

Whereas, upon the announcement of Zhao's death, Chinese news agencies were certain to reference the "serious mistake" committed by Zhao at what they refer to as a political incident in 1989;

Whereas mourning the death of Zhao in the Hong Kong Legislative Council was deemed unconstitutional and lawmakers in Hong Kong were refused the opportunity to observe a moment of silence in honor of his life;

Whereas the death of Zhao has renewed the desire of certain Chinese people for a reassessment of the crackdown in 1989 in order to acknowledge the merit of pro-democracy student demonstrations and complaints of government corruption; and

Whereas Zhao will continue to serve as a symbol of the dreams and purpose of the 1989 Tiananmen Square demonstration, which survived the Tiananmen massacre but which have still not been realized for the people of China: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes that Zhao Ziyang made an important contribution to the people of China by providing assistance to the students in Tiananmen Square in 1989, and that through this contribution and his decisions to actively seek reform, Zhao remains a symbol of hope for reform and human rights for the people of China;

(2) expresses sympathy for Zhao's family and to the people of China who were unable to appropriately mourn his death or to celebrate his life;

(3) calls on the Government of China—

(A) to release all prisoners of conscience, including those persons still in prison as a result of their participation in the peaceful pro-democracy protests in Tiananmen Square in 1989; and

(B) to allow those people exiled on account of their activities to return to live in freedom in China; and

(4) stands with the people of China as they strive to improve their way of life and create a government that is truly democratic and respectful of international norms in the area of human rights.

SENATE RESOLUTION 57—DESIGNATING FEBRUARY 25, 2005, AS "NATIONAL MPS AWARENESS DAY"

Mr. GRAHAM (for himself, Mr. SPECTER, Mr. BROWNBACK, Mr. KOHL, Mr. HATCH, Mr. FEINGOLD, Ms. CANTWELL, Mr. CHAMBLISS, Mrs. MURRAY, Mrs. DOLE, Mr. SANTORUM, and Mr. JEFFORDS) submitted the following resolution; which was considered and agreed to:

S. RES. 57

Whereas Mucopolysaccharidosis ("MPS") and Mucopolidosis ("ML") disorders are genetically determined lysosomal storage disorders that result in the body's inability to produce certain enzymes needed to breakdown complex carbohydrates;

Whereas these complex carbohydrates are then stored in virtually every cell in the body and progressively cause damage to these cells, adversely affecting an individual's body, including an individual's heart, respiratory system, bones, internal organs, and central nervous system;

Whereas the cellular damage caused by MPS often results in mental retardation, short stature, corneal damage, joint stiffness, loss of mobility, speech and hearing impairment, heart disease, hyperactivity, chronic respiratory problems, and most importantly, a drastically shortened life span;

Whereas the nature of the disorder is usually not apparent at birth;

Whereas without treatment, life expectancy of an individual afflicted with MPS is usually very early in life;

Whereas recent research developments have resulted in limited treatments for some MPS disorders;

Whereas promising advancements are underway in pursuit of treatments for additional MPS disorders;

Whereas despite newly developed remedies, the blood brain barrier continues to be a significant impediment to effectively treating the brain, thereby preventing the treatment of many of the symptoms of MPS;

Whereas treatments for MPS will be greatly enhanced with continued public funding;

Whereas the quality of life for individuals afflicted with MPS and the treatments available to them will be enhanced through the development of early detection techniques and early intervention;

Whereas treatments and research advancements for MPS are limited by a lack of awareness about MPS disorders;

Whereas the lack of awareness about MPS disorders extends to those within the medical community;

Whereas the damage that is caused by MPS makes it a model for many other degenerative genetic disorders;

Whereas the development of effective therapies and a potential cure for MPS disorders can be accomplished by increased awareness, research, data collection, and information distribution;

Whereas the Senate is an institution that can raise public awareness about MPS; and

Whereas the Senate is also an institution that can assist in encouraging and facilitating increased public and private sector research for early diagnosis and treatments of MPS disorders: Now, therefore, be it

Resolved, That the Senate—

(1) designates February 25, 2005, as "National MPS Awareness Day"; and

(2) supports the goals and ideals of "National MPS Awareness Day".

SENATE RESOLUTION 56—DESIGNATING THE MONTH OF MARCH AS DEEP-VEIN THROMBOSIS AWARENESS MONTH, IN MEMORY OF JOURNALIST DAVID BLOOM

Mr. SPECTER submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 56

Whereas deep-vein thrombosis is a condition that occurs when a blood clot forms in one of the large veins, which may result in a fatal pulmonary embolism;

Whereas deep-vein thrombosis is a serious but preventable medical condition;

Whereas deep-vein thrombosis occurs in approximately 2,000,000 Americans every year;

Whereas fatal pulmonary embolism causes more deaths each year than breast cancer and AIDS combined;

Whereas complications from deep-vein thrombosis take up to 200,000 American lives each year;

