babies who are born addicted to drugs. I recently heard from a grandmother to three babies who were born with NAS. She was pleading for help for her innocent grandchildren, and she wanted to make sure we did something about this terrible disease.

I am proud to say that the response in my district has been strong to our bill. There is a healthcare system called Adena Regional Medical Center in Chillicothe, Ohio, and they actually have an incredible program which was piloted with a bunch of OB/GYNs, and they started with just 15 pregnant women who were addicted to drugs, and they have served those women. Now, they are on their second class to try to get those women off of drugs before they deliver.

I am happy to report that, because of the support of the Adena Health System, none of the women in that group delivered a baby with NAS. Due to the success of the pilot, there is a permanent program that is starting now, and it already has a wait list, so I am really excited to say that there are people out there showing real leadership.

Last week, I hosted my fourth annual opiate roundtable in my district to bring together a lot of issues, and we talked about this bill and how important it was, so I am so proud that it is on the floor today.

Mr. Speaker, I urge all my colleagues to support the Protecting Our Infants Act, H.R. 1462, to help our Nation's most innocent citizens. Again, I want to thank KATHERINE CLARK for her incredible leadership on this bill and her commitment.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no other speakers, and in closing, I encourage our colleagues to support this bill.

I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, during the hearing in the Committee on Energy and Commerce, one of the physicians testifying, a neonatologist, turned out to practice with my first cousin, so I got to do research further into what is moving forward in this bill.

I learned even more from personal stories about how important it is and how critical this is and how sad it is for children to be born addicted and how the opportunity is for us to help.

I certainly appreciate my friend from Massachusetts, Ms. CLARK, and my friend from Ohio, Mr. STIVERS. I would encourage all my colleagues to vote for H.R. 1462, Protecting Our Infants Act of 2015.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I support H.R. 1462 the "Protecting Our Infants Act of 2015." This legislation would address the urgent need for a comprehensive strategy for one of the harmful outcome of our nation's opioid epidemic. Neonatal abstinence syndrome, or NAS, occurs in newborns who were exposed to opioids, including pain killers, while in their mother's womb. NAS is associated with negative health outcomes like preterm births and low birthweight.

I'm saddened to say that the opioid epidemic has resulted in a steep increase in the occurrence of NAS over the past decade. H.R. 1462 would require HHS to develop recommendations for the treatment and prevention of prenatal opiate abuse and neonatal abstinence syndrome. It would also require the collection of data to better monitor the problem.

I want to thank Representative KATHERINE CLARK for her leadership on this issue and I urge my colleagues to join me in supporting this necessary legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 1462.

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

A motion to reconsider was laid on the table.

STEM CELL THERAPEUTIC AND RESEARCH REAUTHORIZATION ACT OF 2015

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2820) to reauthorize the Stem Cell Therapeutic and Research Act of 2005, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2820

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 ''Stem Cell Therapeutic and Research Reauthorization Act of 2015''.

SEC. 2. AMENDMENTS TO THE STEM CELL THERAPEUTIC AND RESEARCH ACT OF 2005.

(a) CORD BLOOD INVENTORY.—Section 2 of the Stem Cell Therapeutic and Research Act of 2005 (42 U.S.C. 274k note) is amended in subsection (h)—

(1) in paragraph (1)—

(A) by striking ''$23,000,000 for each of fiscal years 2011 through 2014 and''; and

(B) by inserting before the period at the end the following: ''and $23,000,000 for each of fiscal years 2016 through 2020''; and

(2) in paragraph (2), by striking ''2011 through 2015'' and inserting ''2015 through 2020''.

(b) NATIONAL PROGRAM.—Section 379B of the Public Health Service Act (42 U.S.C. 274m) is amended by striking ''2011 through 2014'' and inserting ''2016 through 2020''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 2820, the Stem Cell Therapeutic and Research Reauthorization Act of 2015, introduced by my colleagues CHRIS SMITH and DORIS MATSUI.

Bone marrow transplantation has been used for more than 50 years to treat blood-related diseases, such as leukemia, different anemias, and lymphoma. It is a rich source of blood stem cells. In more recent years, breakthroughs have been made using blood stem cells from umbilical cord blood in the treatment of those various blood-related diseases and conditions.

It can be very difficult to find a bone marrow transplant match, and in some cases, cord blood can be used instead. Bone marrow and cord blood donation are critical to ensure those in need of transplant can find a match. The need for this lifesaving transplantation has risen 25 percent since 2005.

