

I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I rise in support of S. 252, as amended, and urge my colleagues to support the bill as well. As amended, S. 252 is comprised of the authorization or re-authorization of three different programs. Together, these provisions constitute a bi-partisan and bi-cameral effort to address three pressing issues.

Title One of the bill would reauthorize and improve the Prematurity Research Expansion and Education for Mothers Who Deliver Infants Early—or PREEMIE—Act. The PREEMIE Act was first enacted in 2006 in response to an alarming rise in preterm births.

Provisions in Title One reauthorize Centers for Disease Control and Prevention research, surveillance, and prevention activities. The title also extends provider education and training and public education activities; and it adds use of telehealth technology for management of high-risk pregnancies among preferences for telehealth network grants.

This title codifies a Department of Health and Human Services Advisory Committee on Infant Mortality and directs this Committee to examine preterm birth activities across the Department. And it calls for HHS coordination of hospital readmissions studies focused on premature infants. Title One represents a renewed commitment to our nation's efforts to reduce premature births, the leading killer of newborns.

Title Two of S. 252 (as amended) would allow the National Institutes of Health to establish a national pediatric research network dedicated to finding treatments and cures for pediatric diseases and conditions—especially those that are rare. In addition to the research itself, Title Two places special emphasis on professional training for future pediatric researchers. These and other related components of Title Two are intended to build on the strong body of pediatric research that NIH already conducts and supports.

The goal of this title is to ensure that universities, hospitals, and other nonprofit entities focused on pediatric research have the infrastructure necessary to make clinical research opportunities more accessible to kids and their families. In turn, we hope and expect their work will advance progress towards treatments and cures for many devastating diseases and conditions. I would encourage NIH to take full advantage of this opportunity.

The third and last title of the bill builds upon the 2000 Chimpanzee Health Improvement Maintenance and Protection or CHIMP Act and allows NIH to fulfill its commitment to retiring hundreds of chimpanzees from research. Among other provisions, the CHIMP Act established a sanctuary system for the lifetime care of chimpanzees retired from research and limited NIH spending on care for these chimpanzees.

We are fast-approaching the spending cap set forth in the CHIMP Act. This title authorizes spending for the care and maintenance of chimpanzees owned or controlled by NIH—out of the amounts made available to the agency—for each of fiscal years 2014 through 2018. This title ensures the agency can continue caring for the more than 100 chimpanzees currently in sanctuary. This title also makes it possible for NIH to continue implementing Institute of Medicine recommendations on the use of chimpanzees in research and transition other chimpanzees to sanctuary over time.

As I have noted, this package is a bi-partisan and bi-cameral initiative that reflects the work of several members of the Energy and Commerce Committee. I especially want to note Congresswoman ESHOO, the Democratic sponsor of the original PREEMIE Reauthorization Act and Congresswoman CAPPS, the Democratic sponsor of the original National Pediatric Research Network Act. I also want to commend Chairman UPTON, Chairman PITTS, and Ranking Member PALLONE for their leadership in bringing this bipartisan package of public health legislation to the floor. Finally, I want to acknowledge Senate HELP Committee leadership—Senators HARKIN and ALEXANDER—for their effort on these measures.

I urge my colleagues to vote for S. 252, as amended.

Mr. GINGREY of Georgia. Mr. Speaker, I rise today in support of S. 252, the PREEMIE Act. The number of families in this country affected by premature births is enormous. In 2008, 12.3 percent of all live births, over 500,000 babies, were born preterm. This number dramatically influences the rate of infant deaths as about two-thirds of all fatalities in the first year of life are among preterm infants.

Prematurity or preterm birth is by definition a birth earlier than 37 weeks. Those children are usually not the problem. They're not the ones that end up with permanent disabilities. But there is a subset of prematurity, maybe sometimes referred to as "immaturity", children that are born as early as 20 weeks. Those children are the ones that very often, if they survive, are left with permanent long-term disabilities. The reauthorization of the PREEMIE Act is important to study, track, and prevent premature births in this country. This important legislation before us today will continue the important work begun in the original bill passed in 2006.

I'll end my remarks with a personal story. My wife, Billie, and I, have 13 grandchildren and the oldest are 15 years old. They were born at 26 weeks and each weighed 1 pound and 12 ounces. Thank God they are virtually unimpaired today and in the ninth grade and doing well. My family's experience, plus the fact that I delivered numerous preterm infants as an OBGYN in Marietta, GA, simply reinforces the need for this bill.

