Mrs. CAPPS. Mr. Speaker, I rise in support of H.R. 2405, the Pandemic and All-Hazards Preparedness Reauthorization Act. But I want to take this time to discuss a critical health issue that Congress must address before the year is out—fixing the sustainable growth rate issue.

Medicare physicians are facing steep reimbursement cuts of nearly 30 percent. And to let these cuts go into effect will harm not only them and their employees, but our seniors as well. That is why I have been a longtime supporter of efforts to postpone SGR cuts and continue to work on a permanent fix.

We here in the House passed legislation to do just that through our version of health care reform. And here we are again, just weeks from the next scheduled cut with an opportunity to craft a bipartisan solution to an issue that both sides of the aisle say they care about. But there is no workable plan in sight.

Instead, it is reported that any fix on the House side will come with indefensible strings attached, pitting doctors’ salaries against seniors’ benefits. Federal workers, and important cost-saving programs. To be fair, SGR must be fixed permanently, but the idea of stripping other critical health funding to pay for it, ideas that will not see the light of day in the Senate, is like robbing Peter to pay Paul. It is disingenuous to our Nation’s health care reform goals. And here I would like to thank Chairman UPTON, and my colleagues on both sides of the aisle for working with me to recognize the importance of critical care preparedness by including these important provisions. I look forward to continuing to work to ensure we have a robust critical care infrastructure.

Mr. PAULSEN. Mr. Speaker, I rise in support of the Pandemic and All-Hazards Preparedness Reauthorization Act, H.R. 2405, a measure that will improve our nation’s medical preparedness and response capabilities.

I am especially pleased to see that this bill takes important steps to ensure our medical response systems are prepared to care for the critically ill and injured in the aftermath of a public health emergency.

As you can imagine, when we face a health emergency such as a flu pandemic, the critical care delivery system is an integral component of our nation’s medical response. Yet, up to this point, critical care medicine has been largely under-contemplated in our national health policy.

Earlier this year, I introduced the bipartisan Critical Care Assessment Act, H.R. 971, with my colleague from Minnesota, Erik PALLSEN. This measure seeks to identify gaps in the current critical care delivery model and bolster our capabilities to meet future demands.

I am pleased that the measure before us today includes provisions from my bill to improve federal disaster preparedness efforts to care for the critically ill and injured.

Notably, the reauthorization bill adds critical care to the priorities within the nation’s medical preparedness goals. When a natural disaster strikes or a pandemic sweeps the nation, the demands on critical care increase exponentially, and I am pleased to see this language that recognizes the importance of treating the critically ill and injured in a public health emergency.

Additionally, the reauthorization bill improves efforts to ensure that the systems we have in place to address surge capacity will work effectively and efficiently during an emergency. Specifically, the bill includes language to provide for periodic evaluation and testing of the databases intended to ensure medical surge capacity.

As we learned during Hurricane Katrina and the 2009 H1N1 pandemic, having a system in place for the effective deployment of needed medical personnel is vital for the care of the critically ill and injured.

I would like to thank Chairman UPTON, Chairman PITTS, and my colleagues on both sides of the aisle for working with me to recognize the importance of critical care preparedness by including these important provisions. I look forward to continuing to work to ensure we have a robust critical care infrastructure.

Mr. PITTS. Mr. Speaker, this is good, bipartisan legislation. I would like to thank Mr. FALLONE, Mr. GREEN, Mr. WAXMAN, along with our side of the aisle, for developing and helping move this bipartisan legislation. I urge my colleagues to support it, and I yield back the balance of my time.

Mr. FALLONE. Mr. Speaker, this is good, bipartisan legislation. I would like to thank Mr. FALLONE, Mr. GREEN, Mr. WAXMAN, along with our side of the aisle, for developing and helping move this bipartisan legislation. I urge my colleagues to support it, and I yield back the balance of my time.

Mr. PAULSEN. Mr. Speaker, I rise in support of the Pandemic and All-Hazards Preparedness Reauthorization Act that aims to bolster the nation’s public health preparedness infrastructure.

In particular, I want to thank Congressman ROGERS for including key provisions that enhance the nation’s ability to care for the critically ill and injured in the aftermath of a public health emergency. This includes section two that adds the critical care system to the National Health Security Strategy’s medical preparedness goals, to ensure that critical care is prioritized in planning efforts to increase preparedness in respect to public health emergencies.

We must understand the significant role critical care medicine plays in providing high quality health care for the critically ill and injured in the context of public health preparedness.

The 2009 H1N1 pandemic highlighted some of the deficiencies in current federal critical care preparedness efforts, as hospitals and intensive care units faced very real shortages of ventilators and federal officials scrambled to identify solutions to mitigate this potential life threatening situation.

In order to ensure that the nation’s critical care system is prepared to provide the highest quality and most efficient health care, including during a national health emergency, I joined with Congresswoman BALDWIN earlier this year to introduce the Critical Care Assessment and Improvement Act (H.R. 971). This legislation is designed to identify gaps in the current critical care delivery model and bolster capabilities to meet future demand.

Today’s bill includes provisions that reflect some of the national preparedness priorities from in H.R. 971. We must ensure that critical care medicine is given sufficient consideration by the Administration in respect to disaster preparedness efforts.

Ms. BALDWIN. Mr. Speaker, I rise in support of the Pandemic and All-Hazards Preparedness Reauthorization Act, H.R. 2405, a measure that will improve our nation’s medical preparedness and response capabilities.

I am especially pleased to see that this bill takes important steps to ensure that our medical response systems are prepared to care for the critically ill and injured in the aftermath of a public health emergency.