H.R. 2820 reauthorizes the National Marrow Donor Program and creates a national network of public cord blood banks. The legislation also provides healthcare professionals the ability to search for bone marrow and umbilical cord blood units for transplantation.

H.R. 2820 also bolsters patient and advocacy services; provides for public and professional education; and collects, analyzes, and reports data on transplant outcomes.

Mr. Speaker, I urge my colleagues to support this important legislation.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 2820, the Stem Cell Therapeutic Research Reauthorization Act. This important legislation is championed by Representatives DORIS MATSUI and CHRIS SMITH.

According to the Health Resources and Services Administration, nearly 20,000 patients in the United States need a bone marrow or cord blood transplant each year. Stem cells from both cord blood and bone marrow are used to treat nearly 80 lifesaving diseases, including cancers, blood diseases, and immune disorders.

H.R. 2820 provides Federal support for cord blood donation, the continuation of the national bone marrow registry, and critical medical research. This legislation reauthorizes the C. W. Bill Young Cell Transplantation Program, which includes the National Marrow Donor Program.

The program helps patients in need of lifesaving transplants find matching bone marrow donors or cord blood units. It also includes a stem cell therapeutic outcomes database, which facilitates research to better understand the matching process. This legislation will give hope of access to patients and their families in need of a curative transplant.

I want to thank Representatives MATSUI and SMITH for their leadership

on this issue. I also want to thank Chairman UPTON, Ranking Member PALLONE, Chairman PITTS, and my colleagues on the Committee on Energy and Commerce for advancing this important legislation. I urge my colleagues to support H.R. 2820.

Mr. Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 6 minutes to the gentleman from New Jersey (Mr. SMITH), my good friend.

Mr. SMITH of New Jersey. I thank my good friend Mr. GUTHRIE for yielding and for his support on this important legislation.

Mr. Speaker, Maalik was diagnosed with Hurler syndrome at 15 months old, a rare and life-threatening metabolic disorder. He had a curved spine, and he could not walk.

After receiving an umbilical cord blood transplant facilitated through the Carolinas Cord Blood Bank, Maalik is running around and is expected to have a normal lifespan. His mother, Krystal, said: ''My son is extremely happy now. He is energetic and more independent. The transplant saved his life.''

In like manner, bone marrow donations provide lifesaving transplants for a myriad of diseases. Clara was only 4 months old when she was diagnosed with acute myeloid leukemia. John had registered with the National Marrow Donor Program Be The Match as a bone marrow donor when Clara was only 17 days old. It turned out it was a perfect match for Clara. John's donation saved Clara's life. She is now thriving at 2 years of age.

Mr. Speaker, not only has God in His wisdom and goodness created a placenta and an umbilical cord to nurture and protect the precious life of an unborn child, but now, we find He has left a great gift behind. Immediately after birth, something very special is left behind, cord blood that is teeming with lifesaving stem cells.

Breathtaking scientific breakthroughs have turned medical waste—postbirth placentas and umbilical cord blood—into medical miracles, treating more than 80 diseases, including leukemia, lymphoma, and sickle cell anemia.

As a matter of fact, Dr. Joanne Kurtzberg of Duke University and president of the Cord Blood Association told Chairman PITTS' subcommittee on June 25 that sickle cell anemia can be cured with cord blood transplantation and that it has become one of the most optimal donor sources for patients with sickle cell disease.

H.R. 2820, under consideration by the House today, reauthorizes through 2020 the Stem Cell Therapeutic and Research Act of 2005, a law I sponsored a decade ago, joined by Artur Davis of Alabama, legislation that cleared the Senate with the incomparable help of Senator ORRIN HATCH.

That law built upon the excellent work of our distinguished late colleague Bill Young of Florida to facilitate bone marrow transplants and created a brand-new national umbilical cord blood donation and transplantation program.

Special thanks, Mr. Speaker, to both Chairmen UPTON and PITTS for their outstanding leadership and help on this bill, as well as the strong support by Ranking Members PALLONE and my good friend and colleague Mr. GREEN.

I am deeply grateful to our original sponsors, Ms. MATSUI, Mr. JOLLY, and Mr. FATTAH, for their contributions and special thanks to Adrianna Simonelli, Katie Novaria, and Megan McCrum.

Today, Mr. Speaker, under the National Cord Blood Inventory program, contracts are awarded to cord blood banks to collect cord blood units donated after their mothers give birth. These units are then made available through the C. W. Bill Young Cell Transplantation Program, also called the Be The Match Registry.

