''(2) OTHER CONSIDERATIONS.—In making grants under subsection (a), the Secretary shall take into consideration the following:

''(A) Factors that contribute to infant mortality, such as low birthweight.

''(B) The extent to which applicants for such grants facilitate—

''(i) a community-based approach to the delivery of services; and

''(ii) a comprehensive approach to women's health care to improve perinatal outcomes.

''(3) SPECIAL PROJECTS.—Nothing in paragraph (2) shall be construed to prevent the Secretary from awarding grants under subsection (a) for special projects that are intended to address significant disparities in perinatal health indicators in communities along the United States-Mexico border or in Alaska or Hawaii.''.

(b) OTHER GRANTS.—Section 330H of the Public Health Service Act (42 U.S.C. 254c–8) is amended—

(1) in subsection (a), by striking paragraph (3); and

(2) by striking subsections (e) and (f).

(c) FUNDING.—Section 330H of the Public Health Service Act, as amended by subsection (b) of this section, is amended by adding at the end the following subsection:

''(e) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated—

''(A) $120,000,000 for fiscal year 2008; and

''(B) for each of fiscal years 2009 through 2013, the amount authorized for the preceding fiscal year increased by the percentage increase in the Consumer Price Index for all urban consumers for such year.

''(2) ALLOCATION.—

''(A) PROGRAM ADMINISTRATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may reserve up to 5 percent for coordination, dissemination, technical assistance, and data activities that are determined by the Secretary to be appropriate for carrying out the program under this section.

''(B) EVALUATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may reserve up to 1 percent for evaluations of projects carried out under subsection (a). Each such evaluation shall include a determination of whether such projects have been effective in reducing the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the bill under consideration.

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

There was no objection.

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

I rise this evening in support of S. 1760, the Healthy Start Reauthorization Act of 2007. The Healthy Start Program was developed in 1991 in order to combat alarming rates of infant mortality and racial disparities in maternal and infant health. It has grown from a small demonstration project with 15 grantees to an impressive 97 grantees in 2005. Healthy Start has since expanded its targeted population to include women and infants through 2 years postpartum.

S. 1760 promotes grant applications that facilitate a community-based approach to the delivery of services and a comprehensive approach to women's health care to improve perinatal outcomes. S. 1760 also ensures the Secretary is not prohibited from addressing disparities in perinatal health indicators in communities along the U.S.-Mexico border and in Alaska and Hawaii.

This legislation reauthorizes appropriations through 2013 for the Healthy Start Initiative. The Healthy Start Program has made great strides in combating infant mortality and in improving maternal and infant health. With increased resources, the Healthy Start Program will be able to continue its important role in improving maternal and infant health outcomes and in reducing health disparities.

I want to particularly thank Representative TOWNS and Representative UPTON for all of their hard work on this legislation. Messrs. TOWNS and UPTON introduced the House companion to S. 1760, and both have been huge advocates for the Healthy Start Program and for its reauthorization.

S. 1760 passed the Senate by unanimous consent on April 30, 2008. I urge its passage.

I reserve the balance of my time.

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

I rise in support of S. 1760, the Healthy Start Reauthorization Act of 2007. I want to commend Congressman TOWNS and Congressman UPTON of Michigan on this bill. This bill reauthorizes the Healthy Start Program.

In the United States, each year, approximately 6 million women become pregnant. Most women have a safe pregnancy and deliver a healthy infant, but that's not the experience for all. Healthy Start provides services tailored to the needs of high-risk pregnancies—to high-risk pregnant women, infants and their mothers in geographically, racially, ethnically, and linguistically diverse communities with exceptionally high rates of infant mortality—in an effort to reduce the factors that contribute to that high infant mortality rate, particularly among minority groups.

It is an important program which deserves reauthorization. That's why I'm happy to support it this evening. I urge Members to support this legislation.

I will reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time. I would urge passage of the Healthy Start Reauthorization Act of 2007.

I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I would just also make the observation that September is Infant Mortality Awareness Month, so it's appropriate that we're passing the bill at this time.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the Senate bill, S. 1760.

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

A motion to reconsider was laid on the table.