For these important reasons, I support S. 252.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. UPTON) that the House suspend the rules and pass the bill, S. 252, as amended.

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

The title was amended so as to read: "An Act to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity, and for other purposes."

A motion to reconsider was laid on the table.

#### HIV ORGAN POLICY EQUITY ACT

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (S.

330) to amend the Public Health Service Act to establish safeguards and standards of quality for research and transplantation of organs infected with human immunodeficiency virus (HIV).

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 330

*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 "HIV Organ Policy Equity Act".

#### SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) STANDARDS OF QUALITY FOR THE ACQUISITION AND TRANSPORTATION OF DONATED ORGANS.—

(1) ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK.—Section 372(b) of the Public Health Service Act (42 U.S.C. 274(b)) is amended—

(A) in paragraph (2)(E), by striking "including standards for preventing the acquisition of organs that are infected with the etiologic agent for acquired immune deficiency syndrome"; and

(B) by adding at the end the following:

"(3) CLARIFICATION.—In adopting and using standards of quality under paragraph (2)(E), the Organ Procurement and Transplantation Network may adopt and use such standards with respect to organs infected with human immunodeficiency virus (in this paragraph referred to as 'HIV'), provided that any such standards ensure that organs infected with HIV may be transplanted only into individuals who—

"(A) are infected with HIV before receiving such organ; and

"(B)(i) are participating in clinical research approved by an institutional review board under the criteria, standards, and regulations described in subsections (a) and (b) of section 377E; or

"(ii) if the Secretary has determined under section 377E(c) that participation in such clinical research, as a requirement for such transplants, is no longer warranted, are receiving a transplant under the standards and regulations under section 377E(c)."

(2) CONFORMING AMENDMENT.—Section 371(b)(3)(C) of the Public Health Service Act (42 U.S.C. 273(b)(3)(C)) relating to organ procurement organizations) is amended by striking "including arranging for testing with respect to preventing the acquisition of organs that are infected with the etiologic agent for acquired immune deficiency syndrome" and inserting "including arranging for testing with respect to identifying organs that are infected with human immunodeficiency virus (HIV)".

(3) TECHNICAL AMENDMENTS.—Section 371(b)(1) of the Public Health Service Act (42 U.S.C. 273(b)(1)) is amended by—

(A) striking subparagraph (E);

(B) redesignating subparagraphs (F) and (G) as subparagraphs (E) and (F), respectively;

(C) striking "(H) has a director" and inserting "(G) has a director"; and

(D) in subparagraph (H)—

(i) in clause (i) (V), by striking "paragraph (2)(G)" and inserting "paragraph (3)(G)"; and

(ii) in clause (ii), by striking "paragraph (2)" and inserting "paragraph (3)".

(b) PUBLICATION OF RESEARCH GUIDELINES.—Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 377D the following:

**“SEC. 377E. CRITERIA, STANDARDS, AND REGULATIONS WITH RESPECT TO ORGANS INFECTED WITH HIV.**

“(a) IN GENERAL.—Not later than 2 years after the date of the enactment of the HIV Organ Policy Equity Act, the Secretary shall develop and publish criteria for the conduct of research relating to transplantation of organs from donors infected with human immunodeficiency virus (in this section referred to as ‘HIV’) into individuals who are infected with HIV before receiving such organ.

“(b) CORRESPONDING CHANGES TO STANDARDS AND REGULATIONS APPLICABLE TO RESEARCH.—Not later than 2 years after the date of the enactment of the HIV Organ Policy Equity Act, to the extent determined by the Secretary to be necessary to allow the conduct of research in accordance with the criteria developed under subsection (a)—

“(1) the Organ Procurement and Transplantation Network shall revise the standards of quality adopted under section 372(b)(2)(E); and

“(2) the Secretary shall revise section 121.6 of title 42, Code of Federal Regulations (or any successor regulations).

