by side with physicians, nurses and other professionals in providing high-quality, cost-effective health care. They work in rural and underserved communities and ensure patients can receive the care that they need when they need it.

I want to thank the physicians assistants and the American Academy of Physician Assistants for all the work that they do to care for patients and to keep America healthy.

Lastly, I sincerely want to thank my colleagues for their bipartisan support so we could bring this bill forward.

Thank you to Chairman WAXMAN again for bringing this resolution.

Mr. TERRY. Madam Speaker, I have no further requests for time.

I would be remiss on a resolution recognizing PAs not to recognize my brother-in-law's brother, Val, Val Valgora. He passed away several years ago. He was a PA back in the seventies. I had never heard of a physician assistant before. Val was instrumental in the State of Nebraska in expanding the use of physician assistants. He worked with the University of Nebraska Medical Center and then on to LSU to help create and expand the educational component for PAs. So, at least in the State of Nebraska, Val Valgora is one of our legendary PAs.

I just wanted to thank him and take this opportunity to recognize his accomplishments for the State of Nebraska.

I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge passage of the resolution, 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 agree to the resolution, H. Res. 1600, as amended.

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

A motion to reconsider was laid on the table.

NATIONAL ALZHEIMER'S PROJECT ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (S. 3036) to establish the Office of the National Alzheimer's Project.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3036

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 ''National Alzheimer's Project Act''.

SEC. 2. THE NATIONAL ALZHEIMER'S PROJECT.

(a) DEFINITION OF ALZHEIMER'S.—In this Act, the term ''Alzheimer's'' means Alzheimer's disease and related dementias.

(b) ESTABLISHMENT.—There is established in the Office of the Secretary of Health and Human Services the National Alzheimer's Project (referred to in this Act as the ''Project'').

(c) PURPOSE OF THE PROJECT.—The Secretary of Health and Human Services, or the Secretary's designee, shall—

(1) be responsible for the creation and maintenance of an integrated national plan to overcome Alzheimer's;

(2) provide information and coordination of Alzheimer's research and services across all Federal agencies;

(3) accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer's;

(4) improve the—

(A) early diagnosis of Alzheimer's disease; and

(B) coordination of the care and treatment of citizens with Alzheimer's;

(5) ensure the inclusion of ethnic and racial populations at higher risk for Alzheimer's or least likely to receive care, in clinical, research, and service efforts with the purpose of decreasing health disparities in Alzheimer's; and

(6) coordinate with international bodies to integrate and inform the fight against Alzheimer's globally.

(d) DUTIES OF THE SECRETARY.—

(1) IN GENERAL.—The Secretary of Health and Human Services, or the Secretary's designee, shall—

(A) oversee the creation and updating of the national plan described in paragraph (2); and

(B) use discretionary authority to evaluate all Federal programs around Alzheimer's, including budget requests and approvals.

(2) NATIONAL PLAN.—The Secretary of Health and Human Services, or the Secretary's designee, shall carry out an annual assessment of the Nation's progress in preparing for the escalating burden of Alzheimer's, including both implementation steps and recommendations for priority actions based on the assessment.

(e) ADVISORY COUNCIL.—

(1) IN GENERAL.—There is established an Advisory Council on Alzheimer's Research, Care, and Services (referred to in this Act as the ''Advisory Council'').

(2) MEMBERSHIP.—

(A) FEDERAL MEMBERS.—The Advisory Council shall be comprised of the following experts:

(i) A designee of the Centers for Disease Control and Prevention.

(ii) A designee of the Administration on Aging.

(iii) A designee of the Centers for Medicare & Medicaid Services.

(iv) A designee of the Indian Health Service.

(v) A designee of the Office of the Director of the National Institutes of Health.

(vi) The Surgeon General.

(vii) A designee of the National Science Foundation.

(viii) A designee of the Department of Veterans Affairs.

(ix) A designee of the Food and Drug Administration.

(x) A designee of the Agency for Healthcare Research and Quality.

