Now that is stupid. That's about as idiotic as I have ever seen.

So what did I attempt to do? Well, we're working on a food and drug safety bill in the committee, and I appreciate the gentlemen's work on both sides of the aisle. It's on human consumption. So what I had hoped to do here was say, Well, let's stop these bad actors and the criminal syndicates and the counterfeiters from entering into animal drugs. Chairman JOHN DINGELL agrees with that provision, and it was going to be in here.

The Democrat leadership said, ''No. We can't have that in this bill.'' Now that's a curious and puzzling thing. But what I will say is, and my agreement with Chairman DINGELL is that this is an issue as a country in matters of food and drug safety that we, as Republicans and Democrats, must come together to protect the American people and to go after these bad actors around the world, the criminal syndicates who are preying upon America's most vulnerable populations. We have to enjoin together to do this. And that's my pledge to work with Chairman DINGELL and JOE BARTON and other members of the committee, and I salute Mr. MATHESON, for us to do this so not only do we bring protections on the animal side to go after the bad actors, we put protections in place on the human side. And we can do that not only in stopping the bad actors but also including electronic pedigree, and I will work with you to do just that.

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

I just wanted to say that I understand the gentleman's concerns who just spoke, Mr. BUYER, the gentleman from Indiana, and I, too, am very concerned about counterfeit drugs entering the U.S. marketplace. I think the FDA should have the authority to seize and destroy counterfeit drugs. And as the gentleman knows, we are working with him to address this issue in a larger bill that will empower the FDA to protect the consumers from dangerous products, including counterfeit drugs. So I hope that we can continue to work with the gentleman on this matter.

Mr. BUYER. Will the gentleman yield?

Mr. PALLONE. I yield to the gentleman from Indiana.

Mr. BUYER. In my conversations with the chairman, not only last night but also this morning, I will work with the gentleman to make sure that we can have this in the drug safety bill not only on humans but will also protect animals, so we will give the authority to the FDA to destroy. I will work with the gentleman.

But we also brought up in the conversation—I understand that a little pain could have been created here today. I want to work with the majority. In other words, they weren't forced to go through the Rules Committee and then we have a big fight on the floor. I agreed with the chairman. We withdraw the amendment.

But I want to work also—please work with Mr. MATHESON and I on the electronic pedigree. It builds off of Chairman DINGELL's paper pedigree so we can sophisticate America's systems for American people here as we also then fight the counterfeiters who are trying to gain access into our market. And I'll work with the chairman to do that.

Mr. PALLONE. Mr. Speaker, I certainly heard what my colleague from Indiana said, and I'm certainly willing to work with him on what he's suggesting.

I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I would also compliment Mr. BUYER for his sincere efforts on the issue of counterfeiting and look forward to working with him to address that issue both for humans and for animals in future legislation.

But because of the importance of this particular legislation and the need to reauthorize it in the time frame that is before us, I would urge the adoption of this legislation.

Mr. DINGELL. Mr. Speaker, I rise in support of H.R. 6432. Today we consider important public health legislation that, in the best tradition of the Committee on Energy and Commerce, has strong bipartisan support as well as backing from industry, consumer, and stakeholder groups.

I note that this bill has three titles—each representing different bills considered by the Committee on Energy and Commerce. The first title is the ''Animal Drug User Fee Amendments of 2008''. This title reauthorizes a successful user fee program that has allowed the Food and Drug Administration (FDA) to safely and efficiently review animal drugs. This part of the bill improves the existing program by increasing fee revenues, providing greater transparency, and setting specific timeframes by which data must be submitted to the FDA.

This title of the bill also contains provisions related to the issue of antimicrobial resistance. The Committee worked closely with Members from both sides of the aisle, as well as industry and consumer groups, to ensure that the FDA has the necessary information to examine safety concerns related to the use of antibiotics in food-producing animals. I commend Representatives MATHESON, WAXMAN, PALLONE, DEAL, and BARTON for reaching agreement on this important public health concern.

The next title is the ''Animal Generic Drug User Fee Act of 2008'' (AGDUFA). This program is similar in design to the ADUFA program, but with a specific focus on expediting the review of applications for new generic animal drugs.

A key component of both ADUFA and AGDUFA is additional resources for FDA to protect the public health. The lack of resources for the FDA has been a major focus of the Committee. I intend to address this issue more broadly in legislation being drafted with Representatives BARTON, DEAL, PALLONE, SHIMKUS, STUPAK, and others, that will significantly improve and enhance our food and drug safety system.

The third and final title makes two technical corrections to public law 110–85, the Food and Drug Administration Amendments Act of 2007. The first correction addresses an implementation problem related to the clinical trials results and registry database, which was expanded in that public law. The second correction clarifies that the FDA should review and approve generic drug applications separate and apart from citizen petitions pertaining to that application.

I encourage all of my colleagues to join me in support of this bill, and I thank the Members of the Committee on Energy and Commerce for working together to reach agreement on legislation critical to protecting the public health.

