say that he has been an outstanding leader on community health centers. He sponsored the bill that reauthorized the community health centers, and he is always looking out for ways to improve what goes on there.

□ 1720

Mr. GENE GREEN of Texas. I thank the chairman of the Health Subcommittee for those kind words but also for this legislation. I would also like to thank the full committee chair, HENRY WAXMAN; and our ranking member, JOE BARTON; along with our ranking member on our subcommittee, Congressman SHIMKUS from Illinois, for the support of this bill; and all of the Members on the Energy and Commerce Committee.

I rise in strong support of H.R. 1745, the Family Health Care Accessibility Act. H.R. 1745 will extend Federal Tort Claim coverage for licensed volunteer practitioners for section 330 services provided under the Public Health Service Act in community health centers.

This legislation will allow licensed practitioners to volunteer and provide them adequate tort claims protection equal to employees of the community health centers.

A March 2006 study in the Journal of the American Medical Association found community health centers had a 13 percent vacancy rate for family physicians, 9 percent for internists, a 20 percent vacancy rate for OB–GYNs, an 8 percent vacancy rate for podiatrists, a 22 percent vacancy rate for psychiatrists, and an 18 percent vacancy rate for dentists. If we rely on community health centers as medical homes, we need to increase the number of health care providers—including volunteer practitioners. So many qualified individuals want to volunteer their time but are afraid to do so because they do not have Federal Tort Claim protection and the Government Accountability Office has found that doctors and nurses choose not to volunteer their skills at community health centers because medical liability insurance is too costly for individuals to purchase on their own.

We can address the workforce shortage in health centers by clarifying that medical malpractice coverage is provided to clinicians who wish to volunteer their time working at the community health center.

I want to thank Congressman MURPHY from Pennsylvania for sponsoring the legislation. Again, this will mark the third time we've worked together to pass this legislation in the House. It was in the health care reform bill, but the Senate did not include it in their version.

Again, Mr. Speaker, I want to thank the House, and hopefully we'll pass this bill today again and give the Senate another opportunity.

Mr. WHITFIELD. Mr. Speaker, I think all of our speakers have explained very clearly why we need to support this legislation. I urge all of our Members to support it.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge passage of the bill.

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. 1745, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

NATIONAL ALL SCHEDULES PRESCRIPTION ELECTRONIC REPORTING REAUTHORIZATION ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5710) to amend and reauthorize the controlled substance monitoring program under section 399O of the Public Health Service Act, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5710

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 ''National All Schedules Prescription Electronic Reporting Reauthorization Act of 2010''.

SEC. 2. AMENDMENT TO PURPOSE.

Paragraph (1) of section 2 of the National All Schedules Prescription Electronic Reporting Act of 2005 (Public Law 109–60) is amended to read as follows:

''(1) foster the establishment of State-administered controlled substance monitoring systems in order to ensure that—

''(A) health care providers have access to the accurate, timely prescription history information that they may use as a tool for the early identification of patients at risk for addiction in order to initiate appropriate medical interventions and avert the tragic personal, family, and community consequences of untreated addiction; and

''(B) appropriate law enforcement, regulatory, and State professional licensing authorities have access to prescription history information for the purposes of investigating drug diversion and prescribing and dispensing practices of errant prescribers or pharmacists; and''.

SEC. 3. AMENDMENTS TO CONTROLLED SUBSTANCE MONITORING PROGRAM.

Section 399O of the Public Health Service Act (42 U.S.C. 280g–3) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (A), by striking ''or'';

(B) in subparagraph (B), by striking the period at the end and inserting ''; or''; and

(C) by adding at the end the following:

''(C) to maintain and operate an existing State-controlled substance monitoring program.'';

(2) by amending subsection (b) to read as follows:

''(b) MINIMUM REQUIREMENTS.—The Secretary shall maintain and, as appropriate, supplement or revise (after publishing proposed additions and revisions in the Federal Register and receiving public comments thereon) minimum requirements for criteria to be used by States for purposes of clauses (ii), (v), (vi), and (vii) of subsection (c)(1)(A).'';

(3) in subsection (c)—

(A) in paragraph (1)(B)—

(i) in the matter preceding clause (i), by striking ''(a)(1)(B)'' and inserting ''(a)(1)(B) or (a)(1)(C)'';

