIENTIFIC PERSPECTIVES.—In making appointments under paragraph (2), the Secretary, the Speaker of the House of Representatives, and the Majority Leader of the Senate shall ensure that the non-Federal public members of the Working

Group represent a diversity of scientific perspectives.

''(4) TERMS.—The non-Federal public members of the Working Group shall each be appointed to serve a 4-year term and may be reappointed at the end of such term.

''(d) MEETINGS.—The Working Group shall meet as often as necessary, as determined by the Secretary, but not less than twice each year.

''(e) APPLICABILITY OF FACA.—The Working Group shall be treated as an advisory committee subject to the Federal Advisory Committee Act.

''(f) REPORTING.—Not later than 24 months after the date of enactment of this part, and every 24 months thereafter, the Working Group—

''(1) shall submit a report on its activities, including an up-to-date summary under subsection (b)(1) and any recommendations under subsection (b)(4), to the Secretary, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor and Pensions of the Senate;

''(2) shall make each such report publicly available on the website of the Department of Health and Human Services; and

''(3) shall allow any member of the Working Group to include in any such report minority views.

''SEC. 399OO–2. STRATEGIC PLAN.

''Not later than 3 years after the date of enactment of this section, and every 5 years thereafter, the Secretary shall submit to the Congress a strategic plan, informed by the most recent summary under section 399OO–1(b)(1), for the conduct and support of Lyme disease and tick-borne disease research, including—

''(1) proposed budgetary requirements;

''(2) a plan for improving outcomes of Lyme disease and other tick-borne diseases, including progress related to chronic or persistent symptoms and chronic or persistent infection and co-infections;

''(3) a plan for improving diagnosis, treatment, and prevention;

''(4) appropriate benchmarks to measure progress on achieving the improvements described in paragraphs (2) and (3); and

''(5) a plan to disseminate each summary under section 399OO–1(b)(1) and other relevant information developed by the Working Group to the public, including health care providers, public health departments, and other relevant medical groups.''.

SEC. 3. NO ADDITIONAL AUTHORIZATION OF APPROPRIATIONS.

No additional funds are authorized to be appropriated to carry out this Act and the amendment made by this Act, and this Act and such amendment shall be carried out using amounts otherwise available for such purpose.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

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

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

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 4701, the Tick-Borne Disease Research Accountability and Transparency Act of 2014, introduced by CHRIS GIBSON of New York.

Lyme disease is the most commonly reported vector-borne illness in the United States. Prior to 2012, the Centers for Disease Control and Prevention reported about 30,000 new cases each year in the United States, with 95 percent of those cases in 13 States concentrated in the Northeast and upper Midwest.

The Centers for Disease Control now estimates that around 300,000 people in the United States are diagnosed each year with Lyme disease, making it a substantial public health problem.

H.R. 4701 is an important bill that addresses the growing threat of Lyme disease in the United States, it prioritizes Federal research online, and related diseases, and gives patients a seat at the table. The bill would establish a working group at the Department of Health and Human Services that would prepare a report summarizing Federal activities related to Lyme disease, identifying the latest scientific advances and making recommendations to the Secretary and to Congress.

It also ensures that the Federal Government consults with patients and physicians in their work on the disease.

I would like to thank Mr. GIBSON for his hard work and dedication on this issue.

I urge my colleagues to support H.R. 4701, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I think we can all agree that Lyme disease is a concerning public health issue. The CDC estimates there are approximately 300,000 Lyme disease cases each year in the United States.

H.R. 4701, the Tick-Borne Disease Research Accountability and Transparency Act of 2014, creates a new working group to develop a summary of research in advances related to Lyme disease and other tick-borne diseases, monitor Federal activities, and make recommendations to the Secretary of HHS and hold annual public meetings.

I support ensuring that research in the area of Lyme disease is productive and significant. However, there are still a number of other changes that need to be made to this bill, particularly regarding appointments to and responsibilities of the working group.