Mr. DEAL of Georgia. I would yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, again, I want to thank my colleagues on both sides of the aisle for their support of this legislation and urge that it be adopted.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 6432, 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: ''A bill to amend the Federal Food, Drug, and Cosmetic Act to revise and extend the animal drug user fee program, to establish a program of fees relating to generic new animal drugs, to make certain technical corrections to the Food and Drug Administration Amendments Act of 2007, and for other purposes.''.

A motion to reconsider was laid on the table.

## MICHELLE'S LAW

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2851) to amend the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code of 1986 to ensure that dependent students who take a medically necessary leave of absence do not lose health insurance coverage, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2851

*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 ''Michelle's Law''.

**SEC. 2. COVERAGE OF DEPENDENT STUDENTS ON MEDICALLY NECESSARY LEAVE OF ABSENCE.**

(a) AMENDMENTS OF ERISA.—

(1) IN GENERAL.—Subpart B of part 7 of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following:

**''SEC. 714. COVERAGE OF DEPENDENT STUDENTS ON MEDICALLY NECESSARY LEAVE OF ABSENCE.**

''(a) MEDICALLY NECESSARY LEAVE OF ABSENCE.—In this section, the term 'medically necessary leave of absence' means, with respect to a dependent child described in subsection (b)(2) in connection with a group

health plan or health insurance coverage offered in connection with such plan, a leave of absence of such child from a postsecondary educational institution (including an institution of higher education as defined in section 102 of the Higher Education Act of 1965), or any other change in enrollment of such child at such an institution, that—

''(1) commences while such child is suffering from a serious illness or injury;

''(2) is medically necessary; and

''(3) causes such child to lose student status for purposes of coverage under the terms of the plan or coverage.

''(b) REQUIREMENT TO CONTINUE COVERAGE.—

''(1) IN GENERAL.—In the case of a dependent child described in paragraph (2), a group health plan, or a health insurance issuer that provides health insurance coverage in connection with a group health plan, shall not terminate coverage of such child under such plan or health insurance coverage due to a medically necessary leave of absence before the date that is the earlier of—

''(A) the date that is 1 year after the first day of the medically necessary leave of absence; or

''(B) the date on which such coverage would otherwise terminate under the terms of the plan or health insurance coverage.

''(2) DEPENDENT CHILD DESCRIBED.—A dependent child described in this paragraph is, with respect to a group health plan or health insurance coverage offered in connection with the plan, a beneficiary under the plan who—

''(A) is a dependent child, under the terms of the plan or coverage, of a participant or beneficiary under the plan or coverage; and

''(B) was enrolled in the plan or coverage, on the basis of being a student at a postsecondary educational institution (as described in subsection (a)), immediately before the first day of the medically necessary leave of absence involved.

''(3) CERTIFICATION BY PHYSICIAN.—Paragraph (1) shall apply to a group health plan or health insurance coverage offered by an issuer in connection with such plan only if the plan or issuer of the coverage has received written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) described in subsection (a) is medically necessary.

''(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, shall include, with any notice regarding a requirement for certification of student status for coverage under the plan or coverage, a description of the terms of this section for continued coverage during medically necessary leaves of absence. Such description shall be in language which is understandable to the typical plan participant.

''(d) NO CHANGE IN BENEFITS.—A dependent child whose benefits are continued under this section shall be entitled to the same benefits as if (during the medically necessary leave of absence) the child continued to be a covered student at the institution of higher education and was not on a medically necessary leave of absence.

''(e) CONTINUED APPLICATION IN CASE OF CHANGED COVERAGE.—If—

''(1) a dependent child of a participant or beneficiary is in a period of coverage under a group health plan or health insurance coverage offered in connection with such a plan, pursuant to a medically necessary leave of absence of the child described in subsection (b);

''(2) the manner in which the participant or beneficiary is covered under the plan changes, whether through a change in health insurance coverage or health insurance issuer, a change between health insurance coverage and self-insured coverage, or otherwise; and

''(3) the coverage as so changed continues to provide coverage of beneficiaries as dependent children,

this section shall apply to coverage of the child under the changed coverage for the remainder of the period of the medically necessary leave of absence of the dependent child under the plan in the same manner as it would have applied if the changed coverage had been the previous coverage.''.

(2) CONFORMING AMENDMENT.—The table of contents in section 1 of such Act is amended by inserting after the item relating to section 713 the following new item:

''Sec. 714. Coverage of dependent students on medically necessary leave of absence.''.

(b) AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.—

(1) GROUP MARKETS.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–4 et seq.) is amended by adding at the end the following new section:

**''SEC. 2707. COVERAGE OF DEPENDENT STUDENTS ON MEDICALLY NECESSARY LEAVE OF ABSENCE.**

''(a) MEDICALLY NECESSARY LEAVE OF ABSENCE.—In this section, the term 'medically necessary leave of absence' means, with respect to a dependent child described in subsection (b)(2) in connection with a group health plan or health insurance coverage offered in connection with such plan, a leave of absence of such child from a postsecondary educational institution (including an institution of higher education as defined in section 102 of the Higher Education Act of 1965), or any other change in enrollment of such child at such an institution, that—

''(1) commences while such child is suffering from a serious illness or injury;

''(2) is medically necessary; and

''(3) causes such child to lose student status for purposes of coverage under the terms of the plan or coverage.

