evade Medicare penalties if he or she resigns before the company is convicted. The ex-CEO is then free to take on jobs with other health care entities and commit fraud all over again.

Under H.R. 6130, OIG could exclude the individuals who are responsible corporate officials at the time fraud was being committed, regardless of where they are employed later.

The second change this bill makes prevents companies that are convicted of fraud from hiding behind corporate shells and evading punishment. The bill does this by strengthening OIG's ability to impose penalties on corporations affiliated with convicted entities, or to use ''permissive exclusion'' authority to exclude them from program participation.

Currently, corporations that engage in health care fraud can resolve the criminal case through a guilty plea of a non-operating subsidiary. OIG's only remedy in such a case doesn't allow for any meaningful punishment against the company that's actually behind the Medicare fraud.

This legislation gives OIG the authority to exclude corporate parents or other affiliates from the Medicare program so that OIG will be better positioned to require significant changes at these companies beyond the remedies that are generally required in civil cases. This would provide a significant incentive to corporate parents to promote compliance and police the activities within their corporate families.

With these additional tools, OIG will be better able to stop those individuals who commit fraud but who have been able to stay one step ahead of law enforcement, saving taxpayer dollars and protecting seniors.

Medicare fraud is a crime that hurts senior citizens, law-abiding health care providers, and every American who pays taxes.

I thank Chairman STARK for working with me on this legislation and urge the support of my colleagues.

I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time I would like to yield 2 minutes to the gentleman from Georgia (Mr. LEWIS), the distinguished chair of our Oversight Subcommittee on Ways and Means, who, like Mr. HERGER, recognizes the seriousness of this problem and was helpful in our hearings in calling attention to many of the problems.

Mr. LEWIS of Georgia. Mr. Speaker, I want to thank my friend, my colleague, Chairman STARK, for yielding time.

Mr. Speaker, we as a Nation have a duty to provide the very best health care to our seniors and our disabled brothers and sisters. For them, Medicare is a blessing, a lifeline.

Each time someone steals money from Medicare, it weakens the public trust, it hurts our seniors, and threatens the future of Medicare. We must not, and we will not allow, criminals to rob Medicare. If you defraud Medicare once, you will never, ever do it again. CEOs who defraud Medicare should not be able to simply move to a different company and continue to bill Medicare. Their companies should not be able to hide behind corporate shells that rob Medicare. This legislation will strengthen the anti-fraud laws and stop these bad practices.

□ 1620

I want to thank Mr. HERGER and again the chairman of our Subcommittee on Health, Chairman STARK, for working side by side with the Oversight Subcommittee to end these abuses.

I ask all my colleagues on both sides of the aisle to support this necessary bipartisan bill.

Mr. HERGER. In closing, I urge all Members to vote ''yes'' on H.R. 6130, and I yield back the balance of my time.

Mr. STARK. Mr. Speaker, I yield myself the balance of my time.

I want to thank my distinguished ranking member for his support and work in bringing this bill to the floor, and thank the staff who have worked on this bill; John Barket, who was a fellow in our subcommittee, got it started. He has now moved to Health and Human Services, but I wanted to recognize his leadership. I would like to thank Erik Rasmussen and Dan Elling on Mr. HERGER's staff for their work and help in this area. And as always, Debbie Curtis and Hannah Neprash on my subcommittee as well for their good work. And again to thank Mr. HERGER for joining with us to see that we bring an end to these bad practices.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 6130, 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.

EMERGENCY MEDIC TRANSITION ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3199) to amend the Public Health Service Act to provide grants to State emergency medical service departments to provide for the expedited training and licensing of veterans with prior medical training, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3199

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 ''Emergency Medic Transition Act of 2010'' or the ''EMT Act of 2010''.

SEC. 2. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO BECOME STATE-LICENSED OR CERTIFIED EMERGENCY MEDICAL TECHNICIANS (EMTS).

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

''SEC. 315. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO BECOME STATE-LICENSED OR CERTIFIED EMERGENCY MEDICAL TECHNICIANS (EMTS).