□ 1800

Additionally, we do not want the resources needed to maintain this working group to take away from the already strained budgets of current Federal research and surveillance efforts related to Lyme disease.

At the full committee markup of H.R. 4701 in July, Chairman UPTON committed to continue to work with myself and other Members to address these concerns before bringing the bill to the floor, and I am disappointed to say that that commitment wasn't honored. While I have reservations about H.R. 4701 in its current form, I would not object to considering it on suspension and advancing the bill here today, but I will continue to advocate for resolving these issues in the bill as it moves forward.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 4 minutes to the gentleman from New York (Mr. GIBSON).

Mr. GIBSON. Mr. Speaker, I rise today on behalf of thousands of Americans who have been impacted by Lyme disease and tick-borne illnesses each year, including in my district in upstate New York, where this is a public health scourge.

This legislation is truly constituent-driven and represents a significant step forward in what has been an extensive process. For the past few years, I have worked with physicians, patient advocates, professional researchers, and patients and their families throughout New York and the United States on a bill that focuses on solutions.

I am proud to be joined by two of my colleagues who have been national leaders on this issue: CHRIS SMITH of New Jersey is our leader, who has, for several decades, been a tireless advocate for our sufferers, and FRANK WOLF of Virginia, who has added his significant voice to this issue and has also made incredibly meaningful contributions to this bill and the cause. I thank them both.

Likewise, I thank Dr. Richard Horowitz, Pat Smith, David Roth, Jill and Ira Auerbach, Holly Ahern, Chris Fiske, and other Lyme advocate leaders from Pennsylvania and from across the Nation for their significant and persuasive engagement and unyielding commitment to change the direction of U.S. policy to bring solutions and relief for our chronic Lyme sufferers.

Mr. Speaker, I would also like to thank Chairman UPTON, Chairman PITTS, their ranking members, and their dedicated committee staffs. Thank you all for your great work.

In August of 2013, the Centers for Disease Control and Prevention estimated that the number of Americans diagnosed with Lyme disease each year is now over 300,000, while other researchers, such as Holly Ahern, have shown that we are significantly underestimating the cases in the U.S. It is clear that the increase of Lyme disease and other tick-borne diseases is rapidly becoming a public health crisis in the United States. While the CDC, NIH, and other Federal agencies have recognized this threat to public health, regrettably, we have made far too little progress in improving prevention, diagnosis, and treatment.

This legislation before us seeks to make a positive difference, prioritizing and coordinating Federal tick-borne

disease research through an interagency working group made up of relevant Federal agencies as well as non-Federal partners, such as experienced physicians, researchers, patient advocates, and chronic Lyme disease patients themselves.

The working group is tasked with ensuring interagency coordination, accountability, and transparency, minimizing overlap, examining research priorities, and ultimately making policy recommendations. The working group is required to reflect a broad spectrum of scientific viewpoints and ensure patients and their advocates have a seat at the table.

The bill increases oversight and accountability over tick-borne research throughout the relevant Federal agencies, ensuring all stakeholders are situationally aware of all existing research before making policy recommendations.

Importantly, this bill also requires the Secretary of Health and Human Services, informed by the working group report, to submit a strategic plan to Congress to improve patient outcomes to cure our chronic Lyme sufferers. This plan will include benchmarks to measure progress, ultimately ensuring we spend the taxpayer dollars wisely and find solutions and cures that are long overdue.

Finally, this bill is dedicated to those chronic Lyme sufferers out there who have been ill for years, at times seemingly without hope, wondering if anyone in Washington was listening or cared. We hear you. We do care. Today we pass this legislation to help you get better.

I urge my colleagues to support the bill.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. SEAN PATRICK MALONEY), one of the sponsors of the bill.

Mr. SEAN PATRICK MALONEY of New York. Mr. Speaker, I am proud to be one of the sponsors of this bill. I thank the gentleman from New Jersey.