As you can imagine, when we face a health emergency such as a flu pandemic, the critical care delivery system is an integral component of our nation’s medical response. Yet, up to this point, critical care medicine has been largely under-contemplated in our national health policy.

Earlier this year, I introduced the bipartisan Critical Care Assessment Act, H.R. 971, with my colleague from Minnesota, Erik PAULSEN. This measure seeks to identify gaps in the current critical care delivery model and bolster our capabilities to meet future demands.

I am pleased that the measure before us today includes provisions from my bill to improve federal disaster preparedness efforts to care for the critically ill and injured.

Notably, the reauthorization bill adds critical care to the priorities within the nation’s medical preparedness goals. When a natural disaster strikes or a pandemic sweeps the nation, the demands on critical care increase exponentially, and I am pleased to see this language that recognizes the importance of treating the critically ill and injured in a public health emergency.

Additionally, the reauthorization bill improves efforts to ensure that the systems we have in place to address surge capacity will work effectively and efficiently during an emergency. Specifically, the bill includes language to provide for periodic evaluation and testing of the databases intended to ensure medical surge capacity.

As we learned during Hurricane Katrina and the 2009 H1N1 pandemic, having a system in place for the effective deployment of needed medical personnel is vital for the care of the critically ill and injured.

I would like to thank Chairman UPTON, Chairman PITTS, and my colleagues on both sides of the aisle for working with me to recognize the importance of critical care preparedness by including these important provisions. I look forward to continuing to work to ensure we have a robust critical care infrastructure.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 2405, 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.

SOAR TECHNICAL CORRECTIONS ACT

Mr. GOWDY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3237) to amend the SOAR Act by clarifying the scope of coverage of the Act, as amended.

The SPEAKER pro tempore. The question is on the motion to pass the bill.

The text of the bill is as follows:

H.R. 3237

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SEC. 1. SHORT TITLE.

This Act may be cited as the “SOAR Technical Corrections Act”.

SEC. 2. USE OF FUNDS.

Section 3007(a)(4)(F) of the Scholarships for Opportunity and Results Act (Public Law 112–10; 125 Stat. 203) is amended to read as follows:

“(F) ensures that, with respect to core academic subjects (as such term is defined in section 9101(11) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801(11)), participating students are taught by a teacher who has a baccalaureate degree or equivalent degree, whether such degree was awarded in or outside of the United States.”.

SEC. 3. NATIONALLY NORM-REFERENCED STANDARDIZED TESTS.

Section 3008(h) of the Scholarships for Opportunity and Results Act (Public Law 112–10; 125 Stat. 205) is amended by striking paragraph (2) and inserting the following:

“(2) ADMINISTRATION OF TESTS.—The Institute of Education Sciences shall administer nationally norm-referenced standardized tests, as described in paragraph (3)(A) of section 3009(a), to students participating in the evaluation under section 3009(a) for the purpose of conducting the evaluation under such section, except where a student is attending a participating school that is administering the same nationally norm-referenced standardized test in accordance with the testing requirements described in paragraph (1).

“(3)(5) TEST RESULTS.—Each participating school that administers the nationally norm-referenced standardized test described in paragraph (2) to an eligible student shall make the test results, with respect to such student, available to the Secretary as necessary for evaluation under section 3009(a).”.

SEC. 4. EVALUATIONS.

Section 3009(a)(3) of the Scholarships for Opportunity and Results Act (Public Law 112–10; 125 Stat. 206) is amended—

(1) in subparagraph b, before the semicolon the following: “in a manner consistent with section 3008(h);”;

and
Mr. GOWDY. Mr. Speaker, I would again thank our colleagues Ms. NORTON and Mr. CUMMINGS, and I urge Members to support the passage of H.R. 3237. I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from South Carolina (Mr. GOWDY) and the gentleman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from South Carolina.

Mr. GOWDY. 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 on the bill under consideration.

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

There was no objection.

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

Earlier this year, this body debated and ultimately approved legislation authorizing scholarships to help needy District of Columbia students the opportunity to leave their public school and enroll in a private school of their choice.

Following the House’s approval of the SOAR Act, the legislation was enacted into law as a part of the Department of Defense and Full-Year Continuing Appropriations Act, which was signed by the President on April 15.

We are here because there are several small and technical modifications that need to be made in order for the scholarship program to achieve its goal. This legislation would clarify several provisions: first, the education requirements for teachers of scholarship students; second, how the nationally norm-referenced test would be administered in order to properly collect data to study the effectiveness of the program; and, third, which students participate in the study.

On November 3, the House Committee on Oversight and Government Reform approved H.R. 3237, the SOAR Technical Corrections Act, by a voice vote.

Mr. Speaker, I would also like to thank my colleague, Ms. NORTON, and my colleague, Ranking Member CUMMINGS, for working with us to ensure we had the appropriate language to modify the legislation that is before us today.

With that, I reserve the balance of my time.

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

I appreciate Speaker BOEHNER, Senate Disarmament Security and Government Affairs Committee Chairman, and Oversight and Government Reform Chair Issa, as well as my good colleague on the other side of the aisle, the subcommittee chairman, Mr. GOWDY, I appreciate that all of them have worked with us and have consulted with us on these technical changes, and I do not oppose this bill. I yield back the balance of my time.

Mr. GOWDY. Mr. Speaker, I would again thank our colleagues Ms. NORTON and Mr. CUMMINGS, and I urge Members to support the passage of H.R. 3237. I yield back the balance of my time.

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