

the House to go through regular order on this piece of legislation, which is a significant change, and would ask for the House to turn down this suspension bill.

Mr. PALLONE. Mr. Speaker, I reserve my time.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Texas (Mr. SESSIONS).

Mr. SESSIONS. Mr. Speaker, I appreciate Chairman BARTON allowing me time to speak on this bill.

Mr. Speaker, I rise opposing this Dietary Supplemental and Nonprescription Drug Consumer Protection Act. The bill would replace the current system of adverse event reporting by medical professionals through the MedWatch Program with a mandatory system that would require manufacturers and retailers to keep records and to report to the FDA when they received reports of adverse events.

The bill redirects complaints of adverse effects away from local health responders, health care professionals, to manufacturers and retailers and then to the FDA. Consumers who are injured should be directed to medical professionals trained to determine whether the condition is caused by ingredients in the supplement or by other factors, not by self-diagnosis.

Secondly, this bill depends on those who may be responsible for types of drugs or drug supplements to report adverse effects to the FDA. Those guilty of violating the law are less likely to report adverse effects to the government and to follow the law.

I think this is a bad bill. I hope that we reject it.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time, and urge support of the bill.

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, just in closing, I would urge support of the bill. The dietary supplement industry is a mature industry now, and I would estimate over 90 to 95 percent of those in the industry support passage of this bill. There are some segments of the industry that do oppose it.

This is a Senator ORRIN HATCH bill. I know that Congressman CANNON here in our body strongly supports it. I would hope that we would pass it.

Mr. CANNON. Mr. Speaker, I rise in support of S. 3546, the Dietary Supplement and Nonprescription Drug Consumer Protection Act. I am the sponsor of the companion bill, H.R. 6168, here in the House.

S. 3546 would require mandatory adverse event reporting of serious events for dietary supplements and over-the-counter drugs, OTCs, within the FDA.

Currently, an adverse event reporting system for supplements and some OTCs exists, yet it is strictly voluntary. Under the proposed system, manufacturers, packers or distributors of OTC drugs or dietary supplements in the United States must report to the FDA within 15 business days any serious adverse event associated with their products. Serious events

include those that result in death, a life-threatening experience, inpatient hospitalization, disability or incapacity, birth defect, or medical/surgical intervention to prevent one of these outcomes.

S. 3546 brings needed regulation to guarantee consumer protection from non-legitimate companies. This legislation will expose corrupt businesses that are misleading consumers and breaking the law, as well as protecting individuals from serious health risks.

S. 3546 would not restrict nor limit access to dietary supplements but in fact would strengthen the regulatory structure for dietary supplements building greater consumer confidence in this category of FDA-regulated products.

Mandatory adverse event reporting would not affect the regulation of dietary supplements under DSHEA. Although manufacturers would be required to report serious adverse events to FDA, the Food Drug and Cosmetic Act clearly distinguishes dietary supplements from drugs.

S. 3546 would actually counter critics who believe dietary supplements are under-regulated and should be treated as drugs.

The dietary supplement industry is a \$20 billion industry. It is estimated that over 60 percent of Americans regularly use dietary supplements to improve health. Consumers should be confident that these dietary supplements are legitimate.

S. 3546 is supported by the major consumer and trade associations. Including the Consumer's Union, the Center for Science in the Public Interest, the Consumer Healthcare Products Association, the National Nutritional Foods Association, the Council for Responsible Nutrition, the American Herbal Products Association, and the United Natural Products Alliance.

The Dietary Supplement and Nonprescription Drug Consumer Act is necessary legislation to safeguard Americans and uncover illegal manufacturers who are jeopardizing consumer's health.

Mr. BARTON of Texas. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and pass the Senate bill, S. 3546.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those voting have not responded in the affirmative.

Mr. BARTON of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

PREMATURITY RESEARCH EXPANSION AND EDUCATION FOR MOTHERS WHO DELIVER INFANTS EARLY ACT

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 707) to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to re-

duce infant mortality caused by prematurity, as amended.

The Clerk read as follows:

S. 707

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Prematurity Research Expansion and Education for Mothers who Deliver Infants Early Act" or the "PREEMIE Act".

SEC. 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—REDUCING PRETERM LABOR AND DELIVERY AND THE RISK OF PREGNANCY-RELATED DEATHS AND COMPLICATIONS

Sec. 101. Purpose.

Sec. 102. Research relating to preterm labor and delivery and the care, treatment, and outcomes of preterm and low birthweight infants.