I want to thank my colleague, CHRIS GIBSON from New York. Here we are again. Just a month ago, my colleague Mr. GIBSON and I were working across the aisle to lower energy prices in the Hudson Valley, and here we are working again on an issue of tremendous importance to our region. I support the Tick-Borne Disease Research Accountability and Transparency Act, along with so many others, and I want to acknowledge Mr. GIBSON's leadership on this issue.

I am proud we are working across the aisle, because Lyme disease is an epidemic in the Hudson Valley, and it is hurting our kids, our friends, and our families. It is happening everywhere—on our playgrounds, in our backyards, at parks, picnics, and on trails in the woods. It is the invisible, silent disease that so many find themselves developing—and far too many find out too late. It is now one of the most common and fastest growing infectious diseases in our country. Every year, there are hundreds of thousands of cases nationwide, with 96 percent of those cases in only 13 States.

In New York, thousands of my neighbors in the Hudson Valley are suffering from Lyme disease every day. Four counties in the Hudson Valley, including Dutchess and Putnam Counties, have reported the highest rates of Lyme disease in the entire country. I hear about it everywhere I go.

A man named Alex from Washingtonville told me he has been suffering from Lyme disease for over 35 years. I spoke with a man who has a tree-cutting business in Garrison, New York. He said he has got about 12 guys working for him. I said, How many have got Lyme disease? He said, Every single one. All of my guys have Lyme disease, he said.

A member of my own staff spent a month this summer injecting himself with heavy-duty antibiotics through a catheter that was put into his heart. A member of my own staff had to sit on a couch every day and inject antibiotics into his heart because of this disease. Thank God he caught it in time and will make a full recovery.

I met a woman at an event in Poughkeepsie who came up to me with a cane. She couldn't be more than 30 years old. She was with her husband. She said:

> Our whole lives have been ruined by this disease. My husband and I were just starting our life together. We were going to have a family. We had big plans, and now all we do is deal with this chronic Lyme disease that I have, and I can't get better.

There is a woman named Valerie from Westchester County who wrote to me and says:

> No one listens. I hope you will listen.

Well, we are listening today, Valerie, and I urge my colleagues to listen and pass this critical bill.

This bipartisan legislation makes a landmark investment in Lyme disease and other tick-borne illnesses so that our friends and families in the Hudson Valley no longer have to suffer in silence. When folks are suffering, I guarantee you they aren't thinking, Mr. Speaker, about partisan politics.

There is no Republican or Democratic Lyme disease, and Americans expect us to work together. That is why I am proud we are doing so today. We can stand up. We can stand shoulder-to-shoulder and say the health of our communities is too important to wait. For neighbors like Alex, Valerie, the others I mentioned, and for so many others I have never met, I want you to know we are listening.

I urge my colleagues to support H.R. 4701 because our constituents deserve a government that is working for them and that steps up to the plate when they need it most.

Mr. PALLONE. Mr. Speaker, I have no further speakers at this time, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, at this time, I yield the balance of my time to the gentleman from New Jersey (Mr. SMITH), who will provide our closing.

Mr. SMITH of New Jersey. Mr. Speaker, I thank my good friend from Texas, the distinguished subcommittee leader, chair, and doctor.

Mr. Speaker, I rise in very strong support today of the Tick-Borne Disease Research Accountability and Transparency Act of 2014, an historic bill offered by my good friend and distinguished colleague, CHRIS GIBSON.

From all those who suffer from this hideous disease, thank you, CHRIS.

I would also like to extend my very special thanks to Chairmen FRED UPTON and JOE PITTS, as well as their staff, for their tireless efforts to ensure the final bill brought before the floor today establishes a means to address huge gaps that exist and the great unmet need in the Lyme community.

Mr. Speaker, in 1992 I met with the two top medical officials at the National Institutes of Health and the Centers for Disease Control working on Lyme and an extraordinary woman named Pat Smith. We laid out a case. She did most of the talking. They listened. They were responsive. However, 22 years later, far too little has been accomplished.