The program provides a single point of access, enabling those in need of lifesaving transplants to search for a match via an integrated nationwide network of bone marrow and cord blood stem cells.

Americans willing to volunteer are at the heart of the success of this program. In reauthorizing it, we are grateful for the adult donors willing to donate bone marrow or peripheral blood stem cells, as well as mothers who donate their baby's cord blood to public cord blood banks.

There are 13 public banks contracted through the NCBI, including the New Jersey Cord Blood Bank in my home State, which collects cord blood from five participating hospitals.

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Mr. Speaker, it ought to be noted as well that, in addition to treating more than 80 diseases, cord blood units from the NCBI banks are also available for research on future therapies.

Indeed, Dr. Kurtzberg pointed out that, ''in addition to use in patients with malignant and genetic diseases, cord blood is showing enormous potential for use in cellular therapies and other regenerative medicine. Cord blood derived vaccines against viruses and certain types of cancers are currently under development and in early phase clinical trials. Cells, manufactured from cord blood units are being developed to boost recovery of the immune system. Cells regulating autoimmunity are also in clinical trials. These approaches, which often utilize cord blood banked in family banks, may help patients with type 1 diabetes, as well as other diseases,'' she testified just a few months ago.

She also pointed out that ''over the past 6 years, we have initiated trials of the patient's own cord blood in babies with birth asphyxia, cerebral palsy, hearing loss''; and she is doing some incredible work on an issue that I have worked on for over 20 years, and that is the issue and the disability known as autism.

Dr. Kurtzberg finally said, ''We've learned that when a donor cells are infused into one's body, they go to the brain and help heal the brain. When a child has a brain injury around birth, we can use their own cord blood cells to correct the damage that's occurred.''

Dr. Jeffrey Chell, of Be the Match—he is the CEO for it—noted that for many diseases, including blood cancers and sickle cell disease, cellular therapy is the best hope for a cure.

Last year, Mr. Speaker, I visited Celgene Corporation of Summit, New Jersey, to learn of their extraordinary efforts to use cord blood to heal diabetic foot ulcers, and they now have turned amniotic membrane, an old placenta, into wound management that has now advanced—it is on the market—past stage 3 clinical trials.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. GUTHRIE. I yield the gentleman another 30 seconds.

Mr. SMITH of New Jersey. H.R. 2820 authorizes $265 million over 5 years and will ensure that thousands of present-day and future patients benefit from this exciting field of regenerative medicine.

We have only just begun. This legislation furthers that work. And again, I thank my colleagues for this bipartisan support.

Mr. Speaker, Maalik was diagnosed with Hurler Syndrome at 15 months old—a rare and life-threatening metabolic disorder. He had a curved spine and could not walk. After receiving an umbilical cord blood transplant facilitated through the Carolina Blood Bank, Maalik is running around and expected to have a normal lifespan. His mother Krystal told the Herald Sun newspaper in North Carolina, ''My son is extremely happy now . . . He's energetic, and more independent. The transplant saved his life.''

In like manner, bone marrow donations provide lifesaving transplants to treat diseases like blood cancer or inherited metabolic or immune system disorders. Clara was only 4 months old when she was diagnosed with acute myeloid leukemia. John had registered with the National Marrow Donor Program (NMDP) Be the Match as a bone marrow donor when Clara was only 17 days old. It turned out he was a perfect match for Clara. John's donation saved Clara's life, she is now a thriving 2 year old.

Valentina was 10 months old and only 13 pounds—and diagnosed with severe combined immunodeficiency (SCID). Her doctor treated her with chemotherapy followed by a cord blood transplant. 5 months after the transplant Valentina weighed 21 pounds and doctors credited her strengthened immune system from the stem cells in cord blood.

Jennifer, 45, was suffering from acute myeloid leukemia but unable to find a matched bone-marrow transplant. Because of the high rate of tissue type diversity among racial and ethnic minorities it can be difficult to find a matched bone marrow transplant, but umbilical cord blood can be successfully used for treatment with a less perfect match of tissue type. After undergoing chemotherapy and radiation she received a cord blood transplant, and is now living cancer free.

Not only has God in His wisdom and goodness created a placenta and umbilical cord to nurture and protect the precious life of an unborn child, but now we know that another gift awaits us immediately after birth. Something very special is left behind—cord blood that is teeming with lifesaving stem cells.