''(b) REQUIREMENT TO CONTINUE COVERAGE.—

''(1) IN GENERAL.—In the case of a dependent child described in paragraph (2), a group health plan, or a health insurance issuer that provides health insurance coverage in connection with a group health plan, shall not terminate coverage of such child under such plan or health insurance coverage due to a medically necessary leave of absence before the date that is the earlier of—

''(A) the date that is 1 year after the first day of the medically necessary leave of absence; or

''(B) the date on which such coverage would otherwise terminate under the terms of the plan or health insurance coverage.

''(2) DEPENDENT CHILD DESCRIBED.—A dependent child described in this paragraph is, with respect to a group health plan or health insurance coverage offered in connection with the plan, a beneficiary under the plan who—

''(A) is a dependent child, under the terms of the plan or coverage, of a participant or beneficiary under the plan or coverage; and

''(B) was enrolled in the plan or coverage, on the basis of being a student at a postsecondary educational institution (as described in subsection (a)), immediately before the first day of the medically necessary leave of absence involved.

''(3) CERTIFICATION BY PHYSICIAN.—Paragraph (1) shall apply to a group health plan or health insurance coverage offered by an issuer in connection with such plan only if the plan or issuer of the coverage has received written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) described in subsection (a) is medically necessary.

''(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, shall include, with any notice regarding a requirement for certification of student status for coverage under the plan or coverage, a description of the terms of this section for continued coverage during medically necessary leaves of absence. Such description shall be in language which is understandable to the typical plan participant.

''(d) NO CHANGE IN BENEFITS.—A dependent child whose benefits are continued under this section shall be entitled to the same benefits as if (during the medically necessary leave of absence) the child continued to be a covered student at the institution of higher education and was not on a medically necessary leave of absence.

''(e) CONTINUED APPLICATION IN CASE OF CHANGED COVERAGE.—If—

''(1) a dependent child of a participant or beneficiary is in a period of coverage under a group health plan or health insurance coverage offered in connection with such a plan, pursuant to a medically necessary leave of absence of the child described in subsection (b);

''(2) the manner in which the participant or beneficiary is covered under the plan changes, whether through a change in health insurance coverage or health insurance issuer, a change between health insurance coverage and self-insured coverage, or otherwise; and

''(3) the coverage as so changed continues to provide coverage of beneficiaries as dependent children,

this section shall apply to coverage of the child under the changed coverage for the remainder of the period of the medically necessary leave of absence of the dependent child under the plan in the same manner as it would have applied if the changed coverage had been the previous coverage.''.

(2) INDIVIDUAL MARKET.—Subpart 3 of part B of title XXVII of such Act (42 U.S.C. 300gg–51 et seq.) is amended by adding at the end the following new section:

**''SEC. 2753. COVERAGE OF DEPENDENT STUDENTS ON MEDICALLY NECESSARY LEAVE OF ABSENCE.**

''The provisions of section 2707 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as they apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.''.

(c) AMENDMENTS TO THE INTERNAL REVENUE CODE.—

(1) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 (relating to other group health plan requirements) is amended by inserting after section 9812 the following new section:

**''SEC. 9813. COVERAGE OF DEPENDENT STUDENTS ON MEDICALLY NECESSARY LEAVE OF ABSENCE.**

''(a) MEDICALLY NECESSARY LEAVE OF ABSENCE.—In this section, the term 'medically necessary leave of absence' means, with respect to a dependent child described in subsection (b)(2) in connection with a group health plan, a leave of absence of such child from a postsecondary educational institution (including an institution of higher education as defined in section 102 of the Higher Education Act of 1965), or any other change in

enrollment of such child at such an institution, that—

''(1) commences while such child is suffering from a serious illness or injury;

''(2) is medically necessary; and

''(3) causes such child to lose student status for purposes of coverage under the terms of the plan or coverage.

''(b) REQUIREMENT TO CONTINUE COVERAGE.—

''(1) IN GENERAL.—In the case of a dependent child described in paragraph (2), a group health plan shall not terminate coverage of such child under such plan due to a medically necessary leave of absence before the date that is the earlier of—

''(A) the date that is 1 year after the first day of the medically necessary leave of absence; or

''(B) the date on which such coverage would otherwise terminate under the terms of the plan.

''(2) DEPENDENT CHILD DESCRIBED.—A dependent child described in this paragraph is, with respect to a group health plan, a beneficiary under the plan who—

''(A) is a dependent child, under the terms of the plan, of a participant or beneficiary under the plan; and

''(B) was enrolled in the plan, on the basis of being a student at a postsecondary educational institution (as described in subsection (a)), immediately before the first day of the medically necessary leave of absence involved.

''(3) CERTIFICATION BY PHYSICIAN.—Paragraph (1) shall apply to a group health plan only if the plan, or the issuer of health insurance coverage offered in connection with the plan, has received written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) described in subsection (a) is medically necessary.

''(c) NOTICE.—A group health plan shall include, with any notice regarding a requirement for certification of student status for coverage under the plan, a description of the terms of this section for continued coverage during medically necessary leaves of absence. Such description shall be in language which is understandable to the typical plan participant.