''(a) PROGRAM.—The Secretary shall establish a program consisting of awarding grants to States to assist veterans who received and completed military emergency medical training while serving in the Armed Forces of the United States to become, upon their discharge or release from active duty service, State-licensed or certified emergency medical technicians.

''(b) USE OF FUNDS.—Amounts received as a grant under this section may be used to assist veterans described in subsection (a) to become State-licensed or certified emergency medical technicians as follows:

''(1) Providing to such veterans required course work and training that take into account, and are not duplicative of, medical course work and training received when such veterans were active members of the Armed Forces of the United States, to enable such veterans to satisfy emergency medical services personnel certification requirements in the civilian sector, as determined by the appropriate State regulatory entity.

''(2) Providing reimbursement for costs associated with—

''(A) such course work and training; or

''(B) applying for licensure or certification.

''(3) Expediting the licensing or certification process.

''(4) Entering into an agreement with any institution of higher education, or other educational institution certified to provide course work and training to emergency medical personnel, for purposes of providing course work and training under this section if such institution has developed a suitable curriculum that meets the requirements of paragraph (1).

''(c) ELIGIBILITY.—To be eligible for a grant under this section, a State shall demonstrate to the Secretary's satisfaction that the State has a shortage of emergency medical technicians.

''(d) REPORT.—The Secretary shall submit to the Congress an annual report on the program under this section.

''(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $5,000,000 for each of fiscal years 2011 through 2015.''.

(b) GAO STUDY AND REPORT.—The Comptroller General of the United States shall—

(1) conduct a study on the barriers experienced by veterans who received training as medical personnel while serving in the Armed Forces of the United States and, upon their discharge or release from active duty service, seek to become licensed or certified in a State as civilian health professionals; and

(2) not later than 2 years after the date of the enactment of this Act, submit to the Congress a report on the results of such study, including recommendations on whether the program established under section 315 of the Public Health Service Act, as added by subsection (a), should be expanded to assist veterans seeking to become licensed or certified in a State as health providers other than emergency medical technicians.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 3199, the Emergency Medic Transition Act of 2010. H.R. 3199 will help military medics transition to work as civilian emergency medic technicians. This bill authorizes grants for States that have a shortage of emergency medic technicians to create programs to train returning veterans with emergency medical training that they become State-certified EMTs.

The goal of this legislation is twofold: to help vets with medical training transition back into civilian life and to shore up our civilian emergency response capabilities, particularly in States with a demonstrated need for these services. Programs like the ones authorized by this legislation may be helpful for veterans with other health care experience. That's why this legislation also requires the GAO to conduct a study to understand the barriers experienced by returning vets with medic experience from becoming civilian health care professionals. GAO will make recommendations to Congress whether it makes sense to expand this program to other health care professions.

I would like to thank in particular of course Representative HARMAN and Representative SARBANES, both from our Energy and Commerce Committee, for their dedication to and leadership on this important issue.

I urge my colleagues to support the bill.

I reserve the balance of my time.

Mr. WHITFIELD. Mr. Speaker, I rise today also in support of H.R. 3199, the Emergency Medic Transition Act.

This legislation would provide grants to States with a shortage of EMTs to assist veterans who have completed military emergency training and assist them in becoming State-licensed or certified EMTs.

Through their service in the Armed Forces, these veterans have received some of the best emergency response training available. Our Nation is currently blessed with thousands of men and women who, through their honorable service in Iraq and Afghanistan and around the world, are equipped with unmatched credentials and vast practical experience.

We have heard of stories from around the country of there being a shortage of EMTs and about the training and licensing barriers returning veterans face when they transition to the civilian workforce. If the Federal Government has provided training in emergency management services to these veterans, it would be beneficial to use that investment to fill EMT needs in communities once the veteran has left the service. It makes sense to me that we should help veterans with life-saving skills to use them in our communities after they come home.

I would certainly like to thank also Congresswoman HARMAN and Chairman PALLONE as well as Congressman BUYER of Indiana, all of whom have worked hard on this legislation.

