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4 MARKUP ON H.R. 2405, THE ``PANDEMIC AND ALL-HAZARDS

5 PREPAREDNESS REAUTHORIZATION ACT OF 2011'';

6 H.R. 1254, THE ``SYNTHETIC DRUG CONTROL ACT OF 2011''; AND

7 H.R. 1852, THE ``CHILDREN'S HOSPITAL GRADUATE MEDICAL

8 EDUCATION SUPPORT REAUTHORIZATION ACT OF 2011''

9 TUESDAY, JULY 26, 2011

10 House of Representatives,

11 Subcommittee on Health

12 Committee on Energy and Commerce

13 Washington, D.C.

14 The subcommittee met, pursuant to call, at 10:03 a.m.,  
15 in Room 2123 of the Rayburn House Office Building, Hon. Joe  
16 Pitts [Chairman of the Subcommittee] presiding.

17 Members present: Representatives Pitts, Burgess,

18 Shimkus, Rogers, Murphy, Blackburn, Gingrey, Latta, Lance,

19 Guthrie, Barton, Upton (ex officio), Pallone, Engel, Baldwin  
20 and Waxman (ex officio).

21 Staff present: Carl Anderson, Counsel, Oversight; Jim  
22 Barnette, General Counsel; Michael Beckerman, Deputy Staff  
23 Director; Mike Bloomquist, Deputy General Counsel; Brenda  
24 Destro, Professional Staff Member, Health; Debbie Keller,  
25 Press Secretary; Peter Kielty, Senior Legislative Analyst;  
26 Ryan Long, Chief Counsel, Health; Jeff Mortier, Professional  
27 Staff Member; Katie Novaria, Legislative Clerk; Krista  
28 Rosenthal, Counsel to Chairman Emeritus; Heidi Stirrup,  
29 Health Policy Coordinator; Phil Barnett, Democratic Staff  
30 Director; Jen Berenholz, Democratic Chief Clerk; Stephen Cha,  
31 Democratic Senior Professional Staff Member; Alli Corr,  
32 Democratic Policy Analyst; Eric Flamm, FDA Detailee; Ruth  
33 Katz, Democratic Chief Public Health Counsel; Karen  
34 Lightfoot, Democratic Communications Director, and Senior  
35 Policy Advisor; and Karen Nelson, Democratic Deputy Committee  
36 Staff Director for Health.

|  
37           Mr. {Pitts.} The subcommittee will come to order. The  
38 chair recognizes himself for an opening statement.

39           Today, we are marking up three bills: H.R. 2405, the  
40 Pandemic and All-Hazards Preparedness Reauthorization Act of  
41 2011; H.R. 1254, the Synthetic Drug Control Act of 2011; and  
42 H.R. 1852, the Children's Hospital Graduate Medical  
43 Education, CHGME, Support Reauthorization Act of 2011.

44           For the sake of time, I will focus my remarks on H.R.  
45 1852, a bill that I and Ranking Member Pallone have worked on  
46 to see that the Children's Hospital Graduate Medical  
47 Education program does not expire on September 30 of this  
48 year.

49           The CHGME program has been tremendously successful since  
50 first being authorized in 1999. It trains 40 percent of our  
51 Nation's pediatricians and 43 percent of pediatric sub-  
52 specialists. More than 5,000 residents take part in this  
53 program every year, and 56 freestanding children's hospitals  
54 in the U.S. participate. In the 1990s, we saw a 13 percent  
55 decline in the number of pediatric residents. However, since  
56 1999, when the CHGME program was enacted, the number of  
57 pediatric residents has increased 35 percent. During the  
58 program's lifetime, \$2 billion has gone to train the next  
59 generation of pediatricians and pediatric sub-specialists.

60           Despite its success, President Obama zeroed out the  
61 CHGME program in his fiscal year 2012 budget. Secretary  
62 Sebelius told this subcommittee that while she regretted  
63 eliminating CHGME funding, the department had to prioritize  
64 where scarce resources would go.

65           I agree. In a fiscal situation like the one we find  
66 ourselves in, priorities have to be set, and difficult  
67 decisions have to be made. However, quite honestly, I am not  
68 sure how a successful program like CHGME, that trains 40  
69 percent of our Nation's pediatricians, didn't make it on to  
70 the department's priority list.

71           The program's current authorization expires September  
72 30, 2011, and that is why I and Ranking Member Pallone  
73 introduced H.R. 1852, to reauthorize the program at the  
74 current level of \$330 million over the next 5 years.

75           This is a bill about the health and lives of this  
76 Nation's children. And, it is a fiscally responsible bill,  
77 continuing the CHGME program at its current authorization.

78           I would like to thank Ranking Member Pallone for his  
79 help and cooperation and for the work he has done on this  
80 important bill, and I would urge all of my colleagues to  
81 support H.R. 1852.

82           [The prepared statement of Mr. Pitts follows:]

83 \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

|  
84           Mr. {Pitts.} Now, I have some time left. I will yield  
85 to any member seeking recognition on our side of the aisle.

86           The vice chairman is recognized.

87           Dr. {Burgess.} Thank you, Mr. Chairman, and I  
88 appreciate us having a markup on these important bills.

89           I am certainly grateful that the Children's Hospital GME  
90 Support Reauthorization Act of 2011 is before us today,  
91 legislation that is critically important to our Nation's  
92 medical workforce, and in the decades since the program was  
93 first fully funded, it has indeed, as you pointed out, proved  
94 to be a remarkable success.

95           I also appreciate us moving H.R. 2405, the Pandemic All-  
96 Hazards Preparedness Act of 2011, another time-sensitive  
97 piece of legislation. Certainly in the aftermath of an  
98 attack, natural disaster or pandemic, we need to be assured  
99 that adequate countermeasures to meet our Nation's medical  
100 needs will be available. This program has also prove itself  
101 effective and deserves to be reauthorized and strengthened,  
102 as this bill does.

103           Mr. Chairman, I appreciate the recognition. I will  
104 yield back to you the balance of the time.

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

106 \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

|  
107 Dr. {Gingrey.} Mr. Chairman.

108 Mr. {Pitts.} I yield to Mr. Gingrey the remainder.

109 Dr. {Gingrey.} Mr. Chairman, thank you very much. I  
110 just wanted to comment on how important this program is in  
111 regard to continuing medical education at the pediatric  
112 hospitals across the country, and I think the chairman  
113 indicated there are some 56 of those, and it is really  
114 shocking almost that the President zeroed that funding out in  
115 his budget that he presented, maybe just assuming that we  
116 would put it back in, but in any regard, if we did not have  
117 that funding, hospitals like Children's Healthcare of Atlanta  
118 on the Emory campus, which is such a fabulous, fabulous  
119 training center for primary care physicians, particularly  
120 pediatricians, would have no funding in which to teach these  
121 young doctors.

122 So with that, I will yield back.

123 [The prepared statement of Dr. Gingrey follows:]

124 \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

|  
125           Mr. {Pitts.} The chair thanks the gentleman and now  
126 recognizes my friend from New Jersey, Mr. Pallone, for his  
127 opening statement.

128           Mr. {Pallone.} Thank you, Chairman Pitts. I am very  
129 happy to be here today to consider three bipartisan bills  
130 with great potential public health impact: H.R. 2405, the  
131 Pandemic and All-Hazards Preparedness Reauthorization Act,  
132 H.R. 1254, the Synthetic Drug Control Act, and, of course,  
133 our bill, Mr. Pitts, H.R. 1852, the Children's Hospital  
134 Graduate Medical Education Support Reauthorization Act, and  
135 each of these has my full support.

136           The Pandemic and All-Hazards Preparedness  
137 Reauthorization Act makes improvements to programs and  
138 activities first established in both the 2004 Project  
139 Bioshield Act and the 2006 Pandemic and All-Hazards  
140 Preparedness Act, also known as PAHPA. I am glad that this  
141 subcommittee has carried on the tradition of working together  
142 on these critical preparedness programs. Together they will  
143 help our Nation be equipped to respond to bioterrorism  
144 threats and attacks.

145           There are still some outstanding issues that have not  
146 been fully addressed, but the amendment in the nature of a  
147 substitute, which will be considered today, is a step in the

148 right direction. I know our staffs have made great progress,  
149 even as recently as yesterday, and I am confident that all of  
150 these matters will be resolved in time to move to full  
151 committee and in a way that only improves PAHPA.

152 H.R. 1254 also enjoys strong bipartisan support in its  
153 aim to eliminate commercial availability of harmful synthetic  
154 narcotics. Under this proposal, hallucinogenic drugs would  
155 no longer be able to hide behind misleading aliases. Around  
156 the country, use of these substances has lead to heinous  
157 behavior and loss of life and I appreciate the efforts of  
158 this subcommittee to prevent this from continuing in the  
159 future.

160 And lastly, I am pleased we are one further step towards  
161 passage of H.R. 1852, the Children's Hospital GME  
162 reauthorization bill, which will ensure we have a well-  
163 trained cadre of pediatric professionals. In the 1990s,  
164 CHGME single-handedly reversed the declines in pediatric  
165 training programs, which threatened the stability of the  
166 workforce. At a time when we are still facing a shortage of  
167 pediatricians in New Jersey and across the country, we should  
168 not slow down funds for the pipeline of new specialists.

169 So I will close by saying what a relief this process has  
170 been. I want to thank you again, Mr. Chairman, and the  
171 members of the subcommittee for the cooperation with which we

172 have worked on all three bills that we are consider toadying  
173 and I hope we can make more of a habit of that. Thank you.

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

175 \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

|  
176 Mr. {Waxman.} Will the gentleman yield to me?

177 Mr. {Pallone.} Yes, I will yield to our ranking member  
178 of the full committee.

179 Mr. {Waxman.} I thank you for yielding to me. I want  
180 to take the rest of your time rather than my own time to  
181 speak in favor of the three bills that are before us. They  
182 are three public health bills. We have a consensus in the  
183 committee. We will have a bipartisan consensus behind these  
184 bills. That is a worthwhile thing to have accomplished, and  
185 I thank the chairman and the ranking member of the  
186 subcommittee for their successful work.

187 The Pandemic and All-Hazards Preparedness  
188 Reauthorization Act will be critical in helping to ensure our  
189 Nation is well prepared to successfully manage the effects of  
190 natural disasters, infectious diseases and acts of  
191 bioterrorism.

192 The Synthetic Drug Control Act adds provisions and it  
193 will enable the Drug Enforcement Agency to take appropriate  
194 actions to enforce the prohibition against these synthetic  
195 versions of abusive drugs, get them off the street and away  
196 from our young people.

197 And finally, the Children's Hospital Graduate Medical  
198 Education Support Reauthorization Act provides ongoing and

199 consistent financial support to hospitals for the training of  
200 doctors who want to specialize in pediatrics. Indeed, today,  
201 children's hospitals supported by the program train 40  
202 percent of all pediatricians and 43 percent of all pediatric  
203 specialists.

204 As Mr. Pallone has indicated, there is work to do on a  
205 number of the issues in the PAHPA bill before it goes to full  
206 committee but I feel confident we will be able to work these  
207 matters out.

208 I want to congratulate everybody involved in the  
209 consensus behind these important bills, and I look forward to  
210 supporting them. Yield back.

211 [The prepared statement of Mr. Waxman follows:]

212 \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

|  
213           Mr. {Pitts.} The chair thanks the gentleman and now  
214 recognizes the chairman of the full committee, Mr. Upton, for  
215 5 minutes for opening statement.

216           The {Chairman.} Well, thank you, Mr. Chairman, for  
217 holding this markup on the bipartisan Children's Hospital  
218 Graduate Medical Education, bioterrorism and controlled  
219 substances legislation.

220           First passed in 1999, this legislation provides support  
221 to children's hospitals for their pediatric medical residency  
222 programs, and today, 40 percent of pediatricians and  
223 pediatric specialists are trained with this funding. Even  
224 Secretary Sebelius couldn't explain the Obama  
225 Administration's decision to eliminate this funding in the  
226 2012 budget, and this morning's markup is a bipartisan effort  
227 to ensure continued support for this very, very important  
228 program.

229           Last week, we held a legislative hearing on Congressman  
230 Rogers' H.R. 2405, the Pandemic and All-Hazards Preparedness  
231 Reauthorization Act of 2011, and Congressman Dent's H.R.  
232 1254, the Synthetic Drug Control Act. Congressman Rogers'  
233 bill would reauthorize certain provisions of the Project  
234 Bioshield Act of 2004 and Pandemic and All-Hazards  
235 Preparedness Act of 2006 so we can continue to build the

236 Nation's preparedness infrastructure and foster the  
237 development of medical countermeasures to better respond to  
238 terrorist attacks.

239         Congressman Dent's bill would make synthetic drugs that  
240 imitate the effects of drugs like marijuana, cocaine and meth  
241 illegal so we can prevent them from causing further harm to  
242 our Nation's families.

243         I want to particularly thank Mr. Waxman and Mr. Pallone  
244 for working with us on these bills. I would urge my  
245 colleagues to support all three bipartisan bills before the  
246 subcommittee today so that we can get to full committee and  
247 get them to the Floor, and I yield back my time.

248         [The prepared statement of Mr. Upton follows:]

249 \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

|  
250 Mr. {Pitts.} The chair reminds members that pursuant to  
251 committee rules, all members' opening statements will be made  
252 part of the record.

253 Are there further opening statements? The chair  
254 recognizes Dr. Gingrey for 1 minute.

255 Dr. {Gingrey.} Mr. Chairman, Project Bioshield and the  
256 Pandemic and All-Hazards Preparedness Act are two laws that  
257 exist to ensure that the United States is able to protect  
258 itself from foreign and terrorist threats. As we have heard  
259 in this committee, those threats can be as simple as drug-  
260 resistant bacteria for which no medicinal treatment exists.  
261 Terrorists armed with a biologic agent like one of these  
262 superbugs could threaten the lives of millions of Americans  
263 because we just simply do not have the antibiotics to fight  
264 them.

265 Mr. Chairman, it is with these thoughts in mind that I  
266 look forward to supporting the reauthorization of H.R. 2405  
267 and supporting the other two bills as well, and I thank the  
268 committee for its work and I will yield back.

269 Mr. {Pitts.} The chair thanks the gentleman.

270 Are there any other opening statements? If not, we will  
271 proceed to the markup.

|

272 H.R. 2405

273 Mr. {Pitts.} The chair calls up H.R. 2405 and asks the

274 clerk to report.

275 The {Clerk.} H.R. 2405, to reauthorize certain

276 provisions of the Public Health Service Act and the--

277 [H.R. 2405 follows:]

278 \*\*\*\*\* INSERT 1 \*\*\*\*\*

|  
279           Mr. {Pitts.} Without objection, the first reading of  
280 the bill is dispensed with and the bill will be open for  
281 amendment at any point. So ordered.

282           The chair recognizes Representative Rogers for the  
283 purpose of offering an amendment in the nature of a  
284 substitute.

285           Mr. {Rogers.} Yes, Mr. Chairman, I have an amendment at  
286 the desk.

287           Mr. {Pitts.} The clerk will report the amendment.

288           The {Clerk.} An amendment offered by Mr. Rogers of  
289 Michigan.

290           [The amendment follows:]

291 \*\*\*\*\* INSERT 2 \*\*\*\*\*

|  
292 Mr. {Pitts.} Without objection, the reading of the  
293 amendment is dispensed with and the gentleman from Michigan  
294 is recognized for 5 minutes in support of the amendment.

295 Mr. {Rogers.} Thank you, Mr. Chairman, for holding this  
296 markup. I also want to thank Chairman Upton for his help and  
297 assistance in getting us this far on this bill, and I would  
298 just like to speak briefly, if I can, about some of the goals  
299 of H.R. 2405.

300 The bill would reauthorize the Pandemic All-Hazards  
301 Preparedness Act. It reauthorizes BARDA and Project  
302 Bioshield for 5 years. Both of these programs have been a  
303 tremendous success and are vital to the expanding medical  
304 countermeasure development. It reauthorizes several  
305 preparedness programs at HHS including grant programs at CDC,  
306 which assist States, health departments and hospitals to  
307 prepare for emergencies. The bill strengthens the Assistant  
308 Secretary of Preparedness and Response. One of the issues we  
309 have determined is that she needs to have that extra  
310 authority in order to ensure that we have one person in  
311 charge of preparedness and planning at the department.

312 Finally, the bill accelerates FDA review of medical  
313 countermeasures for national security priorities. This is  
314 incredibly important. The FDA will be required to interact

315 with the countermeasure developers earlier and more often in  
316 order to ensure these critical products move through the  
317 review process. Importantly, the bill does not create any  
318 new programs or increase spending. All programs in the bill  
319 are reauthorized for 5 years at the fiscal 2011 appropriated  
320 level. The bill is consistent with the House's cut-go rules  
321 and represents a fiscally responsible approach to preparing  
322 our Nation against a pandemic or bioterrorism attack.

323         Today's amendment in the nature of a substitute reflects  
324 the progress we have made with the minority and HHS to  
325 improve the bill, and I would like to highlight a few changes  
326 included.

327         It addresses many technical changes requested by the  
328 minority and HHS including providing increased flexibility  
329 for FDA to meet new requirements in the bill. It includes a  
330 5-year reauthorization of the emergency system for advanced  
331 Registration of health professionals and volunteers. This  
332 program assists States in registering health professionals  
333 who can volunteer during disasters. The amendment also  
334 includes a 5-year reauthorization of the Volunteer Medical  
335 Reserve Corps, which helps train health professionals on  
336 preparedness.

337         Finally, I know we are working on several other issues  
338 to address further concerns raised by the minority and HHS,

339 and most importantly, we are working to overhaul the  
340 regulatory management plan to ensure it includes the  
341 flexibility needed for the FDA while still providing an  
342 opportunity for early interaction between FDA and  
343 countermeasure sponsors, which I think is critical if we are  
344 going to move forward and be prepared for what we hope never  
345 happens, a biological attack or radiological attack in that  
346 sense as well.

347 I would like to thank Mr. Waxman and Mr. Pallone and  
348 their staffs for continuing to work with us on this bill,  
349 which has traditionally been a bipartisan effort.

350 Thank you, Mr. Chairman. I look forward to the passage  
351 of the bill and I yield back my time.

352 Mr. {Pitts.} The chair thanks the gentleman. Is there  
353 any discussion of the substitute amendment?

354 Ms. {Baldwin.} Mr. Chairman.

355 Mr. {Pitts.} The chair recognizes Ms. Baldwin.

356 Ms. {Baldwin.} Mr. Chairman, I move it strike the last  
357 word.

358 Mr. {Pitts.} The gentlelady is recognized for 5  
359 minutes.

360 Ms. {Baldwin.} Thank you, and I want to commend you,  
361 Mr. Chairman, for holding today's markup on several  
362 bipartisan measures. This markup demonstrates how productive

363 we can be when we work together.

364         One important issue that we will consider today is our  
365 Nation's public health preparedness. We have certainly made  
366 great strides in improving our medical preparedness and  
367 response capabilities since Congress last authorized the  
368 Pandemic All-Hazards Preparedness Act in 2006. However, I  
369 think many would agree that more can be done to enhance this  
370 measure, particularly when it comes to ensuring that our  
371 medical response systems are prepared to care for the  
372 critically ill and injured in the aftermath of a public  
373 health emergency.

374         As you can imagine, when we face a health emergency such  
375 as a flu pandemic, the critical care delivery system is an  
376 integral component of our Nation's medical response yet  
377 critical care medicine has been largely undercontemplated in  
378 our national health policy.

379         Earlier this year, I introduced the bipartisan Critical  
380 Care Assessment Act, H.R. 971, with my colleague from  
381 Minnesota, Erik Paulsen. This measure seeks to identify gaps  
382 in the current critical care delivery model and bolster our  
383 capabilities to meet future demands, and relevant to today's  
384 markup, our bill would also improve federal disaster  
385 preparedness efforts to care for critically ill and injured.  
386 I have shared the relevant provisions of this bill with my

387 colleagues and I am hopeful that I can work with members on  
388 both sides of the aisle to incorporate these important  
389 provisions into the Pandemic and All-Hazards Preparedness  
390 Reauthorization before we go to full committee markup.