(ii) in clause (i), by striking ''program to be improved'' and inserting ''program to be improved or maintained''; and

(iii) in clause (iv), by striking ''public health'' and inserting ''public health or public safety'';

(B) in paragraph (3)—

(i) by striking ''If a State that submits'' and inserting the following:

''(A) IN GENERAL.—If a State that submits'';

(ii) by inserting before the period at the end ''and include timelines for full implementation of such interoperability''; and

(iii) by adding at the end the following:

''(B) MONITORING OF EFFORTS.—The Secretary shall monitor State efforts to achieve interoperability, as described in subparagraph (A).'';

(C) in paragraph (5)—

(i) by striking ''implement or improve'' and inserting ''establish, improve, or maintain''; and

(ii) by adding at the end the following: ''The Secretary shall redistribute any funds that are so returned among the remaining grantees under this section in accordance with the formula described in subsection (a)(2)(B).'';

(4) in the matter preceding paragraph (1) in subsection (d), by striking ''In implementing or improving'' and all that follows through ''(a)(1)(B)'' and inserting ''In establishing, improving, or maintaining a controlled substance monitoring program under this section, a State shall comply, or with respect to a State that applies for a grant under subparagraph (B) or (C) of subsection (a)(1)'';

(5) in subsections (e), (f)(1), and (g), by striking ''implementing or improving'' each place it appears and inserting ''establishing, improving, or maintaining'';

(6) in subsection (f)—

(A) in paragraph (1)(B) by striking ''misuse of a schedule II, III, or IV substance'' and inserting ''misuse of a controlled substance included in schedule II, III, or IV of section 202(c) of the Controlled Substance Act''; and

(B) by adding at the end the following:

''(3) EVALUATION AND REPORTING.—Subject to subsection (g), a State receiving a grant under subsection (a) shall provide the Secretary with aggregate data and other information determined by the Secretary to be necessary to enable the Secretary—

''(A) to evaluate the success of the State's program in achieving its purposes; or

''(B) to prepare and submit the report to Congress required by subsection (k)(2).

''(4) RESEARCH BY OTHER ENTITIES.—A department, program, or administration receiving nonidentifiable information under paragraph (1)(D) may make such information available to other entities for research purposes.'';

(7) by redesignating subsections (h) through (n) as subsections (i) through (o), respectively;

(8) in subsections (c)(1)(A)(iv) and (d)(4), by striking ''subsection (h)'' each place it appears and inserting ''subsection (i)'';

(9) by inserting after subsection (g) the following:

''(h) EDUCATION AND ACCESS TO THE MONITORING SYSTEM.—A State receiving a grant under subsection (a) shall take steps to—

''(1) facilitate prescriber use of the State's controlled substance monitoring system; and

''(2) educate prescribers on the benefits of the system both to them and society.'';

(10) by amending subsection (l), as redesignated, to read as follows:

''(l) PREFERENCE.—Beginning 3 years after the date on which funds are first appropriated to

carry out this section, the Secretary, in awarding any competitive grant under title V that is related to drug abuse (as determined by the Secretary) and for which only States or tribes are eligible to apply, may give preference to eligible States with applications approved under this section, to eligible States or tribes with existing controlled substance monitoring programs that meet minimum requirements under this section, or to eligible States or tribes that put forth a good faith effort to meet those requirements (as determined by the Secretary).''.

(11) in subsection (m)(1), as redesignated, by striking ''establishment, implementation, or improvement'' and inserting ''establishment, improvement, or maintenance'';

(12) in subsection (n)(8), as redesignated, by striking ''and the District of Columbia'' and inserting '', the District of Columbia, and any commonwealth or territory of the United States''; and

(13) by amending subsection (o), as redesignated, to read as follows:

''(o) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $15,000,000 for fiscal year 2011 and $10,000,000 for each of fiscal years 2012 and 2013.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. WHITFIELD) 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 within which to revise and extend their remarks and include extraneous material in the RECORD.

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, I rise in strong support of H.R. 5710, the National All Schedules Prescription Electronic Reporting Reauthorization Act, or as I call it, NASPER.

State prescription drug monitoring programs track prescriptions so that law enforcement officials can address and prevent diversion, and so prescribers and public health authorities can prevent and respond to the potentially devastating effects of prescription drug abuse.