I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield to the bill's sponsor, the gentlewoman from California (Ms. HARMAN), such time as she may consume.

Ms. HARMAN. Mr. Speaker, I want to thank my friend and subcommittee chair, Mr. PALLONE, and his ace staff for working to bring this bipartisan bill, the Emergency Medic Transition, or EMT Act, to the floor. I also want to thank Mr. SARBANES, Mr. WHITFIELD, Mr. BUYER and others for their support in committee. Truly, it might be said that bipartisanship broke out in our committee during the debate on this bill.

As you heard from Mr. PALLONE, the bill will help our brave men and women who serve as medics in Afghanistan and Iraq to transition into EMT jobs when they return. The act authorizes grants for States that have a shortage of EMTs to create a fast-track program for vets who received and completed military emergency medical training to become emergency responders. The funds authorized in this bill can be used to provide coursework and training, and reimbursement for the cost of coursework, and any certification fees.

Obviously, the bill is a win-win for the country and our vets. Its passage will enhance the surge capacities of local medical facilities and provide jobs for our vets, especially during this critical economic downturn.

It is worth noting that the unemployment rate last year for Iraq and Afghanistan veterans 18 to 24 years old was 21.1 percent. Let me repeat that. Our returning vets' unemployment rate was 21.1 percent unemployment, which is significantly higher than the 16.6 percent rate for nonveterans of the same age.

Presently, military medics who wish to become first responders must restart their training from scratch, fulfilling the same entry level criteria as people with no prior training or experience. These duplicative efforts waste time, money, and talent. At the same time, many hospitals and emergency medical services throughout the country operate at or near capacity, and a terrorist attack or natural disaster would result in a surge of patients that would overwhelm medical facilities. Correcting this requires having the largest possible pool of experienced medical personnel on hand.

With military medics' recent experience administering trauma care in Afghanistan and Iraq, these vets are ideally suited to respond to large-scale medical emergencies. They are ideal first responders, making life or death decisions amid a backdrop of chaos and confusion. Their work at the scenes of IED attacks, suicide bombings, and firefights prepares them for this.

In conclusion, the GAO study that Mr. PALLONE referenced will report on barriers experienced by veteran medics and whether or not we should expand this program to other health care providers.

I urge support for the bill. It demonstrates in tangible form our appreciation for the service and skills of our returning military medics.

□ 1630

Mr. WHITFIELD. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the other person who did a lot of work on their legislation, the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES. I thank the gentleman for yielding.

I rise in strong support of this bill, and I salute Congresswoman HARMAN for her excellent work on this and perceiving where there was a need and how that need could be met.

There are plenty of studies out there, and there's also a lot of anecdotal evidence that there are really severe shortages across our health workforce, and this is an area to which I brought particular attention, looking at where these shortages are, in trying to think not just how we look at the traditional pipelines to bring people into these positions, but how we think outside of the box at some of the nontraditional sources where we can find the expertise and the experience to bring that through the pipeline and to fill these shortages.

H.R. 3199 proposes a very innovative way to meet the needs that we have across the country for emergency medical technicians. It recognizes that military medics who are returning have acquired very valuable experience during their service, which positions them extremely well to meet those needs and to fill those positions.

It also recognizes that there's obstacles, that there's significant costs sometimes associated with the training that goes with certification, that it can be difficult in terms of getting that done in a timely fashion. What this bill does is address those issues. It would award grants to States to begin to streamline the licensing process, provide some resources to assist with the costs of training, and do other things to basically expedite this process of getting these experienced people into these jobs where we need them.

It makes a lot of common sense. I think that's why it's garnered bipartisan support, and I certainly urge my colleagues to support it.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the

gentlewoman from South Dakota, Congresswoman HERSETH SANDLIN.

Ms. HERSETH SANDLIN. I thank the chairman, the gentleman from New Jersey, for yielding.

Mr. Speaker, I rise today in strong support of H.R. 3199, the Emergency Medic Transition Act of 2010. This is a collaborative effort, and I would like to thank Representatives HARMAN, BEAN, SARBANES and so many others for their collaborative partnership on drafting the bill.

