

mandates the creation of benchmarks to measure our progress in that fight. Today, we have no way of evaluating outcomes, let alone a way to improve them.

I am pleased to support such a critical piece of legislation which will improve the lives of the millions of Americans living with the disease and the millions of Americans caring for them.

Ms. LINDA T. SÁNCHEZ, of California. Madam Speaker, I rise today to support S. 3036, the National Alzheimer's Project Act. This bill would provide critical federal support and coordination to overcome the growing Alzheimer's crisis.

Today, the effects of Alzheimer's disease are devastating. An estimated 5.3 million people are living with the disease. We must act decisively, or the devastation of Alzheimer's disease will grow far worse. Alzheimer's disease is the sixth leading cause of death in the United States, and is the fastest growing of the 10 leading causes of death. In 2010, Medicare and Medicaid will spend \$122 billion caring for people with Alzheimer's disease and other dementias.

The National Alzheimer's Project Act would establish an inter-agency advisory council to address the government's efforts on Alzheimer's research, care, institutional services, and home and community-based programs. It would also increase awareness, support, and outreach for those confronted with Alzheimer's disease and for their families to help better equip our nation to face this disease.

To decrease health disparities, this bill will work to ensure the inclusion of ethnic and racial populations who are at higher risk for Alzheimer's or who are less likely to receive care in clinical, research, and service programs.

Legislation that advances a cure for Alzheimer's disease is near and dear to my heart because of my father and the millions of others like him who live every day with this disease.

I urge my colleagues to support such a critical piece of legislation. It's a monumental step forward in our battle against Alzheimer's and other dementias.

Mr. TERRY. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge passage of S. 3036, and I also 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, S. 3036.

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

A motion to reconsider was laid on the table.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2010

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (S. 3199) to amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3199

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 "Early Hearing Detection and Intervention Act of 2010".

SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT OF HEARING LOSS.

Section 399M of the Public Health Service Act (42 U.S.C. 280g-1) is amended—

(1) in the section heading, by striking "INFANTS" and inserting "NEWBORNS AND INFANTS";

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking "screening, evaluation and intervention programs and systems" and inserting "screening, evaluation, diagnosis, and intervention programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers,";

(B) by amending paragraph (1) to read as follows:

"(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns and infants; prompt evaluation and diagnosis of children referred from screening programs; and appropriate educational, audiological, and medical interventions for children identified with hearing loss. Early intervention includes referral to and delivery of information and services by schools and agencies, including community, consumer, and parent-based agencies and organizations and other programs mandated by part C of the Individuals with Disabilities Education Act, which offer programs specifically designed to meet the unique language and communication needs of deaf and hard of hearing newborns, infants, toddlers, and children. Programs and systems under this paragraph shall establish and foster family-to-family support mechanisms that are critical in the first months after a child is identified with hearing loss.";

(C) by adding at the end the following:

"(3) Other activities may include developing efficient models to ensure that newborns and infants who are identified with a hearing loss through screening receive follow-up by a qualified health care provider, and State agencies shall be encouraged to adopt models that effectively increase the rate of occurrence of such follow-up.";

(3) in subsection (b)(1)(A), by striking "hearing loss screening, evaluation, and intervention programs" and inserting "hearing loss screening, evaluation, diagnosis, and intervention programs";

(4) in paragraphs (2) and (3) of subsection (c), by striking the term "hearing screening, evaluation and intervention programs" each place such term appears and inserting "hearing screening, evaluation, diagnosis, and intervention programs";

(5) in subsection (e)—

(A) in paragraph (3), by striking "ensuring that families of the child" and all that follows and inserting "ensuring that families of the child are provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language and communication options and are given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for their child from highly qualified providers.";

(B) in paragraph (6), by striking "after re-screening," and

(6) in subsection (f)—

(A) in paragraph (1), by striking "fiscal year 2002" and inserting "fiscal years 2011 through 2015";

(B) in paragraph (2), by striking "fiscal year 2002" and inserting "fiscal years 2011 through 2015"; and

(C) in paragraph (3), by striking "fiscal year 2002" and inserting "fiscal years 2011 through 2015".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in 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. Madam Speaker, I yield myself such time as I may consume.

I rise in strong support of S. 3199, the Early Hearing Detection and Intervention Act. Last year, the House passed the companion measure to this bill, and we are pleased to pass it again with minor modifications.

Every year, more than 12,000 babies are born with hearing loss. Often their condition goes undetected for years, and many of these children end up experiencing delays in speech, language, and cognitive development. However, if the hearing loss is detected early, many of these delays can be mitigated or even prevented, and for that reason, early detection is critical to improving outcomes for these children.