Sec. 103. Public and health care provider education and support services.

Sec. 104. Interagency Coordinating Council on Prematurity and Low Birthweight.

Sec. 105. Surgeon general's conference on preterm birth.

TITLE II—CONTACT LENS CONSUMER PROTECTION

Sec. 201. Short title.

Sec. 202. Availability of contact lenses.

Sec. 203. Prescriber verification.

Sec. 204. FTC Studies.

Sec. 205. FDA consumer safety study.

TITLE III—MISCELLANEOUS PROVISIONS

Sec. 301. Effective date of certain Head Start regulations.

Sec. 302. Medicare Critical Access Hospital Designation.

TITLE I—REDUCING PRETERM LABOR AND DELIVERY AND THE RISK OF PREGNANCY-RELATED DEATHS AND COMPLICATIONS

SEC. 101. PURPOSE.

It the purpose of this title to—

(1) reduce rates of preterm labor and delivery;

(2) work toward an evidence-based standard of care for pregnant women at risk of preterm labor or other serious complications, and for infants born preterm and at a low birthweight; and

(3) reduce infant mortality and disabilities caused by prematurity.

SEC. 102. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.

(a) GENERAL EXPANSION OF CDC RESEARCH.—Section 301 of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

"(e) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall expand, intensify, and coordinate the activities of the Centers for Disease Control and Prevention with respect to preterm labor and delivery and infant mortality."

(b) STUDIES ON RELATIONSHIP BETWEEN PREMATURITY AND BIRTH DEFECTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, conduct ongoing epidemiological studies on the relationship between

prematurity, birth defects, and developmental disabilities.

(2) **REPORT.**—Not later than 2 years after the date of enactment of this title, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1).

(c) **PREGNANCY RISK ASSESSMENT MONITORING SURVEY.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall establish systems for the collection of maternal-infant clinical and biomedical information, including electronic health records, electronic databases, and biobanks, to link with the Pregnancy Risk Assessment Monitoring System (PRAMS) and other epidemiological studies of prematurity in order to track pregnancy outcomes and prevent preterm birth.

(2) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out paragraph (1) \$3,000,000 for each of fiscal years 2007 through 2011.

(d) **EVALUATION OF EXISTING TOOLS AND MEASURES.**—The Secretary of Health and Human Services shall review existing tools and measures to ensure that such tools and measures include information related to the known risk factors of low birth weight and preterm birth.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, except for subsection (c), \$5,000,000 for each of fiscal years 2007 through 2011.

SEC. 103. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended—

(1) by redesignating the second section 3990 (relating to grants to foster public health responses to domestic violence, dating violence, sexual assault, and stalking) as section 399P; and

(2) by adding at the end the following:

“SEC. 399Q. PUBLIC AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT SERVICES.

“(a) **IN GENERAL.**—The Secretary, directly or through the awarding of grants to public or private nonprofit entities, may conduct demonstration projects for the purpose of improving the provision of information on prematurity to health professionals and other health care providers and the public and improving the treatment and outcomes for babies born preterm.

“(b) **ACTIVITIES.**—Activities to be carried out under the demonstration project under subsection (a) may include the establishment of—

“(1) programs to test and evaluate various strategies to provide information and education to health professionals, other health care providers, and the public concerning—

“(A) the signs of preterm labor, updated as new research results become available;

“(B) the screening for and the treating of infections;

“(C) counseling on optimal weight and good nutrition, including folic acid;

“(D) smoking cessation education and counseling;

“(E) stress management; and

“(F) appropriate prenatal care;

“(2) programs to improve the treatment and outcomes for babies born premature, including the use of evidence-based standards of care by health care professionals for pregnant women at risk of preterm labor or other

serious complications and for infants born preterm and at a low birthweight;

“(3) programs to respond to the informational needs of families during the stay of an infant in a neonatal intensive care unit, during the transition of the infant to the home, and in the event of a newborn death; and

“(4) such other programs as the Secretary determines appropriate to achieve the purpose specified in subsection (a).

“(c) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2007 through 2011.”

SEC. 104. INTERAGENCY COORDINATING COUNCIL ON PREMATURITY AND LOW BIRTHWEIGHT.

(a) **PURPOSE.**—It is the purpose of this section to stimulate multidisciplinary research, scientific exchange, and collaboration among the agencies of the Department of Health and Human Services and to assist the Department in targeting efforts to achieve the greatest advances toward the goal of reducing prematurity and low birthweight.