I also want to thank Representative STEVE BUYER with whom I have worked closely on the Veterans' Affairs Committee. Representative BUYER offered some commonsense suggestions as the ranking member of our full committee on how to improve H.R. 3199. He is also a member of the House Energy and Commerce Committee, and he helped make the final product a better piece of legislation.

This bill takes important steps to improve the ability of veterans to translate their military experience into the civilian workforce, specifically working to help veterans with military medical experience to become civilian emergency medical technicians. The legislation creates a grant program that will assist individual States in the creation of a fast-track EMT certification process that takes into account the experience a veteran gained while serving in the military.

Recent estimates from the United States Bureau of Labor Statistics suggests that veterans between the ages of 18 and 24 had an unemployment rate of 21.6 percent in 2009. This is a terribly troubling number and the Veterans' Affairs Economic Opportunity Subcommittee, which I have the honor of chairing, has held a series of hearings during the 111th Congress on a variety of issues related to veterans employment.

These hearings have shown that one of the critical barriers facing newly separated veterans trying to enter the workforce is the challenge of translating their military experience to the civilian market. So I am pleased that the legislation the House is considering today not only increases access to health care, but does so by increasing employment opportunities for veterans and allows them to use their skills gained in service to our country to serve their local communities in civilian life.

H.R. 3199 also requires an assessment of whether this new program should be expanded to help veterans with medical training to obtain certification in other health professions.

I urge all of my colleagues on both sides of the aisle to support this important legislation.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Texas, Ms. SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank the chairman very much for presiding over this very important legislation. As I have noted, any number of bills from the Energy and Commerce committee have been very constructive.

I thank the manager from our friends on the other side of the aisle, and I thank in particular Representative HARMAN and the collaborative effort between Energy and Commerce and, as well, Veterans' Affairs.

This bill, modest in funding—and I would like to emphasize that before I even speak about its importance—modest in funding, $5 million per year between 2011, I believe, and 2015, takes an important step toward the value that we place on our service men and women. One, we thank them while they are serving, and we have made a commitment to thank them when their service is finished.

My State happens to be unique in having the highest percentage of returning soldiers, in particular from Iraq and Afghanistan, in the State of Texas. In addition, many of you are aware of many of the bases in our State, but, as well, you are aware of the horrific tragedy that occurred at Fort Hood just a few months ago and, of course, coming up on its first-year recognition.

In that instance, many were lost, but some were injured; and the idea of using soldiers who have been trained by the military to return home for first responder utilization is a brilliant idea and one that is long in coming. It is well known that veterans do have a higher unemployment in the general population in many instances.

But also, Mr. Speaker, we know that many of our veterans, because of a number of serious issues, find themselves homeless. Where is our continued promise about treating them with the same respect and dignity that we have done so while they were in the service and then when they are out?

So this particular legislation, H.R. 3199, does two things that I think are enormously important, takes advantage of the important talent that is coming home, that wonderful training that saves lives on the battlefield to use in America's emergency rooms.

Then I was so delighted to be able to hear that as we move to have this massive and important change in medical reform, health care reform that is going to save lives—particularly, I think, tomorrow will be a number of new provisions coming out in the health care bill—now we have the ability to assess the training of these very fine men and women to serve in America's medical professions. This is key. It's a great partnership.

I thank the author of the bill. I rise to support it. I am loudly saying to those who are returning home to Texas and other States around the Nation that we now have an opportunity to use your great talents to save lives, to be in America's hospitals, to be in fire stations, to assist police officers and to be there when danger and disaster comes to face Americans on the home soil.

What better way of using the great talent that we have. The men and women who were willing to offer their lives on the battlefield now can come home and serve their fellow Americans in one of the highest professions we have and that is the health care profession, where you can say that no matter where you are, you have the ability to save lives.

I ask my colleagues to support enthusiastically H.R. 3199.

