

always bring sadness and sorrow, but when that loved one's death can serve, however, as a beacon of hope for someone else, maybe there can be an additional moment of comfort for those who have lost their loved ones. That's probably one of the most difficult aspects is to predict loss of life or to be able to say to your family that you want to be an organ donor.

This legislation, I think, goes a long way in responding to the thousands and thousands who are on the list for organ donations, such as for kidney and liver donations. Currently, there are over 60,000 people on the transplant list for kidneys, praying that someday they will receive a kidney and will be able to live a full life. Liver donations, I know, are extremely difficult.

I want to pay tribute to one of our very fine public servants in the State of Texas, State Senator Mario Gallegos, who goes around speaking openly about how his life was saved because of a liver transplant and about how he works tirelessly for full coverage for those individuals who receive transplants.

This bill is an important bill because the formula that was developed for organ transplants was developed in 1984. It is old and outdated. Since then, there have been countless new regulations that have increased the cost. In response, the marketplace has been shifting this cost on to private entities. Often, these entities are nonprofits that lack the funds to help in all they should be able to do or would like to do.

We need to help these patients with high-quality, low-cost health care and assure those who are needing transplants that they can rest easy in that they will receive the care they deserve. That is the advocacy of Senator Mario Gallegos.

This bill will create the Organ Procurement and Transplantation Network public-private partnership that will greatly increase a patient's access to transplants. Additionally, it will take some of the burden off of the nonprofit entities that are already facing some of the toughest conditions in the sector.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. PALLONE. Mr. Speaker, I yield the gentlewoman an additional minute.

Ms. JACKSON-LEE of Texas. This bill will also provide an updated reimbursement formula to these nonprofits to modernize the system. Most importantly, it will make a very important statement, Mr. Speaker—the need for organ donors and the great need of those needing organ transplants.

We know that we lost our very dear friend in August, a friend who championed health care, who championed her own health system in the State of Ohio. More importantly, she valued life because she lived it to the fullest. Yet she understood that, in death, you can also give life. This is a great tribute to Congresswoman Stephanie Tubbs

Jones. It reminds us again of the need of organ transplants and of donors in the African American population, which makes up about 12 percent of the Nation's population, about 12 percent of the patients who donate but 23 percent of the need.

So this is an important step forward, this legislation that is now being renewed. It is an important tribute to Congresswoman Stephanie Tubbs Jones and to her family. Out of the joyful life that she had, she then gave life in death and reminded us of the importance of organ transplants and of the life they give to others.

I ask my colleagues to support this legislation.

Mr. Speaker, I rise today to voice my support for House Resolution 6469, The Organ Transplant Authorization Act of 2008. Whether in war or peace, the greatest gift one person can give to another is the gift of life.

When a loved one dies, it is never a happy moment; experiences like this always bring sadness and sorrow. When that loved one's death can serve as a beacon of hope for another, it does not lessen the sadness; it allows the family to have a good, if small, memory of the loss of their loved one.

Thankfully, there are a great number of cases of living donors sharing the gift of life instead of giving it. In this country, the need for kidneys grows every year as kidney disease increases. It is estimated that within the next decade, the rate of kidney disease will double. Currently there are over 60,000 people on the transplant list praying that someday they will receive a kidney and will be able to live a full life, free of dialysis three times a week. It is time to help patients, all across the country, in need of lifesaving transplants of not just the kidney, but also heart, liver, lung and other vital organs.

Currently, we are facing a crisis in this country with regards to transplanting organs. As costs and governmental regulations go up, so does the cost, and so must the funding. As of now we are using a formula that was developed in 1984. It is old and outdated. Since then, there have been countless new regulations that have increased the cost. In response, the marketplace has been shifting this cost on to private entities. Often these entities are nonprofits that lack the funds to help all they should be able to. We need to help these patients with high quality, low cost health care that will assure that even those needing transplants can rest easy that they will receive the care they deserve.