“(c) REVISION OF STANDARDS AND REGULATIONS GENERALLY.—Not later than 4 years after the date of the enactment of the HIV Organ Policy Equity Act, and annually thereafter, the Secretary, shall—

“(1) review the results of scientific research in conjunction with the Organ Procurement and Transplantation Network to determine whether the results warrant revision of the standards of quality adopted under section 372(b)(2)(E) with respect to donated organs infected with HIV and with respect to the safety of transplanting an organ with a particular strain of HIV into a recipient with a different strain of HIV;

“(2) if the Secretary determines under paragraph (1) that such results warrant revision of the standards of quality adopted under section 372(b)(2)(E) with respect to donated organs infected with HIV and with respect to transplanting an organ with a particular strain of HIV into a recipient with a different strain of HIV, direct the Organ Procurement and Transplantation Network to revise such standards, consistent with section 372 and in a way that ensures the changes will not reduce the safety of organ transplantation; and

“(3) in conjunction with any revision of such standards under paragraph (2), revise section 121.6 of title 42, Code of Federal Regulations (or any successor regulations).”

**SEC. 3. CONFORMING AMENDMENT TO TITLE 18 OF THE UNITED STATES CODE.**

Section 1122(a) of title 18, United States Code, is amended by inserting “or in accordance with all applicable guidelines and regulations made by the Secretary of Health and Human Services under section 377E of the Public Health Service Act” after “research or testing”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. UPTON) and the gentlewoman from California (Mrs. CAPPs) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

**GENERAL LEAVE**

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

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

There was no objection.

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

I stand in strong support of S. 330, known as the HOPE Act.

The HOPE Act would eliminate the restriction on acquiring HIV-positive organs in order to permit research on transplants between HIV-positive individuals. The legislation will increase the number of available organs and will help all of those who are awaiting a transplant.

In 1984, Congress enacted the National Organ Transplant Act, NOTA. The purpose of NOTA was to guide organ donation and transplantation. In 1988, Congress amended NOTA to ban the transplantation of HIV-infected organs. Today, HIV treatments have extended and have improved the lives of countless HIV patients. This, in turn, has increased the need for organ donations.

This bill would allow research to fully evaluate the safety and effectiveness of organ transplantation between individuals with HIV. Specifically, the bill would permit research on transplants involving HIV-positive individuals by eliminating the restriction on acquiring HIV-positive organs. The legislation also would direct the Secretary of HHS to develop and implement standards for research on the transplantation of HIV-infected organs. Finally, the bill would require the Secretary of HHS to revise transplant standards based on that research.

H.R. 698 is the House companion to the HOPE Act. Mrs. CAPPs, on our committee, authored H.R. 698, and the Energy and Commerce Committee passed it by voice vote last July. Earlier this year, the Senate passed the legislation before us today, which was led by Senators BOXER, COBURN, BALDWIN, and PAUL—a bipartisan group. By passing the HOPE Act now, we will send it directly to the President so that he can sign it into law and avoid a conference.

This commonsense proposal has the potential to save lives. With 100,000 patients waiting for life-saving organs, permitting HIV-positive donors to be used for transplants could save as many as 1,000 HIV-infected patients every year. So, tonight, we provide some hope for those in need of new organs. I support this bill, and I urge my colleagues to do the same.

I reserve the balance of my time.

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

I rise in strong support of the HIV Organ Policy Equity Act, commonly known as the “HOPE Act.” The HOPE Act is a critical step towards improving the health and well-being of persons living with HIV and AIDS and of strengthening our Nation’s organ transplant system.

Many of us remember the fear and worry that surrounded AIDS in the 1980s. At first, no one even knew what caused AIDS, and the diagnosis was considered a swift death sentence. In that time of fear and the unknown, a

blanket ban was placed on transplanting any HIV-positive organs, even for the purposes of research. However, in the last 25 years, medical research and technology has transformed HIV/AIDS care and treatment. Now, thanks to these breakthroughs, HIV is a more chronic condition. This has led to improved life expectancies—something we can and should celebrate—but it also means that HIV-positive people are more likely to encounter medical complications as they age. They face unique complications as the powerful drugs that keep their HIV at bay often take a hard toll on their bodies, putting them at increased risk for ailments like kidney and liver disease, and for some of these problems, the only treatment is to wait on the same long waiting lists, as all Americans do, for an organ transplant.

There might be a better way.

According to transplant experts, each year, we toss out hundreds of HIV-positive organs that could otherwise be viable for transplantation into other HIV-positive people. These organs have the potential to save lives and lessen the transplant waiting lists for all Americans, but, instead, they are wasted because of the archaic, blanket ban that prohibits even the research to see if they could be used by those who already are HIV positive. That is why we need to pass the HOPE Act today.

