

Mr. Speaker, we all have constituents living with autism. We all have constituents whose child, sibling, cousin, or friend is living with a form of autism. This disability affects Americans of all races and backgrounds, and I urge my colleagues to join me in supporting H.R. 2005, the Combating Autism Reauthorization Act.

Ms. HIRONO. Mr. Speaker, I rise today in strong support of H.R. 2005, the Combating Autism Reauthorization Act of 2011, a bill important to many families in Hawaii.

H.R. 2005 reauthorizes the landmark Combating Autism Act of 2006, which significantly increased both the depth and breadth of the federal response to the national and public health emergency posed by autism spectrum disorders (ASD).

Since passage of that law, we have made tremendous strides in federally-funded and directed research. It was the detailed surveillance by the federal Centers for Disease Control under the act that identified the increasing prevalence of autism: 1 in every 110 American children—including 1 in 70 boys—is diagnosed with an ASD, making it the nation's fastest-growing, serious developmental disorder.

I've heard from a mother in Kailua on the island of Oahu who credits the 2006 law for providing her family with needed medical attention and assistance for their autistic child. H.R. 2005 builds on our good efforts.

I became a cosponsor of the bill because I believe it supports hope and opportunity for a brighter future for families not only in Hawaii but across our nation. I urge my colleagues to join me in voting in support of the H.R. 2005.

Mr. LOEBSACK. Mr. Speaker, today, one in every 110 children is diagnosed with autism and 1.5 million individuals in the United States are affected by this disorder. The rate of autism is increasing by at least 10 percent annually, but scientists do not yet know why. That is why research into causes and treatments for autism is so important.

That is why I rise today in support of the Combating Autism Reauthorization Act of 2011, which would reauthorize the surveillance and research program for autism spectrum disorders and other developmental disabilities through 2014. The bill would also authorize programs for education, early detection, and intervention, which will give the families affected by this disorder access to the best available care and help make everyone more aware of the impact autism can have on those diagnosed and their families.

Autism affects the constituents of every single Member of Congress. In my own district I have met with families who are affected by autism and participated in walks to raise awareness of this disorder. I urge my colleagues to support bipartisan passage of this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 2005.

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.

□ 1620

CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2011

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1852) to amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1852

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 "Children's Hospital GME Support Reauthorization Act of 2011".

SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) IN GENERAL.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in subsection (a), by striking "through 2005 and each of fiscal years 2007 through 2011" and inserting "through 2016";

(2) in subsection (f)(1)(A)(iv), by striking "2011" and inserting "2016"; and

(3) in subsection (f)(2)(D), by striking "2011" and inserting "2016".

(b) REPORT TO CONGRESS.—Section 340E(b)(3)(D) of the Public Health Service Act (42 U.S.C. 256e(b)(3)(D)) is amended by striking "Not later than the end of fiscal year 2011" and inserting "Not later than the end of fiscal year 2015".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from Pennsylvania (Mr. DOYLE) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania (Mr. PITTS).

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

Mr. Speaker, H.R. 1852, the Children's Hospital Graduate Medical Education Support Reauthorization Act of 2011, would enable the Department of Health and Human Services to continue to provide funding to freestanding children's hospitals to support the training of pediatricians and other residents. This funding is critical to ensuring the adequacy of the pediatric workforce in the United States.

The program was first enacted by Congress in 1999 with wide bipartisan support and has been reauthorized twice. Since the enactment of the bill, the number of pediatricians trained has increased by 35 percent.

The week we marked up this bill, I met 10-year-old Anna Lipsman. Anna is a bright, outgoing young girl who is fighting leukemia. Diagnosed just a few months ago, Anna spent 2 weeks undergoing treatment at the Children's Hospital of Philadelphia. She is successfully fighting her disease, but will still need additional treatments over the next 2½ years. Anna is a strong, personal reminder of why I introduced this bill.

With the reauthorization of H.R. 1852, we hope to send a clear message to the

Obama administration and the Department of Health and Human Services that this bill is important to ensuring that children receive adequate health care.

I would like to thank Mr. PALLONE and all the 114 cosponsors that worked on this legislation.

I urge my colleagues to support this legislation, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of the Children's Hospital Graduate Medical Education Support Reauthorization Act, offered by my good friends, Mr. PITTS and Mr. PALLONE. I know Mr. PALLONE is on his way to the floor and will be speaking shortly. This critical legislation will reauthorize the Children's Hospital Graduate Medical Education program through 2016 to ensure that our children have access to the care they need and deserve, and I urge my colleagues to pass this bill with unanimous support.

The original bipartisan program was enacted over a decade ago to provide children's hospitals across the country with the Federal support to implement and carry out necessary residency training programs. Last year alone, over 50 children's hospitals received funding to carry out these training programs. Today, over 40 percent of pediatricians and pediatric specialists are trained through the Children's Hospital Graduate Medical Education program. This program is vital to maintaining the pediatric workforce and ensuring children's access to the highest levels of pediatric care provided in this country.

The Children's Hospital GME program is a critical investment in our children's health, and I am proud today that we will vote to reauthorize this hugely successful program.

With that, Mr. Speaker, I reserve the balance of my time.

Mr. PITTS. I yield such time as he may consume to the gentleman from New Jersey (Mr. LANCE), a member of the subcommittee.

Mr. LANCE. Mr. Speaker, I rise in strong support of H.R. 1852, legislation to reauthorize the Children's Hospital Graduate Medical Education program.

Today's legislation will assist pediatric training programs across the country by maintaining and strengthening existing hospital graduate medical education programs for children.

Independent children's hospitals have an indispensable role in the children's health workforce, training 40 percent of all pediatric residents and 43 percent of pediatric specialty fellows, and providing pediatric training for many other residents. Nowhere is this more evident than Children's Specialized Hospital in Mountainside, New Jersey, in the district I have the honor of serving. Under the strong leadership of my friend, Amy Mansue, the staff does an excellent job training and caring for children and making sure that highly

qualified, effective medical personnel exist.

I thank Health Subcommittee Chairman PITTS for his tremendous work in this effort, as well as Ranking Member PALLONE. And I thank them for working in a bipartisan capacity to bring this legislation to the floor. I am honored to serve on Chairman PITTS' subcommittee, and I am pleased that the full Energy and Commerce Committee has agreed with what we have tried to accomplish in the subcommittee.

I urge all of my colleagues here in the House of Representatives to support H.R. 1852. It is essential that this program be reauthorized.

Mr. DOYLE. Mr. Speaker, it appears the gentleman from New Jersey (Mr. PALLONE) is not here yet. His flight was late getting in.

Therefore, I have no requests for time, and I yield back the balance of my time.

GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD.

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

There was no objection.

Mr. PITTS. In conclusion, I would like to thank the ranking member of the subcommittee, Mr. PALLONE, for his leadership on this issue. It has been a bipartisan effort on the Health Subcommittee and Energy and Commerce Committee.

I urge all Members to support the Children's Hospital Graduate Education Support Reauthorization Act, and I yield back the balance of my time.

Ms. JACKSON LEE of Texas. Mr. Speaker, I rise today in support of H.R. 1852, "The Children's Hospital GME Support Reauthorization Act of 2011," would amend the Public Health Service Act to reauthorize payments to children's hospitals operating training programs that provide graduate medical education. These payments would be made to hospitals for both direct and indirect costs related to graduate medical education.

Americans across our nation need care, and the Children's Hospital GME (CHGME) program has been utilized by hospitals across our country to train doctors who can provide that care. I represent the 18th District which is home to the Methodist Hospital System, one of the largest medical institutions in the world. In 2010, the Methodist Hospital System graduated sixty-nine doctors from the resident CHGME program. That is 69 additional doctors who will meet our growing health care needs. H.R. 1852 will allow Houston to continue to recruit and train so many talented doctors.