(B) NON-FEDERAL MEMBERS.—In addition to the members outlined in subparagraph (A), the Advisory Council shall include 12 expert members from outside the Federal Government, which shall include—

(i) 2 Alzheimer's patient advocates;

(ii) 2 Alzheimer's caregivers;

(iii) 2 health care providers;

(iv) 2 representatives of State health departments;

(v) 2 researchers with Alzheimer's-related expertise in basic, translational, clinical, or drug development science; and

(vi) 2 voluntary health association representatives, including a national Alzheimer's disease organization that has demonstrated experience in research, care, and patient services, and a State-based advocacy organization that provides services to families and professionals, including information and referral, support groups, care consultation, education, and safety services.

(3) MEETINGS.—The Advisory Council shall meet quarterly and such meetings shall be open to the public.

(4) ADVICE.—The Advisory Council shall advise the Secretary of Health and Human Services, or the Secretary's designee.

(5) ANNUAL REPORT.—The Advisory Council shall provide to the Secretary of Health and Human Services, or the Secretary's designee and Congress—

(A) an initial evaluation of all federally funded efforts in Alzheimer's research, clinical care, and institutional-, home-, and community-based programs and their outcomes;

(B) initial recommendations for priority actions to expand, eliminate, coordinate, or condense programs based on the program's performance, mission, and purpose;

(C) initial recommendations to—

(i) reduce the financial impact of Alzheimer's on—

(I) Medicare and other federally funded programs; and

(II) families living with Alzheimer's disease; and

(ii) improve health outcomes; and

(D) annually thereafter, an evaluation of the implementation, including outcomes, of the recommendations, including priorities if necessary, through an updated national plan under subsection (d)(2).

(6) TERMINATION.—The Advisory Council shall terminate on December 31, 2025.

(f) DATA SHARING.—Agencies both within the Department of Health and Human Services and outside of the Department that have data relating to Alzheimer's shall share such data with the Secretary of Health and Human Services, or the Secretary's designee, to enable the Secretary, or the Secretary's designee, to complete the report described in subsection (g).

(g) ANNUAL REPORT.—The Secretary of Health and Human Services, or the Secretary's designee, shall submit to Congress—

(1) an annual report that includes an evaluation of all federally funded efforts in Alzheimer's research, clinical care, and institutional-, home-, and community-based programs and their outcomes;

(2) an evaluation of all federally funded programs based on program performance, mission, and purpose related to Alzheimer's disease;

(3) recommendations for—

(A) priority actions based on the evaluation conducted by the Secretary and the Advisory Council to—

(i) reduce the financial impact of Alzheimer's on—

(I) Medicare and other federally funded programs; and

(II) families living with Alzheimer's disease; and

(ii) improve health outcomes;

(B) implementation steps; and

(C) priority actions to improve the prevention, diagnosis, treatment, care, institutional-, home-, and community-based programs of Alzheimer's disease for individuals with Alzheimer's disease and their caregivers; and

(4) an annually updated national plan.

(h) SUNSET.—The Project shall expire on December 31, 2025.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam 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. I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of S. 3036, the National Alzheimer's Project Act, as amended.

Last week, the Subcommittee on Health in the Energy and Commerce Committee held a hearing on Alzheimer's disease and the many challenges associated with it.

Alzheimer's is an irreversible progressive brain disease that slowly destroys memory and thinking skills and eventually even the ability to carry out the simplest tasks. Alzheimer's can affect every part of the brain and rob its victims of their very lives and dignity, and it is fatal.

Alzheimer's is estimated to be the sixth leading cause of death in our country. The disease, which is estimated to affect as many as 5.1 million Americans, has a devastating impact, not just on families but on our national economy. It is projected that the national costs associated with caring for those with Alzheimer's exceeds $172 billion each year, with the figure expected to rise to $1 trillion by 2050. These costs represent the burden on Medicare, Medicaid, private insurance, caregiving, and out-of-pocket costs for families. Of this figure, $123 billion can be attributed to Medicare and Medicaid alone.