The HOPE Act would create a pathway, grounded in medical science, to research the feasibility and safety of positive-to-positive organ transplantation. Think about it. This is a chance to possibly shorten the waiting lists for everyone waiting for an organ, to deliver better health outcomes for those in need, and to lower health care costs by moving individuals off of the dialysis rolls, all while maintaining the safety and integrity of our current organ transplantation system. That is what the HOPE Act can and will help to do. It is common sense and fiscally responsible. It is the right thing to do for all Americans who are awaiting transplants.

I would like to thank and acknowledge Senator BOXER and Senator COBURN for championing this issue in the Senate. With their leadership, the HOPE Act passed by unanimous consent in June. Also, I would especially like to thank for their leadership my colleagues Mr. HARRIS, who is the Republicans’ lead on this bill, and also Dr. BURGESS, who is a cosponsor and a strong supporter of this bill. Finally, I would like to thank all of the advocates who have worked so hard in support of this legislation.

I am pleased to stand with an incredibly broad coalition of health professionals and HIV/AIDS advocates in backing S. 330. The HOPE Act is a commonsense bill that creates a path forward for research on this issue. It has strong support on both sides of the Capitol and on both sides of the aisle. It is a critically important issue. It is an opportunity to save lives. That is

why I am urging a “yes” vote today on S. 330, the HOPE Act.

I reserve the balance of my time.

□ 1730

Mr. UPTON. Mr. Speaker, I ask unanimous consent that the balance of my time be managed by the gentleman from Pennsylvania (Mr. PITTS).

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

There was no objection.

Mr. PITTS. Mr. Speaker, I yield myself some time as I may consume.

I stand in support of another bipartisan bill this evening. The HIV Organ Policy Equity Act, or the HOPE Act, would lift a ban dating back to the 1990s on acquiring HIV-positive organs so that the Department of Health and Human Services can conduct research on the safety and effectiveness of transplants between HIV-positive individuals.

As HIV treatments have advanced over the last 30 years, many HIV-positive individuals are living longer lives, but they are also more likely to experience conditions, such as kidney and liver failure, which necessitate a transplant.

This bill provides a potential path to a separate organ donation pool for HIV-positive organs, hopefully increasing the overall number of organs available for transplantation.

The HOPE Act passed the Senate by unanimous consent in June and is supported by the American Society of Transplantation and the American Society of Transplant Surgeons, among others.

I would encourage my colleagues to support this bipartisan, commonsense bill and would like to commend Dr. HARRIS, Dr. BURGESS, Mrs. CAPPS, Chairman UPTON, and Ranking Members WAXMAN and PALLONE for their leadership on this bipartisan bill.

I reserve the balance of my time.

Mrs. CAPPS. Mr. Speaker, I am pleased to yield whatever time she may consume to my colleague from Washington, D.C., ELEANOR HOLMES NORTON.

Ms. NORTON. I thank my good friend from California, and I thank all of the bipartisan leaders of this bill, especially Mrs. CAPPS, who has made health care a signature issue for herself ever since coming to the Congress.

Mr. Speaker, we haven't found our way out of one of the great disparities in medical science: the difference between the 100,000 patients seeking organ transplants and the mere 30,000 who get such transplants annually. The HOPE Act provides a possible breakthrough, one that I don't think we can refuse. It is a breakthrough for many whose condition would make them hopeless in waiting for an organ transplant.

The regular reviews to evaluate medical research that are mandated by this bill could allow transplants from HIV-positive donors to HIV-positive recipients if the procedure—and this is im-

portant; the safeguards are tightly woven into this bill—if the procedure is shown to be both safe and effective. No wonder the Boxer-Coburn HOPE Act was passed by unanimous consent in the Senate.

The wholesale ban in 1988 did not even allow research on HIV-infected organs. I am not sure I understand that since in this country we usually do not take research out of the picture.

Today, medical science has come a long way, allowing many to live with HIV. We save many lives but then lose them to chronic conditions such as kidney and liver damage, often caused by the very HIV medications that have saved their lives. If they go on dialysis, there is virtually no hope for a transplant today.

The way out of this conundrum is the way we have understood since the Enlightenment: “Look for the evidence.” Who can know where the science will take us or whether it will take us anywhere? With estimates of as many as another 600 organ donors who could be helpful annually, who would not want to try to find if this could be accomplished?

Again, I thank the sponsors of this bill, which I think is rightfully named the HOPE Act.

Mr. PITTS. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from Texas, Dr. BURGESS, the vice chairman of the Health Subcommittee.

Mr. BURGESS. I thank the chairman for yielding.

