

to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a description of how funds received under a grant awarded under this section will supplement or fulfill unmet needs identified in a comprehensive arthritis control and prevention plan of the entity.

“(f) DEFINITIONS.—For purposes of this section:

“(1) INDIAN TRIBE.—The term ‘Indian tribe’ has the meaning given such term in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e)).

“(2) STATE.—The term ‘State’ means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

“(1) for fiscal year 2009, \$32,000,000;

“(2) for fiscal year 2010, \$34,000,000;

“(3) for fiscal year 2011, \$36,000,000;

“(4) for fiscal year 2012, \$38,000,000; and

“(5) for fiscal year 2013, \$40,000,000.”

SEC. 3. ACTIVITIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WITH RESPECT TO JUVENILE ARTHRITIS AND RELATED CONDITIONS.

(a) IN GENERAL.—The Secretary of Health and Human Services, in coordination with the Director of the National Institutes of Health, may expand and intensify programs of the National Institutes of Health with respect to research and related activities concerning various forms of juvenile arthritis and related conditions.

(b) COORDINATION.—The Director of the National Institutes of Health may coordinate the programs referred to in subsection (a) and consult with additional Federal officials, voluntary health associations, medical professional societies, and private entities as appropriate.

SEC. 4. PUBLIC HEALTH AND SURVEILLANCE ACTIVITIES RELATED TO JUVENILE ARTHRITIS AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 320A the following:

“SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING JUVENILE ARTHRITIS.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to and enter into cooperative agreements with public or nonprofit private entities for the collection, analysis, and reporting of data on juvenile arthritis.

“(b) TECHNICAL ASSISTANCE.—In awarding grants and entering into agreements under subsection (a), the Secretary may provide direct technical assistance in lieu of cash.

“(c) COORDINATION WITH NIH.—The Secretary shall ensure that epidemiological and other types of information obtained under subsection (a) is made available to the National Institutes of Health.

“(d) CREATION OF A NATIONAL JUVENILE ARTHRITIS POPULATION-BASED DATABASE.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with a national voluntary health organization with experience serving the juvenile arthritis population as well as the full spectrum of arthritis-related conditions, may support the development of a national juvenile arthritis population-based database to collect specific data for follow-up studies regarding the prevalence and incidence of juvenile arthritis, as well as capturing information on evidence-based health outcomes related to specific therapies and interventions.

“(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$25,000,000 for each of fiscal years 2009 through 2013.”

SEC. 5. INVESTMENT IN TOMORROW'S PEDIATRIC RHEUMATOLOGISTS.

(a) ENHANCED SUPPORT.—

(1) IN GENERAL.—In order to ensure an adequate future supply of pediatric rheumatologists, the Secretary of Health and Human Services, in consultation with the Administrator of the Health Resources and Services Administration, shall support activities that provide for—

(A) an increase in the number and size of institutional training grants awarded to institutions to support pediatric rheumatology training; and

(B) an expansion of public-private partnerships to encourage academic institutions, private sector entities, and health agencies to promote educational training and fellowship opportunities for pediatric rheumatologists.

(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection \$3,750,000 for each of the fiscal years 2009 through 2013.

(b) PEDIATRIC LOAN REPAYMENT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with the Administrator of the Health Resources and Services Administration, shall establish and, subject to the determination under paragraph (3), carry out a pediatric rheumatology loan repayment program.

(2) PROGRAM ADMINISTRATION.—Through the program established under this subsection, the Secretary shall—

(A) enter into contracts with qualified health professionals who are pediatric rheumatologists under which—

(i) such professionals agree to provide health care in an area with a shortage of pediatric rheumatologists and that has the capacity to support pediatric rheumatology, as determined by the Secretary of Health and Human Services; and

(ii) the Federal Government agrees to repay, for each year of such service, not more than \$25,000 of the principal and interest of the educational loans of such professionals; and

(B) in addition to making payments under paragraph (1) on behalf of an individual, make payments to the individual for the purpose of providing reimbursement for tax liability resulting from the payments made under paragraph (1), in an amount equal to 39 percent of the total amount of the payments made for the taxable year involved.

(3) DETERMINATION OF SHORTAGE AREAS.—For purposes of this subsection, an area shall be determined to be an area with a shortage of pediatric rheumatologists based on the ratio of the number of children who reside in such area who are in need of services of a pediatric rheumatologist to the number of pediatric rheumatologists who furnish services within 100 miles of the area.

(4) PERIODIC ASSESSMENTS.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall periodically assess—

(i) the extent to which the loan repayment program under this section is needed; and

(ii) the extent to which the program is effective in increasing the number of pediatric rheumatologists nationally and the number of pediatric rheumatologists in areas with a shortage of pediatric rheumatologists.

In the case that the Secretary determines, pursuant to an assessment under this subparagraph, that there is no longer a need for the loan repayment program, such program

shall be terminated as of a date specified by the Secretary.

(B) ANNUAL REPORTS.—The Secretary of Health and Human Services shall annually report to Congress on the periodic assessments conducted under subparagraph (A).

(5) FUNDING.—

(A) IN GENERAL.—For the purpose of carrying out this subsection, the Secretary of Health and Human Services may reserve, from amounts appropriated for the Health Resources and Services Administration for the fiscal year involved, such amounts as the Secretary determines to be appropriate.

(B) AVAILABILITY OF FUNDS.—Amounts made available to carry out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which such amounts were made available.

Mr. PALLONE (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading of the amendment.

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

There was no objection.

The amendment was agreed to.

Ms. ESHOO. Mr. Speaker, I rise today in strong support of my legislation, H.R. 1283, the Arthritis Prevention, Control, and Cure Act. I have fought long and hard for this bill, along with the Arthritis Foundation, the American College of Rheumatology, and the thousands of advocates across the country that understand the need for this legislation.

With 1 out of 5 adults suffering from arthritis, this debilitating condition is the most common cause of disability in the United States. More than 300,000 children suffer from juvenile arthritis—more than the number of children with juvenile diabetes yet we have a severe shortage of pediatric rheumatologists in our country with only 239 nationwide and 11 states without even one. Early diagnosis for this disease is crucial and without it, thousands of children go undiagnosed because they don't have access to the right doctor.

This bill addresses the shortage through loan reimbursements for doctors who go into pediatric rheumatology, an increase in research of juvenile arthritis, and State grants for comprehensive arthritis programs and public health outreach.

I'm very proud to see the Arthritis Prevention, Control, and Cure Act on the floor today and I look forward to seeing the Senate companion, sponsored by my dear friend Senator KENNEDY, pass the other body as well.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

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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 just passed.

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

There was no objection.