

treatments. HR 741 addresses this goal by directing HHS to work toward development of a sensitive and accurate diagnostic test: improved surveillance and prevention, and clinical outcomes research to determine the long-term course of illness and the effectiveness of treatments. In addition, the bill would establish a Tick-Borne Disease Advisory Committee to ensure communication and coordination among federal agencies, medical professionals, and patients/patient advocates. The Lyme community has been seeking this voice for a decade.

As Chairman of the Energy and Commerce Committee, we know that you share our commitment to significantly improve the health outlook for all citizens of this country, including the hundreds of thousands of Americans who have experienced or will experience the too common occurrence of being bitten by Ixodes scapularis, the deer tick or black legged tick, and contracting Lyme disease. *Amblyomma americanum*, the lone star tick, is rapidly spreading throughout the country from its former more southern habitat, and states in the northeast are beginning to feel its impact as it spreads STARI, a Lyme like illness with the same symptoms as Lyme disease. It also carries Ehrlichiosis or tularemia. Scientists are saying that this lone star is aggressive and will pursue people from 30 feet away, not like the deer tick which waits for its prey sitting on vegetation.

To ensure that these necessary goats are not lost, we respectfully request that you schedule for a mark-up the Lyme and tick-borne Disease Prevention, Education, and Research Act of 2007. If you have any questions on this matter, please do not hesitate to contact us.

Sincerely,

CHRISTOPHER H. SMITH,

*Member of Congress.*

TIM HOLDEN,

*Member of Congress.*

The SPEAKER pro tempore. All time from the gentleman from Oklahoma has expired.

The gentleman from New Jersey has 16 minutes remaining.

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

First of all, I want to say to the gentleman from New Jersey, he has made a lot of statements about my views on this subject which are simply not true, and I do not appreciate them.

Mr. SMITH of New Jersey. Will the gentleman yield?

Mr. PALLONE. Mr. Speaker, I have no intention of yielding to the gentleman because of the disrespect that he has shown.

Now, secondly, let me also say this: I do appreciate the fact that the gentleman from Virginia (Mr. WOLF) has, on several occasions, come up to me in the last few months and talked to me about this legislation. And we've had very reasoned conversations about the legislation. But I will also point out that the gentleman from New Jersey has not. The gentleman from New Jersey has not spoken to me at all about this legislation, and certainly not, in my recollection, in the last year. So if he felt it was so important, the way the gentleman from Virginia did, and has, he certainly had many opportunities to come up to me and talk to me about it. He has not. And I see the gentleman from New Jersey all the time—

on the floor, at home, on various occasions. He has not spoken to me.

So I want to thank the gentleman from Virginia for at least saying that he has taken the time, had some reasoned discussions about it. That is not true of my colleague from New Jersey, which is why I deeply resent the fact that he's on the floor here today talking about it because it is the first time I recollect him ever talking to me about it.

Now, let me say a few other things. First of all, as far as the science is concerned, the science is in the Infectious Diseases Society and the CDC, not with the Attorney General and some political grandstanding that he's doing in Connecticut, nor with my colleague from New Jersey who is grandstanding here today.

I am very concerned about Lyme disease. I have been working with the CDC to address the issue. We are awaiting answers from the agency on how best to address this. I have, in fact, talked to many of my constituents about this, even though my own colleague hasn't talked to me about it from New Jersey.

And I also would like to say this: As far as the Infectious Diseases Association, they basically are the majority opinion. Many doctors, including my neighbors who are physicians in my hometown, very much agree with the Infectious Diseases Society and don't think that this should be treated with these antibiotics for a long period of time because they're concerned about the impact on people and whether they would be seriously injured or even die from the antibiotics.

There is a lot of controversy that involves this issue. It is very involved and it is very controversial. It shouldn't be considered today on a consent calendar. And that was the only point I was trying to make for my colleague from Virginia, that we need to have hearings. And we will have hearings on the issue in general, and we can include this bill as part of that in the next session. But to bring this up today on the consent calendar when they know very well that there is no agreement on this and we couldn't possibly get a UC or have this on the suspension calendar, it's really very upsetting, and particularly coming from my colleague from New Jersey, who has never talked to me about this at all.

Mr. DINGELL. Mr. Speaker, I support S. 3560, the "QI Supplemental Funding Act of 2008". The Qualified Individuals Program (QI) is a program within Medicaid that helps low-income seniors and individuals with disabilities pay their Medicare Part B premium. The Medicare Improvements for Patients and Providers Act of 2008 extended the funding for the QI program through December 2009.

