

RANKING MEMBER FRANK PALLONE, JR.

HOUSE ENERGY AND COMMERCE HEALTH SUBCOMMITTEE MARKUP

OPENING STATEMENT

July 26, 2011

Thank you Chairman Pitts. I am very happy to be here today to consider three bipartisan bills with great potential public health impact: H.R. 2405, the *Pandemic and All-Hazards Preparedness Reauthorization Act of 2011*, H.R. 1254, the *Synthetic Drug Control Act of 2011*, and, of course, our bill Mr. Pitts, H.R. 1852, the *Children's Hospital Graduate Medical Education (CHGME) Support Reauthorization Act of 2011*. Each of these has my full support.

The Pandemic and All-Hazards Preparedness Reauthorization Act makes improvements to programs and activities first established in both the 2004 Project Bioshield Act and the 2006 Pandemic and All-Hazards Preparedness Act, also known as PAHPA. I'm glad that this Subcommittee has carried on the tradition of working together on these critical preparedness programs. Together they will help our nation be equipped to respond to bioterrorism threats and attacks.

There are still some outstanding issues that have not been fully addressed, but the Amendment in the Nature of a Substitute, which will be considered today, is a step in the right direction. I know our staffs have made some great progress, even as recently as yesterday. I am confident that all of these matters will be resolved in time to move to full Committee and in a way that only improves PAHPA.

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

Lastly, I am pleased we are one further step towards passage of H.R. 1852, the Children's Hospital Graduate Medical Education reauthorization bill which will ensure we have a well-trained cadre of pediatric professionals. In the 1990s, CHGME singlehandedly reversed the declines in pediatric training programs, which threatened the stability of the workforce.

At a time when we are still facing a shortage of pediatricians in New Jersey and across the country, we should not slow down funds for the pipeline of new specialists.

So I will close by saying what a relief this process has been. I want to thank you again, Mr. Chairman, and the members of the subcommittee for the cooperation with which we have worked on all three bills we consider today. I hope we can make more of a habit of this.

Thank you.