



**Legislative Bulletin.....September 25, 2008**

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**S. 1382— ALS Registry Act**  
*(Reid, D-NV)*

**Order of Business:** S. 1382 is scheduled for consideration on Thursday, September 25, 2008, under a motion to suspend the rules and pass the bill.

**Summary:** The bill amends the Public Health Service Act to establish a data collection system and national registry for the collection of such data, for [amyotrophic lateral sclerosis](#) (ALS) and other motor neuron disorders. The bill establishes an Advisory Committee on the National ALS Registry to include members representing the National Institutes of Health, National Institute of Neurological Disorders and Stroke, the National Institute of Environmental Health Sciences, the Department of Veterans Affairs, the Agency for Toxic Substances and Disease Registry, and the Centers for Disease Control and Prevention.

The bill also authorizes grants to public or private nonprofit entities for the collection, analysis, and reporting of data on ALS and other motor neuron disorders. The bill requires any collection efforts to work in coordination with the National Institutes of Health and Veterans Affairs. Finally, the bill requires a report on such collection of data to Congress.

**Committee Action:** S. 1382 was introduced on May 14, 2007 and passed by the Senate, with amendment, by unanimous consent on September 23, 2008.

**Cost to Taxpayers:** No updated CBO score exists for this legislation. Previous versions of the bill authorized funds for these new programs, but S. 1382 does not contain authorization levels.

**Does the Bill Expand the Size and Scope of the Federal Government?** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?** No.

**Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** A Committee Report citing compliance with rules regarding earmarks, limited tax benefits, or limited tariff benefits was not available.

**Constitutional Authority:** A Committee Report citing constitutional authority was not available. Such a report is not required because the bill is being considered under a suspension of the rules.

**RSC Staff Contact:** Sarah Makin; [sarah.makin@mail.house.gov](mailto:sarah.makin@mail.house.gov); 202-226-0718.

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## **S. 1810—Prenatally and Postnatally Diagnosed Conditions Awareness Act (Brownback, R-KS)**

**Order of Business:** S. 1810 is scheduled for consideration on Thursday, September 25, 2008, under a motion to suspend the rules and pass the bill.

**Summary:** The bill would make states, health facilities or programs, or other entities with appropriate expertise in prenatally and postnatally diagnosed conditions eligible to receive grants to make available to health care providers of parents who receive a prenatal or postnatal diagnosis (1) up-to-date, evidence-based, written information concerning the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational, and psychosocial outcomes; (2) contact information regarding support services, including information hotlines specific to Down syndrome or other prenatally or postnatally diagnosed conditions, resource centers or clearinghouses, national and local peer support groups, and other education and support programs.

The bill would establish grants to accomplish the following:

- “collect, synthesize, and disseminate current evidence-based information relating to Down syndrome or other prenatally or postnatally diagnosed conditions; and coordinate the provision of, and access to, new or existing supportive services for patients receiving a positive diagnosis for Down syndrome or other prenatally or postnatally diagnosed conditions, including
  - “the establishment of a resource telephone hotline accessible to patients receiving a positive test result or to the parents of newly diagnosed infants with Down syndrome and other diagnosed conditions;
  - “the expansion and further development of the National Dissemination Center for Children with Disabilities, so that such Center can more effectively conduct outreach to new and expecting parents and provide them with up-to-date information on the range of outcomes for individuals living

with the diagnosed condition, including physical, developmental, educational, and psychosocial outcomes;

- “the expansion and further development of national and local peer-support programs, so that such programs can more effectively serve women who receive a positive diagnosis for Down syndrome or other prenatal conditions or parents of infants with a postnatally diagnosed condition;
- “the establishment of a national registry, or network of local registries, of families willing to adopt newborns with Down syndrome or other prenatally or postnatally diagnosed conditions, and links to adoption agencies willing to place babies with Down syndrome or other prenatally or postnatally diagnosed conditions, with families willing to adopt; and
- “the establishment of awareness and education programs for health care providers who provide, interpret, or inform parents of the results of prenatal tests for Down syndrome or other prenatally or postnatally diagnosed conditions, to patients, consistent with the purpose described in section 2(b)(1) of the Prenatally and Postnatally Diagnosed Conditions Awareness Act.”

The bill lists the following purposes:

- “increase patient referrals to providers of key support services for women who have received a positive diagnosis for Down syndrome, or other prenatally or postnatally diagnosed conditions, as well as to provide up-to-date information on the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational, and psychosocial outcomes;
- “strengthen existing networks of support through the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and other patient and provider outreach programs; and
- “ensure that patients receive up-to-date, evidence-based information about the accuracy of the test.”

**Conservative Concerns:** Some conservatives may be concerned that while the positive intent of the legislation is not in question, a pro-life concern may still remain. In the establishment of a national hotline, which would make information available to parents of newly diagnosed infants with Down syndrome and other diagnosed conditions, the bill does not contain a prohibition on referrals for abortion. By way of further background, in similar legislation, H.R. 3192, the Pregnant Women Support Act (Davis, D-TN), the following language was included to address this exact concern:

*(5) SUPPORT - The terms ‘support’ and ‘supportive services’ mean services to assist parents to care for, and prepare to care for, a child with Down Syndrome or another prenatally diagnosed condition, and to facilitate the adoption of such children as appropriate.*

Some conservatives may be concerned that in any future anti-life administration, the positive and noble intentions of this legislation could be misrepresented to include referrals for abortions.

Recent U.S. studies show that between 84-91 percent of babies diagnosed with Down syndrome are killed by abortion. There is no doubt that statistics like this illustrate the need to properly educate mothers and fathers-to-be and provide them with accurate and positive information. However, some conservatives may believe that it is important that federal policy be clear that the purpose of such projects do not support abortion as an option. Furthermore, some conservatives may be concerned that this legislation may serve as a precedent for future legislation (hotline-type bills), and if protections are not made now, they may be much more difficult to implement in the future.

**Committee Action:** S. 1810 was introduced on July 18, 2007 and passed by the Senate, with amendment, by unanimous consent on September 23, 2008.

**Cost to Taxpayers:** According to CBO, implementing the bill would cost \$19 million over the 2009-2013 period, subject to the appropriation of the necessary amounts. Enacting S. 1810 would not affect direct spending or federal revenues. S. 1810 would impose intergovernmental and private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) by placing new requirements on health care providers. CBO estimates that the aggregate costs of those mandates would be well below the thresholds established in UMRA (in 2008, \$68 million for intergovernmental mandates and \$136 million for private sector mandates, as adjusted annually for inflation).

**Does the Bill Expand the Size and Scope of the Federal Government?** Yes, the bill authorizes a new grant program to fund programs to collect and disseminate information regarding prenatally or postnatally diagnosed diseases and to coordinate the provision of support services for those who receive a diagnosis of one of those diseases.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?** Yes. S. 1810 would impose intergovernmental and private-sector mandates by placing new requirements on health care providers.

**Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** A Committee Report citing compliance with rules regarding earmarks, limited tax benefits, or limited tariff benefits was not available.

**Constitutional Authority:** A Committee Report citing constitutional authority was not available. Such a report is not required because the bill is being considered under a suspension of the rules.

**RSC Staff Contact:** Sarah Makin; [sarah.makin@mail.house.gov](mailto:sarah.makin@mail.house.gov); 202-226-0718.

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**S. 2932— Poison Center Support, Enhancement, and Awareness Act of  
2008  
(Murray, D-WA)**

**Order of Business:** S. 2932 is scheduled for consideration on Thursday, September 25, 2008, under a motion to suspend the rules and pass the bill.

**Summary:** The bill authorizes a nationwide toll-free phone number, and the maintenance of such number, to be used to access poison control centers. The bill authorizes \$2 million for FY 2009, and \$700,000 for each FY 2010-2014 for the maintenance of the nationwide toll free phone number.

The bill would require a national media campaign to educate the public and health care providers about poison prevention and the availability of poison control center resources in local communities and to conduct advertising campaigns concerning the nationwide toll-free number established under the bill. The bill authorizes such sums as may be necessary for FY 2009, and \$800,000 for each FY 2010-2014.

The bill reauthorizes the poison control center grant program and expands the allowable uses of funds under the existing program. The bill authorizes \$27.5 million for FY 2009 and \$28.6 million for each FY 2010-2014.

**Committee Action:** S. 2932 was introduced on April 29, 2008 and passed by the Senate, with amendment, by unanimous consent on September 23, 2008.

**Cost to Taxpayers:** While no CBO score exists, the bill does authorize \$9.5 million for FY 2009-2014.

**Does the Bill Expand the Size and Scope of the Federal Government?** Yes, the bill authorizes new programs.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?** No.

**Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** A Committee Report citing compliance with rules regarding earmarks, limited tax benefits, or limited tariff benefits was not available.

**Constitutional Authority:** A Committee Report citing constitutional authority was not available. Such a report is not required because the bill is being considered under a suspension of the rules.

**RSC Staff Contact:** Sarah Makin; [sarah.makin@mail.house.gov](mailto:sarah.makin@mail.house.gov); 202-226-0718.

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## H. Res. 1333— Supporting the goals and ideals of Tay-Sachs Awareness Month (Arcuri, D-NY)

**Order of Business:** The resolution is scheduled to be considered on Thursday, September 25, 2008, under a motion to suspend the rules and pass the resolution.

**Summary:** H. Res. 1333 would express the sense that the House of Representatives supports the goals and ideals of Tay-Sachs Awareness Month and encourages and supports education and research efforts with respect to Tay-Sachs disease.

The resolution lists a number of findings, including:

- “Tay-Sachs disease is a rare, genetic disorder that causes destruction of nerve cells in the brain and spinal cord due to the poor functioning of an enzyme called beta-hexosaminidase A;
- “there is no proven treatment or cure for Tay-Sachs disease, which is always fatal in children;
- “the disorder was named after Warren Tay, an ophthalmologist from the United Kingdom, and Bernard Sachs, a neurologist from the United States, both of whom contributed to the discovery of the disease in 1881 and 1887, respectively;
- “Tay-Sachs disease often affects families with no prior history of the disease;
- “approximately 1 in 27 Ashkenazi Jews, 1 in 30 Louisianan Cajuns, 1 in 30 French Canadians, 1 in 50 Irish Americans, and 1 in every 250 people are carriers of Tay-Sachs disease;
- “approximately 1,200,000 Americans are carriers of Tay-Sachs disease;
- “these unaffected carriers of the disease possess the recessive gene that can trigger the disease in future generations;
- “if both parents of a child are carriers of Tay-Sachs disease, there is a 1 in 4 chance that the child will develop Tay-Sachs disease;
- “a simple and inexpensive blood test can determine if an individual is a carrier of Tay-Sachs disease, and all people in the United States, especially those citizens who are members of high-risk populations, should be screened; and
- “heightened awareness and increased research are the best ways to eradicate this horrific disease.”

**Committee Action:** H. Res. 1333 was introduced on July 10, 2008, and referred to the House Committee on Energy and Commerce, which took no official action.

**Cost to Taxpayers:** The resolution does not authorize expenditures.

**Does the Bill Expand the Size and Scope of the Federal Government?** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?** No.

**RSC Staff Contact:** Sarah Makin; [sarah.makin@mail.house.gov](mailto:sarah.makin@mail.house.gov); 202-226-0718.

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**H.R. 1343—Health Care Safety Net Act of 2007 (*Green, D-TX*)**

**Order of Business:** The Senate amendments to the bill are scheduled to be considered on Thursday, September 25, 2008, under a motion to suspend the rules and pass the bill.

**Summary:** H.R. 1343 would reauthorize the Health Centers Program through FY 2012. The program, which is administered by the Health Resources and Services Administration, awards grants to Health Centers that provide treatment to traditionally underserved communities. H.R. 1343 authorizes annual funds for the Health Center Program as follows:

- \$2.065 billion in FY 2008;
- \$2.313 billion in FY 2009;
- \$2.602 billion in FY 2010;
- \$2.940 billion in FY 2011; and
- \$3.337 billion in FY 2012.

The bill authorizes a total of \$13.3 billion in spending over the next five fiscal years, subject to annual appropriations, and provides for several studies related to the community health center program: including those regarding school-based health centers, health care quality provided at health centers, an integrated health system delivery model for services to medically underserved populations, and the implications of extending federal liability protection under the Federal Tort Claims Act to volunteers working at community health centers. The bill also includes language permitting the Department of Health and Human Services to recognize the needs of high poverty areas in awarding health center grants.

The amended bill also reauthorizes the National Health Service Corps from 2008 through 2012, authorizing appropriations of \$132 million in 2008 and \$787 million over the five-year period. (Appropriations for FY08 totaled \$123 million, and the White House requested \$121 million for the Corps in FY09.) The bill makes certain technical changes to the defined shortage where Corps members provide medical care to underserved populations, and amends language regarding professional development, mentorship, and training of Corps members. The bill also includes language regarding a program of state-based loan forgiveness for individuals working in underserved areas, expanding eligibility to include the District of Columbia and U.S. territories.

H.R. 1343 as amended would also reauthorize rural health care programs through 2012, increasing annual authorization levels from \$40 million to \$45 million, and also reauthorizes primary dental workforce programs through 2012, reducing authorization levels from \$50 million to \$25 million annually. The bill includes language requiring the Health Resources and Services Administration (HRSA) to provide guidance to community health centers on ways to integrate health centers into local emergency response plans and serve population needs during public health emergencies.

**Additional Information:** According to findings listed in the bill, there are over 1,000 federally-aided health centers in the U.S., which serve 16 million people annually. Among those facilities there are many different types of Health Centers, serving a varied group of the population. *Community Health Centers* receive funds to serve an assortment of people in historically underserved geographic areas across the country. *Migrant Health Centers* receive grants for serving seasonal agricultural workers. *Healthcare for the Homeless Health Centers* are

given grant awards for providing primary and substance abuse care to the homeless. Finally, *Public Housing Primary Care Programs* are located near public housing and serve the residents who live there. All four of these programs are funded through the Health Centers Program.

In 2002, President Bush unveiled a new Health Center initiative, which aimed to utilize the Health Center Program to increase access to primary care. According to HRSA, “Through this Initiative, investments in the Health Center Program have nearly doubled—growing from a little more than \$1 billion in FY2000 to the nearly \$2 billion it is today—and Health Centers have experienced an unprecedented period of sustained expansion and quality improvement.” Despite the apparent success of the President’s earlier initiative and the increased investment in the program, H.R. 1343 increases authorized funding for the Health Centers Program. Legislation that passed the House in 2006 would have reauthorized the health centers program at \$10.1 billion over five years; H.R. 1343 would provide a \$13.3 billion, five-year reauthorization for the Health Centers Program—increasing authorization levels by 30% from two years ago.

**Possible Conservative Concerns:** Some conservatives may have concerns regarding this legislation, including:

- **Funding for Illegal Aliens:** According to the Congressional Research Service, Migrant Health Centers are not required to check a patient’s immigration status prior to providing medical care. Some conservatives may be concerned that Migrant Health Centers may be using taxpayer funds to provide illegal immigrants with free health care through the Health Center Program.
- **Funding Levels.** Some conservatives concerned that the amount of spending contemplated by this legislation—which would provide a 30% increase in funding over a bill the House passed in 2006, and authorize over 10% more funding for FY2009 than the White House budget request. Some conservatives may believe that the significant increases in funding to community health centers provided under the current Administration mean that additional increases in authorization and appropriation levels are not warranted at this time.
- **Native Hawaiians:** Some conservatives may be concerned that the bill funds health care services specifically for Native Hawaiians. Native Hawaiians are a racial group, not a tribe, and dispensing benefits to them would likely be subject to strict scrutiny in federal courts. Providing additional assistance to this group is not only duplicative of numerous current federal education programs, but is also likely unconstitutional.
- **Process.** Some conservatives may believe that a \$14 billion authorization measure should not be considered under expedited House procedures normally reserved for matters such as the naming of post offices.

**Committee Action:** H.R. 1343 was introduced on March 6, 2007, and referred to the Committee on Energy and Commerce Subcommittee on Health. The Subcommittee held a mark-up on April 23, 2008, and reported the bill to the full committee by voice vote. On May 7, 2008, the full committee held a mark-up and reported the bill by voice vote. On June 4, 2008 the House by a [393-24](#) vote passed H.R. 1343, and on September 24, 2008 the Senate passed the House bill with an amendment by unanimous consent.

**Cost to Taxpayers:** A CBO score for H.R. 1343 was not available at press time.

**Does the Bill Expand the Size and Scope of the Federal Government?** Yes, the bill would expand access to a federal liability protection program under the Public Health Service Act for volunteer practitioners at community health centers.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?** No.

**Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** A Committee Report citing compliance with rules regarding earmarks, limited tax benefits, or limited tariff benefits was not available.

**Constitutional Authority:** A Committee Report citing constitutional authority was not available.

**RSC Staff Contact:** Andy Koenig; [andy.koenig@mail.house.gov](mailto:andy.koenig@mail.house.gov); 202-226-9717  
Chris Jacobs; [christopher.jacobs@mail.house.gov](mailto:christopher.jacobs@mail.house.gov); 202-226-8585

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**H.R. \_\_\_ — The U.S.-India Civilian Nuclear Cooperation Agreement  
(*Berman, D-CA*)**

**Order of Business:** H.R. \_\_\_ is scheduled for consideration on Thursday, September 25, 2008, under a motion to suspend the rules and pass the bill.

**Summary:** Language for this bill is not yet available.

**Committee Action:** H.R. \_\_\_ has yet to be introduced.

**Cost to Taxpayers:** No CBO score exists for this legislation.

**Does the Bill Expand the Size and Scope of the Federal Government?** N/A.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?** N/A.

**Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** A Committee Report citing compliance with rules regarding earmarks, limited tax benefits, or limited tariff benefits was not available.

**Constitutional Authority:** A Committee Report citing constitutional authority was not available. Such a report is not required because the bill is being considered under a suspension of the rules.

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