''(d) NO CHANGE IN BENEFITS.—A dependent child whose benefits are continued under this section shall be entitled to the same benefits as if (during the medically necessary leave of absence) the child continued to be a covered student at the institution of higher education and was not on a medically necessary leave of absence.

''(e) CONTINUED APPLICATION IN CASE OF CHANGED COVERAGE.—If—

''(1) a dependent child of a participant or beneficiary is in a period of coverage under a group health plan, pursuant to a medically necessary leave of absence of the child described in subsection (b);

''(2) the manner in which the participant or beneficiary is covered under the plan changes, whether through a change in health insurance coverage or health insurance issuer, a change between health insurance coverage and self-insured coverage, or otherwise; and

''(3) the coverage as so changed continues to provide coverage of beneficiaries as dependent children,

this section shall apply to coverage of the child under the changed coverage for the remainder of the period of the medically necessary leave of absence of the dependent child under the plan in the same manner as it would have applied if the changed coverage had been the previous coverage.''.

(2) CONFORMING AMENDMENT.—The table of sections for subchapter B of chapter 100 of such Code is amended by inserting after the item relating to section 9812 the following new item:

''Sec. 9813. Coverage of dependent students on medically necessary leave of absence.''.

(d) EFFECTIVE DATE.—The amendments made by this Act shall apply with respect to plan years beginning on or after the date that is one year after the date of the enactment of this Act and to medically necessary leaves of absence beginning during such plan years.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days 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 New Jersey?

There was no objection.

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

Mr. Speaker, Michelle's Law was introduced by my colleague from New Hampshire, Representative PAUL HODES, in honor of Michelle Morse, a 20-year-old student who was attending Plymouth State University when she was diagnosed with colon cancer in December of 2003.

Michelle's doctors recommended that she leave school temporarily so she could undergo surgery and chemotherapy. Unfortunately, if Michelle followed her doctors' advice and dropped out of school to receive treatment, she would no longer be eligible for health coverage under her mother's policy.

The truth of the matter, Mr. Speaker, is that most college-aged students are only able to keep their parents' health insurance if they attend classes full time. Under most health care plans, when a student becomes seriously ill or injured, he or she is unfortunately left with very few options. Students are forced into the difficult decision of continuing with a full-time course load while they try to seek treatment, or withdrawing and losing health care eligibility. No American should be faced with such a choice, in my opinion.

Unfortunately, Michelle had to choose. Michelle and her family decided that she would remain in school full time while she received treatment for her cancer. After enduring a rigorous course load and successfully graduating, Michelle lost her battle with cancer in November of 2005.

After Michelle's passing, her mother decided that no other family should have to make the same tough decision. Thanks to her efforts, New Hampshire passed a law that allows students to take a 1-year medical leave of absence while maintaining their dependency status. The bill before us today would afford the same protections for students nationwide.

I urge my colleagues on both sides of the aisle to vote ''yes'' for this important piece of legislation.

I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I rise in support of H.R. 2851, which is commonly known as Michelle's Law.

I would like to thank Mr. HODES from New Hampshire and Mr. CASTLE from Delaware for introducing this important legislation and also to thank Energy and Commerce Committee Chairman DINGELL, subcommittee Chairman PALLONE and Ranking Member BARTON for their cooperative efforts in working in a bipartisan manner to move this bill through the Energy and Commerce Committee.

The American people know we must focus our health care efforts on providing increased access to quality, personal health insurance plans that give more Americans control and ownership over their own health care.

As my colleagues are well aware, by increasing the number of Federal mandates on health insurance plans, we are inevitably making health insurance plans more expensive for more Americans and decreasing the number of Americans who can afford the quality personal health insurance plan that they want for their families. Without question, it is vital for Congress to avoid one-size-fits-all Federal mandates on health insurance if we're going to be able to increase the number of Americans with access to quality health insurance plans.

However, I think the bill before us today is a very narrowly tailored solution to an extremely rare problem that results from a very small number of bad actors. This legislation takes the needed step of ensuring that more college-aged Americans will be able to stay on their parents' health insurance coverage in the rare event that they become too sick to remain enrolled in school.

We know that by passing this legislation today, we can help assure American college students that their personal health insurance plan will be there for them giving them one less thing to worry about as they focus on their own illness and on earning their degrees.

Again, I thank my colleagues on the Energy and Commerce Committee for their bipartisan support of this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I am pleased to yield 5 minutes to the gentleman from New Hampshire (Mr. HODES), the sponsor of the legislation.

Mr. HODES. I thank the gentleman for yielding.

I rise today in support of this bill, Michelle's Law, which honors the memory and life and struggle of Michelle Morse. Michelle's mother, AnnMarie,

and her brother, Michael, are with us today to remember and honor her.

Michelle Morse was a college student in Plymouth, New Hampshire. She was like other students. She went to class and hung out with her friends. She was a happy and gifted student preparing to be a school teacher like her mom. She picked her major, childhood studies, because she wanted to dedicate her life to help children. But Michelle Morse and her family were forced to make a choice that students should never have to make: a choice between her health and her health insurance.