(b) **ESTABLISHMENT.**—The Secretary of Health and Human Services shall establish an Interagency Coordinating Council on Prematurity and Low Birthweight (referred to in this section as the Council) to carry out the purpose of this section.

(c) **COMPOSITION.**—The Council shall be composed of members to be appointed by the Secretary, including representatives of the agencies of the Department of Health and Human Services.

(d) **ACTIVITIES.**—The Council shall—

(1) annually report to the Secretary of Health and Human Services and Congress on current Departmental activities relating to prematurity and low birthweight;

(2) carry out other activities determined appropriate by the Secretary of Health and Human Services; and

(3) oversee the coordination of the implementation of this title.

SEC. 105. SURGEON GENERAL'S CONFERENCE ON PRETERM BIRTH.

(a) **CONVENING OF CONFERENCE.**—Not later than 1 year after the date of enactment of this title, the Secretary of Health and Human Services, acting through the Surgeon General of the Public Health Service, shall convene a conference on preterm birth.

(b) **PURPOSE OF CONFERENCE.**—The purpose of the conference convened under subsection (a) shall be to—

(1) increase awareness of preterm birth as a serious, common, and costly public health problem in the United States;

(2) review the findings and reports issued by the Interagency Coordinating Council, key stakeholders, and any other relevant entities; and

(3) establish an agenda for activities in both the public and private sectors that will speed the identification of, and treatments for, the causes of and risk factors for preterm labor and delivery.

(c) **REPORT.**—The Secretary of Health and Human Services shall submit to the Congress and make available to the public a report on the agenda established under subsection (b)(3), including recommendations for activities in the public and private sectors that will speed the identification of, and treatments for, the causes of and risk factors for preterm labor and delivery.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section (other than subsection (c)) \$125,000.

TITLE II—CONTACT LENS CONSUMER PROTECTION

SEC. 201. SHORT TITLE.

This title may be cited as the “Contact Lens Consumer Protection Act”.

SEC. 202. AVAILABILITY OF CONTACT LENSES.

(a) **REQUIREMENT FOR THE AVAILABILITY OF CONTACT LENSES.**—The Fairness to Contact Lens Consumers Act (15 U.S.C. 7601 et seq.) is amended by inserting after section 7 (15 U.S.C. 7606) the following new section:

“SEC. 7A. REQUIREMENT FOR THE AVAILABILITY OF CONTACT LENSES.

“(a) **IN GENERAL.**—A manufacturer shall make any contact lens the manufacturer produces, markets, distributes, or sells available in a commercially reasonable and non-discriminatory manner to—

“(1) prescribers;

“(2) entities associated with prescribers; and

“(3) alternative channels of distribution.

“(b) **EXCLUSION.**—

“(1) **IN GENERAL.**—For purposes of this section, the term ‘contact lens’ does not include lenses that are described in paragraph (2).

“(2) **LENSES DESCRIBED.**—The lenses described in this paragraph are—

“(A) rigid gas permeable lenses;

“(B) bitoric gas permeable lenses;

“(C) bifocal gas permeable lenses;

“(D) keratoconus lenses;

“(E) custom soft toric lenses; and

“(F) any other custom designed lenses that are manufactured for an individual patient and are not mass marketed or mass produced.

“(c) **DEFINITIONS.**—As used in this section:

“(1) **MANUFACTURER.**—The term ‘manufacturer’ includes the manufacturer and the parent company of the manufacturer, and any subsidiaries, affiliates, successors, and assigns of the manufacturer.

“(2) **ALTERNATIVE CHANNELS OF DISTRIBUTION.**—The term ‘alternative channels of distribution’ means any mail order company, Internet retailer, pharmacy, buying club, department store, or mass merchandise outlet, without regard to whether the entity is associated with a prescriber, unless the entity is a competitor.

“(3) **COMPETITOR.**—The term ‘competitor’ means an entity that manufactures contact lenses and sells the lenses in direct competition with another manufacturer.

“(d) **SAFE HARBOR FOR MANUFACTURERS.**—Nothing in this section shall be deemed to impose on a manufacturer an obligation to—

“(1) sell to a competitor;

“(2) sell contact lenses to different contact lens distributors or customers at the same price, consistent with applicable Federal law;

“(3) open or maintain any account for a seller who is not in substantial compliance with this Act;

“(4) decide whether to sell to a low volume account directly or through a distributor; or

“(5) make available to sellers in all geographic areas lenses that are being test marketed on a limited basis in one geographic area.

“(e) **RULEMAKING.**—The Federal Trade Commission shall prescribe rules under section 8 to carry out this section.”