This bill will create the Organ Procurement and Transplantation Network. This public and private partnership will greatly increase patients' access to transplants. Additionally it will take some of the burden off of the nonprofit entities that are already facing some of the toughest conditions in the sector. This bill will also provide an updated reimbursement formula to these nonprofits to modernize the system.

Finally, this bill will honor an ardent supporter of transplantation, the Honorable Stephanie Tubbs Jones. Before her death, she ordered that when she passed away, her organs be donated, to any in need. Her death, while a great loss for myself, her state, and anyone who knew her and loved her, will hopefully serve as an example for her fellow Ohioans

and beyond. Congresswoman Tubbs Jones knew, like all of us will, that there is a growing need among the African American community for transplantation. Currently, African Americans make up about 12 percent of the Nation's population and about 12 percent of the patients who donate. However, of all the patients requiring a transplant, 23 percent of them are African American. This disparity is a growing epidemic and must be resolved.

Mr. Speaker, Congresswoman Tubbs Jones served as a model for how we should live our lives and beyond. I hope that her memory will inspire millions around the Nation to take up the noble cause of saving those who have no other choice. I urge passage of this bill.

Mr. PALLONE. Mr. Speaker, I have no further requests for time, and I would urge the support for and the passage of this bill, not only because of its significance but also in honor of our colleague Ms. Stephanie Tubbs Jones.

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. 6469, 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. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

HEALTHY START REAUTHORIZATION ACT OF 2007

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1760) to amend the Public Health Service Act with respect to the Healthy Start Initiative.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 1760

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 "Healthy Start Reauthorization Act of 2007".

SEC. 2. AMENDMENTS TO HEALTHY START INITIATIVE.

(a) CONSIDERATIONS IN MAKING GRANTS.—Section 330H(b) of the Public Health Service Act (42 U.S.C. 254c-8(b)) is amended—

(1) by striking "(b) REQUIREMENTS" and all that follows through "In making grants under subsection (a)" and inserting the following:

"(b) CONSIDERATIONS IN MAKING GRANTS.—

"(1) REQUIREMENTS.—In making grants under subsection (a)"; and

(2) by adding at the end the following paragraphs:

“(2) OTHER CONSIDERATIONS.—In making grants under subsection (a), the Secretary shall take into consideration the following:

“(A) Factors that contribute to infant mortality, such as low birthweight.

“(B) The extent to which applicants for such grants facilitate—

“(i) a community-based approach to the delivery of services; and

“(ii) a comprehensive approach to women’s health care to improve perinatal outcomes.

“(3) SPECIAL PROJECTS.—Nothing in paragraph (2) shall be construed to prevent the Secretary from awarding grants under subsection (a) for special projects that are intended to address significant disparities in perinatal health indicators in communities along the United States-Mexico border or in Alaska or Hawaii.”.

(b) OTHER GRANTS.—Section 330H of the Public Health Service Act (42 U.S.C. 254c-8) is amended—

(1) in subsection (a), by striking paragraph (3); and

(2) by striking subsections (e) and (f).

(c) FUNDING.—Section 330H of the Public Health Service Act, as amended by subsection (b) of this section, is amended by adding at the end the following subsection:

“(e) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated—

“(A) \$120,000,000 for fiscal year 2008; and

“(B) for each of fiscal years 2009 through 2013, the amount authorized for the preceding fiscal year increased by the percentage increase in the Consumer Price Index for all urban consumers for such year.

“(2) ALLOCATION.—

“(A) PROGRAM ADMINISTRATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may reserve up to 5 percent for coordination, dissemination, technical assistance, and data activities that are determined by the Secretary to be appropriate for carrying out the program under this section.

“(B) EVALUATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may reserve up to 1 percent for evaluations of projects carried out under subsection (a). Each such evaluation shall include a determination of whether such projects have been effective in reducing the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) 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 to 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.