You see, while in college, Michelle was diagnosed with advanced colon cancer. She had her health insurance through her mother but could only keep her health insurance if she remained a full-time student. Since she was undergoing rigorous chemotherapy treatments, her doctors urged her to take time off from school to focus on her treatment. Michelle was faced with a daunting choice: to keep her health insurance and maintain her full-time student status, or follow her doctors' orders and face colossal health bills for her and her family.

Michelle chose to stay in school and keep her health insurance. She continued her chemotherapy treatments and maintained a grade point average above 3.5 which, by anyone's standards, is inspiring and shows just what a strong person Michelle was. Unfortunately, despite her valiant fight against cancer, she succumbed to the weight of the cancer and the rigors of being a full-time student and passed away after she graduated.

But this story isn't just about Michelle. It's about Michelle's family who fought with Michelle and continue to fight for Michelle to this day.

Michelle's family, led by her mother, AnnMarie, made it their mission to ensure that this choice doesn't have to be made by any other family. AnnMarie Morse began a relentless campaign to change the law in New Hampshire so that students could have a medical leave of absence from college without losing their coverage under their parents' health insurance.

When the law was changed in New Hampshire after her tireless efforts and leadership, AnnMarie Morse wanted to make sure that students across the country would have the same protections.

So she brought her campaign to Capitol Hill and began her efforts to lobby. She lobbied me, she lobbied other Members of Congress, she lobbied everybody. And let me tell you, there is nothing stopping this mother's love. She called everybody she could and anyone she could in her campaign to protect other people's children from being faced with the same terrible choice she and her daughter had to make.

I'm honored to know AnnMarie and the Morse family and to have introduced this legislation aptly named Michelle's Law, a law fueled by a family's love and a special young woman's memory.

Michelle's Law would change current health insurance law to allow college students a year of medical leave of absence. Michelle's Law has worked in New Hampshire and can now work for students and families across this great Nation. This commonsense legislation has been embraced by Democrats and Republicans and by groups across the board from the insurance industry to patient advocacy groups like the American Cancer Society Cancer Action Network, which has been a leader in advocating for this bill.

□ 1600

Madam Speaker, I submit for the RECORD the letters of support we've received.

AMERICAN CANCER SOCIETY,
CANCER ACTION NETWORK,
*Washington, DC, June 25, 2007.*

Hon. PAUL HODES,
*U.S. Senate,*
*Washington, DC.*

DEAR REPRESENTATIVE HODES: On behalf of the volunteers and supporters of the American Cancer Society Cancer Action Network℠ (ACS CAN), the sister advocacy organization of the American Cancer Society, we are writing to express our support for the Michelle's Law legislation, which you recently introduced. H.R. 2851 will expand access to health insurance for college students required to take a medical leave of absence from their studies in the event of a diagnosis such as cancer. We commend you for your leadership in addressing this gap in health insurance coverage for students, and for your commitment to advancing the interests of cancer patients and their families.

As you know, this legislation would allow college students to take medical leave while battling a serious illness and still maintain eligibility for their parents' health insurance. Statistical studies show that the number one factor determining whether a person who has cancer will survive is whether that person has insurance. Only the insured have access to the timely, appropriate, and affordable health care that is crucial in fighting cancer or any other serious illness. No student should be presented with the dilemma that Michelle Morse experienced when she was forced to maintain a full college course load while undergoing debilitating medical treatment.

If we are to ultimately conquer cancer, our system must ensure that all Americans have access to high quality care. This legislation is a meaningful step toward this goal. Again, we applaud your efforts to preserve health insurance for seriously ill college students, and we look forward to working with you on this important legislation. If you have questions or need any assistance, please do not hesitate to contact Jaimie Vickery, ACS CAN Senior Federal Representative at (202) 661–5720.

Thank you again for your leadership on this important issue.

Sincerely,

DANIEL E. SMITH,
*President.*
WENDY K. D. SELIG,
*Vice President Legislative Affairs.*

AMERICAN HEART ASSOCIATION,
AMERICAN STROKE ASSOCIATION,
*Washington, DC, September 20, 2007.*

Hon. PAUL HODES,
*House of Representatives,*
*Washington, DC.*
Hon. MIKE CASTLE,
*House of Representatives,*
*Washington, DC.*

DEAR REPRESENTATIVE HODES AND REPRESENTATIVE CASTLE: The American Heart Association and its American Stroke Association division applaud you for your introduction of H.R. 2851, ''Michelle's Law.''

The American Heart Association and the American Stroke Association are dedicated to reducing death and disability from heart disease and stroke, the nation's No. 1 and No. 3 killers. As many as 1.3 million children, youth and adults living in the United States today were born with some type of congenital cardiovascular defect, and other children and young people are increasingly developing cardiovascular disease at an earlier age.

These young people, especially those born with heart defects, often face challenges acquiring health insurance once they 'age-out' of eligibility for public programs or parental coverage. We as a nation have made great advances in the treatment of heart defects, and as a result many more children born with these disorders are living longer, healthier lives, instead of facing long-term disability or early death. However, these preexisting heart defects often make it difficult for them to get health insurance coverage and the follow-up care they need as adults.

Your ''Michelle's Law'' legislation would ensure that full-time college students can maintain their health insurance coverage when they are required to take a leave of absence of up to one year from their studies because they are seriously ill. No young person should be faced with the predicament of taking a full course load while fighting a debilitating disease, simply so they don't lose their health insurance coverage.

Numerous studies have documented that those who are uninsured or underinsured are more likely to go without needed medical care. Your legislation would take a step towards ensuring that all Americans have access to affordable, quality health care. Again, the American Heart Association is pleased to support your legislation and we look forward to working with you on this important issue. Thank you for your leadership.

Sincerely,

SUE NELSON,
*Vice President of Federal Advocacy.*

AMERICA'S HEALTH INSURANCE PLANS,
*Washington, DC, October 3, 2007.*

Hon. PAUL HODES,
*House of Representatives,*
*Washington, DC.*

DEAR CONGRESSMAN HODES: On behalf of America's Health Insurance Plans (AHIP), I am writing to express our support for your legislation, H.R. 2851, which proposes new protections to ensure continuity of health insurance coverage for college students.

AHIP's members appreciate your hard work on this issue. We share your concerns and have taken pro-active steps to demonstrate our strong commitment to addressing the coverage needs of students who are forced to leave school for medical reasons. Earlier this year, AHIP's Board of Directors approved the enclosed policy statement, outlining our members' commitment to following best practices for facilitating continuity of coverage for students who are on medical leave from school. This includes offering coverage for 12 months or until the coverage would have otherwise lapsed,

whichever comes first, with the need for part-time status or medical leave of absence documented by a physician.

Thank you again for your leadership on this issue. We look forward to continuing to work with you on health care issues that come before Congress.

Sincerely,

KAREN IGNAGNI,
*President and CEO.*

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AMERICAN HOSPITAL ASSOCIATION,
*Washington, DC, February 11, 2008.*

Hon. PAUL HODES,
*House of Representatives,*
*Washington, DC.*

DEAR MR. HODES: On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 37,000 individual members, the American Hospital Association (AHA) commends the leadership that you and your colleagues have provided by introducing H.R. 2851, ''Michelle's Law''.

Many families across America face the tough reality of having to choose between health care and other necessities of life, like food or shelter. Michelle Morse, a young college student from New Hampshire, had to choose between remaining a full-time student in order to maintain her dependent coverage, or taking a leave of absence from college to get the urgent care she needed. H.R. 2851 would ensure that full-time students covered by ERISA are eligible for a 12–month medical leave of absence without losing dependent coverage.

Unfortunately, Michelle passed away and is not here to enjoy the benefits of your good work on this issue. Thanks to your introduction of this bill, other students and their families might not face the same no-win scenario. Hospitals and other health care providers have long understood the value of getting the right care at the right time, and the financial burden that many families experience in trying to do so. We look forward to working with you and your colleagues on passage of this very important legislation.

Sincerely,

RICK POLLACK,
*Executive Vice President.*

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COLORECTAL CANCER COALITION,
RESEARCH POLICY AWARENESS,
*Alexandria, VA, February 15, 2008.*

Hon. PAUL HODES,
*House of Representatives*
*Washington, DC.*

DEAR REPRESENTATIVE HODES: C3: Colorectal Cancer Coalition is a national, nonpartisan organization whose mission is to eliminate suffering and death due to colon and rectal cancer through advocacy. C3 pushes for research to improve screening, diagnosis, and treatment of colorectal cancer; for policy decisions that make the most effective colon and rectal cancer prevention and treatment available to all; and for increased awareness that colorectal cancer is preventable, treatable, and beatable.

C3 strongly supports Michelle's Law (H.R. 2851) introduced by Congressman Paul Hodes. This bill would amend the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to ensure that dependent students who take a medical necessary leave of absence do not lose their health insurance coverage.

Michelle Morse, the bill's namesake, was diagnosed with colon cancer when she was 20 years old. At this time she was a full time student at the Plymouth State University. Michelle had to remain enrolled as a full time student, against her doctor's recommendation, in order to maintain her eligibility for health coverage.

Treatment for colorectal cancer and many other diseases are quite grueling on a person's body. H.R. 2851 would allow students to focus solely on treating their illness as opposed to being a full time patient AND full time student.

If you have any questions please do not hesitate to contact Joe Arite, C3 Policy and Grassroots Manager or by email at Joe.Arite@FightColorectalCancer.org.

Sincerely,

CARLEA BAUMAN,
*Executive Director.*

I greatly appreciate the strong support and leadership of my colleague from Delaware (Mr. CASTLE) and Chairman DINGELL, Ranking Member BARTON, Chairman PALLONE and Ranking Member DEAL of the Energy and Commerce Committee for their work and their staff's hard work and support.

I would also like to thank the Ways and Means and Education and Labor Committees and staff for their dedication in bringing this bill to the floor today.

This strong, bipartisan measure shows the American people that Congress understands the importance of doing good by doing the right thing. But what's most important is that with the passage of Michelle's Law, parents across this country are going to thank AnnMarie Morse and her family for helping to make sure that they don't have to make the choice that Michelle had to make.