I raised, as did she, the apparent ineffectiveness of a month-long antibiotic treatment for a sizable percentage of people. The CDC says between 15 to 20 percent of the people suffering from this disease don't seem to get better. We call it chronic Lyme.

Dr. Richard Horowitz notes in his bestselling book, ''Why Can't I Get Better?'':

> A patient's journey typically begins with a primary care physician or a family doctor. A maximum of 30 days of antibiotics is the accepted standard of care for Lyme disease. If patients report back that they are not getting better, they are likely diagnosed as having ''post-Lyme syndrome,'' chronic fatigue syndrome, or fibromyalgia.

He then described how children are treated for other diseases or disorders, and continues:

> This may help some of the symptoms yet fail to address the root problem.

Unfortunately, without better information on chronic Lyme and how to treat it, we will continue to ''fail to address the root of the problem'' and, in so doing, fail to assist patients in need.

Mr. Speaker, I fully understand that there are concerns about the prolonged use of antibiotics. I chair the Global Health Committee and have chaired numerous hearings on multidrug-resistant tuberculosis and many other diseases that increasingly are being treated with antibiotics with less effectiveness. Yet the ISDA, in their final report of the Lyme Disease Review Panel, found:

> There has yet to be a study that demonstrates comparable benefits to prolonged antibiotic therapy beyond 1 month.

There have been far too few studies. There is an engraved invitation. I say to my colleagues, there needs to be those studies. You can fit on half a

page the number of studies that have been done over these many years.

However, in that same report, they went on to say:

This conclusion was reached despite the large volumes of case reports, case series, anecdotes, and patient testimonials reviewed that attest to perceived clinical improvement during antibiotic therapy.

Large volumes are just dismissed and laid aside as if they were trivial. It was dismissed and didn't make it into the final report, except for that sentence.

Dr. Horowitz has said that:

In fact, increasing the dose of antibiotics and/or extending the length of treatment clearly did help a certain percentage of my patients. Their fatigue, headaches, joint and muscle pain, and cognitive symptoms improved.

Among clinicians—and I have met with dozens of them—Dr. Horowitz is not alone at all in those findings.

So, Mr. Speaker, we need scientifically-based answers and a comprehensive probe that goes wherever the data suggests. And this is especially important for my own constituents. In New Jersey, over the last 15 years, about 55,000 people have had cases of Lyme.

This bill before us accelerates the process of helping Lyme patients by establishing an interagency working group on Lyme disease with diverse opinions—which is very important—in a transparent and open manner and creates a strategic plan to guide existing Federal Lyme disease research and treatment programs.

Of particular significance, the House bill that we will vote on today for the first time identifies and seeks to address chronic Lyme disease.

Mr. Speaker, the CDC says:

Approximately 10 to 20 percent of patients treated for Lyme disease with a recommended 2–4 week course of antibiotics will have lingering symptoms of fatigue, pain, or join and muscle aches.

I would respectfully submit that they are symptoms of something that has a root cause.

The CDC refers to chronic Lyme as ''Post-treatment Lyme Disease Syndrome,'' and many people have been dismissed and told, Oh, you are a hypochondriac. And yet there are so many cases, it can't be dismissed.

This bill is a great step forward for chronic Lyme patients, especially those who have suffered for decades with this debilitating disease, again, only to be told that their illness does not exist.

Again, I want to thank my good friend, CHRIS GIBSON, for his leadership and for the leadership of our House Republicans and our friends on the other side of the aisle. This is a bipartisan bill, and I do hope Members will support it robustly.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I would like to offer my thoughts on H.R. 4701, the Tick-Borne Disease Research Accountability and Transparency Act of 2014.

H.R. 4701 would create a new working group to review efforts on Lyme disease and other tick-borne diseases within the Department of Health and Human Services. I support efforts to advance research and public input in this area, but I remain concerned that today's legislation is not the best way to advance these goals. Specifically, I have concerns that H.R. 4701 could unnecessarily politicize federal activities on Lyme disease and potentially result in recommendations that are not supported by a strong, scientific evidence base.