Mr. Speaker, this bill before us tonight is a commonsense policy that will remove some barriers in the law and ensure that patients who are suffering from life-threatening illnesses can access vital treatments. We have heard the numbers discussed tonight—over 100,000 patients currently awaiting life-saving organs. That number grows by thousands every year, coupled with the fact that our current organ donation policies are outdated and do not reflect the most current research in clinical developments.

The bill before us tonight corrects this, allowing organs from HIV-positive donors to be transplanted into HIV-positive recipients. This has the potential to save over 1,000 HIV-infected patients every year with liver and kidney failure.

Allowing these HIV positive donations increases the organs available to HIV-positive recipients. More importantly, it actually grows the overall pool of organs that will be available.

Furthermore, transplant surgeons already have experience with the transplantation of infected organs. Today, surgeons perform organ transplants on patients who are infected with hepatitis C, a disease with similar transmission methods as HIV.

I would reassure my colleagues, I have taken the time to speak with transplant surgeons for the American Society of Transplant Surgeons, and I have spoken with doctors at the Na-

tional Institutes of Health. This does not pose an increased health risk for the already HIV-infected patient from an organ donated by an HIV-positive donor, but it will provide the potential for increasing the number of organs available for transplant. Anybody who works in transplant surgery knows this is the number one issue that they face on a day-to-day basis.

This legislation is sound, science-based policy. It is also good fiscal policy. It increases the options for safe transplantation, eliminating the need for patients to receive costly recurring treatments, and instead allows patients to receive viable organs to live fuller, more productive lives.

I urge my colleagues to vote in support of this life-saving bill.

Mrs. CAPPS. I would ask the gentleman from Pennsylvania if he has more speakers?

Mr. PITTS. I do, yes.

Mrs. CAPPS. Mr. Speaker, I continue to reserve the balance of my time.

Mr. PITTS. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from Maryland, Dr. HARRIS, one of the leaders on this issue.

Mr. HARRIS. I want to thank the chairman of the subcommittee for yielding time.

Mr. Speaker, the HOPE Act is exactly the kind of bipartisan legislation that will improve lives and have a positive impact on our health care system.

As a physician for nearly 30 years who has participated in and conducted medical research, I know firsthand how medical innovation often outpaces government laws and regulations. This is one such example:

As an anesthesiologist, I have had the privilege of taking care of many patients for transplant surgery, and I have seen numerous times the life-saving joy that an organ transplant brings to patients and their families.

The HOPE Act changes an outdated law by making government work in a more efficient and effective manner for all patients needing transplants, both those with HIV and those without, which is exactly what the American people expect from us here in Washington and from their elected officials.

Mr. Speaker, it is time to move the HIV Organ Policy Equity Act, S. 330. I want to commend the gentlelady from California for working with me to get this bill through. People are waiting for these organs.

I urge my colleagues to vote “yes” on S. 330 later tonight.

Mrs. CAPPS. Is the gentleman prepared to close?

Mr. PITTS. Yes, I am.

Mrs. CAPPS. Mr. Speaker, I would like to submit for the RECORD letters of support from the United Network for Organ Sharing and a coalition of health professional and HIV/AIDS advocacy organizations.

Mr. Speaker, I urge my colleagues to support this important commonsense legislation, and I yield back the balance of my time.

Richmond, VA, January 18, 2013.

RE UNOS Endorsement of Your Legislation to Address HIV+ Organ Donation and Research

Hon. BARBARA BOXER,  
U.S. Senate, Hart Senate Office Building,  
Washington, DC.

Hon. TOM COBURN,  
U.S. Senate, Russell Senate Office Building,  
Washington, DC.

Hon. LOIS CAPPS,  
House of Representatives, Rayburn House Office  
Building, Washington, DC.

DEAR SENATOR BOXER, SENATOR COBURN, AND REPRESENTATIVE CAPPS: UNOS is pleased to learn of your efforts to take an important step to make more organs available for transplantation. As you know, more than 110,000 Americans are currently on the waiting list for organ transplants—far more than are likely to find a matching donor in time. Allowing the careful, targeted use of these organs makes it possible to save more lives.

If your legislation is successful, UNOS, as the contractor for the Organ Procurement and Transplantation Network, stands ready to work with our HRSA partners to establish appropriate allocation policies, including safeguards to protect uninfected recipients from inadvertently receiving HIV-infected organs or vessels.

We look forward to working with you to advance this important legislation.