The NASPER program, as it's known, was first authorized in 2005 and allows the Secretary to make grants to support these State programs, and it also sets standards for privacy and interoperability. H.R. 5710 reauthorizes the NASPER program, enhances evaluation and reporting, and makes other updates to the program.

An amendment agreed to in our subcommittee changed the authorization period from 5 to 3 years so the next reauthorization can take into account the results of an agency evaluation of the program scheduled to be completed in 2012. The amendment also clarified language regarding granting preference in certain other SAMSA programs to States that have prescription drug monitoring programs.

I would like to thank Mr. WHITFIELD for his leadership on this issue as well as Mr. STUPAK—both of them have been involved with the NASPER bill for some time, including the original authorization—and also our ranking members, SHIMKUS and BARTON.

I urge my colleagues to join me in supporting H.R. 5710.

I reserve the balance of my time.

Mr. WHITFIELD. I yield myself such time as I may consume.

Mr. Speaker, this legislation, H.R. 5710, would reauthorize the National All Schedules Prescription Electronic Reporting Act, known as NASPER, which provides grants through HHS to the States to establish and operate prescription drug monitoring programs.

I also want to thank Congressman STUPAK for his tremendous leadership. Without him we wouldn't have this bill on the floor. Chairman PALLONE has been helpful, Ranking Members BARTON and SHIMKUS. And I would also like to thank our late friend Charlie Norwood of Georgia, who was very much interested in this legislation.

NASPER was designed to reduce prescription drug abuse by providing physicians with the tools to stop the abuse before it starts. The law allows physicians to provide proper medication therapy to patients while also cracking down on the interstate diversion of prescription medications.

Importantly, the law contains safeguards to ensure this sensitive information is protected and accessed appropriately.

This is an important piece of legislation. I urge all of our Members to support it.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from Michigan (Mr. STUPAK), who, as I said, has been involved with this NASPER legislation from the beginning.

Mr. STUPAK. I thank the gentleman for yielding me time.

Mr. Speaker, I rise in support of this legislation. Five years ago, Congress passed the National All Schedules Prescription Electronic Reporting Act, or NASPER, into law, making it the only statutory authorized program to assist States in combating prescription drug abuse of controlled substances through prescription drug monitoring programs.

Congress realized that more needed to be done to aid States to set up or improve symptoms that enable authorities to identify prescription drug abusers as well as the problem doctors who betray the high ethical standards of their profession by over or incorrectly prescribing prescription drugs.

Five years ago, NASPER was passed with bipartisan support after many years of hard work by many members of our committee and Members on both sides of the aisle.

Today, I'm honored to again work with my colleagues, Mr. WHITFIELD, Mr. PALLONE, Mr. SHIMKUS, to reauthorize this important public health program.

Minor but important changes have been made to the program, including allowing the use of grants to help States maintain their existing programs. This will allow cash-strapped States to continue to operate their monitoring programs under difficult economic times. The legislation will also allow territories to be eligible for grants.

I urge my colleagues to vote in favor of this legislation.

Mr. WHITFIELD. Mr. Speaker, I urge passage.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would like to yield such time as she may consume to the gentlewoman from Texas, Ms. SHEILA JACKSON LEE.

□ 1730

Ms. JACKSON LEE of Texas. I want to thank the manager of the bill, Chairman PALLONE; and thank the author and, if you will, visionary of the bill, Mr. STUPAK; and Mr. WHITFIELD for their leadership.

I rise today because this is an interesting and important bit of legislation as relates to physicians under the Energy and Commerce and HHS. It's important because it helps to track or determine who might be an addict, and as well to engage the medical profession in helping to end or to stem the tide of prescription drug abuse.

Interestingly enough, in this legislation there are privacy provisions, which I want to applaud and to say to all those who may be listening, this is a lifeline to stop the prescription drug abuse through legitimate medical resources and professionals, and as well for those who are legitimately ill, prescription drugs are prescribed and they find themselves addicted.

When I left Texas in the last 24 hours, interestingly there was another effort going forward, Mr. PALLONE, that had to do with our Drug Enforcement Agency, where about 10 or so sites were being set up to encourage people to give back old or aged drugs in their drug cabinets, if you will, or in their prescription cabinets, or in their medical cabinets at home. And these sites were in schools and community buildings.