The National Alzheimer's Project Act will require the Secretary of Health and Human Services to create and maintain a national plan to overcome Alzheimer's disease. It will also create an advisory council on Alzheimer's research, care, and services.

I want to thank the sponsor of this legislation, Representative MARKEY, for his tireless leadership on this bill. He is also the co-chair of the congressional task force on Alzheimer's disease, and he works hard on all aspects of trying to find a cure and to do research with regard to Alzheimer's.

I urge my colleagues to support the National Alzheimer's Project Act today.

I reserve the balance of my time.

Mr. TERRY. I yield myself such time as I may consume.

Madam Speaker, I rise in support of S. 3036, the National Alzheimer's Project Act. Alzheimer's afflicts millions of Americans and their families and friends. It is a personal tragedy for both patients and everyone who loves them.

I had an opportunity to meet with the families during a support group just recently. I heard their stories about their loved ones slipping away with this form of dementia, and I heard their stories of the pressures and sadness it places on all of the families.

NIH estimates that approximately 5 million Americans have Alzheimer's disease, most of whom are over the age of 60. So there is a good chance that you or a friend of yours has a relative suffering from Alzheimer's.

Alzheimer's disease forces families and friends to watch as loved ones, once independent and vivacious, suffer personality changes, a loss of independence and severe memory loss, such that they view those close to them as strangers. As difficult as it is to watch, it is that much harder on the patients. Those with Alzheimer's face an irreversible process in which they lose many of those things that define them as individuals.

While Alzheimer's can affect people as young as in their 30s, most patients are over 60 years old. As this age group doubles over the next 25 years to around 72 million, the number of people with Alzheimer's will also increase dramatically.

As with other diseases which also affect large numbers of people and which cause profound suffering for patients, families and friends, we want to do whatever we can to eliminate the diseases or to mitigate their impact on people's lives. When Congress reauthorized the NIH in 2006, Congress decided to put the question of which diseases to fund into the hand of experts.

While it makes the most sense to let experts determine the best use of scarce resources for research, Congress still has an important role to play in fighting Alzheimer's and other diseases. Specifically, we must identify laws and regulations that post barriers to developing new treatments and diagnostic tests quickly and safely. Most importantly, Congress must ensure that our government is acting efficiently and effectively.

We often hear concerns about a lack of coordination between government agencies. The government already devotes substantial resources to Alzheimer's through such things as direct care, research at the NIH, and the activities of the Administration on Aging. However, it is imperative that these agencies coordinate their activities. The National Alzheimer's Project Act would ensure that coordination. If these agencies have a unified mission with a coordinated strategy, we significantly increase the chances of beating this disease.

Mr. Speaker, I urge all of my colleagues to support S. 3036.

I reserve the balance of my time.

Mr. PALLONE. I yield 3 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) who has been very much involved with this issue and who is also a physician.

Mrs. CHRISTENSEN. Thank you, Chairman PALLONE, for yielding.

Madam Speaker, I, too, rise in strong support of S. 3036, the National Alzheimer's Project Act.

Today, the effects of Alzheimer's disease are devastating—devastating to the estimated 5.3 million Americans with the disease to their more than 11 million caregivers and to the Nation as a whole, because we all share the tremendous cost of contending with Alzheimer's. By the middle of the century, as many as 60 million Americans could have Alzheimer's disease, putting it on the course of being our country's leading public health crisis and the defining disease of the baby boomer generation.

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Building on the recommendations of the Alzheimer's Study Group, the National Alzheimer's Project Act would create a national strategic plan and establish an interagency council to work with the Secretary of HHS to comprehensively assess and address Alzheimer's research, care, institutional services, and home- and community-based programs. It would ensure strategic planning and coordination across the Federal Government as a whole.

