

This is a preliminary transcript of a Committee Hearing. It has not yet been subject to a review process to ensure that the statements within are appropriately attributed to the witness or member of Congress who made them, to determine whether there are any inconsistencies between the statements within and what was actually said at the proceeding, or to make any other corrections to ensure the accuracy of the record.

1 {York Stenographic Services, Inc.}

2 HIF258.142

3 LEGISLATIVE HEARING ON PENDING PUBLIC HEALTH LEGISLATION

4 WEDNESDAY, SEPTEMBER 15, 2010

5 House of Representatives,

6 Subcommittee on Health

7 Committee on Energy and Commerce

8 Washington, D.C.

9 The Subcommittee met, pursuant to call, at 4:02 p.m., in
10 Room 2123 of the Rayburn House Office Building, Hon. Frank
11 Pallone, Jr. [Chairman of the Subcommittee] presiding.

12 Members present: Representatives Pallone, Engel, Green,
13 DeGette, Capps, Schakowsky, Baldwin, Barrow, Space, Matsui,
14 Shimkus, Pitts, and Burgess.

15 Staff present: Ruth Katz, Chief Public Health Counsel;
16 Sarah Despres, Counsel; Purvee Kempf, Counsel; Naomi Seiler,
17 Counsel; Katie Campbell, Professional Staff Member; Stephen
18 Cha, Professional Staff Member; Emily Gibbons, Professional

19 Staff Member; Virgil Miller, Professional Staff Member; Anne
20 Morris, Professional Staff Member; Alvin Banks, Special
21 Assistant; Clay Alspach, Minority Counsel, Health; and Ryan
22 Long, Minority Chief Counsel, Health.

|
23 Mr. {Pallone.} I call the meeting of the House
24 subcommittee to order, and today we are having a hearing on a
25 number of public health bills that are priorities of our
26 committee members, so I will recognize myself for an opening
27 statement.

28 Given that this is the second hearing of the day, I am
29 going to keep my remarks very brief so we can hear from the
30 witnesses from the Department of Health and Human Services.
31 I do want to express my gratitude to HHS, not only for
32 providing helpful feedback and comments on the bills we plan
33 to consider this week, but also for their flexibility with
34 this hearing. The hearing was originally scheduled for
35 yesterday, but the witnesses for HHS agreed to testify today,
36 late in the day, to accommodate members' schedules. We truly
37 appreciate your true commitment to be accessible and
38 available to the Energy and Commerce Committee, and look
39 forward to your testimony.

40 The legislation that you--that Health and Human Services
41 will be commenting on today encompasses a broad number of
42 public health priorities that will strengthen and enhance
43 research-related pediatrics, heart diseases, multiple
44 sclerosis, scleroderma, bone marrow failure, and cancer.
45 Research and treatment is informed by strong data, and so HHS

46 will also comment today on legislation to improve the
47 collection of data for health disparities.

48 Finally, we will hear from the Department on the
49 critical services that public health veterinarians provide in
50 our communities to protect the public health. Congresswoman
51 Tammy Baldwin and I have worked together on legislation to
52 promote an adequate supply of public health veterinarians who
53 work in subject areas that have an impact on human health by
54 assuring access to grants and loans.

55 I am pleased that our staff and the minority are
56 finalizing consensus language on this shared goal. I would
57 like to ask unanimous consent to enter into the record a
58 letter from the Association of American Veterinary Medical
59 Colleges, and the American Veterinary Medical Association on
60 the revised version of H.R. 2999.

61 Without objection, so ordered.

62 [The information follows:]

63 ***** COMMITTEE INSERT *****

|

64 [The prepared statement of Mr. Pallone follows:]

65 ***** COMMITTEE INSERT *****

|
66 Mr. {Pallone.} And I will yield to our ranking member,
67 Mr. Shimkus.

68 Mr. {Shimkus.} Thank you, Mr. Chairman. As I promised
69 this morning, we would also just put on the record that we
70 appreciate the folks from Health and Human Services showing
71 up. We are still anxiously awaiting the presence of the
72 secretary to help us discern her intentions on the healthcare
73 law. It has been a long time since it has now been passed
74 into the law, and she is involved in the administration of
75 that. Numerous letters--and we would like to at least start
76 addressing some of those issues, especially those that we
77 know need to be fixed. We know there are provisions that
78 need to be fixed. There are bipartisan discussions on both
79 sides, and we should be about that business.

80 But since that is not going to happen anytime soon, I
81 want to thank you for also moving this to a time when members
82 have no excuse for not being here. So if they are not here,
83 they are absent. Fly-in days are a different position by
84 most members, especially in this environment. At least now
85 we can hold them accountable for not showing, because we all
86 should be here. Again, I thank you for changing your
87 schedule.

88 We have been working hard on this whole list of 20 or so

89 bills, and we are making great headway in trying to move
90 these expeditiously. I am just going to lay out some of the
91 general concerns.

92 Spending in our national government is a primary concern
93 of the population out there, I mean, at least in my district,
94 and I think it is safe to say across the country. You can't
95 spend money, theoretically, by the civics books if you don't
96 authorize. Anytime you increase authorizations, you increase
97 the ability to spend more money. So having said that, the
98 compelling arguments increasing authorizations better be
99 compelling. I hope to move, eventually, to a time when
100 instead of having offsets, we move to auth-sets where we take
101 an authorization and we remove one that doesn't really hold
102 water or isn't applicable anymore. That would be a good
103 signal to the public that we are not only trying to move
104 government spending where it should go, but we are also
105 recognizing the fact that we probably authorize spending and
106 spend money in inappropriate ways.

107 What some of the negotiations are is looking at
108 authorization levels and inflationary adjustments, and I
109 think--in those areas I think we can get to some agreement.
110 Some bills talk about additional granting to states. That is
111 going to be a problem in this environment, getting Republican
112 support for additional spending.

113 I will end, there is also some that tread very close to
114 abortion discussions and high amendment issues. We would
115 think that that would not be helpful in moving bipartisan
116 bills to the floor.

117 With that, Mr. Chairman, I will stop and I will yield
118 back my time.

119 [The prepared statement of Mr. Shimkus follows:]

120 ***** COMMITTEE INSERT *****

|
121 Mr. {Pallone.} Thank you, Mr. Shimkus. We have some
122 other members here. Mr.--the gentleman from Georgia, Mr.
123 Barrow, was here first.

124 Mr. {Barrow.} I thank the chairman. As Mr. Shimkus
125 says, I have no excuse not to be here, but I have nothing to
126 add to what has been said to set the table for our discussion
127 here today, so I will waive an opening. Thank you.

128 [The prepared statement of Mr. Barrow follows:]

129 ***** COMMITTEE INSERT *****

|
130 Mr. {Pallone.} Thank you. And we have Mr. Green from
131 Texas.

132 Mr. {Green.} Thank you, Mr. Chairman, and I have to
133 admit, I wasn't listening to my colleague from Illinois. I
134 was actually outside, and I am glad I am here and present.

135 I want to thank you for holding the hearing today on
136 several pieces of healthcare legislation pending before the
137 committee. I am strong supporter and cosponsor of many of
138 the bills, and I am glad we are moving these bills to the
139 legislative process.

140 I don't want to take too much time, but I do want to
141 point out one piece of legislation we will be discussing
142 today. I have been working with Representative Hank Johnson
143 on H.R. 5986, the Neglected Infections of Impoverished
144 Americans Act of 2010 since we were marking up the health
145 reform bill, and I included this legislation as an amendment.
146 Recently Chairman Waxman and Representative Gingrey signed on
147 the legislation as original cosponsors, and I would like to
148 thank them for their efforts on the issue.

149 H.R. 5986 would require HHS to submit a report to
150 Congress on the current state of parasitic diseases that have
151 been overlooked among the poorest Americans. The 2008 study
152 by George Washington University and the Saving Vaccine

153 Institute identified high prevalence rates of parasitic
154 infections in the poorest areas of the United States and
155 along our border regions. Scientists estimate there may be
156 as many as 100 million infections and neglected diseases
157 identified in our legislation, including chigas, cystic
158 cirrhosis, toxicaras--anyway, there are a whole bunch of
159 them, and I would the full statement to be placed into the
160 record.

161 [The information follows:]

162 ***** COMMITTEE INSERT *****

|
163 Mr. {Green.} These diseases and other neglected
164 diseases of poverty collectively infect over 1.7 billion
165 people around the world, but they disproportionately affect
166 minority and impoverished populations across the United
167 States, producing effects ranging from asymptomatic infection
168 to asthma-like symptoms, seizures, and death. This study is
169 especially important, because these neglected diseases
170 receive less financial support than they deserve. A mere
171 \$231,730 of research funding was allocated by the NIH since
172 1995.

173 Discrepancy in funding is known as the 10/90 gap. A
174 mere 10 percent of the global health research dollars is
175 directed towards diseases affecting 90 percent of the global
176 population. The Neglected Infections of Impoverished
177 Americans Act of 2010 would provide an update evaluation of
178 the current dearth of the knowledge regarding epidemiology in
179 these diseases and the socioeconomic health and development
180 impact they have on our society.

181 I want to thank our witnesses for appearing today, and I
182 would like to submit two letters of support for H.R. 5986 for
183 the record. One letter is from the University of Georgia and
184 the other is from the University of South Alabama. Again,
185 thank you, Mr. Chairman. I yield back my time.

186 [The information follows:]

187 ***** COMMITTEE INSERT *****

|

188 [The prepared statement of Mr. Green follows:]

189 ***** COMMITTEE INSERT *****

|
190 Mr. {Pallone.} Without objection, so ordered on the two
191 letters.

192 Next is our subcommittee vice chair, Ms. Capps.

193 Mrs. {Capps.} Thank you, Mr. Chairman, for holding this
194 hearing. I would like also to ask unanimous consent to enter
195 two letters in the record, one in support of H.R. 1032, and
196 the other in support of H.R. 2941.

197 Mr. {Pallone.} Without objection, so ordered.

198 [The information follows:]

199 ***** COMMITTEE INSERT *****

|
200 Mrs. {Capps.} So I am cosponsor of many of the bills
201 before us today, and I urge us to act swiftly to pass them
202 out of committee. I want to specifically thank you for
203 including two bills that I have sponsored on the agenda.

204 The first is H.R. 1032, the HEART for Women Act, which I
205 am proud to say has broad bipartisan support, including every
206 single Republican and Democratic woman on this committee. It
207 focuses on expanding CDC's WISE WOMAN program, which has been
208 proven so effective in ensuring that FDA is evaluating all
209 new drug and device applications for how they effect women
210 and men differently.

211 Working closely with the majority and the minority
212 committee staffs, I feel confident that we have solid changes
213 to this legislation that should make it sort of a no-brainer
214 for unanimous passage.

215 The other bill is H.R. 2408, the Scleroderma Research
216 and Awareness Act, which also has strong bipartisan support
217 and has been modified to address concerns of the minority and
218 majority alike. H.R. 2408 would promote further NIH research
219 into this debilitating disease and promote public awareness
220 of scleroderma through the CDC.

221 Thank you again for considering these bills in today's
222 hearing. I look forward to passing them out of committee,

223 and ultimately the House. If you wouldn't mind an additional
224 statement, because unfortunately Congresswoman Eshoo had a
225 family emergency, and I would like to voice my support for
226 her legislation, H.R. 211, with the strong support of United
227 Way and 251 bipartisan cosponsors, the calling for 211 act
228 builds on existing state and local efforts to connect people
229 with services and volunteer opportunities. The legislation
230 provides federal matching grants augmenting existing funding
231 from state and local governments, nonprofits, and the
232 business community. With this bill, 211 will finally become
233 a truly national system.

234 I yield back.

235 [The prepared statement of Mrs. Capps follows:]

236 ***** COMMITTEE INSERT *****

|
237 Mr. {Pallone.} Without objection, so ordered. And all
238 members of the subcommittee's statements who desire to enter
239 them into the record will be entered in the record without
240 further--without any objection.

241 The gentlewoman from Wisconsin, Ms. Baldwin.

242 Ms. {Baldwin.} Thank you, Mr. Chairman. I have two
243 bills before the committee today, and both are deeply
244 important to me and many others. I am delighted that the
245 committee is considering them.

246 H.R. 2999, the Veterinary Public Health Workforce and
247 Education Act, represents a comprehensive solution to
248 ensuring that the veterinary public health workforce can meet
249 vital public health challenges. We worked across the aisle
250 to draft a manager's amendment that will serve as a good
251 first step, and help attract and retain more veterinarians
252 into public health careers. I thank you, Mr. Chairman, for
253 your support in this effort, as well as my friend and
254 colleague from Pennsylvania, Mr. Murphy, who is a key leader
255 in this legislation.

256 Second, the Health Data Collection Improvement Act would
257 authorize HHS to collect, where practical and appropriate,
258 information on sexual orientation and gender identity for
259 participants in health programs and health surveys. This is

260 an issue that I have brought to this committee's attention a
261 number of times over the past few years. Currently, no
262 federal health survey or federal health program collects data
263 on sexual orientation or gender identity. As a result, we
264 are left with gaping holes in our knowledge base on LGBT
265 health. The federal government must have basic information
266 on the health of all Americans in order to help address these
267 issues, especially for those who may face discrimination and
268 stigma in the healthcare system and outside the healthcare
269 system.

270 Again, thank you, Mr. Chairman, for considering these
271 bills. I look forward to hearing from our witnesses today.
272 I yield back.

273 [The prepared statement of Ms. Baldwin follows:]

274 ***** COMMITTEE INSERT *****

|
275 Mr. {Pallone.} Thank you. The gentleman from--the
276 gentelady from Illinois, Ms. Schakowsky, care to make an
277 opening statement?

278 Ms. {Schakowsky.} Yes. Thank you, Mr. Chairman. I am
279 in support of all of these bills, but I wanted to highlight
280 H.R. 1210, the Arthritis Prevention, Control, and Cure Act,
281 and thank its sponsor, Representative Eshoo, who couldn't be
282 here today, for her leadership. She is attending a family
283 funeral.

284 Forty-six point three million Americans, including
285 300,000 children, are living with this painful disease.
286 Arthritis is the number one cause of disability in the United
287 States, and costs our economy \$130 billion a year. I am
288 cosponsor of H.R. 1210 because it helps address those
289 problems, it includes competitive grants to support the
290 prevention, control, and surveillance of arthritis, and gives
291 NIH the authority to expand research activity surrounding
292 juvenile arthritis.

293 I look forward to hearing from our witnesses today, and
294 to consideration and passage, we hope, of the Arthritis
295 Prevention, Control, and Cure Act tomorrow.

296 I yield back.

297 [The prepared statement of Ms. Schakowsky follows:]

298 ***** COMMITTEE INSERT *****

|
299 Mr. {Pallone.} Thank you. Gentleman from Ohio, Mr.
300 Space.

301 Mr. {Space.} Thank you, Mr. Chairman. I appreciate
302 your efforts in holding this hearing on a number of important
303 bills.

304 Today, our subcommittee is taking into consideration a
305 number of bills focused on improving public health efforts in
306 our Nation, and addressing public health is no simple task
307 right now. Childhood obesity rates are on the rise, diabetes
308 is rapidly becoming epidemic. Long story short, there are a
309 number of disturbing trends out there that give all of us
310 significant concerns about the future of our healthcare
311 system.

312 That is why I am extremely pleased that Chairman Pallone
313 has offered us today's hearing as an opportunity to look at
314 one of the bills that I have sponsored, along with my
315 colleague from Nebraska, Mr. Terry, H.R. 6012. This
316 legislation is designed to reduce the number of seniors in
317 this country with undiagnosed diabetes, and it is easy to see
318 why we are doing this. We are spending upwards of \$200
319 billion a year now combating diabetes in all forms. That is
320 more money than we spend in Iraq in any given year during our
321 wars.

322 Figuring out a way to deal with this in a commonsense
323 way that also mitigates the extensive human suffering that
324 accompanies this epidemic disease is vital, and I appreciate
325 the opportunity to address it today and take this up tomorrow
326 in the markup.

327 I yield back. Thank you, Mr. Chairman.

328 [The prepared statement of Mr. Space follows:]

329 ***** COMMITTEE INSERT *****

|
330 Mr. {Pallone.} Thank you. I think that is all of the
331 members that we have, so we will go to our witnesses.
332 Welcome to the subcommittee hearing. Let me introduce each
333 of you.

334 Starting on my left is Dr. Lawrence Tabak, who is
335 Principal Deputy Director of the National Institutes of
336 Health with the U.S. Department of Health and Human Services.

337 Then we have Dr. Ileana Arias, who is principal Deputy
338 Director of the Centers for Disease Control and Prevention,
339 again with the U.S. Department of Health and Human Services.

340 Then we have Dr. Marcia Brand, who is Deputy
341 Administrator for Health Resources and Services
342 Administration with HHS.

343 And then I have--my note here says available for SAMHSA-
344 related questions is H. Westley Clark, who is--oh my. You
345 have so many degrees I don't even know where to begin. You
346 are a doctor, M.D., a lawyer, M.P.H., CAS, FASAM, Director of
347 the Center for Substance Abuse Treatment, Substance Abuse and
348 Mental Health Services Administration at the Department
349 again.

350 So we try to keep it to 5 minutes. Your statements will
351 become part of the record. If you want to submit additional
352 written comments, you may.

353 I will start with Dr. Tabak.

|
354 ^STATEMENTS OF LAWRENCE TABAK, PRINCIPAL DEPUTY DIRECTOR,
355 NATIONAL INSTITUTES OF HEALTH (NIH), U.S. DEPARTMENT OF
356 HEALTH AND HUMAN SERVICES; ILEANA ARIAS, PRINCIPAL DEPUTY
357 DIRECTOR, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC),
358 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND MARCIA
359 BRAND, DEPUTY ADMINISTRATOR, HEALTH RESOURCES AND SERVICES
360 ADMINISTRATION (HRSA), U.S. DEPARTMENT OF HEALTH AND HUMAN
361 SERVICES

|
362 ^STATEMENT OF LAWRENCE TABAK

363 } Dr. {Tabak.} Mr. Chairman and members of the
364 subcommittee, thank you. I am honored to attend this
365 hearing with my colleagues to discuss issues relating to
366 legislation pending before this committee today.

367 NIH and its research partners, patients and their
368 families, scientists and their research institutions have
369 collaborated to produce scientific understanding and medical
370 innovation that has prolonged lives, reduced human suffering,
371 and improved the quality of life for millions. Due to NIH
372 research, mortality from heart disease and stroke has been
373 cut by more than half in the United States. Today's new
374 cancer therapies arrest the disease and prolong the life so

375 cancer survivors number in the millions. Our blood supply is
376 far safer because of tests for HIV and hepatitis B and C.

377 NIH funded science has also helped people make lifestyle
378 changes that promote health, such as eating less fat,
379 exercising more and quitting smoking. These are a few
380 examples of NIH funded discovery that have transformed
381 medical care.

382 NIH owes much of its success to the advocacy and strong
383 support of millions of patients and their families.
384 Historically, NIH has also been championed by Congress and
385 has received strong bipartisan support. As a community,
386 researchers on the NIH campus and around the country are very
387 grateful for such support and are mindful of the
388 responsibility we bear to be good stewards of the taxpayers'
389 investment in medical science.

390 NIH has also been given the flexibility and indeed, the
391 explicit responsibility to exercise the scientific
392 communities' best collective judgment in determining research
393 priorities. These decisions are made in a dynamic matrix of
394 scientific opportunity, public health needs, burden of
395 disease, and the input and perspective offered by patients,
396 their families and advocates, scientists, and public health
397 experts.

398 First and foremost, NIH must respond to public health

399 needs, which are addressed through a complex balance among
400 basic, transformative, and clinical sciences.

401 Second, NIH applies stringent review provided by outside
402 scientists who are experts in a given field, evaluating the
403 quality of all research proposals considered.

404 Third, scientific history has repeatedly demonstrated
405 that significant research advances occur when new findings,
406 often completely unexpected, open up new experimental
407 possibilities and pathways.

408 Finally, we strive to ensure the diversity of NIH's
409 research portfolio as we simply cannot predict the next
410 scientific revelation or anticipate the next opportunity.

411 Having briefly discussed how NIH sets research
412 priorities, I would like to review some of the research we
413 are currently conducting in several of the disease areas that
414 are addressed by the bills pending before the subcommittee.

415 Juvenile idiopathic arthritis has no definitive cause
416 and strikes children before they turn 16. The National
417 Institute of Arthritis and Musculoskeletal and Skin Diseases
418 funds a broad range of research, from basic studies of
419 underlying mechanisms of arthritis to clinical studies
420 exploring new treatment options. Scleroderma is a group of
421 diseases in which the connective tissue that supports the
422 skin and internal organs grows in a highly abnormal manner.

423 NIMS has supported the Scleroderma Family Registry and DNA
424 Repository, which has enabled researchers to conduct genome-
425 wide association studies of scleroderma, which will provide
426 insight into which genes are responsible for susceptibility
427 to scleroderma, and which biological pathways may cause organ
428 damage in the disease.

429 Children deserve to be born healthy and to achieve their
430 full potential for healthy and productive lives. NIH, led by
431 the National Institute of Child Health and Human Development
432 supports the bulk of research on normal and abnormal child
433 health and development. The majority of NIH's institutes and
434 centers include pediatric research in their portfolios.

435 Regarding the subcommittee's interest in type 2 diabetes
436 research for minority populations, NIH primarily through the
437 National Institute of Diabetes and Digestive and Kidney
438 Diseases is investing significant resources in multi-faceted
439 research on this disease in minority populations, as well as
440 obesity research.

441 Let me conclude by offering the thanks of NIH, the
442 biomedical research community, and the millions of American
443 patients and their families for your unwavering dedication.
444 I am personally grateful for your time and attention this
445 afternoon, and look forward to your questions.

446 Thank you.

447 [The prepared statement of Dr. Tabak follows:]

448 ***** INSERT 1 *****

|

449 Mr. {Pallone.} Thank you, Dr. Tabak.

450 Dr. Arias?

|
451 ^STATEMENT OF ILEANA ARIAS

452 } Ms. {Arias.} Mr. Chairman, Ranking Member Shimkus, and
453 members of the subcommittee, thank you for the opportunity to
454 testify today along with my colleagues from the Department.

455 This is an exciting time to be engaged in prevention and
456 public health. We are currently improving our immunization
457 programs, taking steps to reduce healthcare associated
458 infections, rebuilding our Nation's public health
459 infrastructure, and supporting communities across America as
460 they tackle critical problems like obesity and youth smoking.

461 In the years ahead, millions more Americans will have
462 coverage for preventive services. We are anxious to take
463 advantage of these opportunities, and to track the health
464 gains that this focus on prevention can bring.

465 I am pleased to be here as you consider legislation to
466 address certain health issues of concern. We appreciate the
467 interaction that we have had with members of the subcommittee
468 and staff on these bills, and we greatly appreciate the
469 opportunity to share our public health expertise with you.

470 CDC's mission is to promote health and quality of life
471 by preventing and controlling disease, injury, and
472 disability. Working closely with our sister agencies, CDC is

473 committed to reducing the health economic consequences of the
474 leading causes of death and disability, thereby promoting a
475 long, productive, and healthy life for all people in the
476 country. Today I want to provide you with a broad
477 perspective on CDC's current efforts to achieve these goals,
478 and to discuss CDC's work that relates to many of the bills
479 that you are considering.

480 First, I would like to review a few of CDC's current
481 initiatives that demonstrate the range of public health
482 challenges that we are facing. CDC has begun an effort to
483 achieve measurable impact quickly in a few targeted areas,
484 which we refer to as ``Winnable Battles.'' These Winnable
485 Battles were selected based on the scope of the burden posed
486 by these health threats, and equally importantly, CDC's
487 ability to make significant progress in improving relevant
488 health outcomes. To date, CDC director Dr. Thomas Frieden
489 and CDC leaders have identified six Winnable Battles, and
490 have outlined a number of achievable priorities and
491 opportunities for each of these.

492 The six Battles are, first, prevention of HIV; second,
493 motor vehicle collisions; third, the prevention of healthcare
494 associated infections; fourth, the control of tobacco; fifth,
495 prevention of teen pregnancy; and then lastly but not least,
496 the prevention of obesity, the improvement of nutrition,

497 physical activity, and food safety, which includes diabetes,
498 a critical and costly health problem that the subcommittee is
499 working to address today in three legislative initiatives
500 advanced by Representatives Engel, DeGette, and Space.

501 In many cases, we have known effective solutions; in
502 others, such as gestational diabetes, work remains to
503 identify the path to prevent the issue.

504 First, the CDC leadership has identified five strategic
505 priorities to help achieve these Winnable Battles and to
506 support other public health priorities. The first of these
507 five priorities is applying effective policies. The science
508 currently tells us that effective policies in areas such as
509 tobacco control, motor vehicle safety, healthy eating, and
510 physical activities in schools and communities can save lives
511 and reduce healthcare costs. We are increasing our
512 effectiveness in this area. The subcommittee today is
513 considering a bill on methamphetamine education and
514 treatment, which is very relevant to CDC's effort to identify
515 policy interventions that can reduce the health toll from
516 overuse of prescription medications.

517 Second, providing leadership in global health. Global
518 public health investments have a direct benefit on U.S.
519 public health and U.S. national security. Programs in AIDS,
520 malaria, and pandemic preparedness have improved health

521 systems throughout the world and strengthened our outbreak
522 response. CDC has specifically created a new global health
523 center to accelerate work in this area.

524 Third, with the support of Congress and the public
525 health and prevention fund, CDC is making investments that
526 will significantly address the third priority, improving and
527 strengthening surveillance, epidemiology, and laboratory
528 capacity. This is essential and critical to our ability to
529 identify health problems and to develop--and importantly to
530 track the progress of solutions. Many of the bills being
531 considered by the subcommittee today explicitly call for
532 improvements in the availability of data on public health
533 issues, such as Representative Burgess' work with Mr. Van
534 Hollen on surveillance of neurological diseases,
535 Representative Baldwin's initiative to expand data collection
536 on sexual orientation and gender identity, Representative
537 Eshoo's proposal to advance arthritis surveillance, and
538 Representative Johnson's focus on neglected diseases, and
539 Representative DeLauro's initiative on birth defects. We are
540 confident that any of these specific mandates would benefit
541 from CDC's current focus on improving national surveillance
542 capacity.

543 State, local, tribal, and territorial health agencies
544 collect surveillance data, they conduct laboratory testing,

545 and they investigate outbreaks and take public health action.
546 They essentially are our boots on the ground. Because these
547 CDC partners are critical to implementing public health
548 programs across the country, many of the measures before the
549 subcommittee today rely on grants to these agencies to
550 achieve the bills purposes. These measures include
551 Representative Space's work to increase research and data
552 collection on the widespread occurrence but unclear origins
553 of gestational diabetes, and Representative Eshoo's
554 initiative to implement a State-based call-in system
555 providing individuals with information about human services.
556 We are confident that CDC's focus on working with our
557 partners to improve the performance of public health agencies
558 would improve the capacity relative to these specific
559 initiatives.

560 Our final priority is to use the above strategies and
561 the focus on Winnable Battles to have a significant impact on
562 the leading causes of death, illness, injury, and disability.
563 CDC would be interested in working with the subcommittee to
564 ensure that any initiatives being considered today could
565 build on successful efforts to address high-burden health
566 problems. For example, this week CDC launched a campaign
567 addressing prevention of gynecological cancers, and we will
568 also be addressing heart disease through the WISEWOMAN

569 program. These programs address cancer and heart disease,
570 which are among the leading causes of death in our country.

571 With the support of Congress we have made progress in
572 addressing the Nation's most pressing health needs, and the
573 focus I have outlined above, supported by investments in the
574 Recovery Act and the Affordable Care Act, we feel we are
575 poised to accelerate these gains.

576 I appreciate the opportunity to discuss CDC's work with
577 you, and look forward to working with the subcommittee as you
578 consider the legislative initiatives before you. Thank you.

579 [The prepared statement of Ms. Arias follows:]

580 ***** INSERT 2 *****

|

581 Mr. {Pallone.} Thank you, Dr. Arias.

582 Dr. Brand?

|
583 ^STATEMENT OF MARCIA BRAND

584 } Ms. {Brand.} Yes, good afternoon, Mr. Chairman--

585 Mr. {Pallone.} I think it is either not on or not close
586 enough to you.

587 Ms. {Brand.} Good afternoon--

588 Mr. {Pallone.} A little closer.

589 Ms. {Brand.} Mr. Chairman--

590 Mr. {Pallone.} Is it on?

591 Ms. {Brand.} Yes.

592 Mr. {Pallone.} Green light, okay.

593 Ms. {Brand.} Mr. Chairman, members of the subcommittee,
594 thank you for the opportunity today to testify on behalf on
595 the Secretary for Health and Human Services, Kathleen
596 Sebelius, and Dr. Mary Wakefield, the Administrator of the
597 Health Resources and Service Administration. I am Marcia
598 Brand. I am the Deputy Administrator at HRSA and I am
599 pleased to join my other Department colleagues appearing
600 before you today.

601 The Health Resources and Services Administration helps
602 the most vulnerable Americans receive quality primary
603 healthcare without regard to their ability to pay. HRSA
604 works to expand access to healthcare for millions of

605 Americans, the uninsured, the underserved, and the
606 vulnerable. The individuals we serve include mothers and
607 their children, those living with HIV and AIDS, and residents
608 of rural areas. HRSA recognizes that people need to have
609 access to primary healthcare, and through its programs and
610 activities, the agency seeks to meet these needs.

611 HRSA delivers on its obligation to address primary care
612 access through six bureaus and 13 offices that comprise the
613 agency. HRSA helps to train future nurses, doctors, and
614 other health providers, placing them in areas of the country
615 where health resources are scarce. The agency collaborates
616 with government at the federal, state, and local levels, and
617 also with community-based organizations to seek solutions to
618 primary healthcare challenges. HRSA provides leadership and
619 financial support to healthcare providers in every state and
620 every U.S. territory.

621 HRSA's vision for the Nation is health communities and
622 healthy people. Our mission is to improve health and achieve
623 health equity through access to quality services, a skilled
624 health workforce, and innovative programs. The agency seeks
625 to further our vision and carry out our mission through our
626 four major goals: improve access to quality care and
627 services, strengthen the health workforce, build healthy
628 communities, and improve health equity.

629 At HRSA, we believe that primary care is more than
630 having a place to go when you are sick. We view primary care
631 as the Institute of Medicine does, providing integrated,
632 accessible care services by clinicians who are accountable
633 for addressing a large majority of personal healthcare needs,
634 developing a sustained partnership with patients, and
635 practicing in the context of family and community.

636 In addition to supporting the provision of direct
637 patient care, HRSA focuses on implementing programs that
638 increase the number of primary care providers, including the
639 National Health Service Corps. HRSA programs train primary
640 care providers, long-term care workers, and individuals
641 skilled in providing care for the elderly. HRSA programs
642 also support loans and scholarships that encourage
643 disadvantaged individuals and those from diverse backgrounds
644 to enter into the health profession.

645 HRSA is committed to making sure that the U.S. has the
646 right clinicians and the right skills working where they are
647 needed most. HRSA-funded centers are often the practice
648 sites for clinicians trained and supported through our
649 programs. HRSA-funded health centers are community-based and
650 patient-directed organizations that serve populations with
651 limited access to healthcare.

652 HRSA's programs, however, are as diverse as the

653 individuals, families, and communities that we serve. Among
654 the innovative programs that we oversee are organ, bone
655 marrow, and cord blood donation. The agency also coordinates
656 activities related to rural health within the Department of
657 Health and Human Services, and for 20 years, HRSA's Ron White
658 HIV/AIDS program has provided a legacy of care to persons
659 living with HIV and AIDS. Our programs play a critical part
660 in the Nation's healthcare safety net.

661 It seems fitting to close my overview of HRSA's programs
662 by noting that our Title V Maternal and Child Health Services
663 Block Grant program, which is the Nation's oldest federal
664 state healthcare partnership, will be celebrating its 75th
665 anniversary this year. Title V has provided a foundation and
666 structure for ensuring the health of the Nation's mothers and
667 children.

668 In closing, Mr. Chairman and members of the
669 subcommittee, tens of millions of Americans get affordable
670 healthcare and other assistance through HRSA's programs and
671 its 3,000 grantees. We are extremely proud of our programs
672 and look forward to continuing to work with you to provide
673 quality primary care for all. I appreciate the opportunity
674 to testify today, and hope this testimony will inform the
675 subcommittee's future deliberations on the many important
676 legislative proposals before you.

677 I would be pleased to answer any questions you might
678 have.

679 [The prepared statement of Ms. Brand follows:]

680 ***** INSERT 3 *****

|
681 Mr. {Pallone.} Thank you, Dr. Brand.

682 Dr. Clark, you were just here to answer questions,
683 right? Okay. So we will go to the questions and I will
684 start with myself and recognize myself for 5 minutes.

685 I wanted to ask about the veterinary bill, H.R. 299,
686 because that is one of the ones that I am particularly
687 concerned about. I will ask Dr. Brand--I will start with
688 you.

689 Your testimony describes HRSA's work to support the
690 training and education of health professionals. I would like
691 to ask you about HRSA's support for public health
692 professionals. My understanding is that HRSA administers
693 programs to promote the training and education in various
694 ways, but how does this relate to this bill in particular?
695 And if you could tell us how certain veterinarians with
696 expertise in public health contribute to the public health
697 workforce.

698 Ms. {Brand.} HRSA already provides support for
699 veterinary schools through our health profession student loan
700 program. Scholarships for disadvantaged students, our HCOP
701 program, which is our Health Careers Opportunities Program,
702 geriatric education centers, loans for disadvantaged
703 students, and our Centers for Excellence Program. So we

704 already have a relationship with a number of veterinary
705 schools.

706 We have also a new provision that would allow us to
707 provide loan support for veterinarians and support their
708 training, should those resources be made available.

709 Mr. {Pallone.} And then Dr. Arias and Dr. Tabak, is
710 there anything you would like to add about the role of these
711 veterinary public health professionals from either CDC or NIH
712 perspectives, if you would?

713 Dr. Arias?

714 Ms. {Arias.} Sure. CDC clearly recognizes the
715 relationship between veterinary issues, emerging issues among
716 animals and then humans. In fact, H1N1 is the most recent
717 example of how it is that what happens with animals is
718 something that eventually can influence humans, which is what
719 we are primarily charged with making sure we address.

720 In addition to that, we continue to face the challenge
721 of vector-borne illness, the most obvious of those currently
722 is the spread of Dengue Fever, which first was a significant
723 issue in Puerto Rico but now has crossed borders into
724 Florida, making sure that we engage in whatever it is that we
725 have to do in order to make sure that that spread does not
726 continue. One of the things that we are committed to is
727 making sure that we identify and rely on the professional

728 expertise of all those who need to be brought to the table so
729 that we can then address those health issues among humans in
730 an effective way, and veterinary professionals are part of
731 that.

732 Mr. {Pallone.} Thank you.

733 Dr. Tabak?

734 Dr. {Tabak.} Yes. I can tell you that the NIH, through
735 the National Center for Research Resources, administers
736 programs that are similar to the bills' goals with regard to
737 training in infectious disease and environmental research.
738 These include training programs and career development
739 programs specifically oriented to veterinarians receiving
740 training in biomedical and translational research of public
741 health significance, as well as providing funding for the
742 construction acquisition of equipment, and other capital
743 costs related to the expansion of entities related to
744 veterinary medicine, biomedicine, and public health.

745 Mr. {Pallone.} Okay, thanks.

746 Can I ask Dr. Clark--I have to ask you something, since
747 that is why you are here, right?

748 On the methamphetamine bill, H.R. 2818, it reauthorizes
749 and enhances residential treatment programs for pregnant
750 women and mothers. What need does this program meet that
751 makes it different from other drug treatment programs, and

752 does the bill only address meth?

753 Dr. {Clark.} The--we take no official position on the
754 bill, per se, but we do recognize that the important issues
755 associated with substance use and pregnant women, and the
756 intergenerational transmission of substance abuse-related
757 problems. We know that methamphetamine affects not only
758 children, families, law enforcement, but the environment, so
759 we have specific programs targeted to pregnant, postpartum,
760 and parenting women, and this bill assists us in addressing
761 that.

762 Since 2002, we--through our existing pregnant,
763 postpartum women program we have treated almost 4,700 women;
764 51.6 percent were pregnant. So this bill allows us to move
765 what we have been doing in the field, to change the
766 authorization to include outpatient care, and women who are
767 parenting but who are not pregnant. And that is an important
768 thing.

769 I should note that our program has included care for
770 4,000 children, 58 percent of whom were in their mother's
771 custody, so that becomes an important issue, because as we
772 are aware, reuniting families is an important issue where
773 possible. So this bill would allow those issues to be
774 addressed, and we are very much concerned about that, making
775 sure that families can be reunited. We deal with the

776 substance abuse issue, both in residential an outpatient
777 settings, and the authorization associated with this bill
778 broadens the scope of our current activity.

779 Mr. {Pallone.} Okay, thank you.

780 Mr. Shimkus?

781 Mr. {Shimkus.} Thank you, Mr. Chairman. I would like
782 for you, Dr. Brand and Dr. Arias, to send my warm regards to
783 the Secretary and let her know I look forward to her coming
784 sometime. She will eventually get here and we will
785 eventually have an interesting day of addressing questions
786 and concerns about implementation. It is important, because
787 a lot of these--a lot of our consternation here is that the
788 dust hasn't settled on the law. The new law does give the
789 Secretary a lot of authority and money to do a lot of things
790 that a lot of these bills could do without authorization. So
791 that is of concern. That is the point of some of these
792 questions.

793 Let me go to Dr. Arias first. I understand that CDC has
794 been involved with arthritis research, education, and
795 surveillance, including the implementation of a National
796 Arthritis Action Plan. Would you describe these activities
797 for us?

798 Ms. {Arias.} I can get you more specific information
799 that I think is going to be more helpful to you for the

800 written record, but just broadly, it is to primarily provide
801 education about arthritis, and then encourage the linkage of
802 individuals afflicted with arthritis to services that may be
803 important for them in order to improve the quality of life.

804 One of the significant concerns among individuals with
805 arthritis, especially with increasing age, is the high risk
806 for falls, and then unfortunately the negative health
807 consequences associated with that. So not only because of
808 the arthritic issues per se, but then the consequences for
809 general health that unfortunately are true for those
810 individuals. Our program then expands and looks at those
811 issues as well.

812 Mr. {Shimkus.} So we already have a plan to some
813 extent, is that correct?

814 Ms. {Arias.} I can get--to the extent that we have a
815 plan, I will send that to you as follow-up. I know that we
816 have the broad strategy as to be able to then identify
817 individuals who are afflicted and make services either for
818 prevention or--

819 Mr. {Shimkus.} Can you--when you also do this, can you
820 send us how much money CDC is currently spending on this
821 plan? We think you do have a plan, so--

822 Ms. {Arias.} Certainly, we can do that.

823 Mr. {Shimkus.} Issue two on this is part of the

824 arthritis bill talks about a \$19 million funding for
825 rheumatologists--pediatric rheumatologists, and it is our
826 understanding--in fact, I have a pull-out here as to the big
827 law--and here is the page--but in Section 5203 of the new
828 healthcare law, there is--it looks like \$30 million loan
829 repayment program for pediatric specialists, loan repayment
830 program. Would--this also could be available for--I mean, it
831 is a pediatric specialist--pediatric rheumatologist would be
832 a pediatric specialist, would it not?

833 Ms. {Arias.} Yes, although I couldn't speak to a
834 repayment program, and I don't know if her--

835 Mr. {Shimkus.} Well, that is why we need the Secretary
836 here, because that is the part of the new law.

837 Dr. Brand?

838 Ms. {Brand.} Well--

839 Mr. {Shimkus.} It is 5203.

840 Ms. {Brand.} Yes, sir. It creates the pediatric
841 specialties loan repayment program, and HRSA does manage the
842 loan repayment programs. I don't believe any resources
843 remain available for it, so it is--

844 Mr. {Shimkus.} Well, there is \$20 million for each of
845 the fiscal year 2010 through 2013, which is part of the law--

846 Ms. {Schakowsky.} Excuse me, would the gentleman yield
847 just for factual--

848 Mr. {Shimkus.} Sure, yeah.

849 Ms. {Schakowsky.} Let me just say that the \$30 million
850 that was originally in 2010--H.R. 2010 has been taken out.
851 It is out of the bill, the bill that is before us now.

852 Mr. {Shimkus.} You are talking about the \$19 million.
853 This is the healthcare law that we signed--

854 Ms. {Schakowsky.} No, I understand that, but there is
855 no redundancy. I just wanted to make that point.

856 Mr. {Shimkus.} Well, we have--unless you pulled it out
857 from what we were provided right before the hearing, it is in
858 here now.

859 Hopefully then as we move forward--that is our question.
860 That is why we have hearings, to try to address redundancies,
861 and if that is the case, we appreciate it.

862 I also need to move to Dr. Arias again. In fiscal year
863 2011, the CDC budget justification request includes an
864 increase of \$79.4 million above the fiscal year 2010 omnibus
865 for the World Trade Center program for a total of \$150
866 million. Your budget justification states with this
867 increase, CDC will continue to provide monitoring and
868 treatment services for mental and physical health conditions
869 related to World Trade Center exposures for both responders
870 and eligible non-responders. The World Trade Center program
871 is critical in meeting the ongoing and long-term special

872 needs of individuals that were exposed to smoke, dust,
873 debris, and psychological trauma from the World Trade Center
874 attacks. This increase will enable CDC to continue providing
875 these much needed services.

876 The question some members are apparently unaware that
877 CDC currently provides monitoring and treatment services for
878 first responders of the World Trade Center related attacks,
879 so you can--can you confirm that CDC does, in fact, currently
880 provide monitoring and treatment services?

881 Ms. {Arias.} We don't provide services. We do provide
882 technical assistance to develop a registry, and then the
883 surveillance of individuals who were exposed and whatever
884 health conditions they may present, but we don't provide the
885 services.

886 Mr. {Shimkus.} And the services are provided where?

887 Ms. {Arias.} The services are provided in New York City
888 by community-based organizations, hospitals in that area.

889 Mr. {Shimkus.} Great, thank you. My time is expired,
890 but I will just put on the record, the First Lady's Let's
891 Move program is a program that is not authorized but is
892 funded by the--by HHS, through, I guess, by some
893 discretionary funding and the like. So the point, again, for
894 us is a lot of these things HHS has the authority to do, can
895 do, and I will just put that on the record.

896 I yield back my time.

897 Mr. {Pallone.} Our vice chair, Ms. Capps.

898 Mrs. {Capps.} Thank you, Mr. Chairman. As some people
899 know, I have been a very proud sponsor of the Heart for Women
900 Act since 2006, and a big component of this legislation is
901 expanding the CDC's WISEWOMAN program, which you referenced,
902 Dr. Arias, in your testimony, which screens low income,
903 uninsured, and underinsured women between the ages of 40 and
904 64 for cardiovascular disease. The program also provides
905 outreach, referral, education, and counseling to the
906 participants.

907 Dr. Arias, would you please speak a bit about the
908 success of the WISEWOMAN program? Is this considered a
909 valuable and effective program, and does the CDC favor
910 expanding it?

911 Ms. {Arias.} We are very excited about the opportunity
912 for more women to have access to basic screening and other
913 preventive measures starting in 2014. We look forward to
914 WISEWOMAN continuing as a vital complement to those services.
915 WISEWOMAN currently provides for a specific health screening,
916 but it is actually a broader effort to improve heart health
917 among women. So in addition to those clinical preventive
918 services, women in the program can also take advantage of
919 lifestyle programs that target poor nutrition, physical

920 inactivity, smoking. It includes programs such as cooking
921 classes in order to improve nutrition, not just in those
922 women but their families, fitness classes and competitions,
923 and quit smoking classes.

924 These are elements that are not part of clinical
925 preventive services, and therefore we are committed to
926 continuing making sure that these are provided and supported,
927 since there is a significant need for them. It is important
928 to recognize that having insurance coverage doesn't
929 necessarily mean that individuals receive recommended
930 preventive services.

931 So from our experience with WISEWOMAN, especially in the
932 breast and cervical cancer screening program and our
933 immunization program, we understand that it takes much more.
934 And so we are looking forward to being able to provide even
935 greater comprehensive response to a leading cause of death
936 for women in the U.S.

937 Mrs. {Capps.} Thank you. Actually, I will follow-up
938 with a question but you kind of answered it. There are some
939 who are saying--you know, question whether we need an
940 expanded role for WISEWOMAN program into the future, because
941 both immediate and long-term after 2014, when most of the new
942 health reform law goes into effect.

943 It talks a little bit more about ways that you see this

944 being complimentary and not duplicative of the primary care
945 that we expect everyone to be accessing.

946 Ms. {Arias.} Yes, you are correct, and that is our
947 intention. It has been our--we are very interested in making
948 sure that we coordinate with clinical services, as we should
949 in order to have a good response to health conditions.
950 However, from a public health perspective, that is not our
951 primary focus. It is really looking at the context in which
952 those clinical services are made available and are accessed
953 by individuals that can be supported in ways that the
954 services themselves will not do.

955 Mrs. {Capps.} So you--this is one of the areas--and I
956 imagine that there are very many other ones as well, where
957 programs in the community, that are based in the community
958 that serve particular populations will only be enhanced by
959 having more of your target group now also receiving primary
960 care, and that this will be a symbiotic relationship rather
961 than one competing or in any way duplicating what the other
962 is doing. Rather, it will help to reinforce and actually
963 extend the value of primary care that hopefully more women
964 will be getting for themselves and for their families.

965 Ms. {Arias.} Yes, that is exactly correct, and a major
966 reason for why I said that this is a very exciting time for
967 public health, as we look forward to how it is that we can

968 bring down costs, improve the quality of life for every man,
969 woman, and child in this country.

970 Mrs. {Capps.} Thank you very much. I yield back, Mr.
971 Chairman.

972 Mr. {Pallone.} The gentleman from Pennsylvania, Mr.
973 Pitts. We went and visited your district to see the
974 University of Pennsylvania--what do we call it--veterinary
975 campus when we were looking at the--at Tammy's bill. We went
976 to the farm--all the farms and it was very interesting.
977 Large animal farm, yeah. It was great.

978 Mr. {Pitts.} Thank you. You are welcome to come
979 anytime.

980 Thank you, Mr. Chairman. Dr. Arias, you mentioned the
981 211 in passing and described it as a bill to implement a
982 state-based call-in system providing individuals with
983 information about human services.

984 Implement infers these programs do not exist. Are you
985 aware of the programs that do exist? Forty-seven states
986 already have these programs?

987 Ms. {Arias.} We know that states have been moving in
988 the direction of providing similar types of programs. Our
989 staff have been primarily involved with committee staff on
990 figuring out what is the best way of implementing the bill,
991 if it should move forward in order to capitalize on what

992 already has been done, and build upon what has been done.

993 Mr. {Pitts.} Does the Administration support H.R. 211?

994 Ms. {Arias.} I do not--there is no official policy on
995 this bill or any of the bills, actually, that we are
996 discussing today. It is a complex sort of decision-making
997 process in terms of what are the kinds of things that will
998 get supported and done, and we--and it usually involves
999 coordinating among all of the agencies within the Department
1000 and then within the Administration, and that process has not
1001 been complete.

1002 Mr. {Pitts.} All right. Would the services provided by
1003 the 211 bill be considered an HHS health services program?

1004 Ms. {Arias.} Does HRSA want to comment on that?

1005 Mr. {Pitts.} Dr. Brand?

1006 Ms. {Brand.} In terms of health services program,
1007 Health Resources and Services Administration? It is not, as
1008 I understand it, it is directed toward the CDC from the
1009 management up. It is not something that HRSA would do.
1010 There is, certainly, an interest in ensuring that folks have
1011 access to information about Health and Human Services for the
1012 underserved, and this is one vehicle for accomplishing that.
1013 But the Department hasn't taken a position on this.

1014 Mr. {Pitts.} 211 programs are currently funded by
1015 states, and some states have chosen to allow these services

1016 to make referrals to abortion service providers. Many
1017 believe that the federal taxpayer funds should not be
1018 utilized to subsidize or refer for abortions.

1019 Would H.R. 211 allow states to receive federal funds for
1020 211 services, and those services refer patients to abortion
1021 service providers?

1022 Ms. {Arias.} Most likely we will be consulting with
1023 other HHS agencies and other administrative agencies before
1024 making that determination. And again, the issue is whatever
1025 then is allowed by law, one, and the other by administrative
1026 regulations is what we would look to in terms of deciding
1027 what is it--what kinds of services actually do get covered
1028 and what wouldn't get covered.

1029 Mr. {Pitts.} Okay. H.R. 1347 requires HHS to establish
1030 concussion management guidelines that address the prevention,
1031 identification, treatment, and management of concussions in
1032 school-age children, including standards for student athletes
1033 to return to play after a concussion.

1034 How would these guidelines differ from CDC's Heads Up
1035 program that Dr. Kapil testified about last week at the
1036 subcommittee's field hearing in New Jersey?

1037 Ms. {Arias.} The Heads Up program is a specific
1038 campaign to educate professionals and educate parents and
1039 athletic personnel on how to, number one, how to recognize

1040 concussion, how to manage them. The bill, in my
1041 understanding, is that it would be an extension of that.
1042 Currently we have provided those materials, we have generated
1043 those materials. They are available for use and that is as
1044 far as we have been able to take that program.

1045 Mr. {Pitts.} In developing the Heads Up educational
1046 materials, did CDC consult with outside experts?

1047 Ms. {Arias.} We did consult with both professional and
1048 then with education and with sports professionals in the
1049 context of the educational sector as well.

1050 Mr. {Pitts.} Does CDC have a grant program to states to
1051 conduct injury surveillance and develop strategic plans and
1052 engage in coalition building work to address injuries?

1053 Ms. {Arias.} We have a broad program to address--to
1054 essentially support state and local health departments. A
1055 lot of--well, a significant number the activities that they
1056 engage in are surveillance activities for the number of
1057 issues with both unintentional injury and intentional or
1058 violence.

1059 Mr. {Pitts.} And does--go ahead. Were you finished?

1060 Ms. {Arias.} I was going to add, it is a very small
1061 program. It is not a very comprehensive program. Currently
1062 there are only 30 states that are being supported for a small
1063 amount, and again, they usually then often have enough to

1064 just support--to just focus on the surveillance activities.

1065 Mr. {Pitts.} Okay, my time is up. Thank you, Mr.
1066 Chairman.

1067 Mr. {Pallone.} The gentlewoman from Wisconsin, Ms.
1068 Baldwin.

1069 Ms. {Baldwin.} Thank you, Mr. Chairman. Before I begin
1070 my questions, I would like to submit four items for the
1071 record. The first is a letter of support for H.R. 2999 and
1072 the manager's amendment that we will be offering during
1073 tomorrow's markup. The second is a small section out of the
1074 1999 World Health Organization report titled ``Future Trends
1075 in Veterinary Public Health,' ' and specifically, I just want
1076 to put into the record the scope of VPH in the 21st century,
1077 because it contains a definition of veterinary public health
1078 that I think will be helpful to have in the committee record.
1079 And then two additional items in support of H.R. 6109. The
1080 first is testimony of the Human Rights Campaign submitted by
1081 Joe Solomon, he is president, and also an article entitled
1082 ``How to Enclose the LGBT Health Disparities Gap' ' from the
1083 Center for American Progress.

1084 Mr. {Pallone.} Without objection, so ordered.

1085 [The information follows:]

1086 ***** COMMITTEE INSERT *****

|
1087 Ms. {Baldwin.} Thank you, Mr. Chairman.

1088 First, I would like to--I would be interested in answers
1089 from all of our witnesses on this question, but perhaps we
1090 could start with Dr. Arias to respond more generally, and
1091 then move to Dr. Tabak for an update on the Institute of
1092 Medicine's work.

1093 But is it your belief that the Department's current
1094 understanding of LGBT health is sufficient to inform federal
1095 initiatives to reduce health disparities? Would legislation
1096 to ensure the voluntary collection of data on sexual
1097 orientation and gender identity as appropriate and
1098 practicable in programs and surveys that are supported by the
1099 Department of Health and Human Services help to improve and
1100 expand the Department's understanding?

1101 Start with you, Dr. Arias.

1102 Ms. {Arias.} Thank you. One of the things that, if you
1103 hang around with epidemiologists for any amount of time, you
1104 very quickly learn that measurement is key, key issue.
1105 Whatever gets measured is addressed. What doesn't get
1106 measured doesn't exist and doesn't get addressed.

1107 One of the challenges that we face is not knowing and
1108 not having a sufficient understanding of LGBT health. CDC is
1109 committed not only to promoting and protecting health, but

1110 making sure that we address whatever health disparities or
1111 inequities may exist, and unfortunately, currently we don't
1112 have enough information to be able to identify what those
1113 disparities are.

1114 Ms. {Baldwin.} Thank you. Dr. Tabak, could you give us
1115 general comments and any update you have on the Institute of
1116 Medicine's inquiry into this matter?

1117 Dr. {Tabak.} Yes, thank you. As you know, NIH
1118 determined that more information about research needs and
1119 gaps in this area were needed, and so commissioned a study by
1120 the Institute of Medicine, who is conducting a study and will
1121 be submitting a report on the state of knowledge regarding
1122 LGBT health, health risks, and protective factors and health
1123 disparities, and we expect that report in the spring of 2011.

1124 There are many challenges, obviously, that were made to
1125 conducting research and address health disparities in LGBT
1126 populations, and so we are looking forward to the IOM report,
1127 and continuing to work with the research community to address
1128 the research gaps and opportunities in this area.

1129 Ms. {Baldwin.} Thank you.

1130 Dr. Brand?

1131 Ms. {Brand.} Yes. HRSA agrees with CDC and NIH, and we
1132 don't think we have sufficient understanding of LGBT issues,
1133 and we look forward to working with our colleagues at CDC and

1134 NIH to better understand those issues.

1135 Ms. {Baldwin.} Thank you. We are also talking a little
1136 bit about veterinary public health and H.R. 2999. Dr. Brand,
1137 you were asked a little bit about current existing loan
1138 repayment programs in HRSA.

1139 I am specifically interested in how effective those have
1140 been in recruiting and retaining public health veterinarians?
1141 How many public health veterinarians have been able to access
1142 these funds, and is it your belief that you are reaching the
1143 full universe of public health veterinarians who could be
1144 working to meet our Nation's public health needs?

1145 Ms. {Brand.} It is clear that there are shortages of
1146 public health providers in all of the disciplines, and
1147 certainly, this is one of them. I would have to go back and
1148 ask my colleagues at HRSA to find out how effective we have
1149 been at reaching folks through these programs.

1150 These programs do a variety of activities. They recruit
1151 individuals and encourage them to go into health careers or
1152 stay in health careers or help offset their student expenses.
1153 It is not the direct loan that perhaps is suggested in the
1154 bill.

1155 Ms. {Baldwin.} I would just add briefly, we had a
1156 hearing on the full bill last session and it was so
1157 illuminating for me to realize how critical public health

1158 veterinarians were in responding to human health threats. I
1159 mean, you wouldn't think of it intuitively, and then we found
1160 out so much about that.

1161 It is my understanding that a very small fraction of the
1162 currently available funds are actually directed to public
1163 health veterinarians, and we will follow-up after--in making
1164 the record full, but I am delighted, Mr. Chairman, that you
1165 have chosen to put this bill on the hearing docket, as well
1166 as the markup docket for tomorrow.

1167 Mr. {Pallone.} Thank you.

1168 Mr. Burgess.} Mr. Chairman, before I start my time for
1169 questions, I would like to be recognized for a unanimous

1170 Mr. {Pallone.} You are recognized for whatever you
1171 like.

1172 Dr. {Burgess.} Mr. Chairman, I would like to ask
1173 unanimous consent for the letters that we have received in
1174 support for the National Neurologic Disease Surveillance
1175 System Act of 2010, from the Alliance for Aging Research, the
1176 American Academy of Neurology, Distonia Medical Research
1177 Foundation, National Multiple Sclerosis Society, Parkinson's
1178 Action Network, Research America, and the MS Coalition, the
1179 American Brain Coalition to be entered into the record.

1180 Mr. {Pallone.} Without objection, so ordered.

1181 [The information follows:]

1182 ***** COMMITTEE INSERT *****

|
1183 Dr. {Burgess.} In addition, I ask unanimous consent for
1184 the letters we have received in support of the gestational
1185 diabetes act of 2010 from the American Association of
1186 Colleges of Pharmacy, the American Diabetes Association, the
1187 American Association of Diabetes Educators, the American
1188 Congress of Obstetricians and Gynecologists, the American
1189 Medical Women's' Association, the Association of Women's
1190 Health, Obstetric and Neonatal Nurses, and the Society for
1191 Women's Health Research be entered.

1192 Mr. {Pallone.} Without objection, so ordered.

1193 [The information follows:]

1194 ***** COMMITTEE INSERT *****

|
1195 Dr. {Burgess.} And finally, I ask unanimous consent
1196 that the letters we received in support for the Birth Defects
1197 Prevention Risk Reduction Awareness Act of 2010 from the
1198 American College of OB/GYN, Allergy and Asthma Network,
1199 Mothers of Asthmatics, American Academy of Allergy, Asthma
1200 and Immunology, the American Academy of Pediatrics, the March
1201 of Dimes Foundation, Spina Bifida Association, and the
1202 Organization of Tetrolology Information Specialists be also
1203 entered.

1204 Mr. {Pallone.} Without objection, so ordered.

1205 [The information follows:]

1206 ***** COMMITTEE INSERT *****

|
1207 Mr. {Pallone.} Oh, I see. You were trying not to have
1208 that count towards your time. Was that the idea?

1209 Dr. {Burgess.} I have learned under your guidance, Mr.
1210 Chairman.

1211 Mr. {Pallone.} I see, okay.

1212 Dr. {Burgess.} I would also ask unanimous consent that
1213 my opening statement be entered into the record.

1214 Mr. {Pallone.} So ordered.

1215 [The prepared statement of Dr. Burgess follows:]

1216 ***** COMMITTEE INSERT *****

|
1217 Dr. {Burgess.} I apologize for not being here at the
1218 start of the hearing.

1219 Let me just ask you a question, Dr. Arias. You just said
1220 what gets measured gets addressed, in response to a previous
1221 question. Would you also agree that if we measure to
1222 address, registries will help tell us how we are doing?

1223 Ms. {Arias.} Part of our interest in surveillance
1224 activities is not only to identify what the problems are and
1225 who needs to be served in order to address those issues, but
1226 then also over time to be able to measure the effectiveness
1227 of whatever solutions are implemented or tried.

1228 Dr. {Burgess.} So in other words, to make better
1229 decisions on how to spend the research dollars?

1230 Ms. {Arias.} Yes, sir.

1231 Dr. {Burgess.} So the cost of providing these tools for
1232 surveillance would be a wise investment, so that we have the
1233 useful data and make the Federal Government better stewards
1234 of the billions of dollars of taxpayer's money they are
1235 spending on medical research?

1236 Ms. {Arias.} Yes, sir. Certainly at CDC we do try to
1237 be good stewards of how it is that those federal dollars are
1238 invested. Again, the major issues that we look at when we
1239 make those decisions is, number one, what is the burden and

1240 so is it a significant problem that if address is going to
1241 address the greatest number of people, then the other is do
1242 we currently have strategies--evidence based strategies that
1243 will allow us to intervene.

1244 And so usually those two are critical issues, and then
1245 making sure that that investment is an optimal one.

1246 Dr. {Burgess.} And Dr. Tabak, from the NIH perspective
1247 would you agree with that, that a surveillance system does
1248 help us measure--not just measure, but tell us how we are
1249 doing with those things that we are measuring?

1250 Dr. {Tabak.} Well, as you know the CDC is responsible
1251 for surveillance, but certainly that helps inform the
1252 situation, yes, sir.

1253 Dr. {Burgess.} But referencing here specifically 1362,
1254 the National MS and Parkinson's Disease Registries Act--and I
1255 trust, have you all had made available to you the amendment
1256 in the nature of a substitute that will be submitted during
1257 the markup later when we do that? Is that information that
1258 you have available?

1259 Dr. {Tabak.} I do not, sir.

1260 Dr. {Burgess.} Well again, the concept would be to
1261 allow scientists to better leverage efforts to find better
1262 treatments and cures for this compendium of neurologic
1263 diseases. Again, Dr. Arias, I would assume that you would be

1264 in agreement with the general notion of that?

1265 Ms. {Arias.} Yes, we are. Generally we are very
1266 supportive of--and look for opportunities to cover as many
1267 things as we need to in order to be able to, again, make
1268 those sound investments with either current surveillance
1269 systems, or the development of those surveillance systems
1270 over time.

1271 Dr. {Burgess.} And then Dr. Tabak, as we get further
1272 into development and understanding of the human genome we
1273 will be able then to cross reference to these surveillance
1274 systems of registries in order to help more patients and
1275 perhaps identify additional risk factors that were not
1276 previously anticipated.

1277 Dr. {Tabak.} Yes, of course. As you identify genetic
1278 linkages through genome-wide association studies, the idea
1279 then is to circle back to patients to see how generalizable
1280 things are, and in fact, there is research currently being
1281 supported by NIH in this arena.

1282 Dr. {Burgess.} Let me--Dr. Arias, let me just ask you,
1283 moving on to the Gestational Diabetes Act of 2009, H.R. 5354.
1284 Are there currently any demonstration grants going toward
1285 gestational diabetes education?

1286 Ms. {Arias.} We are currently working to strengthen
1287 state capacity for diabetes prevention programs. Prevention

1288 of type 2 diabetes is an outcome of addressing CDC's Winnable
1289 Battle of obesity, nutrition, and physical activity. We do
1290 not have a specific gestational diabetes component to that,
1291 but are committed to addressing whatever the needs are within
1292 the broad framework of diabetes prevention.

1293 Dr. {Burgess.} So you would agree that having a
1294 specific effort to look at gestational diabetes is an
1295 important part of our overall diabetes management?

1296 Ms. {Arias.} Again, what we would do is based on
1297 whatever science is available at that point in--at any
1298 particular point in time, giving us a good picture of where
1299 the issue is and what can be done about it to determine where
1300 is the best place to try to intervene.

1301 Dr. {Burgess.} Let me just ask you, Dr. Arias, one last
1302 question in regards to H.R. 5462. the Birth Defects
1303 Prevention and Risk Reduction and Awareness Act.

1304 Are you familiar with the pregnancy risk information
1305 services as they exist in a handful of states, such as my
1306 home State of Texas?

1307 Ms. {Arias.} Yes, and we do support just a handful of
1308 states to actually collect information and do some
1309 educational work on pregnancy-related issues and birth
1310 issues.

1311 Dr. {Burgess.} Well, I mean I was a practicing OB/GYN

1312 for 25 years before I came to Congress. I will just tell you
1313 there are precious few places to go for the practitioner, and
1314 this really came home to me last August. We were all gearing
1315 up for H1N1 and what the impact of that was going to be, and
1316 in fact, on the phone with researchers at NIH one day, and
1317 really felt for the practitioner out there in the communities
1318 who was going to be seeing a great number of school teachers
1319 who possibly could become pregnant during the school year who
1320 were going to be teaching young children who might be
1321 reservoirs of H1N1. It really was a conundrum about how to
1322 advise this large subset of the population. Do you seek a
1323 vaccination or is this something that would become demanded
1324 by the pregnancy? It really put a big burden on providers.
1325 I can sympathize with the questions that they were going to
1326 get in a week or two when the school year started, and people
1327 came in--women came in and were questioning whether or not
1328 they should have the vaccine, and if they, in fact, knew they
1329 were pregnant, if the vaccine would be harmful.

1330 So it is so important to have this type of information
1331 that is literally just a phone call away when people are
1332 faced with making tough decisions. I do hope you will look
1333 on this legislation favorably. I think it is an important
1334 part of our--of what we provide--the services that we
1335 provide, not just to our patients but our providers out there

1336 as well.

1337 Thank you, Mr. Chairman, for your indulgence. I will
1338 yield back the balance of my time.

1339 Mr. {Pallone.} Thank you. No, you went 2 minutes over,
1340 but that is okay. We have a lot of time today.

1341 The gentlewoman from Colorado, Ms. DeGette.

1342 Ms. {DeGette.} Mr. Chairman, I just want to thank you
1343 for having this hearing today, in particular on the two bills
1344 which I am the primary sponsor, the Pediatric Research
1345 Consortia Establishment Act, H.R. 758, and H.R. 1995, the
1346 Eliminating Disparities in Diabetes Prevention, Access, and
1347 Care Act. And I also want to thank you for bringing up Mr.
1348 Space's H.R. 6012 Diabetes Screening Utilization bill. These
1349 are all important bills that we have been working hard all
1350 year to try to pass.

1351 I also want to ask unanimous consent to introduce two
1352 letters--for the record two letters, one on H.R. 1995 from
1353 the American Diabetes Association, and the other one on H.R.
1354 758 from the Federation of Pediatric Organizations.

1355 Mr. {Pallone.} Without objection, so ordered.

1356 [The information follows:]

1357 ***** COMMITTEE INSERT *****

|
1358 Ms. {DeGette.} Thank you. And I guess I can
1359 retroactively yield 2 minutes of my time to Mr. Burgess, and
1360 with that, I will yield back.

1361 Mr. {Pallone.} Thank you. No, she wasn't serious.

1362 Next is--what about Doris? The gentleman from New York,
1363 Mr. Engel.

1364 Mr. {Engel.} Thank you very much, Mr. Chairman, and I
1365 stand behind everything that Dr. Burgess said. He and I have
1366 a bill which we are talking about today and will be voting on
1367 tomorrow, the Gestational Diabetes Act, known as the GEDI
1368 Act, which we sponsored together. I just want to, since I
1369 didn't make an opening statement, make a mini opening
1370 statement now and just say that 135,000 women in the U.S. are
1371 diagnosed with gestational diabetes each year, and it can
1372 occur in pregnant women who have never had diabetes before
1373 but who have had high blood sugar levels in pregnancy. And
1374 while gestational diabetes generally goes away after
1375 pregnancy, it can have significant health impacts upon both
1376 the mother and baby.

1377 In particular, women are at much higher risk of
1378 developing type 2 diabetes in the future, and their children
1379 are at higher risk of obesity and/or the onset of type 2
1380 diabetes as adults. That is why we introduced this act, and

1381 the bill aims to lower the incidents of gestational diabetes
1382 and prevent women afflicted with this condition and their
1383 children from developing type 2 diabetes.

1384 We need to have a greater understanding on how to
1385 prevent and treat this condition. There is currently an
1386 insufficient system for monitoring cases of gestational
1387 diabetes to uncover trends and target at-risk populations.
1388 In addition, new therapies and interventions to detect,
1389 treat, and slow the incident of gestational diabetes need to
1390 be identified and our bill will help us accomplish these
1391 goals. I know Dr. Burgess mentioned that all the groups that
1392 support this legislation, I am going to mention them again,
1393 the American Diabetes Association, the American Association
1394 of Colleges of Pharmacy, American Association of Diabetes
1395 Educators, the American Medical Women's Association, the
1396 Association of Women's Health, Obstetric and Neonatal Nurses,
1397 and the Society for Women's Health Research.

1398 Mr. Chairman, if Dr. Burgess hadn't done it--I think he
1399 did as I was coming in the room--I would like to request
1400 unanimous consent that the letters of endorsement be entered
1401 into the record.

1402 Mr. {Pallone.} I believe they all have.

1403 Mr. {Engel.} Thank you. Let me ask Dr. Arias, based on
1404 what I have said, can you tell me what support and outreach

1405 programs are currently available to those with gestational
1406 diabetes, and also, is there currently a system in place to
1407 monitor cases of gestational diabetes?

1408 Ms. {Arias.} Monitoring gestational diabetes
1409 specifically would be a new activity for us. As I mentioned
1410 earlier, we do comprehensive diabetes prevention work, and in
1411 the context of that, if the issue gets raised then we devote
1412 whatever resources we may have in order to address the issue.

1413 Mr. {Engel.} What more can be done in these areas, in
1414 your opinion?

1415 Ms. {Arias.} At the risk of being repetitive, it is
1416 surveillance, and making sure that we are very clear about
1417 not only the extent of the problem, but where the problem
1418 seems to be most and where it is that we need to focus in
1419 order to be most effective in addressing the issue from a
1420 population-based perspective.

1421 Mr. {Engel.} Thank you. Let me ask you one final
1422 question. Can you speak to the unique differences between
1423 gestational diabetes and other forms of diabetes like type 2,
1424 and is there a way to determine if a woman is at high risk to
1425 get gestational diabetes?

1426 Ms. {Arias.} I am afraid I am not a subject matter
1427 expert, and that is information that then we can follow up
1428 and send you.

1429 Mr. {Engel.} Okay. Can anybody else attempt to answer
1430 that at all? No? Okay.

1431 Well, I hope--Mr. Chairman, I will yield back the
1432 balance of my time. I hope that the committee can tomorrow
1433 pass this. This is obviously not a partisan bill, it is a
1434 very bipartisan bill, and gestational diabetes doesn't happen
1435 with people belonging to one political party or another. It
1436 happens to Americans, and I think this is something whose
1437 time has come. We need to address this very serious issue.

1438 I yield back.

1439 Mr. {Pallone.} Thank you, Mr. Engel.

1440 The gentlewoman from California, Ms. Matsui.

1441 Ms. {Matsui.} Thank you, Mr. Chairman, for holding
1442 today's hearing. Before I begin, I would like to ask
1443 unanimous consent to submit these letters of support from the
1444 National Marrow Donor Program and the Aplastic Anemia and MDS
1445 International Foundation for the record.

1446 Mr. {Pallone.} Without objection, so ordered.

1447 [The information follows:]

1448 ***** COMMITTEE INSERT *****

|
1449 Ms. {Matsui.} I am so pleased that two of the bills
1450 that are most important to me are included in this hearing.
1451 Together, H.R. 1230, the Bone Marrow Failure Disease Research
1452 and Treatment Act, and H.R. 6081, the Stem Cell Therapeutic
1453 and Research Reauthorization, represent holistic approach to
1454 combat bone marrow failure diseases. If enacted, they will
1455 address new critical areas for research, further awareness of
1456 the diseases in high incidences communities, and provide for
1457 a one-stop shop for adult stem cell treatment options.

1458 Dr. Tabak, one of the aspects that H.R. 1230, the Bone
1459 Marrow Failure Disease Research and Treatment Act, would
1460 provide for coordinated outreach and informational programs
1461 targeted to minority populations affected by these diseases,
1462 including information on treatment options and clinical
1463 trials research.

1464 Can you speak broadly about the challenges associated
1465 with ensuring minority participation in clinical trials?

1466 Dr. {Tabak.} Yes, thank you. We issue a 5-year
1467 strategic plan on health disparities which describes the
1468 agency's priorities for addressing minority health and health
1469 disparities. As part of this, the new institute, the
1470 National Institute of Minority Health and Health Disparities,
1471 has committed to ensuring greater representation and

1472 participation of racial and ethnic minority populations, as
1473 well as other health disparity populations in research
1474 activities. They have done this through the establishment of
1475 a bioethics research infrastructure initiative, which is a
1476 network of bioethics centers around the United States. Both
1477 academic and other non-profit entities with a history of
1478 research and training engagement with health disparity
1479 communities provides a perfect platform for this initiative.
1480 And through this initiative, the NIMHD has dedicated about
1481 \$15 million in Recovery Act funds over the past 2 years, '09
1482 and '10.

1483 Ms. {Matsui.} Dr. Tabak, is it true that you--it is
1484 difficult getting minority participants in all sorts of
1485 clinical trials, and it is important to have research
1486 relevant to all groups.

1487 Dr. {Tabak.} It is very important to have research
1488 relevant to all groups.

1489 Ms. {Matsui.} Okay. Dr. Brand, I appreciate your
1490 mentioning these bills in your testimony. You mentioned that
1491 there are 6,000 people searching for a match bone marrow
1492 donor or cord blood unit at any time. Can you explain the
1493 relationship between the increased research and public
1494 education campaigns included in H.R. 1230, and on the
1495 potential future successes for the C.W. Beal Young Cell

1496 Transplant Program?

1497 Ms. {Brand.} H.R. 1230, the Acquired Bone Marrow
1498 Failure and Treatment Act, provides for research on acquired
1499 bone marrow diseases, encourages outreach, and directs the
1500 Agency for Healthcare Research and Quality to examine best
1501 practices regarding diagnosing and providing care to
1502 individuals with acquired bone marrow disease.

1503 To do this, the Secretary may rely partly on the Stem
1504 Cell Therapeutic Database, which is authorized by H.R. 6081,
1505 the Stem Cell Reauthorization. The C.W. Beal Young Cell
1506 Transplantation Program and the National Cord Blood Injury--
1507 Inventory increase the number of transplants suitably matched
1508 to biologically unrelated donors, and supports the collection
1509 and storage of a genetically and ethically diverse inventory
1510 of high quality umbilical cord blood for transplantation.

1511 Additionally, the education outreach called for in H.R.
1512 1230 would help assist patients understand all their
1513 treatment options, including transplant, and help patients
1514 and physicians assist transplant as a treatment option early
1515 in the course of their disease. Optimal transplant outcomes
1516 are more likely to occur if the transplant is done before the
1517 patient's health has deteriorated significantly.

1518 Ms. {Matsui.} And Dr. Brand, one way to measure the
1519 success of the C.W. Beal Young Cell Transplantation Program

1520 is through the number of transplants performed. Can you tell
1521 us how the program has performed in this manner during the
1522 last 5 years in terms of the actual number of transplants, as
1523 well as the actual performance when compared to the part
1524 goals?

1525 Ms. {Brand.} Cord blood stem cell transplants exceeded
1526 goals of 4,500 in 2010, and we have reached over 5,000.
1527 Transplants for minority patients are up sharply. We
1528 exceeded our goal of 636 in fiscal year 2010, and we will
1529 facilitate 840 by the end of the fiscal year. I can provide
1530 you a 5-year summary for the record, but we have exceeded our
1531 targets every year.

1532 Ms. {Matsui.} Thank you. One more question. Another
1533 important indicator describing how the program operates is
1534 survival rates over time. How are the survival rates over
1535 time changed for the transplants that the program
1536 facilitates? How do they compare to transplants for related
1537 donors?

1538 Ms. {Brand.} Survival for standard risk patients now is
1539 at 70 percent at one year after transplant, compared to 50
1540 percent in 2000 and 42 percent in 1988. Standard risk
1541 patient survival after unrelated donor transplants now
1542 matches that for sibling donor transplants.

1543 Ms. {Matsui.} Okay, thank you.

1544 I yield back the balance of my time.

1545 Mr. {Pallone.} Thank you. Gentlewoman from Illinois,
1546 Ms. Schakowsky.

1547 Ms. {Schakowsky.} Thank you, Mr. Chairman. I just have
1548 a couple of questions.

1549 Ms. Arias, I wanted to ask you, there are--as you know,
1550 there are 46 million people who suffer from arthritis, but in
1551 2008, only 12 states received funding for programs to prevent
1552 and control arthritis. How were these 12 states determined?
1553 I understand that 40 states applied, but only 12 were funded.

1554 Ms. {Arias.} Yes, that is correct. We only had enough
1555 funding for 12 states, and those were chosen on the base of a
1556 competitive process, so it was an evaluation of the
1557 applications and then the highest--strongest applications
1558 until we ran out of money essentially were supported.

1559 Ms. {Schakowsky.} But not all--would you say that the
1560 others were not worthy, necessarily, or--

1561 Ms. {Arias.} No, no, not necessarily. Essentially we
1562 had a limited pot of funds and could not fund anymore than
1563 the 12 if we had wanted to. There were other applications
1564 that were worthy of funding and were recommended for funding,
1565 however there weren't any funds available for them.

1566 Ms. {Schakowsky.} Well, along the same lines, Dr.
1567 Tabak--did I say that right? Okay. In your testimony, you

1568 described the process that NIH uses to set priorities, and
1569 you say that ``The rigor of this process is so competitive
1570 and the number of applications is so large that to date,
1571 fewer than one in five research proposals receives NIH
1572 funding.' ' So again, I want to ask you, does this mean that
1573 only one in five is worth pursuing, or again, is it funding
1574 limits prevent the approval of research proposals that really
1575 do have the potential to be worthwhile?

1576 Dr. {Tabak.} The latter. We certainly, if we had the
1577 resources, would be very proud to support additional
1578 applications that we receive.

1579 Ms. {Schakowsky.} Okay, thank you. That is why I look
1580 forward to the markup on H.R. 2010 that deals with arthritis,
1581 which affects so many Americans, and see if we can't get some
1582 of these other worthy projects, and more particularly, we are
1583 short of pediatric rheumatologists, to try to get more of
1584 those to address this problem.

1585 Thank you, and I yield back.

1586 Mr. {Pallone.} Thank you. I think all members have had
1587 a chance to ask questions, unless anyone else--well, let me
1588 thank you, first of all, for being here. We appreciate your
1589 input on this and as you know, we plan to move to the markup
1590 tomorrow so it was very useful to have you here today. Thank
1591 you very much.

1592 We--I don't know if anybody said they have any written
1593 questions they were going to send you, but they still could--
1594 you still could get some written questions from members, so
1595 we would ask you to get back to us quickly.

1596 Anyone else? If not, without objection, the meeting of
1597 the subcommittee is adjourned.

1598 [Whereupon, at 5:27 p.m., the Subcommittee was
1599 adjourned.]