Mr. BUYER. Mr. Speaker, I rise today in support of H.R. 3199 the "Emergency Medic Transition (EMT) Act." This bill, introduced by Congresswoman HARMAN, was originally included as an amendment to the House passed version of the Health Reform bill. Congresswoman HARMAN, at my request, kindly withdrew the amendment so we could properly vet this with our VA Committee professional staff. I want to thank Congresswoman HARMAN for allowing my staff to review the bill and contribute suggestions. I am pleased to announce my full support of this legislation to help veterans and states alike.

By funding this HHS program that will award grants to state entities with jurisdiction over emergency medical personnel training and licensing, states will be provided the resources for our veterans to receive the EMT training and certification they need, help fill state shortages in emergency medical technicians, and avoid duplicative training courses and costs. Further, the included GAO study will help Congress assess the program's effectiveness going forward.

Licensing and certification of returning veterans for civilian jobs for skills that they have been trained and are well-experienced in from their military service has been a long standing point of frustration and a barrier to many returning veterans finding meaningful employment in a timely manner. Recent reports from the Bureau of Labor Statistics show that the unemployment rate among our newest cohort of veterans is at an alarming rate of 19.3% for the month of August. It is my hope that H.R. 3199 will alleviate a portion of this problem and help our combat medics get their EMT licenses with as little bureaucratic red tape as possible.

Lastly, in order for this bill to meet its full intent and potential, it is critical for the Governors of our states to swiftly create consistent licensing standards necessary to fill EMT shortages and put veterans to work. I look forward to working with the states to accomplish this goal.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3199, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further

proceedings on this motion will be postponed.

□ 1640

NATIONALLY ENHANCING THE WELLBEING OF BABIES THROUGH OUTREACH AND RESEARCH NOW ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3470) to authorize funding for the creation and implementation of infant mortality pilot programs in standard metropolitan statistical areas with high rates of infant mortality, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3470

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 ''Nationally Enhancing the Wellbeing of Babies through Outreach and Research Now Act'' or the ''NEWBORN Act''.

SEC. 2. INFANT MORTALITY PILOT PROGRAMS.

Section 330H of the Public Health Service Act (42 U.S.C. 254c–8) is amended—

(1) by redesignating subsection (e) as subsection (f);

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

''(e) INFANT MORTALITY PILOT PROGRAMS.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator, shall award grants to eligible entities to create, implement, and oversee infant mortality pilot programs.

''(2) PERIOD OF A GRANT.—The period of a grant under this subsection shall be 5 consecutive fiscal years.

''(3) PREFERENCE.—In awarding grants under this subsection, the Secretary shall give preference to eligible entities proposing to serve any of the 15 counties or groups of counties with the highest rates of infant mortality in the United States in the past 3 years.

''(4) USE OF FUNDS.—Any infant mortality pilot program funded under this subsection may—

''(A) include the development of a plan that identifies the individual needs of each community to be served and strategies to address those needs;

''(B) provide outreach to at-risk mothers through programs deemed appropriate by the Administrator;

''(C) develop and implement standardized systems for improved access, utilization, and quality of social, educational, and clinical services to promote healthy pregnancies, full-term births, and healthy infancies delivered to women and their infants, such as—

''(i) counseling on infant care, feeding, and parenting;

''(ii) postpartum care;

''(iii) prevention of premature delivery; and

''(iv) additional counseling for at-risk mothers, including smoking cessation programs, drug treatment programs, alcohol treatment programs, nutrition and physical activity programs, postpartum depression and domestic violence programs, social and psychological services, dental care, and parenting programs;

''(D) establish a rural outreach program to provide care to at-risk mothers in rural areas;

''(E) establish a regional public education campaign, including a campaign to—

''(i) prevent preterm births; and

''(ii) educate the public about infant mortality; and

''(F) provide for any other activities, programs, or strategies as identified by the community plan.

''(5) LIMITATION.—Of the funds received through a grant under this subsection for a fiscal year, an eligible entity shall not use more than 10 percent for program evaluation.

''(6) REPORTS ON PILOT PROGRAMS.—

''(A) IN GENERAL.—Not later than 1 year after receiving a grant, and annually thereafter for the duration of the grant period, each entity that receives a grant under paragraph (1) shall submit a report to the Secretary detailing its infant mortality pilot program.