I rise this evening in support of S. 1760, the Healthy Start Reauthorization Act of 2007. The Healthy Start Program was developed in 1991 in order to combat alarming rates of infant

mortality and racial disparities in maternal and infant health. It has grown from a small demonstration project with 15 grantees to an impressive 97 grantees in 2005. Healthy Start has since expanded its targeted population to include women and infants through 2 years postpartum.

S. 1760 promotes grant applications that facilitate a community-based approach to the delivery of services and a comprehensive approach to women’s health care to improve perinatal outcomes. S. 1760 also ensures the Secretary is not prohibited from addressing disparities in perinatal health indicators in communities along the U.S.-Mexico border and in Alaska and Hawaii.

This legislation reauthorizes appropriations through 2013 for the Healthy Start Initiative. The Healthy Start Program has made great strides in combating infant mortality and in improving maternal and infant health. With increased resources, the Healthy Start Program will be able to continue its important role in improving maternal and infant health outcomes and in reducing health disparities.

I want to particularly thank Representative TOWNS and Representative UPTON for all of their hard work on this legislation. Messrs. TOWNS and UPTON introduced the House companion to S. 1760, and both have been huge advocates for the Healthy Start Program and for its reauthorization.

S. 1760 passed the Senate by unanimous consent on April 30, 2008. I urge its passage.

I reserve the balance of my time.

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

I rise in support of S. 1760, the Healthy Start Reauthorization Act of 2007. I want to commend Congressman TOWNS and Congressman UPTON of Michigan on this bill. This bill reauthorizes the Healthy Start Program.

In the United States, each year, approximately 6 million women become pregnant. Most women have a safe pregnancy and deliver a healthy infant, but that’s not the experience for all. Healthy Start provides services tailored to the needs of high-risk pregnancies—to high-risk pregnant women, infants and their mothers in geographically, racially, ethnically, and linguistically diverse communities with exceptionally high rates of infant mortality—in an effort to reduce the factors that contribute to that high infant mortality rate, particularly among minority groups.

It is an important program which deserves reauthorization. That’s why I’m happy to support it this evening. I urge Members to support this legislation.

I will reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time. I would urge passage of the Healthy Start Reauthorization Act of 2007.

I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I would just also make the observation that

September is Infant Mortality Awareness Month, so it’s appropriate that we’re passing the bill at this time.

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. 1760.

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.

COMPREHENSIVE TUBERCULOSIS ELIMINATION ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1532) to amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1532

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 “Comprehensive Tuberculosis Elimination Act of 2008”.

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

Sec. 1. Short title; table of contents.

TITLE I—DEPARTMENT OF HEALTH AND HUMAN SERVICES IN COORDINATION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND OTHER APPROPRIATE AGENCIES

Subtitle A—National Strategy for Combating and Eliminating Tuberculosis
Sec. 101. National strategy.

Subtitle B—Interagency Collaboration
Sec. 111. Advisory Council for Elimination of Tuberculosis and the Federal Tuberculosis Task Force.

Subtitle C—Evaluation of Public Health Authorities
Sec. 121. Evaluation of public health authorities.

Subtitle D—Authorization of Appropriations
Sec. 131. Authorizations of appropriations.

TITLE II—NATIONAL INSTITUTES OF HEALTH

Sec. 201. Research and development concerning tuberculosis.

TITLE I—DEPARTMENT OF HEALTH AND HUMAN SERVICES IN COORDINATION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND OTHER APPROPRIATE AGENCIES

Subtitle A—National Strategy for Combating and Eliminating Tuberculosis

SEC. 101. NATIONAL STRATEGY.

Section 317E of the Public Health Service Act (42 U.S.C. 247b-6) is amended—

(1) by striking the heading for the section and inserting the following: “NATIONAL STRATEGY FOR COMBATING AND ELIMINATING TUBERCULOSIS”;

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

“(b) RESEARCH AND DEVELOPMENT; DEMONSTRATION PROJECTS; EDUCATION AND TRAINING.—With respect to the prevention, treatment, control, and elimination of tuberculosis, the Secretary may, directly or