Currently, without a coordinated effort, we have no way of evaluating outcomes or developing more effective ways to improve those outcomes. The National Alzheimer's Project Act addresses this critical gap by establishing a national plan which would assess current Federal initiatives, evaluate outcomes from these programs, prioritize future actions, and set national goals.

In addition, this legislation will work to reduce the tremendous costs associated with Alzheimer's disease. The baby boomers are beginning to turn 65. Without the discovery and delivery of effective interventions, 10 million of us will develop Alzheimer's, and the lives of many millions more will be upended by the emotionally, physically, and financially draining toll of caring for us.

According to the Alzheimer's Association's report, we are currently spending $172 billion annually on Alzheimer's and other dementia care in America. $88 billion of that is for Medicare alone, which is 17 percent of the total Medicare budget. Medicare beneficiaries with Alzheimer's or another dementia cost the system three times as much as a person who does not have dementia. For Medicaid, the cost multiplier for someone with dementia is nine times more. The report estimates that in the next 40 years, the cost of Alzheimer's and other dementias will be in the trillions.

The National Alzheimer's Project Act will help to address these costs by establishing an advisory council in which Federal and private representatives will work to reduce costs for Federal programs, as well as for families, while working to improve national health outcomes.

The National Alzheimer's Project Act also aims to decrease health disparities in Alzheimer's. Sixteen percent of women over the age of 70 have

Alzheimer's compared to 11 percent of men, and although under-diagnosed, African Americans are two times more likely and Hispanic Americans 1½ times more likely to have Alzheimer's or other dementias. The National Alzheimer's Project Act will ensure the inclusion of those at-risk populations in clinical, research, and service efforts.

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

Mr. PALLONE. I yield the gentlewoman an additional 1 minute.

Mrs. CHRISTENSEN. S. 3036 makes significant strides in addressing one of America's most feared, costly, and deadly diseases.

I congratulate Mr. MARKEY for his work on this bill and I urge its passage.

I rise in strong support of S. 3036—the National Alzheimer's Project Act, which will provide critical federal support and coordination to overcome the growing Alzheimer's crisis.

Today, the effects of Alzheimer's disease are devastating—to the estimated 5.3 million Americans with the disease, to their more than 11 million caregivers, and to the nation as a whole as we all share the tremendous costs of contending with the Alzheimer crisis. Tomorrow, the devastation of Alzheimer's disease will grow far worse. In fact, it is on course to be our country's leading public health crisis of the 21st century, and the defining disease of the Baby Boom generation. If we don't succeed in changing the trajectory of this disease, by the middle of the century as many as 16 million Americans could have Alzheimer's.

Building on the recommendations of the Alzheimer's Study Group, the National Alzheimer's Project Act, NAPA, would create a national strategic plan for the Alzheimer's disease crisis. It would also establish an interagency council to work with the Secretary of Health and Human Services to comprehensively assess and address Alzheimer research, care, institutional services, and home and community based programs. NAPA would ensure strategic planning and coordination of the fight against Alzheimer's across the federal government as a whole.

Currently, without a coordinated effort, it is impossible to determine if it has been a good year in the fight against Alzheimer's. There are no benchmarks—we have no way of evaluating outcomes, let alone a way to improve them.

The National Alzheimer's Project Act addresses this critical gap by establishing a national plan. This national plan would assess current federal initiatives, evaluate outcomes from these programs, prioritize future actions, and assert national goals. With an integrated national plan, the government can improve the quality of life and outcomes for the millions of Americans—and their families living with Alzheimer's disease and other dementias.

In addition, this legislation will work to reduce the tremendous costs associated with Alzheimer's disease. In a few weeks, the first Baby Boomer turns 65—Alzheimer cases will begin to mount at an ever-increasing pace. Without the discovery and delivery of effective interventions, 10 million American Baby Boomers will develop Alzheimer's disease. And the lives of many millions more will be upended by the emotionally, physically and financially draining toll of caring for them.