''(B) CONTENTS OF REPORT.—The reports required under subparagraph (A) shall include information such as the methodology of, and outcomes and statistics from, the grantee's infant mortality pilot program.

''(C) EVALUATION.—The Secretary shall use the reports required under subparagraph (A) to evaluate, and conduct statistical research on, infant mortality pilot programs funded through this subsection.

''(7) DEFINITIONS.—For the purposes of this subsection:

''(A) ADMINISTRATOR.—The term 'Administrator' means the Administrator of the Health Resources and Services Administration.

''(B) ELIGIBLE ENTITY.—The term 'eligible entity' means a State, county, city, territorial, or tribal health department that has submitted a proposal to the Secretary that the Secretary deems likely to reduce infant mortality rates within the standard metropolitan statistical area involved.

''(C) TRIBAL.—The term 'tribal' refers to an Indian tribe, a Tribal organization, or an Urban Indian organization, as such terms are defined in section 4 of the Indian Health Care Improvement Act.''; and

(3) by amending subsection (f), as so redesignated—

(A) in paragraph (1)—

(i) by amending the paragraph heading to read: ''HEALTHY START INITIATIVE''; and

(ii) by inserting after ''carrying out this section'' the following: ''(other than subsection (e))'';

(B) by redesignating paragraph (2) as paragraph (3);

(C) by inserting after paragraph (1) the following:

''(2) INFANT MORTALITY PILOT PROGRAMS.—To carry out subsection (e), there is authorized to be appropriated $10,000,000 for each of fiscal years 2011 through 2015.''; and

(D) in paragraph (3)(A), as so redesignated, by striking ''the program under this section'' and inserting ''the program under subsection (a)''.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

Mr. Speaker, this bill authorizes a pilot program to address a serious public health problem, and that is infant mortality. According to the Centers for Disease Control and Prevention, the U.S. infant mortality rate is about 50 percent higher than the national goal of 4.5 infant deaths for per 1,000 births. As of 2005, the United States ranked 30th in the world in infant mortality. The pilot program authorized in this legislation would give grants to eligible entities to fight infant mortality in the most impacted areas.

I want to thank Representative COHEN, the sponsor of the NEWBORN Act, as it is called, for his deep commitment to and tireless leadership on this very important issue. I would also like to thank Ranking Member BARTON and Ranking Member SHIMKUS and their staffs for working in a bipartisan manner to help get this legislation to the House floor.

I reserve the balance of my time.

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

There has been a lot of debate in the United States about infant mortality. And when we hear that the U.S. ranks 30th in the world, it certainly bothers all of us.

I do think it is important that we also recognize, just for informational purposes, that not every country in the world uses the same method to determine infant mortality. For example, in the United States, all live births at any birthweight or gestational age must be reported. In France, for example, only live births of at least 22 weeks of gestation or weighing at least 500 grams must be reported. So some of these countries use different reporting facts to determine their mortality rates.

There is no question that certain communities in the United States have infant mortality rates that are persistently high. And this legislation authorizes HHS to award grants for pilot projects to reduce infant mortality in the communities with the highest infant mortality rates and would require these projects be evaluated to ensure we are on the right track to reducing infant mortality rates in those areas and in the United States.

I want to thank Congressman COHEN for his leadership on this issue as well as Congressmen PALLONE and SHIMKUS.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the sponsor of the bill, Representative COHEN of Tennessee.

Mr. COHEN. I want to thank Mr. PALLONE for the time, and I want to thank Mr. PALLONE, Mr. ANDREWS, and Chairman WAXMAN for their help in getting this particular proposal to the floor; and the minority side as well, Mr. WHITFIELD, my friend, Mr. SHIMKUS, and everyone who has worked on this.

Mr. Speaker, this is a particularly important bill to me, and it's an important bill to my district. September is Infant Mortality Awareness Month, and it's appropriate that this month this bill will be brought up for consideration, the NEWBORN Act. ''NEWBORN'' is an acronym. Everything in