(b) **DEADLINE FOR RULES.**—The first rules prescribed by the Federal Trade Commission to carry out section 7A of the Fairness to Contact Lens Consumers Act, as added by subsection (a), shall take effect not later than 180 days after the date of the enactment of this title.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect when the rules required by subsection (b) take effect.

SEC. 203. PRESCRIBER VERIFICATION.

(a) **TELEPHONE AND FAX SERVICE.**—Section 4 of the Fairness to Contact Lens Consumers Act (15 U.S.C. 7603) is amended—

(1) in subsection (c), by adding at the end the following new paragraph:

“(7) A telephone number and fax number for prescribers to contact the seller regarding a verification request, as required under subsection (h).”;

(2) by redesignating subsections (f) and (g) as subsections (g) and (I), respectively; and

(3) by inserting after subsection (g), as redesignated by paragraph (2), the following new subsection:

“(h) TELEPHONE AND FAX SERVICE FOR VERIFICATION RESPONSES.—

“(1) IN GENERAL.—A seller of contact lenses who requests verification of a contact lens prescription pursuant to subsection (c) shall provide a telephone and fax service operable during business hours that is dedicated to use by prescribers responding to verification requests. The telephone and fax service shall be maintained with a sufficient number of working telephone lines and live operators to enable ready access by prescribers. Such telephone and fax service shall be toll-free, except as provided pursuant to paragraph (2).

“(2) RULES.—In prescribing rules under section 8 to carry out paragraph (1), the Federal Trade Commission shall prescribe the following:

“(A) The maximum amount of time between the time when a telephone call is placed and the time when the caller speaks to a live operator to constitute ready access for prescribers.

“(B) Exceptions to the requirement that a telephone and fax service required to be provided by a seller under paragraph (1) be provided on a toll-free basis, with such exceptions to be determined based on the contact lens sales volume of sellers and such other factors as the Commission considers appropriate.”.

(b) INVALID PRESCRIPTIONS.—Subsection (e) of such section is amended to read as follows:

“(e) INVALID PRESCRIPTIONS.—

“(1) INACCURATE PRESCRIPTIONS.—If a prescriber informs a seller before the deadline under subsection (d)(3) that the contact lens prescription is inaccurate—

“(A) neither the seller nor the prescriber shall fill the prescription as submitted for verification;

“(B) the prescriber shall, as part of the prescriber's response to the verification request, specify the basis for the inaccuracy of the prescription and correct it; and

“(C) the seller, upon receipt of the corrected prescription under subparagraph (B), may fill the prescription as corrected.

“(2) EXPIRED PRESCRIPTIONS.—If a prescriber informs a seller before the deadline under subsection (d)(3) that the contact lens prescription has expired—

“(A) neither the seller nor the prescriber shall fill the prescription as submitted for verification;

“(B) the prescriber may authorize an extension of the prescription if the extension is not contingent upon the consumer purchasing the lenses from the prescriber or an affiliated retailer; and

“(C) the seller, upon receipt of the extension of the prescription under subparagraph (B), may fill the prescription in accordance with the extension.

“(3) OTHERWISE INVALID PRESCRIPTIONS.—If a prescriber informs a seller before the deadline under subsection (d)(3) that the contact lens prescription is invalid for a reason other than a reason specified in paragraph (1) or (2)—

“(A) neither the seller nor the prescriber shall fill the prescription as submitted for verification; and

“(B) the prescriber shall, as part of the prescriber's response to the verification request, specify the basis for the invalidity of the prescription; and

“(C) the seller, upon receipt of the corrected prescription, may fill the prescription as corrected.”.

(c) OVERFILLING OF PRESCRIPTIONS.—Such section is further amended by inserting after subsection (e), as amended by subsection (b), the following new subsection:

“(f) OVERFILLING OF PRESCRIPTIONS.—

“(1) LIMITATION.—If a patient orders more contact lenses than can be reasonably used during the period remaining on the patient's prescription, the seller may fill the prescription only to the extent of the quantity described in paragraph (2), unless the prescription is otherwise verified in accordance with section 4(d).

“(2) MAXIMUM QUANTITY.—The quantity referred to in paragraph (1) is the greater of—

“(A) the quantity that can be reasonably used during the period remaining on the patient's prescription; or

“(B) the minimum number of lenses available for sale (based on product packaging).”.