□ 1150

The bill, the Early Hearing Detection and Intervention Act, would improve services for screening, diagnosing, and treating hearing loss in children by re-authorizing the Early Hearing Detection and Intervention Program, which was first enacted in 2000. The program provides grants and cooperative agreements for statewide newborn and infant hearing services. These programs focus on screening evaluation, diagnosis, and early intervention.

I want to particularly thank my colleague, the gentlewoman from California, Representative CAPPs, who is the vice chair of the Health Subcommittee, for her hard work on this issue and so many issues. She is a nurse by profession. I am sure you have noticed that many of the health care bills that have come out of the last 4 years during the Democratic majority have been from Mrs. CAPPs, and she is always, in particular, looking out for children and senior citizens. I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. TERRY. I yield myself as much time as I may consume.

Madam Speaker, S. 3199, the Early Hearing Detection and Intervention Act of 2010, has worthy elements. Certainly we support the efforts of early recognition of hearing loss. As Mr. PALLONE said, and Mrs. CAPPS will reiterate, it is not standard practice, or was not standard practice, to perform early detection for hearing loss on newborns. Usually parents, after about a year, would recognize something isn't right, that maybe speech was delayed, and that's when testing would occur. We have found that early testing has benefits. However, our side of the aisle must recommend a "no" vote at this time due to the authorizing of appropriations with the language of "such sums as necessary." This type of open-ended authorization abdicates our duty to budget for programs responsibly.

The bill would reauthorize the newborns and infants hearing loss program. It would enable the Secretary of Health and Human Services to assist in recruitment, retention, education, and training of qualified personnel and health care providers. Unfortunately, in reauthorizing this program, the bill contains no limits on authorization of spending for the program. As my colleagues know, authorizing "such sums as necessary" in legislation has contributed to the fiscal crisis our country now faces. Our country had a budget deficit of \$1.3 trillion in fiscal year 2010, and some are projecting that our country's budget deficit will reach \$1.5 trillion this fiscal year. We cannot continue this fiscal irresponsibility by voting for open-ended authorization amounts. We need to include specific authorization amounts in legislation so we can set priorities, if we are to ever get our fiscal House in order.

Madam Speaker, I recommend a "no" vote on this legislation so we can work in a bipartisan manner to include specific reauthorization amounts.

I reserve the balance of my time.

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

I just wanted to address the gentleman's point with regard to the underlying bill containing the language "such sums." I mean, the bill doesn't change anything from the current law. The 2002 Early Hearing Detection and Intervention Act, which we are reauthorizing, had that language in it, and we are simply updating the authorization here. It is not changing the language. And the same is true for the bill that passed the House last year. There was a House version, sponsored by Mrs. CAPPS, and that didn't make any change either. So I just want to remind my colleagues that, you know, again, we passed this bill in March 2009 and then again on the floor I guess later that month, and there wasn't any issue

raised by the Republicans at that time. So I just think to raise it now really makes no sense, and we should simply move to pass this. It is very common-sense legislation. It simply reauthorizes the current law.

I reserve the balance of my time.

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

Madam Speaker, the gentleman is correct in the sense that it is a reauthorization. It strikes the language of 2002 while leaving the language of "such sums as may be necessary" for the fiscal year going forward now, but we still have that open-ended language.

And after hearing from the people for the last couple of years, we have an additional emphasis on making sure that we are tighter in the writing of these bills, unlike what was occurring in the year 2002 when this was passed or in 2009 when it passed from committee. That is our only objection here, the authorization of open-ended, "such sums as may be necessary."

I reserve the balance of my time.

Mr. PALLONE. I now yield 3 minutes to the sponsor of the legislation, the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague and our chairman for yielding time.

Madam Speaker, I am rising today in strong support of Senate bill 3199, the Early Hearing Detection and Intervention Act. And I am very proud to have introduced the House version of this bill with our colleague Congresswoman JO ANN EMERSON of Missouri. The House did pass this legislation by voice vote in March of 2009, and the Senate version, introduced by Senators SNOWE and HARKIN, was modified by the Senate HELP Committee and passed by unanimous consent earlier this week. Senate bill 3199 is noncontroversial and would make needed improvements to the Early Hearing Detection and Intervention Program, as recommended by experts.

Each year, more than 12,000 infants are born with a hearing loss. If left undetected, this condition impedes speech, language, and cognitive development. And I might add, with concerns for the cost, the cost to taxpayers of not recognizing these needs and intervening, the cost in special education, in modified vocational goals for individuals who will be a burden to taxpayers the rest of their lives is unbelievably high.