The economic factors of Alzheimer's rival the human devastation of the disease. According to the Alzheimer's Association's report, "Changing the Trajectory of Alzheimer's Disease: A National Imperative," we are currently spending $172 billion annually on Alzheimer's and other dementia care in America; $88 billion of that is for Medicare alone, which is 17 percent of the total Medicare budget. Medicare beneficiaries with Alzheimer's or another dementia cost the system three times as much as a person who does not have a dementia. For Medicaid, the cost multiplier for someone with dementia is nine times more. The Trajectory report estimates that during the next 40 years, the cost of Alzheimer's and other dementias will exceed $20 trillion.

Our country is engaged in a collective and very appropriate conversation about what should be done to address our current fiscal situation. When we look at how we can take costs out of the system while improving outcomes, we quickly see that Alzheimer's should be a core part of these discussions.

Fortunately, the National Alzheimer's Project Act will help to address these costs. The legislation establishes an Advisory Council comprised of federal and private representatives; the Council will work to reduce costs for federal programs, as well as families, while working to improve national health outcomes.

The National Alzheimer's Project Act also aims to decrease health disparities within Alzheimer's. Studies have shown certain populations are at greater risk of suffering from this devastating disease. Sixteen percent of women over the age of 70 have Alzheimer's compared to 11 percent of men. African Americans are about two times more likely to have Alzheimer's disease and other dementias; however, they are less likely to have a diagnosis. The legislation will ensure the inclusion of those at risk populations in clinical, research, and service efforts which will play a vital role in changing the future of disease.

The National Alzheimer's Project Act makes significant strides in addressing one of America's most feared, costly, and deadly diseases. I am pleased to support such a critical piece of legislation which will improve the quality of life for the millions of Americans affected by Alzheimer's disease.

Mr. TERRY. Madam Speaker, I yield 4 minutes to one of our great advocates for families and individuals with Alzheimer's, the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Madam Speaker, I thank my distinguished friend for yielding.

Madam Speaker, as cochairman along with my good friend and colleague Congressman ED MARKEY of the Congressional Task Force on Alzheimer's, which we founded back in 1999, and as lead Republican sponsor on the companion legislation—this is a Senate bill, of course—I rise in strong support and ask for our colleagues to pass the National Alzheimer's Project Act.

This legislation is an important step forward in our battle against the crisis of Alzheimer's disease. Unfortunately, we know that the trajectory of Alzheimer's disease over the next few decades threatens unparalleled tragedy and threatens to overwhelm society's ability to cope if something is not done to change that trajectory.

Alzheimer's disease is both a current and future health crisis of our Nation. About 78 million baby boomers were born between 1946 and 1964, which has been termed the single greatest demographic event in United States history. In a couple of weeks on January 1, the first of those boomers will turn 65 years of age.

Today, 5.3 million people have Alzheimer's, and another American develops the disease every 70 seconds. 200,000 Americans under the age of 65 have early onset Alzheimer's. Alzheimer's costs Medicare and Medicaid alone approximately $122 billion. The average annual Medicare payment for an individual with Alzheimer's, as the previous speaker pointed out, is three times higher than for those without the condition. Additionally, 11 million unpaid caregivers provide 12.5 billion hours of care, valued at an estimated $144 billion. This unpaid care obviously is a huge drain on family resources.

Without effective intervention to change the trajectory, by mid-century, the number of individuals with Alzheimer's will increase to an estimated 13 million to 16 million people, and the cost to Medicare and Medicaid will be staggering, over $800 billion in today's dollars. Given these realities, it is astounding that there is no national plan to address the crisis of Alzheimer's disease and the looming crisis.

The National Alzheimer's Project Act is designed to help turn the tide by creating a national strategic plan to address it. NAPA establishes an interagency advisory council to advise the Secretary of Health and Human Services on how to comprehensively address the government's efforts on Alzheimer's research, care, and service, including both institutional and at-home care.

As a percentage of the population, more women than men have Alzheimer's, and African Americans are about two times more likely to have Alzheimer's or other dementias, yet they are less likely to be diagnosed. NAPA aims to address these disparities as well.