United Network for Organ Sharing (UNOS) is the private, non-profit organization that manages the nation's organ transplant system under contract with the federal government. Our mission is to advance organ availability and transplantation by uniting and supporting our communities for the benefit of patients through education, technology and policy development.

Sincerely,

JOHN P. ROBERTS, MD,  
President, United Network for Organ Sharing.

JANUARY 18, 2013.

RE endorsement of legislation to address donation of organs from HIV-infected donors to benefit HIV-infected recipients

Hon. BARBARA BOXER,  
U.S. Senate.

Hon. TOM COBURN,  
U.S. Senate.

Hon. LOIS CAPPS,  
House of Representatives.

DEAR SENATORS BOXER, COBURN AND REPRESENTATIVE CAPPS: Please accept this letter on behalf of the undersigned organizations in strong support of legislation to amend the Public Health Service (PHS) Act to establish safeguards and standards of quality for research and transplantation of organs from HIV-infected donors. We applaud your efforts in sponsoring this legislation, which makes common-sense reforms to a medically outdated federal ban on the use of organs from HIV-infected donors to benefit HIV-infected recipients.

This legislation is the product of a two-year process that included gaining support of more than 40 national organizations including professional HIV/AIDS and organ transplantation societies, patient advocacy groups, and general medical groups. By updating the PHS Act to reflect the current medical understanding of HIV/AIDS, this legislation will increase access to organ transplantation for HIV-infected patients, reduce deaths on the organ transplant waiting list, save taxpayers money, and maintain provisions to protect the national supply of organs.

As you are well aware, due to remarkable advances in HIV treatment and care over the past two decades, many HIV-infected people with access to healthcare have normal life

expectancies. However, even when well-controlled with medication, the virus puts people at higher risk for organ failure, and after the onset of organ failure, HIV-infected people require organ transplants sooner than uninfected people with organ failure. In many parts of the country, organ transplant waiting times exceed seven years. Long waiting times disproportionately impact HIV-infected people who simply cannot afford to wait seven years for an organ offer. As a consequence, many people die while waiting. This legislation will increase the availability of an estimated 500 high quality organs each year for HIV-infected patients, which would have otherwise been discarded, providing a unique treatment option to save lives and reduce suffering.

Commonly accepted standards in medicine require that procedures undergo robust study before being accepted as the standard of care. Though preliminary evidence from South Africa demonstrates that transplantation between HIV-infected people is safe and effective, it is incumbent upon the medical community in the United States to carefully study the safety and outcomes of these transplants in the same way that transplantation of HIV-infected recipients with uninfected donor organs has been carefully studied. This legislation will enable such studies, and we must continue to encourage the NIH to continue to fund clinical and comparative-effectiveness research in this area.

Thank you again for your leadership and we look forward to helping you build broad bipartisan support for this legislation in the House of Representatives and Senate, and working with you to see that it is enacted.

If you have any questions or require anything additional from our groups, please do not hesitate to contact our organizations through Brian Boyarsky (brian.boyarsky@jhmi.edu or 410-871-8252).

AIDS Community Research Initiative of America, AIDS Foundation of Chicago, AIDS Law Project of Pennsylvania (PA), AIDS Project Los Angeles, AIDS Treatment News, AIDS United, American Academy of HIV Medicine, American Society for Nephrology, American Transplant Foundation, amfAR, The Foundation for AIDS Research, Association of Nurses in AIDS Care, Association of Organ Procurement Organizations, Birmingham AIDS Outreach (AL), Cascade AIDS Project (OR), Center for HIV Law and Policy, Community Access National Network, Dialysis Patient Citizens, Eye Bank Association of America, Fenway Health/Fenway Institute (MA).

Gay & Lesbian Medical Association; Health Professionals Advancing LGBT Equality, Gay Men's Health Crisis, HealthHIV, HIV Dental Alliance, HIV Medicine Association, Human Rights Campaign, Infectious Diseases Society of America, Lambda Legal, Latino Commission on AIDS, Mendocino County AIDS/Viral Hepatitis Network (CA), Moveable Feast, NATCO, The Organization for Transplant Professionals, National Minority AIDS Council.

Okaloosa AIDS Support & Informational Services, Inc. (FL), RAIN Oklahoma (OK), Renal Physicians Association, San Francisco AIDS Foundation, The AIDS Institute, Transplant Recipients International Organization, Treatment Action Group, US Positive Women's Network, VillageCare (NY), Warren Clinic for Pediatric Infectious Diseases (OK).