Projections, however, regarding the amount of funding necessary to ensure continuation of this program through next year were incorrect. Without Congressional action to add an additional \$45 million to the QI program, seniors and individuals with disabilities who have an income as low as \$12,500 will be in jeopardy of losing this needed assistance.

The cost of this provision is fully offset with a provision that requires States to improve their Medicaid eligibility determinations by using the Public Assistance Reporting Information System (PARIS) interstate match. PARIS helps States share information regarding public assistance programs, such as Temporary Assistance for Needy Families (TANF), Food Stamps, and Medicaid, to identify individuals or families who may be receiving benefit payments in more than one State.

Similarly, S. 3560 includes a clarification to ensure that the Medicaid Integrity Program created in the Deficit Reduction Act of 2005, to operate as intended. The Medicaid Integrity Program performs audits and educates providers, Federal and State employees, and others on payment integrity and quality of care initiatives. The provision would allow for Federal reimbursement of state employees for these program integrity initiatives.

Finally, this package includes a provision which states that any antibiotic that was the subject of an application submitted to the Food and Drug Administration, but was not approved, can get the three-year and/or five-year "Hatch/Waxman exclusivity" or a patent term extension.

I urge all my colleagues in the House to vote in favor of S. 3560.

Mr. PALLONE. Mr. Speaker, 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 Senate bill, S. 3560.

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

A motion to reconsider was laid on the table.

□ 1345

PAUL D. WELLSTONE MUSCULAR DYSTROPHY COMMUNITY ASSISTANCE, RESEARCH, AND EDUCATION AMENDMENTS OF 2008

Mr. PALLONE. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 5265) to amend the Public Health Service Act to provide for research with respect to various forms of muscular dystrophy, including Becker, congenital, distal, Duchenne, Emery-Dreifuss facioscapulohumeral, limb-girdle, myotonic, and oculopharyngeal, muscular dystrophies, with a Senate amendment thereto, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

MOTION OFFERED BY MR. PALLONE

Mr. PALLONE. Mr. Speaker, I have a motion at the desk.

The Clerk read as follows:

Mr. PALLONE of New Jersey moves that the House concur in the Senate amendment to H.R. 5265.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Paul D. Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2008”.

**SEC. 2. EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES OF NIH WITH RESPECT TO RESEARCH ON MUSCULAR DYSTROPHY.**

(a) **TECHNICAL CORRECTION.**—Section 404E of the Public Health Service Act (42 U.S.C. 283g) is amended by striking subsection (f) (relating to reports to Congress) and redesignating subsection (g) as subsection (f).

(b) **AMENDMENTS.**—Section 404E of the Public Health Service Act (42 U.S.C. 283g) is amended—

(1) in subsection (a)(1), by inserting “the National Heart, Lung, and Blood Institute,” after “the Eunice Kennedy Shriver National Institute of Child Health and Human Development,”;

(2) in subsection (b)(1), by adding at the end of the following: “Such centers of excellence shall be known as the ‘Paul D. Wellstone Muscular Dystrophy Cooperative Research Centers.’”; and

(3) by adding at the end the following:

“(g) **CLINICAL RESEARCH.**—The Coordinating Committee may evaluate the potential need to enhance the clinical research infrastructure required to test emerging therapies for the various forms of muscular dystrophy by prioritizing the achievement of the goals related to this topic in the plan under subsection (e)(1).”.

**SEC. 3. DEVELOPMENT AND EXPANSION OF ACTIVITIES OF CDC WITH RESPECT TO EPIDEMIOLOGICAL RESEARCH ON MUSCULAR DYSTROPHY.**

Section 317Q of the Public Health Service Act (42 U.S.C. 247b-18) is amended—

(1) by redesignating subsection (d) as subsection (f); and

(2) by inserting after subsection (c) the following:

“(d) **DATA.**—In carrying out this section, the Secretary may ensure that any data on patients that is collected as part of the Muscular Dystrophy STARnet (under a grant under this section) is regularly updated to reflect changes in patient condition over time.

“(e) **REPORTS AND STUDY.**—

“(1) **ANNUAL REPORT.**—Not later than 18 months after the date of the enactment of the Paul D. Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2008, and annually thereafter, the Director of the Centers for Disease Control and Prevention shall submit to the appropriate committees of the Congress a report—

“(A) concerning the activities carried out by MD STARnet site funded under this section during the year for which the report is prepared;

“(B) containing the data collected and findings derived from the MD STARnet sites each fiscal year (as funded under a grant under this section during fiscal years 2008 through 2012); and

“(C) that every 2 years outlines prospective data collection objectives and strategies.