NAPA will provide the framework to accelerate the development of an efficacious care and comprehensive treatment in an effort to mitigate the unspeakable agony and suffering of millions of patients and their families. And if we are successful, we will also save the country billions of dollars every year and trillions over the coming decades.

This is an outstanding bill, and I hope the membership of this body will overwhelmingly support it.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentleman from Iowa (Mr. LOEBSACK).

Mr. LOEBSACK. I thank the gentleman from New Jersey for yielding.

Madam Speaker, there are currently 5.3 million Americans with Alzheimer's, and the prevalence of the disease is expected to increase rapidly as the baby boomer generation, my generation, begins to age.

As a degenerative disease that affects memory and other cognitive functioning, Alzheimer's can be very frustrating, both for the person afflicted and for family, friends, and caretakers. Far too many of us have lost a loved one because of this disease.

It is time we find a cure for Alzheimer's. This bill is an extremely important contribution to the search for that cure. It will establish a coordinated national and international effort and accelerate research and development efforts for new treatments to prevent, stop, or reverse the course of Alzheimer's disease. The information these efforts provide will, in turn, inform priorities for future work to end this disease.

I wholeheartedly support what is clearly a bipartisan bill, and I urge my colleagues on both sides of the aisle to do the same.

Mr. MARKEY of Massachusetts. Madam Speaker, Thank you, Chairman WAXMAN, Chairman PALLONE, Representative BURGESS, and Ranking Member BARTON.

I'd like to thank Senators BAYH and COLLINS for their leadership on this bill, the Senate companion to H.R. 4689 which I introduced with my friend and cochair of the Task Force on Alzheimer's Disease, Representative CHRIS SMITH from New Jersey.

The poet Robert Browning once wrote, "Grow old with me, the best is yet to be."

Unfortunately, the "Golden Years" can be the worst years for Americans afflicted with Alzheimer's and their families.

We've worked with the Senate to engage in a bipartisan, constructive process with stakeholders to reach legislative language and move this bill forward.

After all, Alzheimer's is an equal-opportunity disease. My father was a milkman, my mother the valedictorian. My father always said it was an honor that my mother married him and that if Alzheimer's was determined by the strength of your brain, "Your mother would be taking care of me instead." He took care of her in our living room in Malden, Massachusetts for 10 years as she suffered from Alzheimer's. I'm thinking of them both today.

Alois Alzheimer first discovered the plaques and tangles in the brain that cause Alzheimer's in 1906—within the very same year that my mother was born.

At the time, doctors believed that dementia in the elderly was a normal part of the aging process that was caused by the hardening of the arteries.

However, Alzheimer's groundbreaking work was done on a patient who was only 51 years old. So Alzheimer reached the conclusion that the condition he had discovered was a kind of "pre-senile dementia," and that the pattern of plaques and tangles he had identified was a rare condition that afflicted only the young.

Years passed, my mother grew up, and researchers did little to study and learn about the plaques and tangles that were forming in her brain.

It wasn't until the mid-1970s that it became clear that the most common form of dementia in older people was caused by the same plaques and tangles that Alzheimer had identified decades earlier.

Unfortunately, the search for the cure had begun too late for my mother who was diagnosed in 1981—75 years after Alzheimer had discovered the disease that lead to her death.

Alzheimer's patients are the mothers and fathers, and sisters and brothers who we recognize even if they don't recognize us; who we remember even if they don't remember us, and who we continue to love and cherish even as their condition worsens.

A few stats: 5.3 million Americans have Alzheimer's; it is the 7th leading cause of death; $172 billion is spent annually for Alzheimer's.

Our challenge is to ensure that we increase not only the lifespan, but also the health span of Americans, so that the 30 bonus years of life we gained in the 20th century—and hopefully will continue to gain in the 21st—are truly better years of life.

The Alzheimer's community has been waiting for help, and trying to maintain hope.

