

using it to determine Federal funding in this reauthorization. Another victory for responsible public policy.

Finally, it was an astute decision to intentionally shorten this reauthorization from 5 to 3 years to incentivize the stakeholders and authorizing committees to work swiftly and astutely on crafting a new Ryan White bill that will be more just for all HIV/AIDS patients nationwide.

Is this the bill I wanted? Of course not. I remain concerned that States' differing HIV surveillance systems will prevent funding from truly following the epidemic during the 3 years of the reauthorization. However, I am grateful that this bill strongly limits formula losses to counter potential undeserved funding shifts.

So, in the end, our mutual compromise has resulted in a new bill that we can accept if not embrace. I wish to thank all the people who worked so hard on this bill, including John Ford and William Garner of Mr. DINGELL's staff who strove to accommodate so many varying regional concerns about HIV/AIDS. I am grateful for the tireless efforts of the NY delegation, the New York Department of Health and NYC Mayor's office who worked many long nights and weekends with us to help advocate for the best possible bill we could negotiate. This was certainly a team effort, and I know that the knowledge gained from the countless hours of discussions we have had over the past year will strengthen our ability to craft an even better Ryan White reauthorization in 3 years.

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

There was no objection.

A motion to reconsider was laid on the table.

CHRISTOPHER AND DANA REEVE QUALITY OF LIFE FOR PERSONS WITH PARALYSIS ACT

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 1554) to enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

Mr. PALLONE. Mr. Speaker, reserving the right to object, again on this one, I would ask the chairman if the bill we are considering now, as amended, is the one timed 12:24, November 30, 2006, 12:24 p.m.

Again, I am concerned at this hour about what we are actually considering.

Mr. BARTON of Texas. We have to ask the desk. I think the answer is yes. The desk has the copy. The number is on the bottom left-hand corner. It has been cleared.

The SPEAKER pro tempore. It says December 8, 2006.

Mr. PALLONE. So this is something that was changed within the last hour or so again?

Mr. BARTON of Texas. We can withdraw it. I have no problem asking unanimous consent to withdraw this request to verify that what you have is the right version.

Mr. PALLONE. I would appreciate that.

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to withdraw the amendment to H.R. 1554.

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

There was no objection.

DEXTROMETHORPHAN DISTRIBUTION ACT OF 2006

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 5280) to amend the Federal Food, Drug, and Cosmetic Act with respect to the distribution of the drug dextromethorphan, and for other purposes, with a Senate amendment thereto, and concur in the Senate amendment.

Mr. Speaker, the bill I called up, it came over from the Senate and we do not have a copy of it.

Mr. Speaker, I ask unanimous consent to withdraw my motion on H.R. 5280 until we get everything straightened out.

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

There was no objection.

CHRISTOPHER AND DANA REEVE QUALITY OF LIFE FOR PERSONS WITH PARALYSIS ACT

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 1554) to enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The Clerk read the bill, as follows:

H.R. 1554

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 "Christopher Reeve Paralysis Act".

SEC. 2. TABLE OF CONTENTS.

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—PARALYSIS RESEARCH

Sec. 101. Expansion and coordination of activities of the National Institutes of Health with respect to research on paralysis.

TITLE II—PARALYSIS REHABILITATION RESEARCH AND CARE

Sec. 201. Expansion and coordination of activities of the National Institutes of Health with respect to research with implications for enhancing daily function for persons with paralysis.

TITLE III—IMPROVING QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES

Sec. 301. Programs to improve quality of life for persons with paralysis and other physical disabilities.

TITLE IV—ACTIVITIES OF THE DEPARTMENT OF VETERANS AFFAIRS

Sec. 401. Expansion and coordination of activities of the Veterans Health Administration.

Sec. 402. Definitions.

TITLE I—PARALYSIS RESEARCH

SEC. 101. EXPANSION AND COORDINATION OF ACTIVITIES OF THE NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH ON PARALYSIS.

(a) IN GENERAL.—

(1) ENHANCED COORDINATION OF ACTIVITIES.—The Director of the National Institutes of Health (in this section referred to as the "Director") may expand and coordinate the activities of such Institutes with respect to research on paralysis. In order to further expand upon the activities of this section, the Director may consider the methods outlined in the report under section 2(b) of Public Law 108-427 with respect to spinal cord injury and paralysis research (relating to the Roadmap for Medical Research of the National Institutes of Health).

(2) ADMINISTRATION OF PROGRAM; COLLABORATION AMONG AGENCIES.—The Director shall carry out this section acting through the Director of the National Institute of Neurological Disorders and Stroke (in this section referred to as the "Institute") and in collaboration with any other agencies that the Director determines appropriate.

(b) COORDINATION.—

(1) IN GENERAL.—The Director may develop mechanisms to coordinate the paralysis research and rehabilitation activities of the agencies of the National Institutes of Health in order to further advance such activities and avoid duplication of activities.

(2) REPORT.—Not later than December 1, 2005, the Director shall prepare a report to Congress that provides a description of the paralysis activities of the Institute and strategies for future activities.

(c) CHRISTOPHER REEVE PARALYSIS RESEARCH CONSORTIA.—

(1) IN GENERAL.—The Director may under subsection (a)(1) make awards of grants to public or nonprofit private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for consortia in paralysis research. The Director shall designate each consortium funded under grants as a Christopher Reeve Paralysis Research Consortium.

(2) RESEARCH.—Each consortium under paragraph (1)—

(A) may conduct basic and clinical paralysis research;

(B) may focus on advancing treatments and developing therapies in paralysis research;

(C) may focus on one or more forms of paralysis that result from central nervous system trauma or stroke;

(D) may facilitate and enhance the dissemination of clinical and scientific findings; and

(E) may replicate the findings of consortia members for scientific and translational purposes.