Overall, freestanding children's hospitals have increased their medical resident training programs by 35 percent since 1999. If CHGME is allowed to expire we will lose the gains we have made in this field. There is no reasonable argument for allowing this program to expire as it provides a great benefit at a

marginal cost. For this fiscal year, the program has spent .0085 percent of the federal budget. This small expenditure allows children's hospitals to train more than 5,600 full-time equivalent residents—more than one third of our nation's pediatricians.

According to the Association of American Medical Colleges, the nation could face a shortage of as many as 150,000 doctors in the next 15 years. The funds generated from this legislation will help train the medical professionals we desperately need. In a time when there are growing health disparities within our nation. It is important to address the needs of underserved urban areas. The more medicinal professionals we train there is an increase likelihood that these underserved communities will have access to proper medical care.

The program supports 56 hospitals nationwide and trains more than 5,000 medical residents each year. It started 12 years ago as an effort to provide children's hospitals with funding for residencies and fellowships. There are other federal programs to assist residency funding exist; however, the CHGME program caters to pediatrics, while others are open to all teaching hospitals.

This funding is vital as it will help to cover the cost of 5,600 pediatric residencies at more than 50 children's hospitals across the United States. Forty percent of the nation's pediatricians and 43 percent of pediatric subspecialists receive training from the program. We must train the very professionals who will one day save the life of a child.

The CHGME pays for the salaries of medical students and compensate hospitals for patient care costs that are often higher in teaching hospitals than non-teaching hospitals. We should provide the funds necessary to train students in a profession that will benefit society.

I support this legislation because it will increase the quality of medical training in the United States. I believe that H.R. 1852 improves upon a system that sets the bar for medical care internationally. Through government funding, the program has succeeded in bolstering research potential at these institutions as well as helping to cure a problem that supersedes political boundaries: children's illness. This bill creates positive effects that cross party lines, and I urge my distinguished colleagues to vote a resounding and unified "yes."

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 1852.

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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 4 o'clock and 27 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WESTMORELAND) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed. Votes will be taken in the following order:

- H.R. 2944, de novo;
- H.R. 2189, de novo;
- H.R. 2646, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

UNITED STATES PAROLE COMMISSION EXTENSION ACT OF 2011

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the bill (H.R. 2944) to provide for the continued performance of the functions of the United States Parole Commission, and for other purposes.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill.

The question was taken.

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

Mr. POSEY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 415, nays 0, not voting 18, as follows:

[Roll No. 712]

YEAS—415

Ackerman	Blumenauer	Chabot
Adams	Bonner	Chaffetz
Aderholt	Bono Mack	Chandler
Akin	Boren	Chu
Alexander	Boswell	Ciulline
Altmire	Boustany	Clarke (MI)
Amash	Brady (PA)	Clarke (NY)
Amodel	Brady (TX)	Clay
Andrews	Braley (IA)	Cleaver
Austria	Brooks	Clyburn
Bachus	Brown (GA)	Coble
Baldwin	Brown (FL)	Coffman (CO)
Barletta	Buchanan	Cohen
Barrow	Bucshon	Cole
Bartlett	Burgess	Conaway
Barton (TX)	Burton (IN)	Connolly (VA)
Bass (CA)	Butterfield	Conyers
Bass (NH)	Calvert	Cooper
Becerra	Camp	Costa
Benishek	Campbell	Costello
Berg	Canseco	Courtney
Berkley	Cantor	Cravaack
Berman	Capito	Crawford
Biggert	Capps	Crenshaw
Bilbray	Capuano	Critz
Billirakis	Cardoza	Crowley
Bishop (GA)	Carney	Cuellar
Bishop (NY)	Carson (IN)	Culberson
Bishop (UT)	Carter	Cummings
Black	Cassidy	Davis (CA)
Blackburn	Castor (FL)	Davis (IL)