Today the House can take action to help and give hope to Alzheimer's families.

The bill we are considering today will help coordinate Alzheimer's research, care, and services across all Federal agencies.

The United States is one of the only developed nations without a national plan to combat Alzheimer's. For too long, we've been unarmed against this disease.

Through this plan, will be developed: An assessment of all Alzheimer-related Federal efforts; recommendations; annual updates; and a strong advisory committee.

This bill will: Help coordinate the health care and treatment of citizens with Alzheimer's; it will accelerate the development of treatments that would prevent, halt or reverse the course of Alzheimer's by coordinating existing government resources; and it will ensure the inclusion of ethnic and racial populations at higher risk for Alzheimer's and reduce health disparities among people with Alzheimer's.

Thank yous: The Alzheimer's Association—Harry Johns, Rob Egge, Mary Richards, Katie Maslow, Matthew Baumgart; Maria Shriver for all of her great work; The Alzheimer's Foundation of America—Eric Hall, Sue Peschin; Cure Alzheimer's Fund—Tim Armour, Dr. Rudy Tanzi; The National Institute on Aging—Dr. Richard Hodes, Tamara Jones; Keep Memory Alive—Maureen Peckman, George and Trish Vradenburg, Patience O'Connor, Meryl Comer, Jillian Oberfield, Mark Bayer, Kate Bazinsky, Josh Lumbley, Amit Mistry, and Binta Beard from my office; Tim Lynagh from Representative CHRIS SMITH's office; Emily Gibbons, Sarah Despres from the Energy and Commerce Committee Majority Staff; Ryan Long and Clay Alspach from Mr. BARTON's staff; J.P. Paluskiewicz from Dr. BURGESS's Office; Sarah Kyle and Kevin Kaiser from Senator BAYH's Office.

Thank you to the many hard-working advocates for this disease, and those who are caretakers, bearing many burdens day in and day out.

I once again thank my colleagues for their support—WAXMAN, PALLONE, BURGESS, and BARTON.

Mr. KLINE of Minnesota. Madam Speaker, I offer the following statement in support of Senate Bill 3036, expressing support for the National Alzheimer's Project Act.

The effects of Alzheimer's disease are devastating. An estimated 5.3 million Americans live with this disease, and millions more are directly affected through caring for loved ones and sharing the surmounting costs of this terrible disease.

Unfortunately, the devastation of Alzheimer's disease will only become worse as the Baby Boom generation grows older. It is estimated that if we are unable to change the trajectory of this disease, as many as 16 million Americans will have Alzheimer's by the middle of this century.

The economic impact of Alzheimer's is also staggering. We are currently spending an estimated $172 billion annually on Alzheimer's disease and other dementia care in America. As the nation faces a growing aging population, we must look at how to reduce costs while improving outcomes. The National Alzheimer's Project Act will help achieve this goal through the establishment of the Advisory Council on Alzheimer's Research, Care, and Services, which facilitates public and private coordination on research and services across all federal agencies.

As my mother is currently suffering from the advanced stages of Alzheimer's disease, I would welcome news of a research breakthrough that would slow, stop, or reverse this degenerative disease.

The National Alzheimer's Project Act is an important step toward addressing a devastating and deadly disease. I am pleased to support legislation that will help improve the quality of life for the millions of Americans affected by Alzheimer's disease.

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

Mr. PALLONE. Madam Speaker, I urge passage of S. 3036, and I also 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, S. 3036.

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.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2010

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (S. 3199) to amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 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 ''Early Hearing Detection and Intervention Act of 2010''.

SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT OF HEARING LOSS.

Section 399M of the Public Health Service Act (42 U.S.C. 280g–1) is amended—

(1) in the section heading, by striking ''**INFANTS**'' and inserting ''**NEWBORNS AND INFANTS**'';

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking ''screening, evaluation and intervention programs and systems'' and inserting ''screening, evaluation, diagnosis, and intervention programs and systems, and to