

and inserting "Twenty-First Century Communications and Video Accessibility Act of 2010";

(5) by inserting "low-income" after "accessible by" in section 719(a);

(6) by striking "and" in section 713(f)(2)(A) and inserting "such";

(7) by inserting "have" after "that" in the first place it appears in section 713(f)(2)(B);

(8) by inserting "and Commerce" after "Energy" in section 713(f)(4)(C)(iii);

(9) by striking "programming distribution" in section 713(c)(2)(D)(iii) and inserting "programming distributors";

(10) by striking "progammimg" in section 713(c)(2)(D)(v) and inserting "programming";

(11) by striking "and video description signals and make" in section 713(c)(2)(D)(vi) and inserting "and makes";

(12) by striking "by" in section 303(aa)(3) and inserting "for";

(13) by striking "and" after the semicolon in section 303(bb)(1);

(14) by striking "features." in section 303(bb)(2) and inserting "features; and"; and

(15) by striking the matter following subdivision (2) of section 303(bb) and inserting the following:

"(3) that, with respect to navigation device features and functions—

"(A) delivered in software, the requirements set forth in this subsection shall apply to the manufacturer of such software; and

"(B) delivered in hardware, the requirements set forth in this subsection shall apply to the manufacturer of such hardware."

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

The Chair recognizes the gentleman from Massachusetts.

GENERAL LEAVE

Mr. MARKEY of Massachusetts. 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 materials in the RECORD.

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

There was no objection.

Mr. MARKEY of Massachusetts. I rise in support of this legislation to make corrections to the bill that the House just passed. The corrections are technical in nature, and once this bill passes, the House will send to the President landmark legislation to update our country's accessibility laws for the Internet age.

Again, I thank the minority for their cooperation on this historic legislation. It does show what good can be done when this institution works as it should. I thank my colleagues for their support.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I also urge our colleagues to support the technical corrections which are necessary for the previously passed bill. I yield back the balance of my time.

Mr. MARKEY of Massachusetts. Mr. Speaker, I have no further requests for time, so with the request that this body in unison vote "aye" on this historic legislation, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from Massachusetts (Mr. MARKEY) that the House suspend the rules and pass the bill, S. 3828.

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.

PEDIATRIC RESEARCH CONSORTIA ESTABLISHMENT ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 758) to amend title IV of the Public Health Service Act to provide for the establishment of pediatric research consortia, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 758

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 "Pediatric Research Consortia Establishment Act".

SEC. 2. NATIONAL PEDIATRIC RESEARCH CONSORTIA.

Subpart 7 of part C of title IV of the Public Health Service Act (42 U.S.C. 285g et seq.) is amended by adding at the end the following:

"SEC. 452H. NATIONAL PEDIATRIC RESEARCH CONSORTIA.

"(a) IN GENERAL.—The Director of NIH, acting through the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development and in collaboration with all other Institutes of the National Institutes of Health that support pediatric research, may, subject to the availability of funds, award grants, contracts, or cooperative agreements to public or nonprofit private entities to pay all or part of the cost of planning, establishing, and providing basic operating support for up to 20 national pediatric research consortia. The Director of NIH shall take unmet research needs into account when making awards under this section.

"(b) RESEARCH.—Research conducted under this section shall supplement, but not replace, research that is otherwise conducted or supported as part of the comprehensive pediatric research portfolio of entities receiving awards under subsection (a). Consortia established under subsection (a) shall, in the aggregate, conduct basic, clinical, behavioral, social, or translational research to meet unmet research needs, as well as training in and demonstration of advanced diagnostic and treatment methods relating to pediatrics, as appropriate.

"(c) COORDINATION OF CONSORTIA REPORTS.—The Director of NIH shall—

"(1) as appropriate, provide for the coordination of information among consortia established under subsection (a) and ensure regular communication between such consortia; and

"(2) require the periodic preparation of reports on the activities of the consortia and the submission of the reports to the Director.

"(d) ORGANIZATION OF CONSORTIUM.—Each consortium established under subsection (a) shall be formed from a collaboration of cooperating institutions with a lead institution, meeting such requirements as may be prescribed by the Director of NIH, including participation in a network of such consortia.

"(e) LIMITATION.—Payments under subsection (a) shall not exceed \$2,500,000 per year for each consortium in the first 5-year cycle.

"(f) DURATION OF PAYMENTS.—Payments under subsection (a) for a consortium may be provided under this section for a period of 5

years and may be extended for additional periods of 5 years each, with enhanced funding opportunities based on a review of the operations by an appropriate scientific review."

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

I rise today in strong support of H. Res. 758, the Pediatric Research Consortia Establishment Act. The goal of H.R. 758 is to enhance the Nation's research program into pediatric conditions by creating a strong research infrastructure. I urge my colleagues to support this bill.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, H.R. 758, the Pediatric Research Consortia Establishment Act, would allow the National Institutes of Health to support up to 20 national pediatric research consortia that would conduct vital pediatric research. Specifically, the Pediatric Research Consortia Establishment Act would allow but not require the National Institutes of Health award grants to public or nonprofit private entities to pay for the cost of planning, establishing, and providing a basic operating support for up to 20 national pediatric research consortia. These consortia would conduct basic clinical, behavioral, social, and translational research. They could also provide training on advanced diagnostic and treatment methods relating to pediatrics. The consortia will foster efficiency and collaboration at all levels of pediatric research, and they will provide patients with greater access to vital research.