COMPREHENSIVE TUBERCULOSIS ELIMINATION ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1532) to amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1532

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Comprehensive Tuberculosis Elimination Act of 2008''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

TITLE I—DEPARTMENT OF HEALTH AND HUMAN SERVICES IN COORDINATION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND OTHER APPROPRIATE AGENCIES

Subtitle A—National Strategy for Combating and Eliminating Tuberculosis

SEC. 101. NATIONAL STRATEGY.

Section 317E of the Public Health Service Act (42 U.S.C. 247b–6) is amended—

(1) by striking the heading for the section and inserting the following: ''NATIONAL STRATEGY FOR COMBATING AND ELIMINATING TUBERCULOSIS'';

(2) by amending subsection (b) to read as follows:

''(b) RESEARCH AND DEVELOPMENT; DEMONSTRATION PROJECTS; EDUCATION AND TRAINING.—With respect to the prevention, treatment, control, and elimination of tuberculosis, the Secretary may, directly or

through grants to public or nonprofit private entities, carry out the following:

''(1) Research, with priority given to research and development concerning latent tuberculosis infection, strains of tuberculosis resistant to drugs, and research concerning cases of tuberculosis that affect certain populations at risk for tuberculosis.

''(2) Research and development and related activities to develop new tools for the elimination of tuberculosis, including drugs, diagnostics, vaccines, and public health interventions, such as directly observed therapy and non-pharmaceutical intervention, and methods to enhance detection and response to outbreaks of tuberculosis, including multidrug resistant tuberculosis. The Secretary is encouraged to give priority to programmatically relevant research so that new tools can be utilized in public health practice.

''(3) Demonstration projects for—

''(A) the development of regional capabilities to prevent, control, and eliminate tuberculosis and prevent multidrug resistant and extensively drug resistant strains of tuberculosis;

''(B) the intensification of efforts to reduce health disparities in the incidence of tuberculosis;

''(C) the intensification of efforts to control tuberculosis along the United States-Mexico border and among United States-Mexico binational populations, including through expansion of the scope and number of programs that—

''(i) detect and treat binational cases of tuberculosis; and

''(ii) treat high-risk cases of tuberculosis referred from Mexican health departments;

''(D) the intensification of efforts to prevent, detect, and treat tuberculosis among foreign-born persons who are in the United States;

''(E) the intensification of efforts to prevent, detect, and treat tuberculosis among populations and settings documented as having a high risk for tuberculosis; and

''(F) tuberculosis detection, control, and prevention.

''(4) Public information and education activities.

''(5) Education, training, clinical skills improvement activities, and workplace exposure prevention for health professionals, including allied health personnel and emergency response employees.

''(6) Support of Centers to carry out activities under paragraphs (1) through (4).

''(7) Collaboration with international organizations and foreign countries in carrying out such activities.

''(8) Develop, enhance, and expand information technologies that support tuberculosis control including surveillance and database management systems with cross-jurisdictional capabilities, which shall conform to the standards and implementation specifications for such information technologies as recommended by the Secretary.''; and

(3) in subsection (d), by adding at the end the following:

''(3) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTIONS.—

''(A) PRIORITY.—In awarding grants under subsection (a) or (b), the Secretary shall give highest priority to an applicant that provides assurances that the applicant will contribute non-Federal funds to carry out activities under this section, which may be provided directly or through donations from public or private entities and may be in cash or in kind, including equipment or services.

''(B) FEDERAL AMOUNTS NOT TO BE INCLUDED AS CONTRIBUTIONS.—Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of non-Federal contributions as described in subparagraph (A).''.

Subtitle B—Interagency Collaboration

SEC. 111. ADVISORY COUNCIL FOR ELIMINATION OF TUBERCULOSIS AND THE FEDERAL TUBERCULOSIS TASK FORCE.

(a) IN GENERAL.—Section 317E(f) of the Public Health Service Act (42 U.S.C. 247b–6(f)) is amended—

(1) by redesignating paragraph (5) as paragraph (6); and

(2) by striking paragraphs (2) through (4), and inserting the following:

''(2) DUTIES.—The Council shall provide advice and recommendations regarding the elimination of tuberculosis to the Secretary. In addition, the Council shall, with respect to eliminating such disease, provide to the Secretary and other appropriate Federal officials advice on—

''(A) coordinating the activities of the Department of Health and Human Services and other Federal agencies that relate to the disease, including activities under subsection (b);

''(B) responding rapidly and effectively to emerging issues in tuberculosis; and

''(C) efficiently utilizing the Federal resources involved.

''(3) COMPREHENSIVE PLAN.—

''(A) IN GENERAL.—In carrying out paragraph (2), the Council shall make or update recommendations on the development, revision, and implementation of a comprehensive plan to eliminate tuberculosis in the United States.

''(B) CONSULTATION.—In carrying out subparagraph (A), the Council may consult with appropriate public and private entities, which may, subject to the direction or discretion of the Secretary, include—

''(i) individuals who are scientists, physicians, laboratorians, and other health professionals, who are not officers or employees of the Federal Government and who represent the disciplines relevant to tuberculosis elimination;

''(ii) members of public-private partnerships or private entities established to address the elimination of tuberculosis;

''(iii) members of national and international nongovernmental organizations whose purpose is to eliminate tuberculosis;

''(iv) members from the general public who are knowledgeable with respect to tuberculosis elimination including individuals who have or have had tuberculosis; and

''(v) scientists, physicians, laboratorians, and other health professionals who reside in a foreign country with a substantial incidence or prevalence of tuberculosis, and who represent the specialties and disciplines relevant to the research under consideration.

''(C) CERTAIN COMPONENTS OF PLAN.—In carrying out subparagraph (A), the Council shall, subject to the direction or discretion of the Secretary—

''(i) consider recommendations for the involvement of the United States in continuing global and cross-border tuberculosis control activities in countries where a high incidence of tuberculosis directly affects the United States; and

''(ii) review the extent to which progress has been made toward eliminating tuberculosis.

''(4) BIENNIAL REPORT.—

''(A) IN GENERAL.—The Council shall submit a biennial report to the Secretary, as determined necessary by the Secretary, on the activities carried under this section. Each such report shall include the opinion of the Council on the extent to which its recommendations regarding the elimination of tuberculosis have been implemented, including with respect to—

''(i) activities under subsection (b); and

''(ii) the national plan referred to in paragraph (3).

''(B) PUBLIC.—The Secretary shall make a report submitted under subparagraph (A) public.

''(5) COMPOSITION.—The Council shall be composed of—

''(A) ex officio representatives from the Centers for Disease Control and Prevention, the National Institutes of Health, the United States Agency for International Development, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the United States-Mexico Border Health Commission, and other Federal departments and agencies that carry out significant activities related to tuberculosis;

''(B) State and local tuberculosis control and public health officials;

''(C) individuals who are scientists, physicians, laboratorians, and other health professionals who represent disciplines relevant to tuberculosis elimination; and

''(D) members of national and international nongovernmental organizations established to address the elimination of tuberculosis.''.

(b) RULE OF CONSTRUCTION REGARDING CURRENT MEMBERSHIP.—With respect to the advisory council under section 317E(f) of the Public Health Service Act, the amendments made by subsection (a) may not be construed as terminating the membership on such council of any individual serving as such a member as of the day before the date of the enactment of this Act.

(c) FEDERAL TUBERCULOSIS TASK FORCE.—Section 317E of the Public Health Service Act (42 U.S.C. 247b–6) is amended—

(1) by redesignating subsection (g) as subsection (h); and

(2) by inserting after subsection (f) the following subsection:

''(g) FEDERAL TUBERCULOSIS TASK FORCE.—

''(1) DUTIES.—The Federal Tuberculosis Task Force (in this subsection referred to as the 'Task Force') shall provide to the Secretary and other appropriate Federal officials advice on research into new tools under subsection (b)(2), including advice regarding the efficient utilization of the Federal resources involved.

''(2) COMPREHENSIVE PLAN FOR NEW TOOLS DEVELOPMENT.—In carrying out paragraph (1), the Task Force shall make recommendations on the development of a comprehensive plan for the creation of new tools for the elimination of tuberculosis, including drugs, diagnostics, and vaccines.

''(3) CONSULTATION.—In developing the comprehensive plan under paragraph (1), the Task Force shall consult with external parties including representatives from groups such as—

''(A) scientists, physicians, laboratorians, and other health professionals who represent the specialties and disciplines relevant to the research under consideration;

''(B) members from public-private partnerships, private entities, or foundations (or both) engaged in activities relevant to research under consideration;

''(C) members of national and international nongovernmental organizations established to address tuberculosis elimination;

''(D) members from the general public who are knowledgeable with respect to tuberculosis including individuals who have or have had tuberculosis; and

''(E) scientists, physicians, laboratorians, and other health professionals who reside in a foreign country with a substantial incidence or prevalence of tuberculosis, and who represent the specialties and disciplines relevant to the research under consideration.''.

Subtitle C—Evaluation of Public Health Authorities

SEC. 121. EVALUATION OF PUBLIC HEALTH AUTHORITIES.

(a) IN GENERAL.—Not later than 180 days after the date of enactment of the Comprehensive Tuberculosis Elimination Act of 2008, the Secretary of Health and Human Services shall prepare and submit to the appropriate committees of Congress a report that evaluates and provides recommendations on changes needed to Federal and State public health authorities to address current disease containment challenges such as isolation and quarantine.

(b) CONTENTS OF EVALUATION.—The report described in subsection (a) shall include—

(1) an evaluation of the effectiveness of current policies to detain patients with active tuberculosis;

(2) an evaluation of whether Federal laws should be strengthened to expressly address the movement of individuals with active tuberculosis; and

(3) specific legislative recommendations for changes to Federal laws, if any.

(c) UPDATE OF QUARANTINE REGULATIONS.—Not later than 240 days after the date of enactment of this Act, the Secretary of Health and Human Services shall promulgate regulations to update the current interstate and foreign quarantine regulations found in parts 70 and 71 of title 42, Code of Federal Regulations.

Subtitle D—Authorization of Appropriations

SEC. 131. AUTHORIZATIONS OF APPROPRIATIONS.

Section 317E of the Public Health Service Act, as amended by section 111(c) of this Act, is amended by striking subsection (h) and inserting the following:

''(h) AUTHORIZATION OF APPROPRIATIONS.—

''(1) GENERAL PROGRAM.—

''(A) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated $200,000,000 for fiscal year 2009, $210,000,000 for fiscal year 2010, $220,500,000 for fiscal year 2011, $231,525,000 for fiscal year 2012, and $243,101,250 for fiscal year 2013.

''(B) RESERVATION FOR EMERGENCY GRANTS.—Of the amounts appropriated under subparagraph (A) for a fiscal year, the Secretary may reserve not more than 25 percent for emergency grants under subsection (a) for any geographic area, State, political subdivision of a State, or other public entity in which there is, relative to other areas, a substantial number of cases of tuberculosis, multidrug resistant tuberculosis, or extensively drug resistant tuberculosis or a substantial rate of increase in such cases.

''(C) PRIORITY.—In allocating amounts appropriated under subparagraph (A), the Secretary shall give priority to allocating such amounts for grants under subsection (a).

''(D) ALLOCATION OF FUNDS.—

''(i) REQUIREMENT OF FORMULA.—Of the amounts appropriated under subparagraph (A), not reserved under subparagraph (B), and allocated by the Secretary for grants under subsection (a), the Secretary shall distribute a portion of such amounts to grantees under subsection (a) on the basis of a formula.

''(ii) RELEVANT FACTORS.—The formula developed by the Secretary under clause (i) shall take into account the level of tuberculosis morbidity and case complexity in the respective geographic area and may consider other factors relevant to tuberculosis in such area.

''(iii) NO CHANGE TO FORMULA REQUIRED.—This subparagraph does not require the Secretary to modify the formula that was used by the Secretary to distribute funds to grantees under subsection (a) for fiscal year 2009.

''(2) LIMITATION.—The authorization of appropriations established in paragraph (1) for a fiscal year is effective only if the amount appropriated under such paragraph for such year equals or exceeds the amount appropriated to carry out this section for fiscal year 2009.''.

TITLE II—NATIONAL INSTITUTES OF HEALTH

SEC. 201. RESEARCH AND DEVELOPMENT CONCERNING TUBERCULOSIS.

Subpart 2 of part C of title IV of the Public Health Service Act (42 U.S.C. 285b et seq.) is amended by inserting after section 424B the following section:

''SEC. 424C. TUBERCULOSIS.

''(a) IN GENERAL.—The Director of the National Institutes of Health may expand, intensify, and coordinate research and development and related activities of the Institutes with respect to tuberculosis including activities toward the goal of eliminating such disease.

''(b) CERTAIN ACTIVITIES.—Activities under subsection (a) may include—

''(1) enhancing basic and clinical research on tuberculosis, including drug resistant tuberculosis;

''(2) expanding research on the relationship between such disease and the human immunodeficiency virus; and

''(3) developing new tools for the elimination of tuberculosis, including public health interventions and methods to enhance detection and response to outbreaks of tuberculosis, including multidrug resistant tuberculosis.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the bill under consideration.

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

There was no objection.

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

I rise in support of H.R. 1532, the Comprehensive Tuberculosis Elimination Act—a bill to amend and reauthorize the preventative health services regarding tuberculosis.

Tuberculosis causes more deaths than any other infectious disease caused by a single microorganism with approximately 1.6 million people worldwide succumbing to the disease each year. While the U.S. has done well in combating the disease in the past, the global burden continues to be high, and the emergence of drug-resistant tuberculosis has added a new level of difficulty to the problem.

The bill before us recognizes these issues by creating a Federal tuberculosis task force, by modifying the structure and duties of the Advisory Council for the Elimination of Tuberculosis and by encouraging the director of the National Institutes of Health to expand, intensify and coordinate research and development activities with respect to tuberculosis.

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All of these efforts will steer us closer to the final goal of the elimination of tuberculosis.

I want to acknowledge my colleague on the Energy and Commerce Committee, Congressman GENE GREEN of Texas, for his leadership on this issue. This bill was negotiated in a bipartisan and bicameral fashion. I am proud to support it. I urge my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

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

I rise in support of H.R. 1532, the Comprehensive Tuberculosis Elimination Act of 2008.

I certainly want to join in commending Congressman GENE GREEN, Congresswoman TAMMY BALDWIN, and Congresswoman HEATHER WILSON for their work on this bill.

This bill revises the national strategy to combat tuberculosis at the Centers for Disease Control. The Centers for Disease Control provides leadership and assistance to domestic and international efforts to prevent, control and eliminate tuberculosis.

Despite the lower incidence rate of tuberculosis in 2007, according to the Centers for Disease Control, the average annual percentage decline in the tuberculosis rate slowed from just over 7 percent per year in the 1993 to 2000 range to under 4 percent from 2000 to 2007.

The high global burden of this disease, coupled with continued problems of drug-resistant strains and lack of better tools for tuberculosis control, threatens our ability to eliminate tuberculosis in the United States. The Centers for Disease Control's national TB program provides grants to States and other entities for prevention and control services, researches the prevention and control of tuberculosis, funds demonstration projects, sponsors public information and education programs and supports education training and clinical skills improvement activities to address tuberculosis.

This bill will help in the noble goal of continuing to try to eradicate this disease. I do urge Members to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time. I would urge support of this tuberculosis act and yield back the balance of my time.

Mr. BURGESS. I also have no further requests for time, and I will yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1532, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

NATIONAL PAIN CARE POLICY ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2994) to amend the Public Health Service Act with respect to pain care, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2994

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''National Pain Care Policy Act of 2008''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. INSTITUTE OF MEDICINE CONFERENCE ON PAIN.

(a) CONVENING.—Not later than June 30, 2009, the Secretary of Health and Human Services shall seek to enter into an agreement with the Institute of Medicine of the National Academies to convene a Conference on Pain (in this section referred to as ''the Conference'').

(b) PURPOSES.—The purposes of the Conference shall be to—

(1) increase the recognition of pain as a significant public health problem in the United States;

(2) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain;

(3) identify barriers to appropriate pain care, including—

(A) lack of understanding and education among employers, patients, health care providers, regulators, and third-party payors;

(B) barriers to access to care at the primary, specialty, and tertiary care levels, including barriers—

(i) specific to those populations that are disproportionately undertreated for pain;

(ii) related to physician concerns over regulatory and law enforcement policies applicable to some pain therapies; and

(iii) attributable to benefit, coverage, and payment policies in both the public and private sectors; and

(C) gaps in basic and clinical research on the symptoms and causes of pain, and potential assessment methods and new treatments to improve pain care; and

(4) establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States.

(c) OTHER APPROPRIATE ENTITY.—If the Institute of Medicine declines to enter into an agreement under subsection (a), the Secretary of Health and Human Services may enter into such agreement with another appropriate entity.

(d) REPORT.—A report summarizing the Conference's findings and recommendations shall be submitted to the Congress not later than June 30, 2010.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $500,000 for each of fiscal years 2009 and 2010.

SEC. 3. PAIN RESEARCH AT NATIONAL INSTITUTES OF HEALTH.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

''SEC. 409J. PAIN RESEARCH.

''(a) RESEARCH INITIATIVES.—

''(1) IN GENERAL.—The Director of NIH is encouraged to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.

''(2) ANNUAL RECOMMENDATIONS.—Not less than annually, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the Director of NIH recommendations on appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1) for the Common Fund or otherwise available for such initiatives.

''(3) DEFINITION.—In this subsection, the term 'Pain Consortium' means the Pain Consortium of the National Institutes of Health or a similar trans-National Institutes of Health coordinating entity designated by the Secretary for purposes of this subsection.

''(b) INTERAGENCY PAIN RESEARCH COORDINATING COMMITTEE.—

''(1) ESTABLISHMENT.—The Secretary shall establish not later than 1 year after the date of the enactment of this section and as necessary maintain a committee, to be known as the Interagency Pain Research Coordinating Committee (in this section referred to as the 'Committee'), to coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain research.

''(2) MEMBERSHIP.—

''(A) IN GENERAL.—The Committee shall be composed of the following voting members:

''(i) Not more than 7 voting Federal representatives as follows:

''(I) The Director of the Centers for Disease Control and Prevention.

''(II) The Director of the National Institutes of Health and the directors of such national research institutes and national centers as the Secretary determines appropriate.

''(III) The heads of such other agencies of the Department of Health and Human Services as the Secretary determines appropriate.

''(IV) Representatives of other Federal agencies that conduct or support pain care research and treatment, including the Department of Defense and the Department of Veterans Affairs.

''(ii) 12 additional voting members appointed under subparagraph (B).

''(B) ADDITIONAL MEMBERS.—The Committee shall include additional voting members appointed by the Secretary as follows:

''(i) 6 members shall be appointed from among scientists, physicians, and other health professionals, who—

''(I) are not officers or employees of the United States;

''(II) represent multiple disciplines, including clinical, basic, and public health sciences;

''(III) represent different geographical regions of the United States; and

''(IV) are from practice settings, academia, manufacturers or other research settings; and

''(ii) 6 members shall be appointed from members of the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions

''(C) NONVOTING MEMBERS.—The Committee shall include such nonvoting members as the Secretary determines to be appropriate.

''(3) CHAIRPERSON.—The voting members of the Committee shall select a chairperson from among such members. The selection of a chairperson shall be subject to the approval of the Director of NIH.

''(4) MEETINGS.—The Committee shall meet at the call of the chairperson of the Committee or upon the request of the Director of NIH, but in no case less often than once each year.

''(5) DUTIES.—The Committee shall—

''(A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain;

''(B) identify critical gaps in basic and clinical research on the symptoms and causes of pain;

''(C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies, including the Department of Defense and the Department of Veteran Affairs, are free of unnecessary duplication of effort;

''(D) make recommendations on how best to disseminate information on pain care; and

''(E) make recommendations on how to expand partnerships between public entities, including Federal agencies, and private entities to expand collaborative, cross-cutting research.

''(6) REVIEW.—The Secretary shall review the necessity of the Committee at least once every 2 years.''.

SEC. 4. PAIN CARE EDUCATION AND TRAINING.

(a) PAIN CARE EDUCATION AND TRAINING.—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended—

(1) by redesignating sections 754 through 758 as sections 755 through 759, respectively; and

(2) by inserting after section 753 the following:

''SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.

''(a) IN GENERAL.—The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

''(b) PRIORITIES.—In making awards under subsection (a), the Secretary shall give priority to awards for the implementation of programs under such subsection.

''(c) CERTAIN TOPICS.—An award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include information and education on—

''(1) recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances;

''(2) applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care;

''(3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise;

''(4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and