I hope that my colleagues in the Senate will take a careful look at H.R. 4701 and make changes to address these concerns before considering it further.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 4701, 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 provide for research with respect to Lyme disease and other tick-borne diseases, and for other purposes.''

A motion to reconsider was laid on the table.

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ANTI-SPOOFING ACT OF 2014

Mr. BARTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3670) to amend the Communications Act of 1934 to expand and clarify the prohibition on provision of inaccurate caller identification information, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3670

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 ''Anti-Spoofing Act of 2014''.

SEC. 2. EXPANDING AND CLARIFYING PROHIBITION ON INACCURATE CALLER ID INFORMATION.

(a) COMMUNICATIONS FROM OUTSIDE UNITED STATES.—Section 227(e)(1) of the Communications Act of 1934 (47 U.S.C. 227(e)(1)) is amended by inserting ''or any person outside the United States if the recipient is within the United States,'' after ''United States,''.

(b) TEXT MESSAGING SERVICE.—Section 227(e)(8) of the Communications Act of 1934 (47 U.S.C. 227(e)(8)) is amended—

(1) in subparagraph (A), by inserting ''(including a text message sent using a text messaging service)'' before the period at the end;

(2) in the first sentence of subparagraph (B), by inserting ''(including a text message sent using a text messaging service)'' before the period at the end; and

(3) by adding at the end the following:

''(D) TEXT MESSAGE.—The term 'text message' means a real-time or near real-time message consisting of text, images, sounds, or other information that is transmitted from or received by a device that is identified as the transmitting or receiving device by means of a telephone number. Such term—

''(i) includes a short message service (SMS) message, an enhanced message service (EMS) message, and a multimedia message service (MMS) message; and

''(ii) does not include a real-time, two-way voice or video communication.

''(E) TEXT MESSAGING SERVICE.—The term 'text messaging service' means a service that permits the transmission or receipt of a text message, including a service provided as part of or in connection with a telecommunications service or an IP-enabled voice service.''.

(c) COVERAGE OF OUTGOING-CALL-ONLY IP-ENABLED VOICE SERVICE.—Section 227(e)(8)(C) of the Communications Act of 1934 (47 U.S.C. 227(e)(8)(C)) is amended by striking ''has the meaning'' and all that follows and inserting ''means the provision of real-time voice communications offered to the public, or such class of users as to be effectively available to the public, transmitted using Internet protocol, or a successor protocol, (whether part of a bundle of services or separately) with interconnection capability such that the service can originate traffic to, or terminate traffic from, the public switched telephone network, or a successor network.''.

(d) REGULATIONS.—

(1) IN GENERAL.—Section 227(e)(3)(A) of the Communications Act of 1934 (47 U.S.C. 227(e)(3)(A)) is amended by striking ''Not later than 6 months after the date of enactment of the Truth in Caller ID Act of 2009, the Commission'' and inserting ''The Commission''.

(2) DEADLINE.—The Federal Communications Commission shall prescribe regulations to implement the amendments made by this section not later than 18 months after the date of the enactment of this Act.

(e) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 6 months after the date on which the Federal Communications Commission prescribes regulations to implement the amendments made by this section.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentleman from Utah (Mr. MATHESON) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BARTON. 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 the bill.

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

There was no objection.

Mr. BARTON. Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. LANCE).

Mr. LANCE. Mr. Speaker, my thanks to Chairman Emeritus BARTON for his leadership on this issue.

Caller ID spoofing is growing at an alarming rate in this country. This new technology allows criminals to falsify deliberately the telephone number and the name relayed on caller ID information to make it appear as though those criminals are calling from our bank or our credit card company, or even from a governmental agency.

Imagine that. I get a telephone call on my cell telephone, and under caller ID, I think it comes from my bank or my credit card company, or even worse, I suppose, from a local governmental agency.