Breathtaking scientific breakthroughs have turned medical waste—post birth placentas and umbilical cord blood—into medical miracles treating more than 80 diseases including leukemia, lymphoma and sickle cell anemia.

As a matter of fact, Dr. Joanne Kurtzberg of Duke University and President of the Cord Blood Association told Chairman PITTS' Health Subcommittee on June 25 that sickle cell anemia can be ''cured'' with cord blood transplantation and that ''it has become one of the optimal donor sources for patients with sickle cell disease'' because it doesn't have to be perfectly matched.

H.R. 2820 under consideration by the House today reauthorizes through 2020 the Stem Cell Therapeutic and Research Act of 2005 a law that I sponsored a decade ago joined by Artur Davis of Alabama; legislation that cleared the Senate with the incomparable help of Senator ORRIN HATCH. That law built upon the excellent work of our distinguished late colleague Bill Young of Florida to facilitate bone marrow transplants and created a brand new national umbilical cord blood donation and transplantation program.

Special thanks to both Chairmen UPTON and PITTS for their outstanding leadership and help on this bill, as well as the strong support by Ranking Members PALLONE and GREEN. I am deeply grateful to original cosponsors Ms. MATSUI, Mr. JOLLY and Mr. FATTAH for their important contributions. And special thanks to Katie Novaria, Adrianna Simonelli, and Megan McCrum.

Today, Mr. Speaker, under the National Cord Blood Inventory Program (NCBI), contracts are awarded to cord blood banks to collect cord blood units donated after mothers give birth. These units are then made available through the C.W. Bill Young Cell Transplantation Program also called the Be the Match Registry. The Program provides a single point of access, enabling those in need of lifesaving transplants to search for a match via an integrated nationwide network of bone marrow donors and cord blood stem cells. The Program's Bone Marrow and Cord Blood Coordinating Centers makes information about bone marrow and cord blood transplant available to donors and patients, and the Office of Patient Advocacy helps support patients and families dealing with a life-threatening diagnosis. And the Stem Cell Therapeutic Outcomes Database tracks results.

Americans willing to volunteer are the heart of the success of this program. In reauthorizing it we are grateful for the adult donors willing to donate bone marrow or peripheral blood stem cells, as well as mothers who donate their babies' cord blood through public cord blood banks.

There are 13 public banks contracted through NCBI, including the New Jersey Cord Blood Bank in my home state, which collects cord blood from 5 participating hospitals.

According to the Health Resources and Services Administration (HRSA), every year 18,000 people in the U.S. are diagnosed with illnesses for which blood stem cell transplantation from a matched donor is their best treatment option. Of this number, only about 30% have a sibling who can be the ideal matched donor, so about 12,600 people annually depend on the programs made available by this law to find an unrelated adult marrow donor or cord blood unit for treatment.

Cord blood transplants have accounted for about one half of the growth in stem cell transplants since NCBI was established in 2005. More NCBI units have been released for transplantation with each successive year since the program's inception.

In addition to currently treating more than 80 diseases, cord blood units from NCBI banks are also made available for research on future therapies. In groundbreaking research, Dr. Kurtzberg of Duke University also testified last June that ''in addition to use in patients with malignant and genetic diseases, cord blood is showing enormous potential for use in cellular therapies and regenerative medicine. Cord blood derived vaccines against viruses and certain types of cancers are currently under development and in early phase clinical trials. Cells manufactured from cord blood units are being developed to boost recovery of the immune system. Cells regulating autoimmunity (Regulatory T cells) are also in clinical trials. These approaches, which often utilize cord blood banked in family banks, may help patients with Type 1 Diabetes, as well as other diseases.''

Dr. Kurtzberg further testified that she and others are developing uses for cord blood to treat acquired brain disorders. ''Over the past six years'' she said ''we have initiated trials of autologous (the patient's own) cord blood in babies with birth asphyxia, cerebral palsy, hearing loss and autism . . .''

Dr. Kurtzberg has also said ''We've learned that when donor cells are infused into one's body, they go to the brain and help heal the brain. When a child has a brain injury around birth, we can use their own cord blood cells to correct the damage that's occurred.''

Dr. Jeffrey W. Chell, CEO of NMDP/Be the Match noted that for many diseases including blood cancers and sickle cell disease, cellular therapy is the best hope for a cure. He told Chairman PITTS' subcommittee that the patient population ''rising the most quickly is the elderly population . . . growing by double digits every year, and the reason for that is the medical conditions for which transplant is often the only cure tend to occur in older populations for diseases like acute myeloid leukemia, myelodysplastic syndrome, myelofibrosis and others.''

Last year, Mr. Speaker, I visited Celgene Corporation of Summit, New Jersey to learn of their extraordinary efforts to use cord blood to heal diabetic foot ulcers and how they've turned amniotic membrane—an old placenta—into wound management that has now advanced past stage 3 clinical trials to the approval and regulatory filings stage.

H.R. 2820 authorizes $265 million over five years and will ensure that thousands of present-day and future patients benefit from the exciting field of regenerative medicine.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no other speakers.

I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself the balance of my time to close with a quick story.

There is a good friend of mine. His name is Philip Schardein, and I am great friends with his family. He went off to play golf in college—great athlete. All of a sudden, he came down with leukemia, and I remember that there were some issues at first about his sister being able to donate bone marrow.

So my town, Bowling Green, Kentucky, organized a bone marrow drive to see if anybody could match Philip Schardein. I have probably never been more proud to call myself a resident of the hometown of Bowling Green than that day. I remember going three times, and it was so overwhelmed with volunteers trying to have their bone marrow, the blood type, to see if they matched, that it just overwhelmed the system.

I remember finally getting through late in the afternoon, and people waited all day to see if they could match and help Philip Schardein. And God bless, for whatever reason his sister couldn't donate, it turned out that she could donate, and he is a healthy person now with family and children, and everything is going well.

But just about a year after that, I was in Holiday World with my family. I was having a day with them. My cell phone rang, and it turned out I had matched, because of going to get my bone marrow tested, or my blood tested, that I matched someone. The lady got on the phone, and she told me what it takes to be a donor and, Will you be willing to move forward? I said, Of course.

I remember the reason I said I was at Holiday World was because I remember standing there going, here I am with my family having fun, laughing and having a great afternoon, and there is some family somewhere that is anonymous, not having the same experience, probably trying to figure out if their loved one is going to live or survive or what is going to be the prognosis.

So I went through the process, and I remember going through, having my blood taken and several of the steps. Just getting close to the actual time to do the bone marrow transplant, for whatever reason, we got notified that it wasn't going forward. It could do that for many reasons. One, hopefully, is the anonymous person was cured or the prognosis was better, or maybe a sibling or something matched like it did for Philip Schardein.

But I've often wondered about the life on the other end, because they don't tell you for reason of anonymity, and it is just something that has always weighed on my mind. Even sitting here and getting ready to close, I was thinking about who was on the other end, and I hope that they have a good story, as well as Philip Schardein.

But what I want to stress is how important it is that families in need and worry and wondering what is going to happen with their loved ones, and the loved ones themselves, and this is something we can do. It was a little thing that I was able to do, that we all were able to do in my community, and

people across this country can do to try to help people live long and fruitful lives.

Our prayers were answered with Philip Schardein, and this is an opportunity for us to come together, in a bipartisan way, as all the bills were.

I want to close with this. We have been through four bills in the last hour, and they are dealing with touching families, and every one of them has been bipartisan. We have been able to come together and find where we agree and work together, that we can work for infants, for families suffering with leukemia and other blood disorders, for infants with opioid addiction, for parents who have children with early hearing detection, and that is where we have been able to come together and work together.

I appreciate the effort of Ranking Member GREEN in bringing us all together, and our subcommittee chairman, Mr. PITTS.

I look forward to voting for this bill, and I urge my colleagues to vote for H.R. 2820. I appreciate my friend, Mr. SMITH, for bringing it forward.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, H.R. 820, the "Stem Cell Therapeutic and Research Reauthorization Act," would continue critical federal support for the C.W. Bill Young Cell Transplantation Program. This program includes the Be the Match registry for bone marrow and umbilical cord blood transplantation which continues to provide hope to people in need of a lifesaving transplants.

Each year thousands of patients in need of life saving transplants are unable to find a match within their family and therefore require a nonrelative donor. That is why the Be the Match Registry and its nearly 12.5 million registered bone marrow donors and collection of more than 209,000 cord blood units is so important. The Program also supports the collection and use of transplantation data to advance medical research.

I'd like to thank Representative DORIS MATSUI for her leadership in this area and I urge my colleagues to support H.R. 2820 to ensure that the lifesaving Be the Match registry continues.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 2820.