As I read of this project, which obviously this was a proud effort, and I want to congratulate law enforcement, I had a concern. The concern was privacy, whether or not this was coordinated to ensure that if you gave a bottle of prescription drugs that still in fact was filled, whether or not there was a privacy procedure of either removing those labels, or maybe they expected you to remove those labels, and then also what would be the ultimate results. If they saw someone returning five bottles of such and such that happened to be an addictive drug and their names were on it, what kind of protection, or what kind of treatment, or what kind of referral would these individuals receive? I think that's an important point.

That is why I rise today on this legislation, and I look forward to reviewing this legislation, even as it passes, to assess whether or not our friends in the legal end of it, the DEA in particular, and I would hope maybe that the representatives from the DEA would meet with me in my office about their approach to ensure that it has the requirements and the restraints that we see in this present legislation. I want to congratulate the authors of this legislation because of that very fact.

I would just like to add one other point, if I could, as I close on my remarks. Having not been here for the legislation to deal with H.R. 5494, which is Ms. NORTON's legislation, which talks about the National Park Service and Secretary of the Interior transferring certain properties to the District of Columbia, it may not be equal, but I do want to make note that the GSA is holding property that the Texas Military History Museum has been paying rent on or paying taxes on because of their belief it belongs to them, and because the GSA had basically lost the property or had forgotten it existed. I look forward to them following at least the parameters of this legislation, where they can transfer those assets to a very important and distinctive group, the Texas Military Museum Association, that has now made this a military museum for Texans and for America. This was certainly appropriate to do so.

Finally, I want to make sure that I add my support to legislation, if it's coming to the floor, dealing with Rosa's Law, that is a Senate bill. And I will add supporting statements to the record.

But in conclusion, I think that this legislation, H.R. 5710, is a model for what can be an important life saver in America, and that is to get people to be weaned off of addictive drugs, but have a way of processing and determining where those drugs are, whether there is an addicted person, and how they can secure care.

So I ask my colleagues to support H.R. 5710, and I look forward to the Drug Enforcement Agency working with my office on the kind of restraints that are hopefully helpful when they have these mass campaigns for people to drop off old prescriptions and to make sure that they follow suit and do the right thing for the people of this country.

Mr. PALLONE. Mr. Speaker, I urge passage of the bill.

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. 5710, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ROSA'S LAW

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2781) to change references in Federal law to mental retardation to references to an intellectual disability, and to change references to a mentally retarded individual to references to an individual with an intellectual disability.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2781

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 ''Rosa's Law''.

SEC. 2. INDIVIDUALS WITH INTELLECTUAL DISABILITIES.

(a) HIGHER EDUCATION ACT OF 1965.—Section 760(2)(A) of the Higher Education Act of 1965 (20 U.S.C. 1140(2)(A)) is amended by striking ''mental retardation or''.

(b) INDIVIDUALS WITH DISABILITIES EDUCATION ACT.—

(1) Section 601(c)(12)(C) of the Individuals with Disabilities Education Act (20 U.S.C. 1400(c)(12)(C)) is amended by striking ''having mental retardation'' and inserting ''having intellectual disabilities''.

(2) Section 602 of such Act (20 U.S.C. 1401) is amended—

(A) in paragraph (3)(A)(i), by striking ''with mental retardation'' and inserting ''with intellectual disabilities''; and

(B) in paragraph (30)(C), by striking ''of mental retardation'' and inserting ''of intellectual disabilities''.

(c) ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965.—Section 7202(16)(E) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7512(16)(E)) is amended by striking ''mild mental retardation,'' and inserting ''mild intellectual disabilities,''.

(d) REHABILITATION ACT OF 1973.—

(1) Section 7(21)(A)(iii) of the Rehabilitation Act of 1973 (29 U.S.C. 705(21)(A)(iii)) is amended by striking ''mental retardation,'' and inserting ''intellectual disability,''.

(2) Section 204(b)(2)(C)(vi) of such Act (29 U.S.C. 764(b)(2)(C)(vi)) is amended by striking ''mental retardation and other developmental disabilities'' and inserting ''intellectual disabilities and other developmental disabilities''.