I urge passage of this bill. I thank the bipartisan support for this measure.

Mr. DEAL of Georgia. Madam Speaker, I'm pleased to yield such time as he may consume to one of the original sponsors of this bill, the gentleman from Delaware (Mr. CASTLE).

Mr. CASTLE. Madam Speaker, I thank the gentleman from Georgia for yielding to me.

I also rise to ask my colleagues to support the legislation before us today, Michelle's Law, which will prohibit insurers and group health plans from terminating coverage of dependent college students who lose their full-time student status due to a serious illness or injury.

As you may know, some insurance plans allow college students to remain covered as dependents only if they attend a post-secondary institution full-time. As a result, this may force college students throughout the country with serious illnesses or serious injuries, who are dependent upon their parents' insurance, to make the difficult choice of pursuing a college education or taking care of their health.

Mr. HODES just spoke about Michelle Morse who died tragically of colon cancer in 2005 after going against her doctor's wishes and maintaining her full-time course schedule to maintain her health insurance.

In my home State of Delaware, Michelle Rigney, a University of Delaware student diagnosed with melanoma when she was 19, and cancer advocate who I had the honor of working with several times over the last few years, also recently lost her battle with the disease.

Throughout her battle with cancer, Michelle Rigney advocated for the passage of this bill to make things easier for others in similar situations. Michelle expressed her concerns over insurance to me as well as the importance of easing the stress students with a serious illness face when deciding between an education and their health.

I believe strongly that Michelle's Law will give seriously ill and injured students and their families the time they need to decide what their next steps should be without the fear of losing their health insurance. CBO estimates that the bipartisan H.R. 2851 would have no significant impact on the budget. Additionally, this commonsense legislation has been endorsed by several key health and insurance groups, including the American Cancer Society Cancer Action Network, the National Education Association, America's Health Insurance Plans, and the American Diabetes Association. A full list of groups that endorse this bill will be submitted for the RECORD, and indeed, Representative HODES sent up letters already doing that.

LIST OF GROUPS THAT SUPPORT THE PASSAGE OF MICHELLE'S LAW

American Cancer Society Cancer Action Network (ACSCAN); American College Health Association; American Diabetes Association; America's Health Insurance Plans (AHIP); American Heart/Stroke Association; American Hospital Association; American Medical Student Association; American Nurses Association; Colorectal Cancer Coalition; Leukemia and Lymphoma Society; Healthcare Leadership Council; National Association of Graduate Professional Students; National Association of Social Workers; National Collegiate Athletic Association (NCAA); National Education Association (NEA); National Health Council; National Kidney Foundation; National Patient Advocate Foundation.

Finally, I want to thank Representative HODES for his leadership on this bill in the House, and I thank all of the various committees, Education and Labor, Ways and Means, Energy and Commerce Committee Members and their staff members for their hard work on getting this bill to the floor.

I urge my colleagues to support H.R. 2851, Michelle's Law.

Mr. PALLONE. Madam Speaker, I have no further requests for time, and I would urge passage of this bill, Michelle's Law, in honor of Michelle Morse on a bipartisan basis.

Mr. STARK. Madam Speaker, I am pleased to rise in support of Michelle's Law. This is a small, but important piece of legislation that will give many college students the sense of security that they deserve regarding continuity of their health insurance.

One of the most frightening moments in a parent's life is sending his or her child off to college. Yet, as parents, we feel comforted by the unspoken assumption that while at college our children will receive continuous access to health insurance based on their dependent status on our family policies. You can imagine the surprise and distress that AnnMarie Morse felt, then, when she learned that her daughter,

Michelle Morse, after falling ill from colon cancer, would only be covered by health insurance if she maintained a full-time class schedule while undergoing exhausting chemotherapy treatment. Michelle shouldn't have been forced to maintain that schedule—and risk her very recovery—because of her need to maintain her health insurance.

Michelle's Law provides needed protections and will help students who are enrolled in college and who only qualify as dependents under their parents' health insurance plans because of their student status. If these students get seriously ill and need to take a physician-certified leave of absence from college for up to a year, they will be able to maintain their coverage under their parent's health insurance. If they graduate before that time is up, their coverage will expire when it normally would have anyway. This is common sense—and will ensure that student-based dependent coverage lives up to its stated goal. No student should be forced to stay in college—and risk ruining their academic standing—because of inability to simultaneously battle their serious illness or injury and maintain their grades.

Although this bill is too late to help Michelle, we can still help other children who might one day have to make the choice between forcing themselves to go to school while severely ill or leaving school and trying to pay insurmountable fees. I'm advised that even the health insurance industry supports this bill. Let's stop debating and quickly pass this important piece of legislation. We owe it to our children to ensure that their health coverage is there when they need it most.

Mr. GEORGE MILLER of California. Madam Speaker, I want to thank Representatives HODES for introducing H.R. 2851, also known as Michelle's Law, and for his hard work in bringing the legislation to the House floor today.

H.R. 2851 is named in honor of Michelle Morse who was diagnosed with cancer while she was attending college at Plymouth State University.

