''(B) For competitive grants used for supplemental support education and outreach services to increase the number of eligible racial and ethnic minorities who have access to treatment through the program under section 2616 for therapeutics, the Secretary shall, of the amount appropriated for a fiscal year under subsection (a), reserve the following, as applicable:

''(i) For fiscal year 2007, $7,000,000.

''(ii) For fiscal year 2008, $7,300,000.

''(iii) For fiscal year 2009, $7,500,000.

''(C) For planning grants, capacity-building grants, and services grants to health care providers who have a history of providing culturally and linguistically appropriate care and services to racial and ethnic minorities, the Secretary shall, of the amount appropriated for a fiscal year under subsection (a), reserve the following, as applicable:

''(i) For fiscal year 2007, $53,400,000.

''(ii) For fiscal year 2008, $55,400,000.

''(iii) For fiscal year 2009, $57,400,000.

''(D) For eliminating racial and ethnic disparities in the delivery of comprehensive, culturally and linguistically appropriate care services for HIV disease for women, infants, children, and youth, the Secretary shall, of the amount appropriated under subsection (a), reserve $18,500,000 for each of the fiscal years 2007 through 2009.

''(E) For increasing the training capacity of centers to expand the number of health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV disease-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV disease, the Secretary shall, of the amount appropriated under subsection (a), reserve $8,500,000 for each of the fiscal years 2007 through 2009.

''(c) CONSISTENCY WITH PRIOR PROGRAM.—With respect to the purpose described in subsection (a), the Secretary shall carry out this section consistent with the activities carried out under this title by the Secretary pursuant to the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002 (Public Law 107–116).''.

TITLE VII—MISCELLANEOUS PROVISIONS

SEC. 701. HEPATITIS; USE OF FUNDS.

Section 2667 of the Public Health Service Act (42 U.S.C. 300ff–67) is amended—

(1) in paragraph (2), by striking ''and'' at the end;

(2) in paragraph (3), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(4) shall provide information on the transmission and prevention of hepatitis A, B, and C, including education about the availability of hepatitis A and B vaccines and assisting patients in identifying vaccination sites.''.

SEC. 702. CERTAIN REFERENCES.

Title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) is amended—

(1) by striking ''acquired immune deficiency syndrome'' each place such term appears, other than in section 2687(1) (as added by section 501 of this Act), and inserting ''AIDS'';

(2) by striking ''such syndrome'' and inserting ''AIDS''; and

(3) by striking ''HIV disease'' each place such term appears and inserting ''HIV/AIDS''.

SEC. 703. REPEAL.

Effective on October 1, 2009, title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) is repealed.

Mr. BARTON of Texas (during the reading). Mr. Speaker, I ask unanimous consent that the Senate amendment be considered as read and printed in the RECORD.

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

There was no objection.

Mr. ENGEL. Mr. Speaker, as home to 17 percent of the Nation's AIDS population, there are few pieces of legislation we will pass this year that are as profoundly important to New York as the Ryan White CARE Act. New York remains the epicenter of the HIV/AIDS crisis, leading the Nation in both the number of persons living with HIV/AIDS and the number of new cases of HIV/AIDS each year.

This vital program which provides lifesaving services for individuals with HIV/AIDS has unfortunately been relegated to a vicious formula fight over the past year pitting States against each other, with a lot of false statements being lodged along the way. I want to be clear that despite what some may say, the HIV/AIDS epidemic has not ''shifted,'' it has expanded. One-half of all people living with AIDS reside in five States: New York, California, Florida, Texas and New Jersey. Three of these States: NY, NJ, and FL, will continue to face losses under this reauthorization. There is no question that other States have mounting epidemics and they are absolutely entitled and deserving of more funding.

An ideal Ryan White bill would have ensured that every State had enough money to meet their full needs. I offered an amendment in committee to increase funding for the bill with Mr. TOWNS, Ms. ESHOO and Mrs. CAPPS. It failed on an essentially party line vote, which is a shame as this will minimize our ability to alleviate the growing unmet need for HIV/AIDS treatment services in our communities nationwide.

However, there is no question that through hard work and real compromise the bill that we will vote on today is dramatically better than the Ryan White bill we voted on September 28. I am proud to have been able to help negotiate changes with my House and Senate colleagues that will contain essential protections for New York and other States. While, NY will still endure losses that I believe are unjust for the State that remains the epicenter of the AIDS Crisis, the most draconian cuts have largely been mitigated and no longer threaten to decimate our State's system of care. For this we can all be proud.

I am also pleased that the troubling Severity of Need Index (SONI) provision, which would have taken State and local resources into account when determining Federal funding has been improved. We have always viewed caring for our HIV/AIDS patients as a partnership between the local, State and Federal governments and strongly believe the Severity of Need Index is a powerful disincentive for States and local areas to take action. In this bill, HRSA will be allowed to work towards developing a SONI but will be prohibited from 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.

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.

(3) COORDINATION OF CONSORTIA; REPORTS.—The Director may, as appropriate, provide for the coordination of information among consortia under paragraph (1) and ensure regular communication between members of the consortia, and may require the periodic preparation of reports on the activities of the consortia and the submission of the reports to the Director.

(4) ORGANIZATION OF CONSORTIA.—Each consortium under paragraph (1) may use the facilities of a single lead institution, or be formed from several cooperating institutions, meeting such requirements as may be prescribed by the Director.

(d) PUBLIC INPUT.—The Director may under subsection (a)(1) provide for a mechanism to educate and disseminate information on the existing and planned programs and research activities of the National Institutes of Health with respect to paralysis and through which the Director can receive comments from the public regarding such programs and activities.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated in the aggregate $25,000,000 for the fiscal years 2006 through 2009. Amounts appropriated under this subsection are in addition to any other amounts appropriated for such purpose.

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.

(a) IN GENERAL.—

(1) EXPANSION 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 with implications for enhancing daily function for people with paralysis.

(2) ADMINISTRATION OF PROGRAM; COLLABORATION AMONG AGENCIES.—The Director shall carry out this section acting through the Director of the National Institute on Child Health and Human Development and the National Center for Medical Rehabilitation Research and in collaboration with the National Institute on Neurological Disorders and Stroke, the Centers for Disease Control and Prevention, and any other agencies that the Director determines appropriate.

(b) PARALYSIS CLINICAL TRIALS NETWORKS.—

(1) IN GENERAL.—The Director may make awards of grants to public or nonprofit private entities to pay all or part of the costs of planning, establishing, improving, and providing basic operating support to multicenter networks of clinical sites that will collaborate to design clinical rehabilitation intervention protocols and measures of outcomes on one or more forms of paralysis that result from central nervous system trauma, disorders, or stroke, or any combination of such conditions.

(2) RESEARCH.—Each multicenter clinical trial network may—

(A) focus on areas of key scientific concern, including—

(i) improving functional mobility;

(ii) promoting behavioral adaptation to functional losses, especially to prevent secondary complications;

(iii) assessing the efficacy and outcomes of medical rehabilitation therapies and practices and assisting technologies;

(iv) developing improved assistive technology to improve function and independence; and