(3) Section 501(a) of such Act (29 U.S.C. 791(a)) is amended, in the third sentence, by striking ''President's Committees on Employment of People With Disabilities and on Mental Retardation'' and inserting ''President's Disability Employment Partnership Board and the President's Committee for People with Intellectual Disabilities''.

(e) HEALTH RESEARCH AND HEALTH SERVICES AMENDMENTS OF 1976.—Section 1001 of the Health Research and Health Services Amendments of 1976 (42 U.S.C. 217a–1) is amended by striking ''the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963,''.

(f) PUBLIC HEALTH SERVICE ACT.—

(1) Section 317C(a)(4)(B)(i) of the Public Health Service Act (42 U.S.C. 247b–4(a)(4)(B)(i)) is amended by striking ''mental retardation;'' and inserting ''intellectual disabilities;''.

(2) Section 448 of such Act (42 U.S.C. 285g) is amended by striking ''mental retardation,'' and inserting ''intellectual disabilities,''.

(3) Section 450 of such Act (42 U.S.C. 285g–2) is amended to read as follows:

''SEC. 450. RESEARCH ON INTELLECTUAL DISABILITIES.

''The Director of the Institute shall conduct and support research and related activities into the causes, prevention, and treatment of intellectual disabilities.''.

(4) Section 641(a) of such Act (42 U.S.C. 291k(a)) is amended by striking ''matters relating to the mentally retarded'' and inserting ''matters relating to individuals with intellectual disabilities''.

(5) Section 753(b)(2)(E) of such Act (42 U.S.C. 294c(b)(2)(E)) is amended by striking ''elderly mentally retarded individuals'' and inserting ''elderly individuals with intellectual disabilities''.

(6) Section 1252(f)(3)(E) of such Act (42 U.S.C. 300d–52(f)(3)(E)) is amended by striking ''mental retardation/developmental disorders,'' and inserting ''intellectual disabilities or developmental disorders,''.

(g) HEALTH PROFESSIONS EDUCATION PARTNERSHIPS ACT OF 1998.—Section 419(b)(1) of the Health Professions Education Partnerships Act of 1998 (42 U.S.C. 280f note) is amended by striking ''mental retardation'' and inserting ''intellectual disabilities''.

(h) PUBLIC LAW 110–154.—Section 1(a)(2)(B) of Public Law 110–154 (42 U.S.C. 285g note) is amended by striking ''mental retardation'' and inserting ''intellectual disabilities''.

(i) NATIONAL SICKLE CELL ANEMIA, COOLEY'S ANEMIA, TAY-SACHS, AND GENETIC DISEASES ACT.—Section 402 of the National Sickle Cell Anemia, Cooley's Anemia, Tay-Sachs, and Genetic Diseases Act (42 U.S.C. 300b–1 note) is amended by striking ''leading to mental retardation'' and inserting ''leading to intellectual disabilities''.

(j) GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008.—Section 2(2) of the Genetic Information Nondiscrimination Act of 2008 (42 U.S.C. 2000ff note) is amended by striking ''mental retardation,'' and inserting ''intellectual disabilities,''.

(k) REFERENCES.—For purposes of each provision amended by this section—

(1) a reference to ''an intellectual disability'' shall mean a condition previously referred to as ''mental retardation'', or a variation of this term, and shall have the same meaning with respect to programs, or qualifications for programs, for individuals with such a condition; and

(2) a reference to individuals with intellectual disabilities shall mean individuals who were previously referred to as individuals who are ''individuals with mental retardation'' or ''the mentally retarded'', or variations of those terms.

SEC. 3. REGULATIONS.

For purposes of regulations issued to carry out a provision amended by this Act—

(1) before the regulations are amended to carry out this Act—

(A) a reference in the regulations to mental retardation shall be considered to be a reference to an intellectual disability; and

(B) a reference in the regulations to the mentally retarded, or individuals who are mentally retarded, shall be considered to be a reference to individuals with intellectual disabilities; and

(2) in amending the regulations to carry out this Act, a Federal agency shall ensure that the regulations clearly state—

(A) that an intellectual disability was formerly termed mental retardation; and

(B) that individuals with intellectual disabilities were formerly termed individuals who are mentally retarded.