“(2) **TRACKING HEALTH OUTCOMES.**—The Secretary may provide health outcome data on the health and survival of people with muscular dystrophy.”.

**SEC. 4. INFORMATION AND EDUCATION.**

Section 5 of the Muscular Dystrophy Community Assistance, Research and Education Amendments of 2001 (42 U.S.C. 247b-19) is amended—

(1) by redesignating subsection (c) as subsection (d); and

(2) by inserting after subsection (b) the following:

“(c) **REQUIREMENTS.**—In carrying out this section, the Secretary may—

“(1) partner with leaders in the muscular dystrophy patient community;

“(2) cooperate with professional organizations and the patient community in the development

and issuance of care considerations for Duchenne-Becker muscular dystrophy, and other forms of muscular dystrophy, and in periodic review and updates, as appropriate; and

“(3) widely disseminate the Duchenne-Becker muscular dystrophy and other forms of muscular dystrophy care considerations as broadly as possible, including through partnership opportunities with the muscular dystrophy patient community.”.

The motion was agreed to.

A motion to reconsider was laid on the table.

**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.

**AMERICAN PHARMACISTS MONTH**

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the resolution (H. Res. 1437) expressing support for designation of the month of October as “American Pharmacists Month” and expressing the sense of the House of Representatives that all people in the United States should join in celebrating our Nation’s pharmacists for their contributions to the health and well-being of our citizens, and ask for its immediate consideration in the House.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

**H. RES. 1437**

Whereas the United States is recognized globally as a hub of medical research and advances, where many diseases once correctly considered fatal now can be treated through sophisticated medical interventions including powerful medications;

Whereas we are at an unprecedented period in our history, a period when medication therapy is the treatment of choice for an ever-growing range of medical conditions, and the use of medication as a cost-effective alternative to more expensive medical procedures is becoming a major force in moderating overall health care costs;

Whereas many chronic health conditions can be managed so that individuals are able to lead more vital, productive, and satisfying lives;

Whereas with the complexity of medication therapy, it is critically important that all users of prescription and nonprescription medications, or their caregivers, be knowledgeable about and share responsibility for their own medication therapy;

Whereas more individuals are using powerful prescription medications and over-the-counter (OTC) products along with dietary supplements, herbals, and other products requiring patients to have a partner on their health care team to help navigate the complexities of using medications safely and effectively;

Whereas pharmacists, the medication experts on the health care team, are working

collaboratively with patients, caregivers, and other health professionals to improve medication use and advance patient care in a myriad of settings;

Whereas pharmacists are improving health care in community pharmacies, hospitals and health systems, nursing homes and hospice centers, health plans, and in patient’s own homes, as well as in the uniformed services, the government, and in research and academic settings;

Whereas while many people in the United States are concerned about the costs of their medications, the most expensive medication is the one that does not work as intended or is taken incorrectly, and billions of health care dollars are lost each year due to ineffective use of medications;

Whereas pharmacy is one of the oldest of the health professions concerned with the health and well-being of all people, and today, there are more than 254,000 licensed pharmacists in the United States providing services to assure the rational and safe use of all medications; and

Whereas as medication therapy management improves the health outcomes of millions of people in the United States each year, the role of the pharmacist only strengthens in importance, and by consulting with physicians and other prescribers, providing proper medications, and helping patients understand their medications, pharmacists improve our health care system and save lives: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) supports the designation of “American Pharmacists Month” with the theme “Know Your Medicine/Know Your Pharmacist”, encouraging people in the United States to identify a pharmacist as their own, to introduce themselves to that pharmacist, and to open a dialogue by asking questions;

(2) urges all citizens to celebrate America’s pharmacists for their contributions to the health and well-being of our citizens and hereby support the designation of “American Pharmacists Month”; and

(3) urges all citizens to acknowledge the valuable contributions made by pharmacists in providing safe, affordable, and beneficial medication therapy management services and products to the people of this Nation.

The resolution was agreed to.

A motion to reconsider was laid on the table.

**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.

**MERCURY EXPORT BAN ACT OF 2008**

Mr. ALLEN. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 906) to prohibit the sale, distribution, transfer, and export of elemental mercury, and for other purposes.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows: