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MARKUP OF

H.R. 2405, THE PANDEMIC AND ALL-HAZARDS PREPAREDNESS REAUTHORIZATION ACT OF 2011;

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

H.R. 1852, THE CHILDREN'S HOSPITAL GRADUATE MEDICAL EDUCATION (CHGME) SUPPORT REAUTHORIZATION ACT OF 2011

THURSDAY, JULY 28, 2011

House of Representatives,

Committee on Energy and Commerce,

Washington, D.C.

The committee met, pursuant to call, at 10:37 a.m., in Room 2123, Rayburn House Office Building, Hon. Fred Upton [chairman of the committee] presiding.

Present: Representatives Upton, Barton, Stearns, Whitfield, Shimkus, Pitts, Bono Mack, Walden, Terry, Rogers, Murphy, Blackburn, Bilbray, Bass, Gingrey, Latta, McMorris Rodgers, Harper, Lance,

Cassidy, Guthrie, Olson, Gardner, Pompeo, Kinzinger, Griffith, Waxman, Dingell, Pallone, Eshoo, Green, DeGette, Capps, Schakowsky, Gonzalez, Inslee, Baldwin, Barrow, Matsui, Christensen and Castor.

Staff Present: Gary Andres, Staff Director; Michael Beckerman, Deputy Staff Director; Jim Barnette, General Counsel; Mike Bloomquist, Deputy General Counsel; Clay Alspach, Counsel, Health; Krista Rosenthall, Counsel to Chairman Emeritus; Ryan Long, Chief Counsel, Health; Jeff Mortier, Professional Staff Member; Paul Edattel Professional Staff Member, Health; Monica Popp, Professional Staff Member, Health; Sean Bonyun, Deputy Communications Director; Brenda Destro, Professional Staff Member, Health; Debbee Keller, Press Secretary; Peter Kielty, Associate Counsel; Katie Novaria, Legislative Clerk; Heidi Stirrup, Health Policy Coordinator; Carly McWilliams, Legislative Clerk; Kirby Howard, Legislative Clerk; Phil Barnett, Minority Staff Director; Ruth Katz, Minority Chief Public Health Counsel; Kristin Amerling, Minority Chief Counsel and Oversight Staff Director; Stephen Cha, Minority Senior Professional Staff Member; Alli Corr, Minority Policy Analyst; Karen Lightfoot, Minority Communications Director, and Senior Policy Advisor; Eric Flamm, FDA Detailee; Karen Nelson, Minority Deputy Committee Staff Director for Health; and Jen Berenholz, Minority Chief Clerk.

The Chairman. Good morning. The committee will come to order. And the chair will recognize himself for an opening statement.

Today we are going to consider three bills addressing by bioterrorism, preparedness, controlled substances and training for tomorrow's pediatricians. H.R. 2405, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2011 would reauthorize laws to strengthen the Nation's preparedness infrastructure and enhance our medical countermeasures capacity.

And as we approach the 10th anniversary of September 11, we are all grateful that no terrorist attacks have been carried out on an American soil since that tragic day. And that is not due to luck. Our men and women in the Armed Forces and those in the Intelligence Community are on the front lines every day protecting us from threats. And we should count our blessings every day for the sacrifice for this great country. Yet we cannot grow complacent. We must remain vigilant to ensure we have the necessary tools to respond if a chemical, radiological, nuclear, biological attack were ever to occur again.

In 2004, Congress passed Project BioShield, and in 2006, Congress passed the Pandemic and All-Hazards Preparedness Reauthorization Act to provide us those tools. The legislation before us today reauthorizes those programs. And I want to thank Congressman Mike Rogers for his leadership and all the members of the committee including Ranking Members Waxman and Pallone who have contributed greatly to this legislation.

The committee will also consider H.R. 1254, the Synthetic Drug

Control Act, which is introduced by Congressman Charlie Dent. Synthetic drugs imitate the effects of drugs like marijuana, cocaine and meth. Make no mistake, these drugs are just as dangerous as the drugs they copy. For the last week's hearing on the legislation, the DEA sent the committee a letter that stated the substances are sold at retail outlets with plain view with instructions not for human consumption and products labeled as incense, bath salts and plant food.

Substances that are just as dangerous as their controlled substance counterparts are marketed as harmless sundry items in an attempt to protect the manufacturers, distributors, and retail sellers from criminal prosecution. Dent's bill will make these synthetic drugs illegal and provide the DEA the tools to combat this growing dangerous trend.

Finally, the committee will consider H.R. 1852, the Children's Hospital GME Support Reauthorization Act. This program was first passed in 1999 and allowed children's hospitals to receive support for their pediatric medical residency programs. At both the legislation hearing and committee markup, we heard about the success of this program in increasing the number of pediatricians across the country.

And I would like to thank Chairman Pitts and Ranking Member Pallone for authoring this legislation and thank all the members who have worked on these three pieces of legislation.

So I urge my colleagues to support these bills. And I recognize the ranking member, Mr. Waxman, for his opening statement.

Mr. Waxman. Thank you, Mr. Chairman, for scheduling today's

markup on three important public health bills. And I am pleased we have come together on in all three pieces of legislation to move them forward on a bipartisan basis.

The Pandemic and All-Hazards Preparedness Reauthorization Act is important because it is critical in helping to ensure that our Nation is well prepared to successfully manage the effects of natural disasters, infectious disease outbreaks and acts of bioterrorism. The Synthetic Drug Control Act specifies synthetic version of drugs of abuse to schedule 1. Finally, the Children's Hospital GME Support Reauthorization Act continues the national physician training program that provides ongoing and consistent financial support to hospitals for the training of doctors who want to specialize in pediatrics.

As I have noted, Democrats and Republicans have worked together well to bring these bills before the committee.

We had some unfinished business to complete between Tuesday's Health Subcommittee markup and today. That additional work is reflected in the bipartisan amendments we will take up this morning. And I urge my colleagues to support all of these proposals.

I yield back the balance of my time.

The Chairman. The gentleman yields back. Are there other members wishing to make an opening statement? Mr. Barton is recognized.

Mr. Barton. Thank you, Chairman Upton and Ranking Member Waxman, for bringing these three bills before the committee today. Each bill represents an important step to ensure that our agencies are well

equipped to adapt and respond quickly to a changing environment. As science and technology advance, we must be prepared to take these steps to protect our citizens. Both in 2004 and 2006, Congress passed the Project BioShield Act, and the Pandemic and All-Hazards Act. These bills represented a change in the way we respond to national health crises.

Following the terrorist attacks on 9/11, in my opinion, this change was necessary and it needed to be implemented quickly. The programs have had positive outcomes during natural disasters and national health emergencies such as the H1N1 outbreak. I am pleased to see that both of these programs are being brought up for reauthorization today.

I want to reiterate my support for the role that poison control centers have played in our country, especially in times of crisis. The poison center surge capacity and the biosurveillance efforts have been key assets over the past several years, including during the H1N1 outbreak, also during major hurricanes, oil spills and serving as a principal point of contact with the CDC with the American public.

I want to thank the committee staff, especially Mr. Ryan, for working to include language in H.R. 2405 that explicitly states that these poison control centers are eligible to apply for grants directly through the CDC. It is my understanding that Congressman Lee Terry is going to offer an amendment to clarify the language that we already have in the bill.

But I do want to thank the committee staff and the chairman for

including the language that is in it at my request making it explicit that poison control centers can apply for these grants.

On the Synthetic Drug Control Act, I am very supportive of that. This is an issue that we really didn't have to worry about until a few years ago because there weren't any synthetic drugs that could be harmful. That is not the case today. We cannot allow synthetic substances to be legal and readily available.

I want to commend the committee for also bringing up 1852, the Children's Hospital GME Support Reauthorization Act. Several hospitals in my district and State have come to me to express their support for the GME program.

With that, Mr. Chairman, again, thank you, and Mr. Waxman, for your leadership. And I yield back.

The Chairman. The gentleman yields back. The chair would recognize the ranking member of the Health Subcommittee, Mr. Pallone, for an opening statement.

Mr. Pallone. Thank you, Mr. Chairman.

I support H.R. 2405 and the efforts of this committee to strengthen and enhance the programs and activities under PAHPA. I would like to thank Representatives Rogers and Green and their staff who authored the base bill and who have continued to work to strengthen its provisions. I would also like to thank the staffs of the committee who have collaborated in a bipartisan manner to further enhance the bill. They have worked hard to accomplish the goals of this committee in a short time, and I understand it has been a good process.

Specifically, I wanted to note the efforts dedicated to FDA's role in hazardous events. I know there will be an amendment today to further enhance the flexibility of the agency while also strengthening their emergency use administrative functions. These revisions are a significant step towards the framework for FDA to develop better policies and guidance in emergency situations.

I also wanted to thank Representatives Eshoo and Markey and their staffs who were instrumental in leading the bipartisan effort to address the special needs of pediatric populations. It was clear that there were some gaps in our Nation's public health emergency strategy, and I am confident we took an appropriate approach to filling in those gaps.

And I also support the swift passage of H.R. 1254 which will eliminate commercial availability of harmful synthetic narcotics. Under this proposal, hallucinogenic drugs will no longer be able to hide behind misleading aliases.

Around this country, use of these substances has led to heinous behavior and loss of life, and I appreciate the efforts of this committee to prevent this from continuing in the future.

And, lastly, I am pleased we are one step further toward passage of H.R. 1852, the bill I introduced with Chairman Pitts, the Children's Hospital Graduate Medical Education Reauthorization Act bill will ensure we have a well-trained cadre of pediatric professionals. As every parent knows, it is very important to have a trusted doctor to turn to when their child gets sick or hurt.

Now yesterday I had the pleasure of meeting Ariana McGuire from Somerset County in my district. Ariana's story is an amazing one, and her perseverance is inspiring. Against all odds, she became a living miracle. Last July, Ariana, then 7, walked into the path of a steel-tipped arrow that had been fired by a young neighbor. The arrow lodged in her brain causing massive bleeding and a stroke. And she wasn't expected to last the night. But she did, and she lives with enough strength to tell Congress about her journey.

Ariana was rehabilitated at PSE&G Children's Specialized Hospital in New Brunswick in my district, and she and her family visited this week to tell Congress how much the care provided by our children's hospital meant. Her doctors are a significant part of her miracle, and they were trained with the help of this program. I want to stress that, they were trained with the help of this program. And it is the funding of the children's hospital GME that helped to keep Ariana alive. She is an excellent example, I think, of why we need this legislation.

I urge my colleagues to support its passage and thank you again, Mr. Chairman, for holding this markup.

The Chairman. Thank you. The chair would recognize the chair of the health subcommittee, Dr. Pitts, for an opening statement.

Mr. Pitts. Thank you, Mr. Chairman. Thank you for scheduling the markup this morning to move the three public health bills, and I am pleased that all three are moving with bipartisan support. I want to particularly thank the staff for all their hard work to achieve this success.

Just a couple of comments on 1852, I introduced H.R. 1852, the Children's Hospital Graduate Medical Education Support Reauthorization Act, to prevent the sunset of the CHGME program on September 30, 2011. This bill reauthorizes the children's hospital GME program at its current authorization level of 330 million over the next 5 years. While President Obama zeroed out CHGME in his fiscal year 2012 budget, this critical program trains 40 percent of our Nation's pediatricians and 43 percent of pediatric subspecialists.

More than 5,000 residents take part in this program every year, and 56 free-standing children's hospitals in the U.S. participate. We need to reauthorize the CHGME program, and I would urge all members to support H.R. 1252. And with that I yield back.

The Chairman. The gentleman yields back. The chair would recognize Mr. Markey for an opening statement.

Mr. Markey. Thank you very much.

The bill before us today improves our Nation's preparedness should we experience a public health disaster or a biological chemical, radioactive or nuclear threat. I would like to thank my Republican colleagues and their staff for working with us to make this a bipartisan bill, especially for their willingness to include provisions that address the needs of pediatric populations. I would also like to recognize the efforts of my good friend from California, Ms. Eshoo, for working on this issue and who has been a long champion of children's health, and of course, Mr. Waxman from California, and all the members who commit all their efforts to this issue.

When it comes to our Nation's preparedness for emergencies or disasters, children's unique needs should not be relegated to the kids' table. They should have a seat up front. Children's population is nearly 25 percent of the American population, yet when it comes to our Nation's preparedness for emergencies or disasters, the protections for children persistently lag behind. We witnessed the shortcomings just a few years ago when a spike in demand during the H1N1 epidemic led to a shortage of liquid Tamiflu, the form of the flu-fighting medication for children who can't swallow pills. We have got to do better than that.

The pediatric provisions in this bill will help us understand where deficiencies exist in pediatric countermeasures and products and instructs the responsible agencies for developing a plan to close those gaps.

Hospitals will have to take into account the needs of pediatric populations in developing their plans to handle a surge in need for medical care. This is a vital improvement since a recent CDC report found that less than one-half of hospitals' preparedness plans accommodated the needs of children during a public health emergency.

And finally, the legislation strengthens FDA's role in developing, stockpiling and distributing life-saving countermeasures including those for our pediatric populations so that we are better prepared when an emergency hits.

I want to, again, thank Republican majority for working with us in a cooperative fashion. And I yield back the balance of my time.

Mr. Barton. [Presiding.] The gentleman yields back. Who seeks recognition? Mr. Stearns.

Mr. Stearns. I thank you, Mr. Chairman, and I thank the chairman of the Energy and Commerce for holding this markup. Both these bills, H.R. 2405 and H.R. 1254, are very important. The Synthetic Drug Control Act is an important bill that will help stop the sale of synthetic drugs that imitate the properties of all illegal drugs. These drugs, sometimes called bath salts, are dangerous for the user who takes them and for the victims that these drug addicts hurt.

Earlier this year, my colleagues, one of my constituents contacted me about the problem of these bath salts. Her father was a deputy sheriff and was killed one morning while responding to a domestic disturbance. The young man who shot the deputy was high on fake bath salts. Florida has banned these synthetic drugs posing as bath salts. I am glad we are also taking this up and ensuring that these type of products will be banned.

I am also a supporter of the Children's Hospital Graduate Medical Education Act. In my district, there are a number of hospitals that use these graduate medical education programs to train their next generation of doctors.

And lastly, the Pandemic and All-Hazards Preparedness Reauthorization Act is an important part of our health infrastructure as it was designed to develop medical countermeasures against possible chemical, biological, radioactive and nuclear attack. The University of Florida which is located in Gainesville and located in my

congressional district and the neighboring research park has done a tremendous amount of work helping us to develop the next generation of medical vaccines against anthrax and smallpox. This bill is a vital component of our homeland security and I support it.

Also, Mr. Chairman, I intend to offer an amendment which I also intend to withdraw concerning the limitation on liability for volunteers for health care professionals.

In my State, with Hurricane Andrew and Hurricane Wilma, we had so many people that wished to volunteer to help out people, thousands of people with injuries, but the doctors and nurses are very concerned about the liability of these volunteers. And so my amendment which I intend to withdraw would solve this problem. I also have talked to Mr. Rogers about doing a stand alone bill which he has agreed to cosponsor. Thank you.

Mr. Barton. The gentleman's time is expired. The gentlelady from California.

Ms. Eshoo. Thank you, Mr. Chairman, and I want to add my thanks to the many that have already been expressed to the majority for working with us on these bills. I think that we are all proud that they are bipartisan and that they have been improved upon for their presentation to the full committee.

Just a couple of quick comments I am looking over, I see Mike Rogers is here today. We were partners back in 2006 and passed the legislation that is known as BARDA. And so what is -- the base of that bill is included in this, and what I think we are all especially pleased

about today is, and it is not very often that this happens, the children are really front and center in these bills today.

My thanks to Mr. Markey for the work that we did together to make sure that children are especially taken care of and recognized in the legislation. We know that they are particularly vulnerable to biological or chemical agents because they breathe more times per minute than adults, children are more vulnerable to agents that act through the skin because their skin is thinner and they are more vulnerable obviously to the affects of agents that produce vomiting or diarrhea because they have less fluid reserve than adults.

So this is really, I think, more than a step in the right direction. I am thrilled that we are authorizing the all important dollars for children's hospitals, graduate medical education.

I agree with Chairman Pitts. Why the President would have ever left this out of his budget zeroed it out, we are doing the right thing. This is a wildly successful program in our country, and it really speaks to the future of our country to train those that are going to take care of those that are in the spring of their lives. So thank you very much, and I yield back.

Mr. Barton. The gentlelady yields back. Who seeks recognition on the majority side? The gentleman from Ohio.

Mr. Latta. Thank you, Mr. Chairman. And thanks very much for this markup today on these three important pieces of legislation. I would like to speak in support of H.R. 1852, the Children's Hospital GME Support Reauthorization Act of 2011, of which many I am a cosponsor.

There are six Ohio children's hospitals receiving CHGME, and this reauthorization is extremely important to train pediatric residents and specialists in pediatrics in Ohio and across the country.

Prior to the enactment of CHGME in 1999, it has been reported that pediatric residencies had declined by 13 percent. There are many examples in Ohio where the program's effectiveness is demonstrated.

Additionally, Ohio's children's hospitals are training specialists in pediatric shortage areas, and these fellows have increased by large numbers. This is especially important in rural areas like in my district where there may not be adequate access to these pediatric specialists. We are authorizing the CHGME program. It is important to insurers that we continue to ensure that these imperative pediatric providers are trained.

Currently there are serious national shortages and many pediatric specialties, shortages which this CHGME program has been crucial in helping to address. I look forward to the markup today supporting H.R. 1852, and I yield back. Thank you.

Mr. Barton. The gentleman yields back. Who seeks recognition on the minority side? The gentleman from Texas, Mr. Green.

Mr. Green. Thank you, Mr. Chairman for holding this markup today on several health-related pieces of legislation, including H.R. 2405, the Pandemic and All-Hazards Preparedness Reauthorization Act and H.R. 1852 the Children's Hospital GME Support Reauthorization Act. As the original cosponsor of 2405 with Mr. Rogers, I am very pleased how quickly we moved this bipartisan piece of legislation.

I want to thank Mr. Rogers, Chairman Upton, Ranking Member Waxman, Ranking Member Pallone, Ms. Myrick, Ms. Eshoo, and Mr. Markey for their work on 2405. It is always a good thing when you are able to work together and work out bipartisan legislation.

The Pandemic and All-Hazards Preparedness Reauthorization Act of 2011 reauthorizes certain provisions about Project BioShield Act of 2004 and the Pandemic and All-Hazards Preparedness Reauthorization Act of 2007. This legislation was initially passed by Congress to help the U.S. develop medical countermeasures against chemical, biological, radiological, and nuclear terrorism agents, and to provide a mechanism for the Federal acquisition of these newly developed countermeasures. Our Nation remains vulnerable to these threats because many of the vaccines and medicines that are needed to protect our citizens do not exist. Developing and stockpiling these medical countermeasures requires time, resources and research, all of which are provided under this legislation today.

One good example of this is in Texas is the Galveston National Lab Focuses on conducting research to develop therapies, vaccines and diagnostic tests for naturally occurring emerging diseases such as SARS, West Nile encephalitis and avian influenza, as well as microbes that might be employed by terrorists. Texas A&M, the University of Texas and many other Texas institutions have come together to develop a national center for innovation and advanced development and manufacturing in Texas. If funded, the center would develop medical countermeasures, ensure domestic vaccine, manufacturing surge

capacity for emerging infectious diseases, pandemic influenza and other threats during public health emergencies.

This is exactly the type of research we hope to encourage under the Pandemic and All-Hazards Preparedness Reauthorization Act.

I am a cosponsor of H.R. 1852, the Children's Hospital Graduate Medical Education, Texas Children's Hospital in Houston is in my backyard, and it is a first class medical institution and it is consistently rated one of the top ten children's hospitals in the country.

I want to thank Texas Children's for their work as they do through their residency graduate training program at Baylor College of Medicine and their community outreach, through partnerships with our communities clinics and community-based health centers.

H.R. 1852 would reauthorize this program until 2016, and this legislation was originally enacted in 1999, and it has been reauthorized twice by Congress with broad support.

That is why I am surprised the President proposed eliminating the program in his fiscal year 2012 budget.

Prior to enactment of this program in 1999, it has been reported that pediatric residencies declined by 13 percent. Today the free-standing hospitals are training 5,400 residents per year. And again, Mr. Chairman, I would like to ask unanimous consent to place the remainder of my statement in the record. I yield back my time.

Mr. Barton. Without objection.

[The amendment of Mr. Green follows:]

******** COMMITTEE INSERT ********

Mr. Barton. And the only reason we gave you another minute is because you are from Texas.

Mr. Green. I mentioned Texas A&M.

Mr. Barton. I heard that. That is why you got 45 more seconds.

Who seeks recognition on the majority side?

The other gentleman from Texas, Mr. Olson, from Sugarland.

Mr. Olson. Thank you very much, Mr. Chairman. I can assure you, I don't plan on invoking the extra minute as extended to Texans. First of all, I would like to thank Chairman Upton and Chairman Pitts and the respective ranking members for bringing these three bipartisan bills to markup today.

First, the Pandemic and All-Hazards Preparedness Reauthorization Act, H.R. 2405, is important legislation that establishes a proper health care infrastructure that will allow our country to handle a chemical, biological, radioactive or nuclear attack.

Specifically, this bill authorizes certain provisions of Project BioShield that will allow for the purchase of medical countermeasures. It also enables the Health and Human Services Secretary to utilize the emergency use of other key medical products. As America continues to face threats here at home and abroad, this bill is critically important.

I am also supportive of H.R. 1254, the Synthetic Drug Control Act of 2011. As I have learned from talking to the people I represent back home, these synthetic drugs are just as dangerous as the illegal drugs they imitate and they are as easy to buy as cigarettes. In Texas, for example, synthetic marijuana used to be available in stores under the

brand names like K-2. These products are labeled as incense, but are sprayed with a chemistry compound similar to THC, the active ingredient in marijuana. But thankfully, the Texas legislature recently banned several synthetic marijuana-like substances.

The Texas Department of Health and Health and Human Services has made it illegal to manufacture, distribute, process or sell the five banned compounds.

But there are others out there that are still legal, and have created these drugs, which primarily are manufactured overseas in countries like China, circumvent the controlled substance list by creating new recipes that give customers the same high without using chemicals that are already illegal. This bill will put an end to this terrible practice by prohibiting the sale of synthetic drugs that attempt to copy the hallucinogenic or stimulative properties of drugs such as marijuana, cocaine and methamphetamine.

I yield back the balance of my time and ask unanimous consent that the rest of my statement be included in the record.

Mr. Barton. Without objection so ordered.

[The amendment of Mr. Olson follows:]

******** COMMITTEE INSERT ********

Mr. Barton. The gentlelady from Colorado.

Ms. DeGette. I want to thank you for bringing up these bills today. Along with other members of this committee I have worked for many, many years on children's health and this children's GME bill is a great, great piece of legislation.

I want to focus my remarks, though, on the pandemic preparedness bill, because this is a bill that the Oversight and Investigations Committee has worked on for many years.

Biosecurity preparedness and response are of grave importance to me and to my constituents, and should be to all of us. While the Pandemic and All-Hazards Preparedness Act covers many types of countermeasures, in the past, this committee has paid particular attention to influenza pandemics, particularly the H1N1 infections.

Now, I said at that time and I will say again, I appreciate the longstanding establishment and optimization of egg-based vaccine production in the U.S., but I think we are way past due in terms of using newer technologies like cell-based production, recombinant based vaccines, adjutants and others. And I have got to say that a lot of the vaccine companies I talk to say that they are producing cell-based vaccines in other countries but not here in the U.S.

So I was pleased to learn that in January, 2009, BARDA is working with a private sector company to bring online a manufacturing site that will produce a cell-based vaccine. A lot of people think these vaccines can be produced much more efficiently than egg-based vaccines allowing for a more rapid response to an epidemic. And, you know, Mr.

Chairman these epidemics are not an "if" phenomenon, they are a "when" phenomenon owing to the virus's ability to mutate.

And so I think we need to have robust oversight of this program. We need to continue to push for complete preparedness, including advanced vaccine technologies. And I look forward to continuing the committee's work, starting with this bill, but also, I will ask you and I will ask Mr. Stearns, my chairman, I think we need to do yet another oversight hearing on influenza preparedness before the winter season starts again next year to make sure that we are as ready as we can be.

We dodged the bullet this year. I want to make sure that we are really pushing these agencies and these companies to develop these drugs and we do it for next year.

Thank you, Mr. Chairman.

Mr. Barton. I thank the gentlelady. I am sure Chairman Upton will take that under advisement.

Does anybody on the majority side seek recognition for opening statement? Seeing none, the gentlelady from California, Ms. Capps, is recognized.

Mrs. Capps. Thank you, Mr. Chairman. It is a familiar sight to see you, Mr. Barton, at the chair there.

Mr. Barton. Temporarily. Temporarily.

Mrs. Capps. I know. The bills we have before us today are very important, and I commend the committee for working in a bipartisan manner to bring them to this point.

The strength of these policies is truly a testament to this open and collaborative process. I want to underscore how important this markup is to improve the health of children. It seems to be all about children, strengthen our health care workforce and protect our communities. I am a proud original cosponsor of the Children's Hospital Graduate Medical Education Reauthorization bill and was pleased to lead the bipartisan appropriations letters in support of funding for this critical program earlier this year.

As a school nurse, I know the difficulty that children, especially those with special health needs, experience when they are looking for a pediatric specialist. And over the years, we have seen how the CHGME program has made a measurable impact in alleviating that burden allowing their families to stop worrying about where to find care and instead to focus on healing.

This was clearly illustrated earlier this week when I met with little Max Page, the child who played little Darth Vader in a famous Super Bowl ad. You may have seen him on the floor yesterday. He also has a rare heart condition and has had eight surgeries at Children's Hospital in Los Angeles. He and his family clearly conveyed the importance of this program of protecting it and improving it.

Moreover, I am pleased that we can continue to work toward strengthen our Nation's public health preparedness programs. My constituents know the importance of having strong infrastructure and preparedness plans in place before disaster strikes. We have lived through the 1969 Santa Barbara oil spill, wildfires in the foothills

and live near a nuclear power plant located in the highest seismic risk areas in the country. Creating a strong preparedness network at both the Federal and local level is vital for our community. I appreciate the opportunity to do just that through my fifth reauthorization and continue working with my colleagues to ensure that communities across this country can feel more secure.

I support these bills and look forward to voting for them. And I yield back.

Mr. Barton. I thank the gentlelady.

Is there opening statement request on the majority side? Seeing none are there members of the minority? The gentlelady from Florida, Ms. Castor, is recognized.

Ms. Castor. Thank you Mr. Chairman. I would like to offer my support for the three bills today, particularly H.R. 1852, the Children's Hospital Graduate Medical Education Support Act, which I am a cosponsor and I thank Chairman Upton and Pitts and Ranking Members Waxman and Pallone for working to ensure that this is a bipartisan effort.

I co-chair the children's health care caucus for the Congress with my Republican colleague, Dave Reichert, and just last week, we had a Capitol Hill briefing on children's hospital GME with Dr. Marion Burton, the President of the American Academy of Pediatrics. He is also the dean at the University of South Carolina. We had representatives from the great children's hospital of Philadelphia and St. Joseph's Children's Hospital In Tampa, and just this week, we had

representatives of children's hospitals from all across the country here on the Hill with families where this really makes a difference. They have all expressed their strong support for reauthorization.

And I would like to personally thank the two children's hospitals in my hometown. In the Tampa Bay area, we are fortunate to have two. All children's hospital in St. Petersburg has received support under CHGME since 1973. That means that, like many of your hospitals, they have been training those vital pediatricians that serve our most vulnerable populations for years and years and years, and I am very proud that the Congress is going to continue to support them.

We -- this committee, though, needs to pass these and then take the take the next step to examine shortages in pediatrics and pediatric subspecialties, and also look at how residency training positions across the country continue to need our help and we need to address the inequities. Thank you very much and I yield back.

Mr. Barton. The gentlelady yields back. Are there further opening statements?

Seeing none -- oh, the gentlelady from Illinois, Ms. Schakowsky.

Ms. Schakowsky. Thank you, Mr. Chairman.

I want to thank you and all my colleagues for working together in a bipartisan fashion to improve upon and advance the three bills before us today. I would like to address my remarks to H.R. 1852, especially the Children's Hospital Graduate Medical Education Support Reauthorization Act.

The future of pediatric health care cannot be compromised. As

a supporter of the original legislation that established the program and a cosponsor of H.R. 1852, I feel that we must provide all the resources needed to guarantee that children's hospitals can continue to provide quality and timely care to their patients as Chicago's Memorial Hospital does for families in the Chicagoland area.

Support for physician education and training is essential to ensure patient access to care, and multiple expert bodies have identified a need for more pediatric subspecialists and have recommended expansions of medical education for pediatrics. Last week in a letter to members of the committee, the National Association of Children's Hospitals wrote that thanks to CHGME, children's hospitals have enriched their training experience by providing greater community-based opportunities in underserved urban and rural areas. This has increased access to care and the likelihood that residents will practice in medically underserved areas unquote. Taking care of the health needs of children must be a top priority. We can't afford to jeopardize their well-being and future.

I urge my colleagues to support H.R. 1852 along with H.R. 2405, the Pandemic and All-Hazards Preparedness Reauthorization Act and H.R. 1254, the Synthetic Drug Control Act.

I yield back the balance of my time.

Mr. Barton. The gentlelady yields back. The chair now recognizes the gentlelady from California, Ms. Matsui.

Ms. Matsui. Thank you, Mr. Chairman. I want to thank my colleagues, in particular Chairman Pitts and Ranking Member Pallone

for their work on these critical bipartisan bills.

Mr. Chairman, I am a strong supporter of the bills before our committee today but especially the Children's Hospital Graduate Medical Education Support Reauthorization Act, of which I am a cosponsor. This program has been a major success. It helps stop and reverse an alarming decline in the number of residents in children's hospitals' residency programs in the late 1990s. Though these hospitals only account for less than 1 percent of all the hospitals in the Nation, they train over 40 percent of our Nation's pediatricians. While a shortage of pediatricians and pediatric specialists still exist, this program goes a long way to eliminating that shortage. It is a program with preserving and reauthorizing. And it is also a great investment towards a healthier future for our children and subsequently for all Americans.

We all know that if we are able to avoid or identify a chronic condition early in childhood, then we can help ensure healthier outcomes throughout one's life. This program works toward that goal.

I urge my colleagues on both sides of the aisle to enthusiastically vote yes on this and each of the other bills before us today. And I yield back the balance of my time.

Mr. Barton. The gentlelady yields back.

Is there any other member who would wish to make an opening statement? Seeing none, the chair will now call up H.R. 1852, the Children's Hospital GME Support Reauthorization Act and would ask the clerk to report the bill.

The Clerk. H.R. 1852 to amend the public health service act to reauthorize support for graduate medical education programs in children's hospitals.

[The information follows:]

******** INSERT 1-1 ********

Mr. Barton. Without objection the first reading of the bill is dispensed with and the bill will be open for amendment at any point. So ordered. Are there any amendments to the bill? Who seeks recognition? The gentleman, the health subcommittee chairman, Mr. Pitts.

Mr. Pitts. Move to strike the last words.

Mr. Barton. The gentleman is recognized for 5 minutes.

Mr. Pitts. Thank you, Mr. Chairman. The Children's Hospital Graduate Medical Education Program was first enacted by Congress in 1999 and has been reauthorized twice, each time with broad bipartisan support. We believe this bipartisan history has contributed to its enduring success.

The program's authorization expires at the end of September, and today's markup will be one more step in ensuring its continuation.

CHGME provides funding to 56 hospitals in 30 States to support pediatric residency training. Today, freestanding children's hospitals train over 40 percent of pediatricians, 43 percent of pediatric specialists, and most pediatric researchers.

In my home State of Pennsylvania, three premier children's hospitals, the Children's Hospital of Pittsburgh, St. Christopher's Hospital for Children, and Children's Hospital of Philadelphia, receive CHGME funds that support and ensure world-renowned health care for children.

CHGME is a significant achievement in pediatric health care in Pennsylvania and across the country. I would like to request unanimous

consent to include in the record a letter from Lawrence McAndrews, president and chief executive officer of the National Association of Children's Hospitals dated July 28, 2011, and addressed to Chairman Upton and Ranking Member Waxman expressing the strong support of NACH for H.R. 1852 and urging its adoption.

Mr. Barton. Is there objection to unanimous consent request to include the letter? Seeing none, so ordered.

Mr. Pitts. Thank you, Mr. Chairman. Finally, I would like to thank the ranking member of the Health Subcommittee, Mr. Pallone, for sponsoring H.R. 1852 with me and urge my colleagues to support this bipartisan legislation.

I yield back.

Mr. Barton. The gentleman yields back.

Is there further discussion of the bill?

Mr. Griffith. Mr. Chairman.

Mr. Barton. Who seeks recognition?

Mr. Griffith. Mr. Griffith from Virginia.

Mr. Barton. Mr. Griffith is recognized for 5 minutes for what purpose?

Mr. Griffith. I just have a question.

Mr. Barton. The gentleman is recognized to strike the requisite number of words to ask questions of the counsel.

Mr. Griffith. I am just wondering does this bill inherently cost any more money than what we were spending last year?

Mr. Barton. You have to have a verbal answer, you can't shake

your head.

The Clerk. No, sir.

Mr. Griffith. Thank you, Mr. Chairman.

Mr. Barton. The gentleman yields back. Is there other discussion of the bill? Are there amendments to the bill? Seeing none, no hands raised, the chair will now call the question on favorably reporting the bill.

All those in favor, signify by saying aye.

Aye.

Opposed, no.

No.

The ayes appear to have it the ayes have it and the bill is favorably reported. The chair will now call of H.R. 1254 and would ask the clerk to report.

The Clerk. H.R. 1254 to amend the Controlled Substances Act to replace synthetic drugs in schedule 1.

[The information follows:]

******** INSERT 1-2 ********

Mr. Barton. Without objection the first reading of the bill is dispensed with and the bill will be open for an amendment at any point. So ordered.

The chair would recognize himself for the purpose of offering an amendment.

The clerk will report the Upton amendment.

The Clerk. An amendment offered by Mr. Upton.

Mr. Barton.

[The amendment of Mr. Upton follows:]

******** COMMITTEE INSERT ********

Mr. Barton. Without objection the reading of the amendment is dispensed with. The chair recognizes himself for 5 minutes in support of the amendment.

The Upton amendment would make technical changes to the committee print based on feedback that has been received from the Obama administration, individual market products such as bath salts or herbal incense knowing full well that they are intended to be consumed for abuse. As Mr. Upton said in his opening statement, just because it is synthetic does not mean that it is any less dangerous than the organic drug.

Emergency rooms and physicians see the harmful effects of these so-called synthetic drugs every day.

The drug enforcement administration wants to go after those that prey on our children, but the current law allows these drug dealers to get away with it through loopholes. H.R. 1254 closes some of the loopholes. I would urge my colleagues to support this amendment to the bill and close the further loopholes. I would urge the committee to support the Upton amendment and I yield back the balance of my time.

Is there any discussion of this amendment? If not the chair will call the question.

All those in favor, signify by saying aye.

Aye.

Opposed, no.

The ayes appear to have it. The ayes have it and the amendment is agreed to.

Are there other amendments to the bill? Seeing no hands raised, the chair now calls the question on reporting the bill as amended.

All those in favor, signify by saying aye.

Aye.

Opposed, no.

The ayes appear to have it the ayes have it. The bill is favorably reported.

The chair will now call up H.R. 2405 and would ask the clerk to report.

[The information follows:]

******** INSERT 1-3 ********

The Clerk. H.R. 2405, to reauthorize certain provisions of the public health service act and the Federal Food Drug and Cosmetic Act relating to public health preparedness and countermeasure development and for other purposes.

Mr. Barton. Without objection, the first reading of the bill is dispensed with and the bill is open for amendment at any point. So ordered.

Are there amendments to the bill?

The chair would recognize the distinguished chairman of the Intelligence Committee, Mr. Rogers of Michigan, for purposes of offering an amendment in the nature of a substitute.

Mr. Rogers. Mr. Chairman, I do have an amendment at the desk.

Mr. Barton. The clerk will report.

[The amendment of Mr. Rogers follows:]

******** COMMITTEE INSERT ********

The Clerk. An amendment in the nature of a substitute to H.R. 2405 offered by Mr. Rogers of Michigan.

Mr. Barton. The chair would ask unanimous consent that the amendment be considered as read and the gentleman from Michigan is recognized for 5 minutes in support of his Amendment.

Mr. Rogers. Thank you Mr. Chairman.

This amendment in the nature of a substitute builds on the bipartisan work we have done since the health subcommittee markup of H.R. 2405. Along with numerous technical changes requested by HHS and the minority, it also strengthens the bill by requiring applicants under the hospital preparedness grant program to consider the needs of pediatric and other at risk populations when planning for a disaster, allowing HHS at the request of State or local government to redeploy certain Federal personnel during an emergency, requiring the assistant secretary of preparedness and response to report on the needs of the pediatric populations as part of the bill's countermeasure implementation plan, overhauling the bill's regulatory management plan giving the FDA more flexibility and discretion while still requiring early and frequent interaction between FDA and countermeasure sponsors.

I would like to thank Mr. Waxman and Mr. Pallone for their efforts to work with us on this bipartisan bill, Ms. Eshoo, who I worked so well with in the past and on this bill as well, thank you for your work and effort on the bill, Mr. Stearns for working with us on liability issues and concerns, I look forward to cosponsoring the bill, Mr. Terry

on poison control centers and his effort and work there, I look forward to continuing to working with Mr. Terry on the issue. And I would also like to thank Ms. Myrick and Mr. Green for being original cosponsors and helping us strengthen the bill over the last month.

Finally, I look forward to supporting the manager's amendment that Mr. Green will offer. His amendment includes a number of additional technical and conforming changes, but most importantly, it includes provisions requested by HHS that will make it easier for us to preposition and deploy medical countermeasures.

Thank you again, Mr. Chairman, for your work on this bill.

Mr. Terry. Would the gentleman yield to me for 1 minute?

Mr. Rogers. I would be delighted to yield.

Mr. Terry. I thank you for your good work.

I appreciate your working with us and Mr. Barton on the poison control center language. I also appreciate that in discussions with you, Mr. Upton and Mr. Barton today we are going to continue to make sure that it is very clear that the poison control centers need to be involved because they are on the front lines. With that assurances, I am not going to introduce my amendment and will look forward to further discussions. And I yield back my time to you.

Mr. Rogers. Unless someone needs some time --

The Chairman. [Presiding.] If the gentleman would yield, I just like to say to Mr. Terry, I appreciate the amendment on the poison control center. I look forward to, this is something that I care deeply about as I know members on both sides do. I look forward to working

with you between now and when the bill gets to the floor. I don't know whether this bill is going to be under suspension or not, I suspect that it will. I know that it has almost, if not unanimous support here, the underlying bill, but I look forward to working with you before we get to the bill to the floor and either as an amendment or perhaps as a chairman's amendment, a suspension bill we will continue to work together and I appreciate your interest and yield back.

Mr. Rogers. Thank you, Mr. Chairman. I would since no one is seeking time I yield back the remainder of my time.

The Chairman. The gentleman yields back his time. Other members wishing to speak on the bill? The gentlelady from Wisconsin.

Ms. Baldwin. Thank you, Mr. Chairman. I move to strike the last word.

The Chairman. The gentlelady is recognized for 5 minutes.

Ms. Baldwin. Thank you, Mr. Chairman. I also want to express my support for the measure that we are considering today to improve our Nation's medical preparedness and response capabilities, the Pandemic and All-Hazards Preparedness Reauthorization Act.

And I am especially pleased to see that this bill takes important steps to ensure that our medical response systems are prepared to care for the critically ill and injured in the aftermath of a public health emergency.

As you can imagine, when we face a health emergency such as a flu pandemic, the critical care delivery system is an integral component of our Nation's medical response. Yet up to this point, I think that

critical care medicine has been largely under-contemplated in our national health policy.

Earlier this year, I introduced, along with my colleague from Minnesota, Erik Paulsen, the Critical Care Assessment Act, H.R. 971.

This measures seeks to identify gaps in the current critical care delivery model and bolster our capabilities to meet future demands. I am pleased that the measure before us today includes two important provisions from our bill to improve Federal disaster preparedness efforts to care for the critically ill and injured. Notably, the bill adds critical care to the priorities within the Nation's medical preparedness goals.

When a natural disaster strikes or a pandemic sweeps the nation, the demands on critical care can increase exponentially. And I am pleased to see this language that recognizes the importance of treating the critically ill and injured in a public health emergency.

Additionally, the reauthorization bill improves efforts to ensure that the systems we have in place to address surge capacity will work effectively and efficiently during an emergency.

Specifically, the bill includes language to provide for periodic evaluation and testing of the very important databases intended to ensure medical surge capacity. As we learned during Hurricane Katrina and the 2009 H1N1 pandemic, having a system in place for the effective deployment of needed medical personnel and supplies is vital for the care of the critically ill and injured.

Mr. Chairman, I would like to thank you and my colleagues on both

sides of the aisle for working with me to recognize the importance of critical care preparedness by including these important provisions in the reauthorization.

And I look forward to continuing to work with you to ensure that we have a robust critical care infrastructure. And I yield back the remainder of my time.

The Chairman. Thank you. Other members wishing to speak? Are there furthers amendments to the amendment? Mr. Stearns is recognized.

Mr. Stearns. Mr. Chairman, I have an amendment at the desk.

The Chairman. The clerk will report the title.

The Clerk. An amendment offered by Mr. Stearns of Florida.

The Chairman. The amendment will be considered as read. The staff will distribute the amendment. And the gentleman is recognized for 5 minutes in support of his amendment.

[The amendment of Mr. Stearns follows:]

******** INSERT 1-4 ********

Mr. Stearns. I thank you Mr. Chairman. I intend to ask unanimous consent to withdraw it, but I thought it important to make the point. It is a very simple amendment it would provide medical liability protection for medical professionals who simply volunteer their skills during a disaster.

Obviously, this country shows historically we are a generous nation, and during tough times, we have seen all the communities come together, volunteers come out and try to help, they donate their money and their time to try to simply help others. But during a natural disaster, there is always a need for skilled medical professionals to help the sick and injured. Many medical professionals they want to help they want to volunteer their skills to make a difference. However, while America is full of generous people there are many that are litigious. If you are medical professional who wants to volunteer your skills to help the injured and sick you are possibly placing your self at risk or your reputation. You don't know the person you are helping will try to sue you a couple months down the road, and so this creates a disincentive to volunteer your valuable skills.

In my home State of Florida, we have seen this with hurricanes and natural disasters, just every year it happens that these medical professionals want to help out. But I think we, as Congress, should provide natural protection to them, to protect them from liability. They are medical volunteers, they are offering their help and that is the intent of my amendment. It is pretty straightforward.

I realize, of course, we are late in the process here this morning,

so I am going to where you withdraw my amendment by unanimous consent and I look forward to having a stand alone bill -- I yield to the gentleman from California.

Mr. Bilbray. Mr. Chairman I would like to speak in favor of the amendment, and I want to say clearly this is a good Samaritan clause. This is just like the fact that this country realized that you have to hold harmless physicians who pulled over to the side of the road at an auto accident and administer aid. You have to give that good Samaritan clause.

And let me say something I don't think we talk enough about is that the litigation on the poor and the weak are actually higher and the risk is higher for physicians when they volunteer on that. This hits home to me because when I was a county supervisor, one of our most important programs we did was a perinatal system that had physicians volunteering. But even the volunteers had to buy 80 to 90,000 dollars worth of tort coverage for a program that where we could provide perinatal 6 months before at $300 a unit. And as a county supervisor, I sat there and thought my God, the tort, how many more children we could treat if we could have a hold harmless for this population?

And the higher risk of litigation is not that the victims or the people being served want to do it, but you have people that are looking at the fact that the poorer they are, the younger they are, the higher the tort risk is in our system. And that is just a fact of life.

And I just think that when it comes to volunteers especially, we ought to really be looking at this as something that our gesture to

say let no good deed go unrewarded, not go unpunished, and so I would like to see us bring this back. I think volunteers definitely should be held harmless in this process, and I remind you, we do not use the tort system to maintain quality control for our men and women in uniform, I don't understand why we do it for somebody that needs help during a disaster. I yield back.

Mr. Stearns. I thank the gentleman for his eloquent explanation an example which he used further shows the need for this, and these medical doctors who volunteer, sometimes are sued for omissions, misconduct when actually their volition here is to help out and to provide the highest service and professional service for people to help them in their dire need.

So it is a straightforward amendment. I look forward to working with Chairman Pitts and the health staff to develop the idea further. And as I said, I am going to have a stand-alone bill on this, and I would appreciate my colleagues' considering it. And with that, Mr. Chairman --

The Chairman. The chair recognizes the gentleman from Virginia for 5 minutes.

Mr. Griffith. Thank you, Mr. Chairman. I think this is a great amendment. I am sorry you are going to withdraw it, but I understand the reason for doing so. I would just have to say that this is one of those things that has always concerned me, the Federal Government moved over the last 50, 60 years further away from the common-law. This was covered in the common-law.

RPTS COCHRAN

DCMN ROSEN

[11:33 a.m.]

Mr. Griffith. By moving away from the common law, we got away from commonsense on this point in particular, and this amendment would restore what the common law was, and that is if you were the beneficiary of a charitable act or charitable organization, you could not sue the charity absent gross negligence, which is included in your amendment, you could not sue that charity because they were trying to assist you. I believe that this amendment would go a long way in restoring what the common law already figured out before we started tinkering with it and decided that those old guys didn't know anything.

Thank you, Mr. Chairman. I yield back my time.

Mr. Stearns. By unanimous consent, I withdraw my amendment.

The Chairman. Without objection, the amendment is withdrawn.

Are there further amendments?

Mr. Green. Mr. Chairman, I have an amendment at the desk.

The Chairman. The Clerk will read the title.

The Clerk. An amendment to the amendment in the nature of a substitute --

Mr. Green. I ask unanimous consent that the amendment be considered read.

The Chairman. Without objection, considered as read.

The staff will distribute the amendment.

The gentleman from Texas is recognized for 5 minutes.

[The amendment of Mr. Green follows:]

******** COMMITTEE INSERT ********

Mr. Green. Mr. Chairman and members, this is the amendment Mr. Rogers talked about in his statement.

This amendment is an amendment to the amendment in the nature of a substitute for H.R. 2405. Most of the amendment contains technical changes. With all legislation, after many drafts and changes certain aspects of the bill need to be cleaned up. The staff worked diligently on a bipartisan level to assure the amendment in the nature of a substitute appropriately reflects all the changes made by the staff over the past couple weeks.

In addition to conforming changes, the amendment includes provisions that provide increased clarity and flexibility to enhance our Nation's ability preposition and deploy medical countermeasures. This amendment also contains provisions that will enable us to extend the shelf life of current counter measures in the Strategic National Stockpile and to dispense medical countermeasures requiring prescriptions on a mass level during emergencies.

There are three main areas of this amendment that I would like to highlight.

Pre-event emergency use authorization. These provisions of the FDA's current emergency use authorization will enable FDA to authorize a distribution stockpiling and use of products before an actual emergency.

Two, additional authorities related to FDA-approved medical countermeasures. These provisions will provide added flexibility for emergency dispensing and use of eligible FDA approved medical

countermeasure products.

Three, allowing for prepositioning of the product held for emergency use. These provisions will authorize prepositioning of medical countermeasures by Federal, State and local governments in anticipation of emergencies, allowing faster response during an actual emergency.

These are commonsense and important changes that allow for increased flexibility of the stockpile and faster development and countermeasures in the event of an emergency.

I would like to thank Mr. Rogers, Chairman Upton, Ranking Member Waxman, Ranking Member Pallone, and Ms. Myrick, Ms. Eshoo and Markey for their work, as I did in my opening statement. I, once again, would like to thank them and their staff for their hard work over the past few weeks.

Again, I would like to ask to include a GAO study on hospital surge capacity. It is my understanding the study will be quite comprehensive and garner a GAO score. I hope, Mr. Chairman, that you and Chairman Pitts would send a letter to GAO requesting that study. I thank them for their assistance.

I would be glad to answer any questions.

I would be glad to yield to Mr. Rogers.

Mr. Rogers. Thank you again, Mr. Green. Thanks for working with us on this bill. I completely support this amendment.

Mr. Chairman, I forgot to do this up front, but we have some letters of support from various providers and industry folks that had

been shared with the Democrats prior to this and I would like to add those to the record.

The Chairman. Without objection, so done.

Mr. Rogers. I yield back to Mr. Green. Thank you again for working with us.

The Chairman. Are there other members wishing to speak on the gentleman's time?

I would say from our perspective, it is a very good amendment. We enjoyed working with you and the staff. We certainly are prepared to accept it.

Seeing none, the vote is on the amendment to the amendment in the nature of a substitute.

Those in favor say aye; those opposed say no.

The ayes have it. The amendment is agreed to.

Are there further amendments to the amendment in the nature of a substitute?

Seeing none, the vote then occurs on the amendment in the nature of a substitute. Those in favor will say aye; those opposed say no.

The ayes have it. The amendment in the nature of a substitute is agreed to.

Therefore, the question now occurs on favorably reporting the bill, as amended. All those in favor will say aye; those opposed say no.

The ayes appear to have it, the ayes have it, and the bill is favorably reported.

Without objection, staff is authorized to make technical and conforming changes to the bills approved by the committee today. The minority is given their normal days to report. So ordered.

The committee stands adjourned. Thank you.

[Whereupon, at 11:38 a.m., the committee was adjourned.]