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

A motion to reconsider was laid on the table.

E-WARRANTY ACT OF 2015

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1359) to allow manufacturers to meet warranty and labeling requirements for consumer products by displaying the terms of warranties on Internet websites, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1359

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 ''E-Warranty Act of 2015''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Many manufacturers and consumers prefer to have the option to provide or receive warranty information online.

(2) Modernizing warranty notification rules is necessary to allow the United States to continue to compete globally in manufacturing, trade, and the development of consumer products connected to the Internet.

(3) Allowing an electronic warranty option would expand consumer access to relevant consumer information in an environmentally friendly way, and would provide additional flexibility to manufacturers to meet their labeling and warranty requirements.

SEC. 3. ELECTRONIC DISPLAY OF TERMS OF WRITTEN WARRANTY FOR CONSUMER PRODUCTS.

(a) IN GENERAL.—Section 102(b) of the Magnuson-Moss Warranty—Federal Trade Commission Improvement Act (15 U.S.C. 2302(b)) is amended by adding at the end the following:

''(4)(A) Except as provided in subparagraph (B), the rules prescribed under this subsection shall allow for the satisfaction of all requirements concerning the availability of terms of a written warranty on a consumer product under this subsection by—

''(i) making available such terms in an accessible digital format on the Internet website of the manufacturer of the consumer product in a clear and conspicuous manner; and

''(ii) providing to the consumer (or prospective consumer) information with respect to how to obtain and review such terms by indicating on the product or product packaging or in the product manual—

''(I) the Internet website of the manufacturer where such terms can be obtained and reviewed; and

''(II) the phone number of the manufacturer, the postal mailing address of the manufacturer, or another reasonable non-Internet based means of contacting the manufacturer to obtain and review such terms.

''(B) With respect to any requirement that the terms of any written warranty for a consumer product be made available to the consumer (or prospective consumer) prior to sale of the product, in a case in which a consumer product is offered for sale in a retail location, by catalog, or through door-to-door sales, subparagraph (A) shall only apply if the seller makes available, through electronic or other means, at the location of the sale to the consumer purchasing the consumer product the terms of the warranty for the consumer product before the purchase.''.

(b) REVISION OF RULES.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Federal Trade Commission shall revise the rules prescribed under such section to comply with the requirements of paragraph (4) of such section, as added by subsection (a) of this section.

(2) AUTHORITY TO WAIVE REQUIREMENT FOR ORAL PRESENTATION.—In revising rules under paragraph (1), the Federal Trade Commission may waive the requirement of section 109(a) of such Act (15 U.S.C. 2309(a)) to give interested persons an opportunity for oral presentation if the Commission determines that giving interested persons such opportunity would interfere with the ability of the Commission to revise rules under paragraph (1) in a timely manner.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Iowa (Mr. LOEBSACK) 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 have 5 legislative days within which to revise and extend their remarks and 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, the E-Warranty Act of 2015 modernizes current warranty requirements by allowing manufacturers to post product warranty information online.

I certainly want to thank Senator FISCHER and Congressman MULLIN for crafting bipartisan legislation opening a path for manufacturers to conduct their business more efficiently in the digital age.

This legislation will give consumers better access to warranty information, while retaining flexibility for sellers and reducing costs for manufacturers. The Energy and Commerce Committee unanimously forwarded the companion bill, H.R. 3154, to the House floor in July after consideration by the Subcommittee on Commerce, Manufacturing, and Trade.

The subcommittee has been studying how the use of the Internet and other advanced technologies is generating great advances for consumers and creating jobs. Simple things like this will create savings across multiple industries.

We will continue to look for ways to roll back outdated regulations that slow down our e-commerce, economy and hurt jobs. This legislation does just that by bringing warranty regulations into the 21st century. I urge my colleagues to vote for S. 1359.

I reserve the balance of my time.

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

Mr. Speaker, I rise today in support of S. 1359, the E-Warranty Act of 2015. I am pleased the House is considering this bipartisan, bicameral legislation. S. 1359 is identical to H.R. 3154, the E-Warranty Act of 2015, which I was very, very happy to introduce with my good friend, the gentleman from Oklahoma (Mr. MULLIN).

This commonsense legislation will bring product warranties into the 21st century by allowing warranty information to be posted online. This solution makes sense for both manufacturers and consumers, as many of which prefer the option of providing or receiving warranty information in electronic rather than paper form.

Not only will this bill reduce waste, it will make it easier for consumers to