Mr. PITTS. Mr. Speaker, I submit for the RECORD an exchange of letters between the Committee on Energy and Commerce and the Committee on the Judiciary on H.R. 698, the House companion bill to S. 330.

Mr. Speaker, I urge support for this bipartisan commonsense legislation, and I yield back the balance of my time.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON THE JUDICIARY,  
Washington, DC, July 22, 2013.

Hon. FRED UPTON,  
Chairman, Committee on Energy and Commerce,  
Washington, DC.

DEAR CHAIRMAN UPTON: I am writing with respect to H.R. 698, the "HIV Organ Policy Equity Act," which the Committee on Energy and Commerce reported favorably on July 17, 2013. As a result of your having consulted with us on provisions in H.R. 698 that fall within the rule X jurisdiction of the Committee on the Judiciary, I agree to discharge our Committee from further consideration of this bill so that it may proceed expeditiously to the House floor for consideration.

The Judiciary Committee takes this action with our mutual understanding that by foregoing consideration of H.R. 698 at this time, we do not waive any jurisdiction over subject matter contained in this or similar legislation, and that our Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues in our jurisdiction. Our Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation, and asks that you support any such request.

I would appreciate a response to this letter confirming this understanding with respect to H.R. 698, and would ask that a copy of our exchange of letters on this matter be included in the Congressional Record during floor consideration of H.R. 698.

Sincerely,

BOB GOODLATTE,  
Chairman.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ENERGY AND COMMERCE,  
Washington, DC, July 23, 2013.

Hon. BOB GOODLATTE,  
Chairman, Committee on the Judiciary,  
Washington, DC.

DEAR CHAIRMAN GOODLATTE: Thank you for your letter regarding H.R. 698, the "HIV Organ Policy Equity Act." As you noted, there are provisions of the bill that fall within the rule X jurisdiction of the Committee on the Judiciary.

I appreciate your willingness to forgo action on H.R. 698, and I agree that your decision is not a waiver of any of the Committee on the Judiciary's jurisdiction over the subject matter contained in this or similar legislation, and that the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward to address any remaining issues in the Committee's jurisdiction. In addition, I understand the Committee reserves the right to seek the appointment of conferees to any House-Senate conference involving this or similar legislation, for which you will have my support.

I will include a copy of your letter and this response in the Congressional Record during consideration of H.R. 698 on the House floor.

Sincerely,

FRED UPTON,  
Chairman.

Mr. WAXMAN. Mr. Speaker, I rise in support of S. 330, the HIV Organ Policy Equity Act or HOPE Act. And I urge my colleagues to join me in voting for passage of S. 330 today, which will send this bill on to the President for his signature.

In the early years of the HIV/AIDS epidemic, the National Organ Transplant Act was

amended to ban the transplantation of organs infected with the HIV virus. Today—more than two decades after this ban was put in place—an HIV-positive diagnosis is no longer a death sentence. More and more HIV-positive Americans are living longer with antiretroviral treatment and finding themselves on waitlists for organs along with tens of thousands of others. Organ transplantation also now occurs using Hepatitis C-positive organs for transplant in patients who have the Hepatitis C virus. This development is notable given similarities in the transmission modes of the HIV and Hepatitis C viruses.

The HOPE Act updates the National Organ Transplant Act to reflect the current medical and scientific understanding of HIV/AIDS. The bill creates a pathway for future HIV-positive to HIV-positive organ donation—beginning first with research. The Secretary of Health and Human Services is directed to develop research criteria for HIV-positive to HIV-positive organ donation. The Secretary is also required to conduct an annual review of research results and—if she deems the research findings warrant this action—direct the Organ Procurement and Transplant Network to revise standards for organ transplantation with HIV-infected organs. S. 330 also amends the Federal criminal code to specify that organ donation consistent with the HOPE Act would not violate the current prohibition in Federal law.

I believe this measure represents an important step forward in updating our organ transplant procedures to reflect the current state of the science. Importantly, S. 330 could also increase organs available for donation—saving hundreds of lives each year.

I want to commend Congresswoman CAPPS and Congressman HARRIS for their leadership on this critical issue in the House. I also want to acknowledge the contributions of Senators BOXER and COBURN, the sponsors of the legislation we are considering today.

I urge my colleagues to join me in supporting the HOPE Act and sending this commonsense, bi-partisan measure to the President.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. UPTON) that the House suspend the rules and pass the bill, S. 330.