Since the authorization of the Early Hearing Detection and Intervention Program in early 2000, we have seen a tremendous increase in the number of newborns who are being screened for hearing loss. Back in 2000, only 44 percent of newborns were being screened for hearing loss. Now we are screening newborns at a rate of over 93 percent. But you know, our work isn't done yet. According to CDC, almost half of newborns who fail initial hearing

screenings do not receive appropriate followup care. And in my work as a school nurse for over 20 years, I had much interaction with students who were lagging behind their classmates due to undiagnosed and/or untreated hearing loss. We can prevent more children from suffering in the classroom and suffering throughout their lives through a better investment in followup and intervention as a part of the successful hearing screening program for newborns and infants.

This legislation would accomplish these goals through reauthorizing the programs administered by HRSA, CDC, and the NIH, providing grants to conduct newborn hearing screening, provide followup intervention to promote surveillance and research. So I am strongly urging my colleagues to join me in voting in favor of Senate bill 3199, to continue building on the great success of these programs.

Mr. TERRY. I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I would like to yield 2 minutes now to the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY of Massachusetts. I thank the chair very much, and I thank him for his great work.

The poet Robert Browning once wrote, "Grow old with me. The best is yet to be." Unfortunately, the golden years can be the worst years for Americans afflicted with Alzheimer's and their families. We have worked with the Senate to put together a bipartisan bill that has just passed here in the United States House of Representatives that I have worked on over the last 2 years that will put together an Alzheimer's plan, a battle plan for our country. And why is it important? I will tell you very simply: 4 million Americans have Alzheimer's today. There are going to be 12 million to 15 million baby boomers with Alzheimer's. They will have a spouse who also has the disease or some other family member. Somebody in the family has to take care of that person. So by the time all the baby boomers have retired, there will be about 25 million to 30 million Americans whose lives will revolve around Alzheimer's.

□ 1200

We have to find a cure for it. We have to find a way of giving more help to these heroes, these families.

My father was a milkman. My mother was a valedictorian. My mother got Alzheimer's. My father kept her in the living room. For 13 years, we kept her in our living room. My father always said that it was an honor that my mother had married him, the milkman. He also said that if the strength of your brain determined who got Alzheimer's, he said that he would have it and my mother would be taking care of him.

But this is an equal opportunity disease. It's an epidemic. If we do not find the cure, if we do not find the cure, the budget problems for our country will be so explosive that it will be impossible to ever balance the Federal budget.

We are now spending a fortune on it, and unless we cure it, we will never be able to deal with the catastrophic consequences personally, for those families, and for our country, in general.

I thank the gentleman for allowing me this personal privilege, because I was pulled away as the bill was being considered.

Mr. TERRY. Madam Speaker, I thank the gentleman from Massachusetts for his efforts in fighting Alzheimer's and working for those families.

With that, I yield back the balance of my time.

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

I just wanted to mention that the three bills today are just a small representation of many bipartisan public health bills that the majority and minority worked on together in the Health Subcommittee over the past 2 years. And I wanted to thank the ranking member of the Health Subcommittee, Mr. SHIMKUS, for his hard work and cooperation in these efforts. In the summer and fall alone, the House passed 25 bipartisan health bills that came from our Health Subcommittee.

And I also want to thank the staff that worked on these public health bills this past Congress. From the majority is Ruth Katz, Steve Cha, Sarah Despres, Emily, who's here with me, Emily Gibbons, Tiffany Guarascio, Anne Morris, Camille Sealy, Naomi Seiler, Tim Westmoreland, and Karen Nelson, of course. And from the minority, Ryan Long, Clay Alspach, Peter Kielty, and Chris Sarley.

Madam Speaker, I ask for passage of the legislation.

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, S. 3199.

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

A motion to reconsider was laid on the table.

RESTORE ONLINE SHOPPERS' CONFIDENCE ACT

Mr. BOUCHER. Madam Speaker, I move to suspend the rules and pass the bill (S. 3386) to protect consumers from certain aggressive sales tactics on the Internet.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3386

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 "Restore Online Shoppers' Confidence Act".

SEC. 2. FINDINGS; DECLARATION OF POLICY.

The Congress finds the following:

(1) The Internet has become an important channel of commerce in the United States, accounting for billions of dollars in retail sales every year. Over half of all American adults have now either made an online purchase or an online travel reservation.

(2) Consumer confidence is essential to the growth of online commerce. To continue its development as a marketplace, the Internet must provide consumers with clear, accurate information and give sellers an opportunity to fairly compete with one another for consumers' business.