While Michelle was facing one of the most difficult times in her life and desperately needed time off to deal with her diagnosis and receive treatment, her health insurer informed her that it would not cover her for chemotherapy treatments unless she continued in school full-time.

As a result, Michelle had to keep up with her course work at the same time as she was receiving 48 hours of chemotherapy a week. She died in November 2005.

Michelle's law declares that no college student should have as difficult a road as Michelle. Students should have the ability to focus on treatment and recovery before returning to school.

H.R. 2851 amends ERISA, the Public Health Service Act and the Internal Revenue Code to require employers and health insurance companies to continue covering college students for up to 12 months if, as the result of an illness or injury, they need to take time off from school to receive treatment and to recover. The rights provided under the bill are in addition to those already provided under ERISA, COBRA and HIPAA. The bill also preserves stronger state laws.

In fact many States are ahead of Congress on this issue and have already enacted laws that mandate insurers to cover children over 18 under a family plan regardless of the child's school status. Nine States have laws similar to H.R. 2851 and require health plans to continue insuring students who withdraw from school or change their status due to an illness or injury.

However, the state laws do not cover employer sponsored health plans regulated by ERISA which is one of the critical reasons H.R. 2851 is needed.

Receiving a cancer diagnosis or suffering a serious injury can be devastating. We must ensure that students who are seriously ill or injured do not have to choose between their health and their health insurance.

H.R. 2851 is a common sense bill that will benefit many young people facing adversity. I urge all of my colleagues to vote "yes" on H.R. 2851.

Mr. DINGELL. Madam Speaker, I rise today in support of H.R. 2851, "Michelle's Law." This legislation protects students that are covered under their parents' health plan from losing their health insurance if they require a medically necessary leave of absence from school.

The impetus for this legislation—and the namesake for this bill—is a young woman named Michelle Morse. She was a full-time college student at Plymouth State University in New Hampshire who was diagnosed with colon cancer in 2003. Her doctors recommended that she cut back her college course load while undergoing chemotherapy treatment. She found, however, that if she cut back her classroom hours, she would lose her health insurance because she would no longer qualify as a dependent on her parents' health insurance plan.

She could not afford other coverage options, and she was forced to remain in school as a full-time student while undergoing fourteen rounds of chemotherapy. In 2005, she succumbed to her illness. Her mother has since lobbied for laws that would extend the definition of dependents to allow college students needing medical leaves of absence from classwork to retain health insurance coverage on their parents' policies.

I am pleased that this bill has bipartisan support. I thank Ranking Members BARTON and DEAL for their work as well as the Chairmen and Ranking Members of the Committees on Ways and Means and Education and Labor. Special acknowledgment should also go to Congressman HODES of New Hampshire, who has been a champion for this bill from the start.

Michelle's Law would make a small improvement in access to health insurance for individuals who find themselves in the precarious position of being at risk of losing their insurance because they are sick. We clearly have a long way to go to eliminate the growing problem of the uninsured and under insured, but this is a small step in that direction.

I am pleased to support this legislation and look forward to working with my colleagues to move it to the President's desk.

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

Mr. DEAL of Georgia. I, likewise, urge the adoption of this legislation, and yield back the balance of my time.

The SPEAKER pro tempore (Ms. BALDWIN). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2851, 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.

## FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

Mr. DINGELL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1108) to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1108

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

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) SHORT TITLE.—This Act may be cited as the "Family Smoking Prevention and Tobacco Control Act".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Purpose.
Sec. 4. Scope and effect.
Sec. 5. Severability.

TITLE I—AUTHORITY OF THE FOOD AND DRUG ADMINISTRATION

Sec. 101. Amendment of Federal Food, Drug, and Cosmetic Act.
Sec. 102. Final rule.
Sec. 103. Conforming and other amendments to general provisions.
Sec. 104. Study on raising the minimum age to purchase tobacco products.
Sec. 105. Tobacco industry concentration.
Sec. 106. Enforcement action plan for advertising and promotion restrictions.

TITLE II—TOBACCO PRODUCT WARNINGS; CONSTITUENT AND SMOKE CONSTITUENT DISCLOSURE

Sec. 201. Cigarette label and advertising warnings.
Sec. 202. Authority to revise cigarette warning label statements.
Sec. 203. State regulation of cigarette advertising and promotion.
Sec. 204. Smokeless tobacco labels and advertising warnings.
Sec. 205. Authority to revise smokeless tobacco product warning label statements.
Sec. 206. Tar, nicotine, and other smoke constituent disclosure to the public.

TITLE III—PREVENTION OF ILLICIT TRADE IN TOBACCO PRODUCTS

Sec. 301. Labeling, recordkeeping, records inspection.
Sec. 302. Study and report.

TITLE IV—THRIFT SAVINGS PLAN ENHANCEMENT

Sec. 401. Short title.
Sec. 402. Automatic enrollments.
Sec. 403. Qualified Roth contribution program.
Sec. 404. Authority to establish self-directed investment window.
Sec. 405. Reporting requirements.
Sec. 406. Acknowledgement of risk.
Sec. 407. Credit for unused sick leave.

**SEC. 2. FINDINGS.**

The Congress finds the following: