labs that improperly refer proficiency tests—even for an unintentional referral.

Equally importantly, there have been a number of changes in the organization and delivery of health care since these penalties provisions were enacted. In particular—the growth of health systems that have many providers joining together to operate under the same umbrella. In the case of laboratories, one hospital system may own and operate a number of labs. If one lab is found to have a proficiency testing violation, all of the labs under the hospital's system would be barred from Medicare—even if those labs had no quality or proficiency testing issues.

This is not a sensible result. This legislation would address that problem.

First, H.R. 6118 ensures the statute is clear on the point that no proficiency testing sample may be referred to another laboratory even if such referral would be part of the testing lab's standard procedure for patient specimens (a point of existing law on which some providers have been confused).

Second, it grants the Secretary discretion in determining whether to revoke a lab's CLIA certificate for improper referrals of PT testing samples—to account for the case of unintentional error.

Finally, the bill would grant the Secretary discretion to apply alternate sanctions in lieu of the 2-year owner/operator ban if a CLIA certificate has been revoked due to an improper proficiency testing referral, correcting the problem of having to ban all labs in a health system, even if the others had no known problems.

The Taking Essential Steps for Testing Act would address that issue, striking a balance to ensure quality protections remain, yet giving the Secretary the flexibility to more appropriately tailor penalties for violations of the law. I'm pleased to support this bill today.

Mr. UPTON. Mr. Speaker, H.R. 6118, the Taking Essential Steps for Testing (TEST) Act of 2012, is an important measure that grants CMS the necessary flexibility to enforce its rules without unnecessarily punishing employers for unintentional acts.

Under current law, laboratories must adhere to CMS procedures for processing testing samples in order to do business under the Clinical Laboratory Improvement Amendments (CLIA) law. In addition, they are prohibited from intentionally referring testing samples to other labs.

Unfortunately, CMS is not allowed to look at the circumstances under which labs refer samples, and must levy the same penalties for those operating in good faith as those knowingly and willfully breaking the law. These penalties include the loss of a lab's certification for a year and a prohibition against the owner operating any lab for a period of two years.

In instances where a hospital or independent laboratory has accidentally referred a sample due to mistakes by employees or through automated systems, these penalties can be needlessly harsh and threaten the livelihood of American workers. H.R. 6118 would address these issues by allowing the Secretary discretion when determining penalties.

The legislation has received bipartisan support among this body as well as numerous organizations. I would like to commend Congressmen GRIMM and ROSKAM for their work and urge Members to support its passage.

Mr. ROSKAM. Mr. Speaker, I rise today to express my support for H.R. 6118, the ''Taking Essential Steps for Testing Act of 2012'' or TEST Act. This legislation will give the Centers for Medicare and Medicaid (CMS) greater leeway when dealing with hospitals and laboratories across the nation.

Last year I was contacted by a hospital in my Congressional District who informed me that they had unintentionally referred a proficiency test to an outside lab because the lab technician was following patient procedure. They informed me that because of this error they would be forced to potentially close the lab and essentially fire the lab director. Upon further investigation, I was troubled to learn that the same problem was occurring across the country because CMS lacked the authority to handle these cases in any other fashion.

This is why I was happy to work with my good friend from New York, Mr. GRIMM, and Mr. ROSS from Arkansas, as well as Senators BOOZMAN, KLOBUCHAR, and SHAHEEN, to come up with a simple, commonsense solution to the problem. While working with CMS and our friends across the aisle, we were able to demonstrate that this institution is still capable of recognizing problems and pursuing solutions for the people we represent back home.

It is my hope that the Senate will quickly take up this legislation and send it to the President for signature so we can help provide regulatory relief to our nation's hospitals and labs.

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. 6118.

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.

VETERAN EMERGENCY MEDICAL TECHNICIAN SUPPORT ACT OF 2012

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4124) to amend the Public Health Service Act to provide grants to States to streamline State requirements and procedures for veterans with military emergency medical training to become civilian emergency medical technicians, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4124

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 ''Veteran Emergency Medical Technician Support Act of 2012''.

SEC. 2. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

''SEC. 315. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS.

''(a) PROGRAM.—The Secretary shall establish a program consisting of awarding demonstration grants to States to streamline State requirements and procedures in order to assist veterans who completed military emergency medical technician training while serving in the Armed Forces of the United States to meet certification, licensure, and other requirements applicable to becoming an emergency medical technician in the State.

''(b) USE OF FUNDS.—Amounts received as a demonstration grant under this section shall be used to prepare and implement a plan to streamline State requirements and procedures as described in subsection (a), including by—

''(1) determining the extent to which the requirements for the education, training, and skill level of emergency medical technicians in the State are equivalent to requirements for the education, training, and skill level of military emergency medical technicians; and

''(2) identifying methods, such as waivers, for military emergency medical technicians to forego or meet any such equivalent State requirements.

''(c) ELIGIBILITY.—To be eligible for a grant under this section, a State shall demonstrate that the State has a shortage of emergency medical technicians.

''(d) REPORT.—The Secretary shall submit to the Congress an annual report on the program under this section.

''(e) FUNDING.—Of the amount authorized by section 751(j)(1) to be appropriated to carry out section 751 for fiscal year 2013, there is authorized to be appropriated to carry out this section $1,000,000 for the period of fiscal years 2013 through 2017.''.

(b) CONFORMING AMENDMENT.—Section 751(j)(1) of the Public Health Service Act (42 U.S.C. 294a(j)(1)) is amended by striking ''There is authorized to be appropriated'' and inserting ''Subject to section 315(e), there is authorized to be appropriated''.

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

The Chair recognizes the gentleman from Pennsylvania.

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 in the RECORD on H.R. 4124.

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

There was no objection.

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

Mr. Speaker, I rise this evening in support of H.R. 4124, the Veteran Emergency Medical Technician Support Act of 2012. This act would take us forward

in two important ways: it would reduce the shortages of emergency medical technicians in the United States and at the same time help our veterans find employment.

Emergency response is a crucial component of our health care system and preparedness strategy. EMTs are often the first point of contact in a crisis situation, and their care can make the difference between life and death. Emergency response is even more crucial on the battlefield, where military medics respond to emergencies and provide care for the soldiers until a physician or other health professional can take over. These soldiers, trained as combat medics, become very experienced dealing with massive trauma injuries and other complex health problems.

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It seems that utilizing those with military medic training in our EMT workforce here at home would be good for the returning soldiers, good for the health care system, and good for patients.

Areas throughout the United States are experiencing a shortage of EMTs, and military medics could potentially fill those workforce gaps. However, there are a number of issues keeping military medics from EMT employment. Most importantly are State licensing requirements, which can require duplicative training and education that is likely to be unnecessary for someone with significant experience.

It is our hope that this bill would allow States to study this issue and streamline their EMT requirements for those returning from the military that have the experience so desperately needed in many communities.

I would like to thank Mr. KINZINGER, a veteran who has served with many of these military medics, and Mrs. CAPPS for their work on this bill. I urge my colleagues to vote in support of this legislation.

I reserve the balance of my time.

Mrs. CAPPS. Mr. Speaker, I yield myself 5 minutes.

Mr. Speaker, our military men and women are trained to perform at the highest levels in a host of jobs. The individuals who serve our Nation in uniform do so with distinction.

However, there is much more to be done to help our service men and women and their families when they return home to translate those skills and experiences into civilian service. That disconnect is what we are trying to address here today.

Our military men and women receive some of the best technical training in emergency medicine, and every day, on the battlefield, they prove their skills under the very toughest of conditions. However, when they return home, experienced military medics are often required to start over. They must begin at entry-level curricula to receive certification for civilian jobs.

Similarly, military medics with civilian credentials often must let their civilian certifications lapse while they're defending our country. Either way, this keeps our veterans out of the civilian workforce and withholds valuable medical personnel from our communities.

As a nurse, I know the importance of having qualified and capable first responders in each of our communities, and that is why we must do all we can to break down the artificial barriers that obstruct our military medics from civilian opportunities.

So I am pleased to have joined Congressman KINZINGER to introduce H.R. 4124, which is the Veteran Emergency Medical Technician Support Act. This bill is a straightforward, bipartisan approach to help States streamline their certification processes to take military medic training into account for civilian licensure.

It's a small but very important step towards breaking down the barriers that our servicemembers face when transitioning home.

While the bill directs States to undertake these demonstration projects, I believe public and private organizations within the States, like area health education centers, or AHECs, will be important partners in the successful implementation of this initiative. This will help engage and leverage expertise already in our States and communities so that we can do our best by our veterans.

I also want to take a moment to thank the leadership of the Energy and Commerce Committee, Chairman UPTON, Ranking Member WAXMAN, Chairman PITTS, and Ranking Member PALLONE for their dedication to this bill and to the staff for working in a bipartisan manner to bring this to the floor.

Finally, I want to take a second to recognize a former congresswoman, Jane Harman, who spearheaded this issue in the last Congress.

I urge my colleagues' support for this legislation, and I look forward to swift consideration of it in the Senate.

At this point, Mr. Speaker, I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I would like to yield at this time 5 minutes to the gentleman from Illinois (Mr. KINZINGER).

Mr. KINZINGER of Illinois. Mr. Speaker, I want to first off thank the chairman for bringing this bill forward. I want to thank Chairman UPTON, the ranking member of both the full and subcommittee, and I especially want to thank Congresswoman CAPPS for helping me on this. This is an outstanding bill, and I thank you for your leadership.

Unemployment rates continue to be far too high among our men and women who are returning from Iraq and Afghanistan. Returning veterans deserve a smooth transition from the military into the civilian workforce. As a Nation, we must recognize the experience and education that our military-trained EMTs receive. It's inefficient to force these well-trained veterans to start over with basic training in the civilian workforce after aiding wounded military men and women who are severely injured in combat.

We must recognize military-trained EMT skills and education and streamline the process so these honorable men and women can return quickly to work here at home.

We also need to recognize that training and education of these EMTs and the education that they receive in the military is important, and we must streamline the civilian certification process so these honorable men and women can return to work even faster.

I'm a pilot in the military, and I still continue as an Air National Guard pilot. One of the things that really stood out to me was how I went through training with the military and came out and very quickly was able to receive all of the civilian equivalent certifications from what I got in the military.

Now, that really stands out to me as how we, both in the Federal Government and in the State, ought to consider doing business and recognize the skill that these military folks are trained with.

This bill is a commonsense way to help our veterans as they transition back to civilian life. By supporting States to make the process more efficient, veterans with military EMT training will more quickly become certified civilian EMTs. In doing so, they will not have to start over at square one in their training, and they can be ready to go.

I urge my colleagues to support this commonsense bill.

Mrs. CAPPS. In closing, Mr. Speaker, I also wish to thank my colleague, Mr. KINZINGER, for his leadership and his experience in the military, which led him to be very interested in this topic as well.

The Veteran Emergency Medical Technician Support Act is a small but very important step toward helping our military medics transition to civilian EMT service, and it is a bipartisan measure. It fills a need both in the veterans' community and also in our health care communities.

I urge full support for this bill, and I yield back the balance of my time.

Mr. PITTS. Mr. Speaker, as a veteran I appreciate the efforts of Mr. KINZINGER and Mrs. CAPPS and others in this commonsense and very bipartisan bill to support our veterans and provide for this need in the emergency medical technician area.

I urge support for the bill, and I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, each of us is deeply indebted to the members of our military for their patriotism and for all they do to protect our country and its national interests.

We know that our returning vets have unique skills and experiences that make them highly-qualified for jobs in the health care and

other sectors. However, the unfortunate reality is that our veterans experience unemployment rates well above the national average.

Congresswoman CAPPS and Congressman KINZINGER have introduced common-sense legislation—H.R. 4124—to advance our shared goals of getting our veterans back to work and addressing areas of shortage in health professions. Congresswoman CAPPS has also authored legislation—H.R. 3884, the Emergency Medic Transition Act of 2012—that similarly seeks to help armed services personnel transition from military to civilian jobs in a timely fashion.

H.R. 4124 authorizes a demonstration grant program to states to support planning efforts to streamline their certification and licensure requirements for emergency medical technicians. As Congresswoman CAPPS has noted, I think there is a role for partnerships between public and private organizations within the States—such as area health education centers—in the implementation of this program.

I urge my colleagues to support H.R. 4124, and I commend Congresswoman CAPPS and Congressman KINZINGER for their work on this legislation.

Mr. UPTON. Mr. Speaker, H.R. 4124, the Veteran Emergency Medical Technician Support Act of 2012, provides two important benefits. It addresses the shortages of emergency medical technicians (EMT) and it helps get our veterans back to work.

Military medics receive some of the best medical and emergency training available while they serve our country.

Yet, not all military medical training satisfies civilian EMT licensing and certification requirements. As a result, our returning veterans are unnecessarily prevented from working as an EMT when they re-enter civilian life.

This bill will examine ways that states with a shortage of EMTs can streamline requirements so that military medics do not have to duplicate the education and training they received on the battlefield. Our vets will be put back to work, and critical workforce shortages in emergency care can be filled to meet public health needs.

I proudly support this bill and urge my colleagues to support it. I yield the balance of my time.

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. 4124, as amended.

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

A motion to reconsider was laid on the table.

RECALCITRANT CANCER RESEARCH ACT OF 2012

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 733) to amend the Public Health Service Act to provide for a Pancreatic Cancer Initiative, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 733

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 ''Recalcitrant Cancer Research Act of 2012''.

SEC. 2. SCIENTIFIC FRAMEWORK FOR RECALCITRANT CANCERS.

Subpart 1 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following:

''SEC. 417G. SCIENTIFIC FRAMEWORK FOR RECALCITRANT CANCERS.

''(a) DEVELOPMENT OF SCIENTIFIC FRAMEWORK.—

''(1) IN GENERAL.—For each recalcitrant cancer identified under subsection (b), the Director of the Institute shall develop (in accordance with subsection (c)) a scientific framework for the conduct or support of research on such cancer.

''(2) CONTENTS.—The scientific framework with respect to a recalcitrant cancer shall include the following:

''(A) CURRENT STATUS.—

''(i) REVIEW OF LITERATURE.—A summary of findings from the current literature in the areas of—

''(I) the prevention, diagnosis, and treatment of such cancer;

''(II) the fundamental biologic processes that regulate such cancer (including similarities and differences of such processes from the biological processes that regulate other cancers); and

''(III) the epidemiology of such cancer.

''(ii) SCIENTIFIC ADVANCES.—The identification of relevant emerging scientific areas and promising scientific advances in basic, translational, and clinical science relating to the areas described in subclauses (I) and (II) of clause (i).

''(iii) RESEARCHERS.—A description of the availability of qualified individuals to conduct scientific research in the areas described in clause (i).

''(iv) COORDINATED RESEARCH INITIATIVES.—The identification of the types of initiatives and partnerships for the coordination of intramural and extramural research of the Institute in the areas described in clause (i) with research of the relevant national research institutes, Federal agencies, and non-Federal public and private entities in such areas.

''(v) RESEARCH RESOURCES.—The identification of public and private resources, such as patient registries and tissue banks, that are available to facilitate research relating to each of the areas described in clause (i).

''(B) IDENTIFICATION OF RESEARCH QUESTIONS.—The identification of research questions relating to basic, translational, and clinical science in the areas described in subclauses (I) and (II) of subparagraph (A)(i) that have not been adequately addressed with respect to such recalcitrant cancer.

''(C) RECOMMENDATIONS.—Recommendations for appropriate actions that should be taken to advance research in the areas described in subparagraph (A)(i) and to address the research questions identified in subparagraph (B), as well as for appropriate benchmarks to measure progress on achieving such actions, including the following:

''(i) RESEARCHERS.—Ensuring adequate availability of qualified individuals described in subparagraph (A)(iii).

''(ii) COORDINATED RESEARCH INITIATIVES.—Promoting and developing initiatives and partnerships described in subparagraph (A)(iv).

''(iii) RESEARCH RESOURCES.—Developing additional public and private resources described in subparagraph (A)(v) and strengthening existing resources.

''(3) TIMING.—

''(A) INITIAL DEVELOPMENT AND SUBSEQUENT UPDATE.—For each recalcitrant cancer identified under subsection (b)(1), the Director of the Institute shall—

''(i) develop a scientific framework under this subsection not later than 18 months after the date of the enactment of this section; and

''(ii) review and update the scientific framework not later than 5 years after its initial development.

''(B) OTHER UPDATES.—The Director of the Institute may review and update each scientific framework developed under this subsection as necessary.

''(4) PUBLIC NOTICE.—With respect to each scientific framework developed under subsection (a), not later than 30 days after the date of completion of the framework, the Director of the Institute shall—

''(A) submit such framework to the Committee on Energy and Commerce and Committee on Appropriations of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions and Committee on Appropriations of the Senate; and

''(B) make such framework publically available on the Internet website of the Department of Health and Human Services.

''(b) IDENTIFICATION OF RECALCITRANT CANCER.—

''(1) IN GENERAL.—Not later than 6 months after the date of the enactment of this section, the Director of the Institute shall identify two or more recalcitrant cancers that each—

''(A) have a 5-year relative survival rate of less than 20 percent; and

''(B) are estimated to cause the death of at least 30,000 individuals in the United States per year.

''(2) ADDITIONAL CANCERS.—The Director of the Institute may, at any time, identify other recalcitrant cancers for purposes of this section. In identifying a recalcitrant cancer pursuant to the previous sentence, the Director may consider additional metrics of progress (such as incidence and mortality rates) against such type of cancer.

''(c) WORKING GROUPS.—For each recalcitrant cancer identified under subsection (b), the Director of the Institute shall convene a working group comprised of representatives of appropriate Federal agencies and other non-Federal entities to provide expertise on, and assist in developing, a scientific framework under subsection (a). The Director of the Institute (or the Director's designee) shall participate in the meetings of each such working group.

''(d) REPORTING.—

''(1) BIENNIAL REPORTS.—The Director of NIH shall ensure that each biennial report under section 403 includes information on actions undertaken to carry out each scientific framework developed under subsection (a) with respect to a recalcitrant cancer, including the following:

''(A) Information on research grants awarded by the National Institutes of Health for research relating to such cancer.

''(B) An assessment of the progress made in improving outcomes (including relative survival rates) for individuals diagnosed with such cancer.

''(C) An update on activities pertaining to such cancer under the authority of section 413(b)(7).

''(2) ADDITIONAL ONE-TIME REPORT FOR CERTAIN FRAMEWORKS.—For each recalcitrant cancer identified under subsection (b)(1), the Director of the Institute shall, not later than 6 years after the initial development of a scientific framework under subsection (a), submit a report to the Congress on the effectiveness of the framework (including the update required by subsection (a)(3)(A)(ii)) in improving the prevention, detection, diagnosis, and treatment of such cancer.

''(e) RECOMMENDATIONS FOR EXCEPTION FUNDING.—The Director of the Institute shall