(3) An investigation by the Senate Committee on Commerce, Science, and Transportation found abundant evidence that the aggressive sales tactics many companies use against their online customers have undermined consumer confidence in the Internet and thereby harmed the American economy.

(4) The Committee showed that, in exchange for "bounties" and other payments, hundreds of reputable online retailers and websites shared their customers' billing information, including credit card and debit card numbers, with third party sellers through a process known as "data pass". These third party sellers in turn used aggressive, misleading sales tactics to charge millions of American consumers for membership clubs the consumers did not want.

(5) Third party sellers offered membership clubs to consumers as they were in the process of completing their initial transactions on hundreds of websites. These third party "post-transaction" offers were designed to make consumers think the offers were part of the initial purchase, rather than a new transaction with a new seller.

(6) Third party sellers charged millions of consumers for membership clubs without ever obtaining consumers' billing information, including their credit or debit card information, directly from the consumers. Because third party sellers acquired consumers' billing information from the initial merchant through "data pass", millions of consumers were unaware they had been enrolled in membership clubs.

(7) The use of a "data pass" process defied consumers' expectations that they could only be charged for a good or a service if they submitted their billing information, including their complete credit or debit card numbers.

(8) Third party sellers used a free trial period to enroll members, after which they periodically charged consumers until consumers affirmatively canceled the memberships. This use of "free-to-pay conversion" and "negative option" sales took advantage of consumers' expectations that they would have an opportunity to accept or reject the membership club offer at the end of the trial period.

SEC. 3. PROHIBITIONS AGAINST CERTAIN UNFAIR AND DECEPTIVE INTERNET SALES PRACTICES.

(a) REQUIREMENTS FOR CERTAIN INTERNET-BASED SALES.—It shall be unlawful for any post-transaction third party seller to charge or attempt to charge any consumer's credit card, debit card, bank account, or other fi-

nancial account for any good or service sold in a transaction effected on the Internet, unless—

(1) before obtaining the consumer's billing information, the post-transaction third party seller has clearly and conspicuously disclosed to the consumer all material terms of the transaction, including—

(A) a description of the goods or services being offered;

(B) the fact that the post-transaction third party seller is not affiliated with the initial merchant, which may include disclosure of the name of the post-transaction third party in a manner that clearly differentiates the post-transaction third party seller from the initial merchant; and

(C) the cost of such goods or services; and

(2) the post-transaction third party seller has received the express informed consent for the charge from the consumer whose credit card, debit card, bank account, or other financial account will be charged by—

(A) obtaining from the consumer—

(i) the full account number of the account to be charged; and

(ii) the consumer's name and address and a means to contact the consumer; and

(B) requiring the consumer to perform an additional affirmative action, such as clicking on a confirmation button or checking a box that indicates the consumer's consent to be charged the amount disclosed.

(b) PROHIBITION ON DATA-PASS USED TO FACILITATE CERTAIN DECEPTIVE INTERNET SALES TRANSACTIONS.—It shall be unlawful for an initial merchant to disclose a credit card, debit card, bank account, or other financial account number, or to disclose other billing information that is used to charge a customer of the initial merchant, to any post-transaction third party seller for use in an Internet-based sale of any goods or services from that post-transaction third party seller.

(c) APPLICATION WITH OTHER LAW.—Nothing in this Act shall be construed to supersede, modify, or otherwise affect the requirements of the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) or any regulation promulgated thereunder.

(d) DEFINITIONS.—In this section:

(1) INITIAL MERCHANT.—The term "initial merchant" means a person that has obtained a consumer's billing information directly from the consumer through an Internet transaction initiated by the consumer.

(2) POST-TRANSACTION THIRD PARTY SELLER.—The term "post-transaction third party seller" means a person that—

(A) sells, or offers for sale, any good or service on the Internet;

(B) solicits the purchase of such goods or services on the Internet through an initial merchant after the consumer has initiated a transaction with the initial merchant; and

(C) is not—

(i) the initial merchant;

(ii) a subsidiary or corporate affiliate of the initial merchant; or

(iii) a successor of an entity described in clause (i) or (ii).

SEC. 4. NEGATIVE OPTION MARKETING ON THE INTERNET.

It shall be unlawful for any person to charge or attempt to charge any consumer for any goods or services sold in a transaction effected on the Internet through a negative option feature (as defined in the Federal Trade Commission's Telemarketing Sales Rule in part 310 of title 16, Code of Federal Regulations), unless the person—

(1) provides text that clearly and conspicuously discloses all material terms of the