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.

#### VETERANS' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 2013

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (S. 893) to provide for an increase, effective December 1, 2013, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 893

*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 “Veterans’ Compensation Cost-of-Living Adjustment Act of 2013”.

#### SEC. 2. INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) RATE ADJUSTMENT.—Effective on December 1, 2013, the Secretary of Veterans Affairs shall increase, in accordance with subsection (c), the dollar amounts in effect on November 30, 2013, for the payment of disability compensation and dependency and indemnity compensation under the provisions specified in subsection (b).

(b) AMOUNTS TO BE INCREASED.—The dollar amounts to be increased pursuant to subsection (a) are the following:

(1) WARTIME DISABILITY COMPENSATION.—Each of the dollar amounts under section 1114 of title 38, United States Code.

(2) ADDITIONAL COMPENSATION FOR DEPENDENTS.—Each of the dollar amounts under section 1115(1) of such title.

(3) CLOTHING ALLOWANCE.—The dollar amount under section 1162 of such title.

(4) DEPENDENCY AND INDEMNITY COMPENSATION TO SURVIVING SPOUSE.—Each of the dollar amounts under subsections (a) through (d) of section 1311 of such title.

(5) DEPENDENCY AND INDEMNITY COMPENSATION TO CHILDREN.—Each of the dollar amounts under sections 1313(a) and 1314 of such title.

(c) DETERMINATION OF INCREASE.—Each dollar amount described in subsection (b) shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.) are increased effective December 1, 2013, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(d) SPECIAL RULE.—The Secretary of Veterans Affairs may adjust administratively, consistent with the increases made under subsection (a), the rates of disability compensation payable to persons under section 10 of Public Law 85-857 (72 Stat. 1263) who have not received compensation under chapter 11 of title 38, United States Code.

(e) PUBLICATION OF ADJUSTED RATES.—The Secretary of Veterans Affairs shall publish in the Federal Register the amounts specified in subsection (b), as increased under subsection (a), not later than the date on which the matters specified in section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) are required to be published by reason of a determination made under section 215(i) of such Act during fiscal year 2014.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from Maine (Mr. MICHAUD) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

#### GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include any extraneous material on S. 893.

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

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

As chairman of the House Committee on Veterans’ Affairs, I rise today in

support of S. 893, the Veterans’ Compensation Cost-of-Living Adjustment Act of 2013.

Mr. Speaker, it is entirely appropriate that we consider this legislation today after we honored America’s veterans yesterday.

This is critically important legislation that authorizes a cost-of-living increase for disabled veterans in receipt of disability compensation payments from VA, veterans’ clothing allowance payments, and other compensation for survivors of veterans who die as a result of their service to this country. The amount of the increase is determined by the consumer price index, which also controls the cost-of-living adjustment for Social Security beneficiaries. That increase is scheduled to be 1½ percent.

I want to thank Congressman RUNYAN of New Jersey, the chairman of the Subcommittee on Disability Assistance and Memorial Affairs, for introducing H.R. 569, which was the companion bill to this piece of legislation.

I urge all my colleagues to support S. 893, and I reserve the balance of my time.

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

Yesterday was Veterans Day. Its origin began 95 years ago on the 11th hour of the 11th day of the 11th month. The armistice was signed marking the end of World War I. The next year we saw the first commemoration of Armistice Day, which became Veterans Day in 1954. Every Veterans Day since then has been a day of remembrance and commemoration for all of our veterans.

Today, we have the opportunity to put the thoughts and feelings of Veterans Day into practical action. Today, with the agreement of the House, we will ensure that veterans continue to receive the support they need.

On October 28, the Senate passed S. 893, the Veterans’ Compensation Cost-of-Living Adjustment Act of 2013, which provides that veterans receive a projected 1.5 percent cost-of-living adjustment beginning in January.

This bill directs the VA to increase the rate of basic compensation for disabled veterans and the rate of dependency and indemnity compensation for their survivors and dependents.

Since 1976, Congress has acted annually to increase these benefits by an amount estimated to keep pace with inflation. This year’s increase is the same as that provided to Social Security recipients.

Without this annual COLA increase, veterans, their families, and survivors would see the value of their hard-earned benefits slowly erode.

□ 1745

Many of the millions of veterans and survivors who receive monthly benefits depend upon these payments in order to make ends meet. For some, it is their only source of income.

Providing for a cost-of-living increase is an important thing that we