I urge my colleagues to support the bill.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for the bill and 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. 758, 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. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

VETERINARY PUBLIC HEALTH AMENDMENTS ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2999) to amend the Public Health Service Act to enhance and increase the number of veterinarians trained in veterinary public health, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2999

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 "Veterinary Public Health Amendments Act of 2010".

SEC. 2. INCLUSION OF VETERINARY PUBLIC HEALTH IN CERTAIN PUBLIC HEALTH WORKFORCE PROVISIONS.

(a) PUBLIC HEALTH WORKFORCE GRANTS.—Subsections (b)(1)(A) and (d)(6) of section 765 of the Public Health Service Act (42 U.S.C. 295) are amended by inserting "veterinary public health," after "preventive medicine," each place it appears.

(b) PUBLIC HEALTH WORKFORCE LOAN REPAYMENT PROGRAM.—

(1) IN GENERAL.—Subparagraphs (A) and (B) of section 776(b)(1) of the Public Health Service Act (42 U.S.C. 295f-1(b)(1)) are amended by striking "public health or health professions degree or certificate" each place it appears and inserting "public health (including veterinary public health) or health professions degree or certificate".

(2) TECHNICAL CORRECTION.—Subparagraph (A) of section 776(b)(1) of the Public Health Service Act (42 U.S.C. 295f-1(b)(1)) is amended by adding "or" at the end.

(c) DEFINITION.—Section 799B of the Public Health Service Act (42 U.S.C. 295p) is amended by adding at the end the following:

"(27) VETERINARY PUBLIC HEALTH.—The term 'veterinary public health' includes veterinarians engaged in one or more of the following areas to the extent such areas have an impact on human health: biodefense and emergency preparedness, emerging and reemerging infectious diseases, environmental health, ecosystem health, pre- and post-harvest food protection, regulatory medicine, diagnostic laboratory medicine, veterinary pathology, biomedical research, the practice of food animal medicine in rural areas, and government practice."

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

I rise today, Mr. Speaker, in strong support of H.R. 2999, the Veterinary Public Health Amendments of 2010. Veterinary medicine is an important component of our human public health system. From H1N1 to SARS to food safety, public health veterinarians are critical to our protection of human health.

This bill would ensure that veterinary public health professionals are eligible for two important public health workforce programs, but only to the extent that the work of these veterinarians has an impact on human health. I commend Representative BALDWIN for her leadership on this legislation. I urge my colleagues to support the bill.

I reserve the balance of my time.

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Mr. BURGESS. Mr. Speaker, H.R. 2999, the Veterinary Public Health Workforce and Education Act, would take important steps to increase the number of public health veterinarians.

Food animal veterinarians play a vital role in public health, and experts have said that there is a major shortage. This shortage will have a negative impact on our public health, including the safety of our Nation's food supply. This legislation will help us solve that problem.

H.R. 2999 would allow those seeking veterinary public health degrees to be eligible for public health workforce loan repayment programs. It would also permit the Secretary of Health and Human Services to award training grants to increase the veterinary public health workforce.

On committee we worked in a bipartisan basis to ensure that it is crystal clear that our Nation's food animal veterinarians will be eligible for programs under this bill. We need more food animal veterinarians, and this will help us get there. I urge my colleagues to support this bill.

I yield back the balance of my time.

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

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. 2999, 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. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

GESTATIONAL DIABETES ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5354) to establish an Advisory Committee on Gestational Diabetes, to provide grants to better understand and reduce gestational diabetes, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5354

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 "Gestational Diabetes Act of 2010" or the "GEDI Act".

SEC. 2. GESTATIONAL DIABETES.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding after section 317H the following:

"SEC. 317H-1. GESTATIONAL DIABETES.

"(a) UNDERSTANDING AND MONITORING GESTATIONAL DIABETES.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, in consultation with the Diabetes Mellitus Interagency Coordinating Committee established under section 429 and representatives of appropriate national health organizations, shall develop a multisite gestational diabetes research project within the diabetes program of the Centers for Disease Control and Prevention to expand and enhance surveillance data and public health research on gestational diabetes.

"(2) AREAS TO BE ADDRESSED.—The research project developed under paragraph (1) shall address—

"(A) procedures to establish accurate and efficient systems for the collection of gestational diabetes data within each State and commonwealth, territory, or possession of the United States;

"(B) the progress of collaborative activities with the National Vital Statistics System, the National Center for Health Statistics, and State health departments with respect to the standard birth certificate, in order to improve surveillance of gestational diabetes;

"(C) postpartum methods of tracking women with gestational diabetes after delivery as well as targeted interventions proven to lower the incidence of type 2 diabetes in that population;

"(D) variations in the distribution of diagnosed and undiagnosed gestational diabetes, and of impaired fasting glucose tolerance and impaired fasting glucose, within and among groups of women; and

"(E) factors and culturally sensitive interventions that influence risks and reduce the incidence of gestational diabetes and related complications during childbirth, including cultural, behavioral, racial, ethnic, geographic, demographic, socioeconomic, and genetic factors.

"(3) REPORT.—Not later than 2 years after the date of the enactment of this section, and annually thereafter, the Secretary shall generate a report on the findings and recommendations of the research project including prevalence of gestational diabetes in the multisite area and disseminate the report to the appropriate Federal and non-Federal agencies.

"(b) EXPANSION OF GESTATIONAL DIABETES RESEARCH.—

"(1) IN GENERAL.—The Secretary shall expand and intensify public health research regarding gestational diabetes. Such research may include—

"(A) developing and testing novel approaches for improving postpartum diabetes testing or screening and for preventing type 2 diabetes in women with a history of gestational diabetes; and