(d) DEADLINE FOR RULES.—The Federal Trade Commission shall prescribe under section 8 of the Fairness to Contact Lens Consumers Act rules to carry out the amendments made by this section. The first rules prescribed for such purpose shall take effect not later than 180 days after the date of the enactment of this title.

(e) EFFECTIVE DATE.—The amendments made by this section shall take effect when the rules required by subsection (d) take effect.

SEC. 204. FTC STUDIES.

(a) IMPLEMENTATION OF FAIRNESS TO CONTACT LENS CONSUMERS ACT.—Not later than 12 months after the date of the enactment of this title, the Federal Trade Commission shall submit to Congress a report providing the results of a review by the Commission of the implementation of the Fairness to Contact Lens Consumers Act (Public Law 108-164; 15 U.S.C. 7601 et seq.) and the rules prescribed under that Act.

(b) PRESCRIBER'S PREFERRED METHOD OF COMMUNICATION.—Not later than 12 months after the date of the enactment of this title, the Federal Trade Commission shall submit to Congress a report providing the views of the Commission of the advisability of providing by law for prescribers of contact lens prescriptions to have authority to require, by written notification provided to a seller of contact lenses, that all requests for verification from that seller be communicated to that prescriber by that prescriber's preferred method of communication.

SEC. 205. FDA CONSUMER SAFETY STUDY.

(a) ADVERSE EFFECTS OF VIOLATIONS.—The Secretary of Health and Human Services shall undertake a study to examine the adverse and potentially adverse effects on consumers of seller violations of the prescription verification and sales requirements of the Fairness to Contact Lens Consumers Act (15 U.S.C. 7601 et seq.). The study shall be undertaken in consultation with the Federal Trade Commission. The study shall specifically address the following:

(1) The overfilling of prescriptions with quantities of lenses that exceed the normal expiration dates of the prescriptions.

(2) The dispensing of prescriptions that have expired or are inaccurate.

(3) The failure by a seller to allow prescribers to contact the seller within 8 business hours to advise that a prescription is inaccurate or expired.

(4) The health risks to the consumer of receiving the incorrect prescription from a seller.

(5) The economic risks to the consumer of receiving the incorrect prescription from a seller.

(6) The improper advertising to consumers about what constitutes a valid prescription or valid prescription information, or advertising that no prescription is needed.

(7) Any other issue that has an impact on the health of the consumer from violations of the verification or sales requirements of the Fairness to Contact Lens Consumers Act.

(b) REPORT.—Not later than 12 months after the date of the enactment of this title, the Secretary shall transmit to Congress a report providing the results of the study required by this section.

TITLE III—MISCELLANEOUS PROVISIONS

SEC. 301. EFFECTIVE DATE OF CERTAIN HEAD START REGULATIONS.

Section 1310.12(a) of title 45 of the Code of Federal Regulations (October 1, 2004) shall not be effective until June 30, 2007, or 60 days after the date of the enactment of a statute that authorizes appropriations for fiscal year 2007 to carry out the Head Start Act, whichever date is earlier.

SEC. 302. MEDICARE CRITICAL ACCESS HOSPITAL DESIGNATION.

Section 405(h) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173; 117 Stat. 2269) is amended by adding at the end the following new paragraph:

“(3) EXCEPTION.—The amendment made by paragraph (1) shall not apply to the certification by the State of Minnesota on or after January 1, 2006, under section 1820(c)(2)(B)(I)(II) of the Social Security Act (42 U.S.C. 1395i-4(c)(2)(B)(I)(II)) of one hospital in Cass County, Minnesota, as a necessary provider of health services to residents in the area of the hospital.”.

Amend the title so as to read: “A Bill to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity, and for other purposes.”.

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

The Chair recognizes the gentleman from Texas.

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to support the passage of Senate 707, the PREEMIE Act, as amended. This bipartisan bill would expand research into the causes and prevention of premature births, the number one cause of infant deaths in the first month of life, and a serious and growing problem in the United States.

The rate of prematurity has increased more than 30 percent since 1981. We have made vast improvements in treating premature infants, but we have had little success in understanding and preventing premature birth.

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The knowledge that we have gained has not been translated into improved perinatal outcomes. As the science stands now, nearly 50 percent of all premature births have no known cause. Scientists are learning more about numerous factors that may play a role in premature birth, ranging from genetic

factors, environmental triggers, and obesity to socioeconomic factors and life stress. All factors that could possibly play a role in premature birth should be explored.

Please join me in acting now to approve this bill and substantially strengthen our Nation's commitment to reducing our spiraling rate of premature births and the often tragic human and societal toll they exact.

At this time, I would like to thank the author of the bill, Mr. UPTON from Michigan, for his hard work on this important legislation. I also want to thank Senator LAMAR ALEXANDER from Tennessee and Senator TOM HARKIN from Iowa for their strong work in the other body on this bipartisan bill.

I urge passage of the bill.

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

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

Unfortunately, Mr. Speaker, I have to rise in opposition to this legislation, and the reason is very simple. Those of us on the Democratic side were very supportive of the PREEMIE Act, S. 707, when it was given to us in the last few days, and we were prepared to support it. However, the bill that I have in front of me now, S. 707, which has a time of 12:44 a.m. and we received it after 1:00, which was less than an hour ago, has 10 pages that have been added by the majority, much of which does not seem, on first reaction here, to even be related to the issue, and we simply cannot support something that has been changed this dramatically without having the opportunity to see it at 1:45 a.m. in the morning on the last day before we adjourn sine die.

Mr. KUCINICH. Mr. Speaker, will the gentleman yield?

Mr. PALLONE. I yield to the gentleman from Ohio.

Mr. KUCINICH. Mr. Speaker, I want to thank the gentleman.

I had the opportunity to review the bill briefly, and this is a bill that purports by its title to relate to the care and study of premature babies, but it also has a whole section dealing with contact lenses and the industry; and it also has a provision that deals with the Head Start program; and it also has a provision that deals with the Medicare program.

Now, I want to say that I think that we have misunderstood our Republican colleagues because this is the first bill that I have seen that deals with health care from cradle to grave, and so we ought to give them better consideration in the new Congress.

However, with this bill, it raises questions about exactly what we are doing here at this hour where they are throwing everything in.

So I would ask the gentleman from New Jersey to pursue a course of action here not only of objection but of calling upon the soon-to-be expiring majority to not belabor this case any longer. If you have a clean bill you can send over here, fine, we will look at it,

but there are at least four bills they have rolled into one, and I think Mr. PALLONE's point is well-taken.

Mr. PALLONE. Mr. Speaker, I would say, again, the problem that we face right now is we have 10 pages that have been added to this bill within the last hour, much of which does not seem to relate to the PREEMIE Act whatsoever.

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

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. TERRY), a member of the committee.

Mr. TERRY. Mr. Speaker, I want to thank the good chairman for bringing this bill to the floor tonight, which also, as the gentleman from Ohio mentioned, does include a consumer protection which I wrote in regarding contact lenses which ensures that manufacturers cannot have tie-in agreements with retail shops where they are the exclusive providers of the contact lens, therefore thwarting the law that we passed in Congress several years ago, about 3 years ago, that allows the consumer the opportunity to shop around. I want to make sure that consumers have that right to shop around. That is what this protection allows.

I want to thank the folks that have allowed this to come to the floor tonight in our last night, regardless of the vehicle. It is a good consumer protection measure.

Mr. PALLONE. Mr. Speaker, I reserve my time.

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

While there is some confusion on this bill, I want to speak in full disclosure on what is in the bill. The primary vehicle before us is a premature infant bill which I think is the number one legislative item for the March of Dimes. As far as I know, there is absolutely no controversy about that bill. I do not know that anybody and any Member opposes that bill.

There is also a contact lens bill that deals with the verification program between 1-800 contact lens providers, mail order contact lens providers, and optometrists on verification of the prescription, and that on that particular bill I would say 90 percent of that has been agreed to by the stakeholders.

The part that is in dispute is exactly mechanically how to verify the contact lens prescription. The bill would give the FTC the authority to conduct a study and report to Congress on how to solve that problem, I believe within 180 days of passage of the bill. The optometrists, or at least some optometrists, do oppose that.

The other item in the bill is an extension of a rule for 6 months dealing with Head Start that Congressman HARKIN and Congressman GRASSLEY called about and that I made sure was cleared on both the minority and majority sides at the leadership level and the committee level before I agreed to put that in.

The last thing in this bill is an item dealing with a critical care access hospital in Minnesota that was put in at the request of the Senate leadership on both sides of the aisle this evening.

That is the content of the bill.

Mr. Speaker, I reserve my time.

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

Again, I want to repeat, just having the cursory look at this additional 10 pages right now, it refers to contact lenses, Medicare changes with regard to hospitalization, a number of other things that do not relate to the PREEMIE Act.

So, again, I would say that at this point, because we have not had a chance to review this, I continue to oppose the bill.

Mr. Speaker, I reserve my time.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the distinguished doctor from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I thank Chairman BARTON for giving me an opportunity.

I hope we can work out with the other side, and of course, they are doing the due diligence they should do in watching in these waning hours, that as we approach sine die to look out for any mischief, but I think as Representative TERRY described, this is a very good piece of legislation that was added to an outstanding piece of legislation, the PREEMIE Act.

I am standing to support the PREEMIE Act, not the additions, but hopefully, like I say, the concerns can be allayed and we can work this out. But I am the granddad of premature, indeed immature, infants that were born at 26 weeks, weighing 1.12 ounces. They are 9-year-olds today. My daughter is on the board of directors of the March of Dimes of the State of Georgia and has worked very hard and asked me to support this bill.

As Chairman BARTON says, this is the number one piece of legislation for the national March of Dimes, and I would really hate to see this great bill go down sine die because of some additions to it, but hopefully, those will be accepted by the other side, and I support the bill. I encourage my colleagues to support it as well.

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

Understand that we are very supportive of the PREEMIE Act and the underlying legislation. It is just these additional provisions that have been added. I was going to suggest that the majority simply take out those 10 pages or so at this time because without having the opportunity to further review it we cannot support the legislation at this point.

Mr. UPTON. Mr. Speaker, I rise tonight in strong support of S. 707, the PREEMIE Act, which I hope still comes up for passage yet tonight. This bipartisan bill will improve prenatal care for women and boost research into why one in eight American babies is born early. I want to take this opportunity to thank ANNA ESHOO, our original cosponsor, and her staff

for their support and assistance in moving the bill forward, and I also want to express my gratitude to my Chairman, JOE BARTON and his staffer Randy Pate for making it possible to bring this bill to the floor today.

As a nation, we must do what we can to ensure that our children are born healthy. In this age of technology and state-of-the-art medicine, it is difficult to comprehend that one in eight babies born in the United States is premature. It is essential that we are successful in reducing the spiraling rate of premature births—they have risen 30 percent since 1981. The stakes are too high to fail—the health of our children hangs in the balance.

Premature birth is a serious and growing problem—the statistics are alarming. In February 2004, the National Center for Health Statistics reported the first increase in the U.S. infant mortality rate since 1958. Each day 1,305 babies are born too soon. Prematurity affects more than 480,000 babies in the United States each year. Tragically, premature infants are 14 times more likely to die in their first year of life.

Further, premature babies who survive may suffer lifelong consequences, including cerebral palsy, mental retardation, chronic lung disease, and vision and hearing loss. Pre-term delivery can happen to any pregnant woman, and in nearly one-half of the cases, the cause is undeterminable. The costs are also staggering. The average lifetime medical costs for a premature baby are conservatively estimated at \$500,000.

Although we have made vast improvements in treating premature infants, we have had little success in understanding and preventing premature birth, and the knowledge that we have gained has not been translated into improved perinatal outcomes. This has got to change.

The PREEMIE Act is designed to reduce the rates of pre-term labor and delivery, promote the use of evidence-based care for pregnant women at risk of pre-term labor and for infants born pre-term, and reduce infant mortality and disabilities caused by premature birth. This will be accomplished by expanding federal research related to pre-term labor and delivery and increasing public and provider education and support services.

The legislation is strongly supported by the March of Dimes, the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the Association of Women's Health, Obstetric and Neonatal Nurses.

Mr. PALLONE. Mr. Speaker, I reserve my time.

Mr. BARTON of Texas. Mr. Speaker, I have no other requests for time and urge passage, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, again, I would urge opposition to the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and pass the Senate bill, S. 707, as amended.

The question was taken; and (two-thirds of those voting having not responded in the affirmative) the motion was rejected.

CITY OF YUMA IMPROVEMENT ACT

Mr. POMBO. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate bill (S. 1529) to provide for the conveyance of certain Federal land in the city of Yuma, Arizona, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

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

There was no objection.

The Clerk read the Senate bill, as follows:

S. 1529

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "City of Yuma Improvement Act".

SEC. 2. DEFINITIONS.

In this Act:

(1) CITY.—The term "City" means the city of Yuma, Arizona.

(2) FEDERAL LAND.—The term "Federal land" means the Bureau of Reclamation land depicted on the map and more particularly described as—

(A) parcels 2 and 3 of tract 1;

(B) a portion of parcel 110-73-019;

(C) the old Arizona Department of Transportation weigh station;

(D) portions of blocks 52, 53, 54, and 55;

(E) the future drying bed location; and

(F) the future Arizona Welcome Center.

(3) MAP.—The term "map" means the map entitled "City of Yuma Proposed Property Ownership" and dated July 25, 2005.

(4) NON-FEDERAL LAND.—The term "non-Federal land" means the non-Federal land depicted on the map and generally known as the "Railroad Parcels".

(5) SECRETARY.—The term "Secretary" means the Secretary of the Interior.

SEC. 3. CONVEYANCE OF FEDERAL LAND AND NON-FEDERAL LAND.

(a) IN GENERAL.—Subject to valid existing rights, easements, and rights-of-way, and in accordance with this Act, the Secretary shall convey all right, title, and interest of the United States in and to the Federal land to the City in exchange for the non-Federal land.

(b) TITLE TO NON-FEDERAL LAND.—

(1) IN GENERAL.—On receipt of a deed conveying to the United States fee simple title to the non-Federal land that meets the requirements under paragraph (2), the Secretary shall record a deed from the United States that conveys to the City fee simple title to the Federal land.

(2) REQUIREMENTS.—Title to the non-Federal land shall—

(A) conform with the regulations and title approval standards of the Attorney General that are applicable to Federal land acquisitions; and

(B) include all valid existing rights, easements, and rights-of-way.

(c) ADMINISTRATION OF ACQUIRED LAND.—The Secretary, acting through the Commissioner of Reclamation, shall administer the non-Federal land acquired by the Secretary.

(d) RELEASE FROM LIABILITY.—Effective on the date of conveyance to the City of the parcel of Federal land under subsection (a), the United States shall not be liable for damages arising out of any act, omission, or occurrence relating to the Federal land and facilities conveyed, but shall continue to be

liable for damages caused by acts of negligence committed by the United States or by any employee or agent of the United States before the date of conveyance, consistent with chapter 171 of title 28, United States Code.

(e) ADMINISTRATIVE COSTS.—All administrative costs relating to the conveyance of the Federal land and non-Federal land under subsection (a) shall be paid by the City to the United States.

(f) VALUATION, APPRAISALS, AND EQUALIZATION.—

(1) IN GENERAL.—The value of the Federal and the non-Federal land—

(A) shall be equal, as determined by appraisals conducted in accordance with paragraph (2); or

(B) if not equal, shall be equalized in accordance with paragraph (3).

(2) APPRAISALS.—

(A) IN GENERAL.—The Federal land and non-Federal land shall be appraised by an independent appraiser selected by the Secretary.

(B) REQUIREMENTS.—An appraisal conducted under subparagraph (A) shall be conducted in accordance with—

(i) the Uniform Appraisal Standards for Federal Land Acquisition; and

(ii) the Uniform Standards of Professional Appraisal Practice.

(C) EQUALIZATION OF VALUES.—

(i) IN GENERAL.—If the value of the Federal land and the non-Federal land is not equal, the value may be equalized by—

(I) the Secretary making a cash equalization payment to the City;

(II) the City making a cash equalization payment to the Secretary; or

(III) reducing the acreage of the Federal land or non-Federal land, as appropriate.

(ii) DISPOSITION OF PROCEEDS.—Any cash equalization payments received by the Secretary under clause (i)(II) shall be deposited in the general fund of the Treasury.

SEC. 4. CONVEYANCE OF UNITED STATES FISH AND WILDLIFE SERVICE LAND TO THE CITY OF YUMA.

(a) IN GENERAL.—Subject to valid existing rights, the Secretary shall convey to the City by quitclaim deed, all right, title, and interest of the United States in and to the parcel of United States Fish and Wildlife Service land located at 356 West First Street, Yuma, Arizona.

(b) CONSIDERATION.—In exchange for the conveyance of land under subsection (a), the City shall pay to the Secretary consideration in an amount that reflects the fair market value of the land conveyed to the City under that subsection, as determined by an appraisal prepared in accordance with—

(1) the Uniform Appraisal Standards for Federal Land Acquisitions; and

(2) the Uniform Standards of Professional Appraisal Practice.

(c) ADMINISTRATIVE COSTS.—Any administrative costs relating to the conveyance of land under subsection (a) shall be paid by the City to the United States.

(d) DISPOSITION AND USE OF PROCEEDS.—Amounts paid to the Secretary under subsection (b) shall be available to the Secretary, without further appropriation and until expended, to pay—

(1) the administrative costs of the conveyance under subsection (a); and

(2) the costs of constructing the Kofa National Wildlife Refuge headquarters and visitor center in Yuma, Arizona.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.