391         One important improvement that I hope to incorporate in  
392 this bill is to add critical care to the priorities within  
393 the Nation's medical preparedness goals. While the  
394 legislation currently prioritizes increasing preparedness  
395 response capabilities and surge capacities of hospitals and  
396 other health care facilities including mental health  
397 facilities, trauma care and emergency medical services  
398 systems, the measure before us does not currently prioritize  
399 critical care with respect to public health emergencies.

400         Mr. Chairman, I believe that this is a shortcoming that  
401 we can address. When a natural disaster strikes or a  
402 pandemic sweeps the Nation, the demand on critical care  
403 increases exponentially, and I hope we can work together to  
404 include critical care in this underlying bill.

405         Another key improvement relates to medical surge  
406 capacity for public health emergencies. While we currently  
407 have federal databases to address surge capacity, it is  
408 important to ensure that the systems we have in place will  
409 work effectively and efficiently during an emergency. For  
410 this reason, I hope that we can work to include language to

411 provide for periodic evaluation and testing of the databases  
412 intended to ensure medical surge capacity. The importance of  
413 having a system in place for the effective deployment of  
414 needed medical personnel and supplies really cannot be  
415 underestimated. For example, during Hurricane Katrina, a  
416 physician who participates in the critical care roundtable  
417 and is employed by the federal government volunteered to  
418 provide medical assistance. However, this doctor spent the  
419 majority of his time sitting in a holding facility, and he  
420 wasn't alone. He was joined by over 80 other health care  
421 practitioners who also received only sporadic and  
422 uncoordinated assignments to provide medical care. The  
423 system failed to identify where this physician's services  
424 could be utilized despite the desperate need for such  
425 abilities and skills.

426         Additionally, the 2009 H1N1 pandemic also illuminated  
427 the inefficiencies in the Nation's preparedness in critical  
428 care infrastructure. During this time, hospitals and  
429 government officials scrambled to identify available  
430 ventilators for the critically ill despite having databases  
431 in place. These examples illustrate the desperate need to  
432 periodically evaluate the federal databases to ensure that  
433 our Nation is prepared to meet any needs during a public  
434 health emergency.

435 I hope to continue to work with my colleagues to  
436 incorporate these important provisions into the reauthorizing  
437 legislation before we mark this bill up in full committee. I  
438 thank the chairman and my colleagues for continuing to work  
439 with me on these issues and yield back the remainder of my  
440 time.

441 Mr. {Pitts.} The chair thanks the gentlelady.

442 Is there any further discussion of the substitute  
443 amendment? Are there any bipartisan amendments to the  
444 amendment? Are there any other amendments?

445 If there are no amendments, the vote occurs on the  
446 amendment in the nature of a substitute. All those in favor  
447 will signify by saying aye. All those opposed, no. The ayes  
448 have it and the amendment is agreed to.

449 The question now occurs on favorably reporting the bill  
450 to the full committee. All those in favor, say aye. Those  
451 opposed, no. The ayes appear to have it. The ayes have it,  
452 and the bill is favorably reported to the full committee.

|

453 H.R. 1254

454 Mr. {Pitts.} The chair calls up H.R. 1254 and asks the

455 clerk to report.

456 The {Clerk.} H.R. 1254, to amend the--

457 [H.R. 1254 follows:]

458 \*\*\*\*\* INSERT 3 \*\*\*\*\*

|  
459           Mr. {Pitts.} Without objection, the first reading of  
460 the bill is dispensed with and the bill will be open for  
461 amendment at any point. So ordered.

462           The chair recognizes himself for the purpose of offering  
463 an amendment in the nature of a substitute. The clerk will  
464 report the amendment.

465           The {Clerk.} An amendment offered by Mr. Pitts of  
466 Pennsylvania.

467           [The amendment follows:]

468           \*\*\*\*\* INSERT 4 \*\*\*\*\*

|  
469 Mr. {Pitts.} Without objection, the reading of the  
470 amendment is dispensed with, and I recognize for 5 minutes in  
471 support of the amendment.

472 As part of the subcommittee's hearing last week, we  
473 heard testimony from my good friend Congressman Charlie Dent  
474 on H.R. 1254, the Synthetic Drug Control Act. As Congressman  
475 explained in his testimony, synthetic drugs imitate the  
476 effects of drugs like marijuana, cocaine and  
477 methamphetamines. These drugs are just as dangerous, just as  
478 addictive and just as deadly as the drugs they mimic.

479 The amendment would add four additional compounds to be  
480 listed as controlled substances. These were identified after  
481 H.R. 1254 was introduced and further demonstrate how many of  
482 these synthetic drugs are being developed, all with the  
483 intention of circumventing our laws regarding dangerous  
484 illicit drugs. H.R. 1254 will provide the Drug Enforcement  
485 Agency the tools to address this growing threat.

486 I yield back the balance of my time.

487 Is there discussion of the substitute amendment? Are  
488 there any bipartisan amendments to the amendment? Are there  
489 any other amendments to the amendment?

490 If there are no amendments, the vote occurs on the  
491 amendment in the nature of a substitute. All those in favor

492 shall signify by saying aye. All those opposed, no. The  
493 ayes have it and the amendment is agreed to.

494 The question now occurs on favorably reporting the bill  
495 to the full committee. All those in favor, say aye.  
496 Opposed, no. The ayes appear to have it. The ayes have it  
497 and the bill is favorably reported.

|

498 H.R. 1852

499 Mr. {Pitts.} The chair calls up H.R. 1852 and asks the

500 clerk to report.

501 The {Clerk.} H.R. 1852.

502 [H.R. 1852 follows:]

503 \*\*\*\*\* INSERT 5 \*\*\*\*\*

|  
504 Mr. {Pitts.} Without objection, the first reading of  
505 the bill is dispensed with and the bill will be open for  
506 amendment at any point. So ordered. The chair recognizes  
507 himself for 5 minutes.

508 Children's hospitals are an essential component to our  
509 health care delivery system. The Children's Hospital  
510 Graduate Medical Education Payment program is designed to  
511 help children's teaching hospitals that do not receive  
512 significant federal support for their resident and intern  
513 training programs through Medicare.

514 Since the program was first passed in 1999, the number  
515 of pediatricians in this country has steadily increased. The  
516 program has always received bipartisan support, and I am  
517 proud that H.R. 1852 now has over 100 bipartisan cosponsors,  
518 and I would like to thank Dr. Burgess and Ms. Capps for being  
519 original cosponsors and in particular I would like to thank  
520 Ranking Member Mr. Pallone for all his work on this  
521 legislation.

522 By reauthorizing this important program, we are able to  
523 help ensure that the mission of these teaching hospitals is  
524 continued. Five years when reauthorizing this program, the  
525 committee included accountability measures that required  
526 participating hospitals to report important data measures to

527 the Department of Health and Human Services. H.R. 1852  
528 continues these important reporting requirements and moves  
529 the report ahead by 1 year to facilitate legislative review.

530 I urge my colleagues to support the legislation, and I  
531 yield back.

532 Is there other discussion on the bill? Mr. Engel of New  
533 York is recognized for 5 minutes.

534 Mr. {Engel.} Thank you very much, Mr. Chairman.

535 I want to say like many of my colleagues on the  
536 committee, I was shocked when I learned that the President  
537 had zeroed out the Children's Hospital Graduate Medical  
538 Education program in his fiscal year 2012 budget. This is a  
539 very important program. It has strong support on both sides  
540 of the aisle. It is essential for the training of future  
541 pediatricians and helps preserve health services for  
542 children, especially those who are undeserved and in need of  
543 special medical attention. I have seen firsthand the  
544 benefits of this program and the good work being done at  
545 Blythedale Hospital in Westchester County, New York, and  
546 believe they render a great service to us all. I am proud to  
547 be a cosponsor of the Children's Hospital GME Support  
548 Reauthorization Act of 2011, and I am pleased that we are  
549 considering it at today's markup.

550 I want to, however, talk about a potential amendment

551 that I am strongly considering putting forth when we meet in  
552 full committee, and Mr. Chairman, I know that you have  
553 similar concerns about a hospital in your district, and I  
554 would like to, as we move closer to passage in the full  
555 committee, I would like to work with you on that.

556 For decades, we have known that people suffering from  
557 mental health die sooner, on the average of 25 years sooner,  
558 and have higher rates of disability than the general  
559 population. In many instances, these diseases and conditions  
560 begin to appear in childhood and adolescence when there is  
561 the greatest potential for intervention but are left  
562 unaddressed by doctors who cannot recognize the signs and  
563 symptoms and appropriate treatment options. Residency  
564 programs at children's psychiatric hospitals give providers  
565 the opportunity to learn from experts in the field about how  
566 to identify a child who may be calling out for help and begin  
567 to properly treat the child. So I believe that we should  
568 include certain children's psychiatric hospitals in the  
569 definition of children's hospitals eligible for funds through  
570 the Children's Hospital Graduate Medical Education program.

571 Only children's psychiatric hospitals that meet the  
572 current definition of a children's hospital used in the CHGME  
573 program would qualify for funding. These institutions have a  
574 Medicare provider number, treat almost exclusively children

575 under age 18 and operate an approved medical residency  
576 training program. Like other children's hospitals,  
577 children's psychiatric hospitals cannot receive GME funding  
578 through Medicare because of their unique patient mix.  
579 Children's psychiatric hospitals, however, also cannot  
580 receive CHGME funding to support their residency programs  
581 because they are licensed as psychiatric hospitals, not  
582 children's hospitals, despite almost exclusively treating  
583 children.

584         This amendment that I am considering not offering today  
585 but offering when we meet in full committee is supported by  
586 the American Academy of Child and Adolescent Psychiatry, the  
587 American Psychiatric Association, the National Alliance on  
588 Mental Health, the National Association for Children's  
589 Behavioral Health, the National Association of Psychiatric  
590 Health Systems, and the Association for Behavioral Health and  
591 Wellness.

592         Only one-half of 1 percent of the total CHGME funds  
593 would be used to support residency programs in children's  
594 psychiatric hospitals, and under the White House amendment in  
595 the Senate, only four children's psychiatric hospitals  
596 currently meet the definition of an eligible hospital and  
597 train approximately 30 FTE residents total every year. More  
598 health care providers are needed to help recognize the first

599 signs and symptoms of a child in need of help. According to  
600 the National Alliance on Mental Illness, 13 percent of  
601 children age 8 to 15 have at least one mental disorder. In  
602 order to address this need, the U.S. Bureau of Health  
603 Professions believes 12,624 child and adolescent  
604 psychiatrists, double the current amount of providers, will  
605 be needed by 2020.

606 Inpatient children's psychiatric hospitals tailor care  
607 and treatment to children with serious mental and behavioral  
608 health conditions, enabling residents to learn about the most  
609 effective treatment options for children with mental and  
610 behavioral health conditions has improved care for children  
611 across the country. For example, a pediatric psychiatrist  
612 who was trained in Rhode Island at an inpatient children's  
613 psychiatric hospital is in the process of establishing a  
614 program for severely autistic children in Pennsylvania to  
615 receive care.

616 So I just mention all this, Mr. Chairman, because I  
617 think that there needs to be some changes, and again, I have  
618 an amendment which I am not offering today that would do so.  
619 I know that you have an amendment. I would like to have  
620 further discussion with you about this very important  
621 subject, and I yield back.

622 Mr. {Pitts.} The chair thanks the gentleman.

623           Are there any amendments to the bill? If not, the  
624 question now occurs on favorably reporting the bill to the  
625 full committee. All those in favor, say aye. Those opposed,  
626 no. The ayes appear to have it. The ayes have it and the  
627 bill is favorably reported.

628           Without objection, staff is authorized to make technical  
629 and conforming changes to the bills approved by the  
630 subcommittee today. So ordered.

631           I think that concludes the business of the committee.  
632 The subcommittee stands adjourned.

633           [Whereupon, at 10:36 a.m., the subcommittee was  
634 adjourned.]