Whereas fatal pulmonary embolism may be the most common preventable cause of hospital death in the United States;

Whereas the risk factors for deep-vein thrombosis include cancer and certain heart or respiratory diseases;

Whereas pulmonary embolism is the leading cause of maternal death associated with childbirth;

Whereas, according to a survey conducted by the American Public Health Association,

74 percent of Americans are unaware of deep-vein thrombosis;

Whereas National Broadcasting Company correspondent David Bloom died of a fatal pulmonary embolism while covering the war in Iraq;

Whereas Melanie Bloom, widow of David Bloom, and more than 35 members of the Coalition to Prevent Deep-Vein Thrombosis are working to raise awareness of this silent killer; and

Whereas the establishment of March as Deep-Vein Thrombosis Awareness Month in honor of David Bloom would raise public awareness about this life-threatening but preventable condition: Now, therefore, be it

Resolved, That the Senate—

(1) designates the month of March as "Deep-Vein Thrombosis Awareness Month";

(2) honors the memory of David Bloom; and

(3) recognizes the importance of raising awareness of deep-vein thrombosis.

Mr. SPECTER. Mr. President, I have sought recognition today to submit a resolution to designate March 2005, as Deep Vein Thrombosis Awareness Month.

Deep vein thrombosis, DVT, affects more than two million Americans each year, according to the American Heart Association. DVT is a condition that occurs when a blood clot forms in one of the large veins, usually in the lower limbs. These blood clots can grow in size, break loose, travel through the bloodstream and obstruct a pulmonary artery, resulting in a pulmonary embolism, PE, a sudden blockage of an artery in the lung, which can cause sudden death. According to the American Heart Association, up to 2 million Americans are affected annually by DVT. Up to 200,000 people die as a result of PE, 98 percent of which are complications brought on by DVT.

Deep vein thrombosis may best be known for its effects on those who fly for long periods of time. Sitting for many hours without getting up and moving around makes blood flow in the legs slow down, increasing the tendency for blood to clump and form blood clots. However, this cause of DVT accounts for only a small percentage of the DVT cases in the United States. DVT can strike anyone, anywhere. Americans who have or have had cancer or certain heart or respiratory diseases may be at increased risk for DVT. Americans are also at risk if they are overweight, elderly, bed-ridden, or have had a stroke.

Unfortunately, 74 percent of Americans have little or no awareness of DVT, according to a national survey sponsored by the American Public Health Association. DVT and its complications also take a toll on our Nation's hospital systems, costing approximately \$860 million annually.

Among DVT's many victims was NBC News correspondent David Bloom. In March and April 2003, David, only 39 years old, was embedded with the U.S. Army's 3rd Infantry Division covering the war in Iraq. On April 6, 2003, after being seated in a cramped Army vehicle for many hours, David was stricken with DVT. The blood clot had traveled to his lungs and proved fatal.

Like David Bloom, many of us may be at risk for DVT and not know it. Some risk factors include: acute medical illness such as cancer, certain heart or respiratory diseases, prior DVT, increasing age, obesity, major orthopedic surgery, pregnancy, restricted mobility and paralysis. DVT can be prevented through maintaining a healthy lifestyle, including a fitness program and a healthy diet. Further, during periods of prolonged immobility such as airplane travel, stretch your legs as often as possible.

As Chairman of the Labor, Health and Human Services, and Education Appropriations Subcommittee, I led the effort to double funding for the National Institutes of Health (NIH) over 5 years. Funding for the NIH has increased from \$11.3 billion in fiscal year 1995 to \$28.5 billion in fiscal year 2005. In 2004, the NIH, through the National Heart, Lung, and Blood Institute, provided \$6.1 million for DVT and PE research. The NIH is also advancing research of this condition through a recently formed international partnership working to prevent and control blood clots, and improve therapies for conditions such as heart attacks, strokes, deep vein thrombosis and pulmonary embolisms.

Together with Melanie Bloom, widow of David Bloom, and the more than 35 leading health organizations in the Coalition to Prevent DVT, we are working to help raise awareness of this condition. To increase public awareness of this serious, yet preventable condition, I urge my colleagues to support this legislation to designate March 2005 as Deep Vein Thrombosis Awareness Month in honor of David Bloom's memory.

AMENDMENTS SUBMITTED AND PROPOSED

SA 13. Mr. ENZI proposed an amendment to the bill S. 306, to prohibit discrimination on the basis of genetic information with respect to health insurance and employment.

TEXT OF AMENDMENTS

SA. 13. Mr. ENZI proposed an amendment to the bill S. 306, to prohibit discrimination on the basis of genetic information with respect to health insurance and employment; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Genetic Information Nondiscrimination Act of 2005”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.

TITLE I—GENETIC NONDISCRIMINATION IN HEALTH INSURANCE

- Sec. 101. Amendments to Employee Retirement Income Security Act of 1974.
- Sec. 102. Amendments to the Public Health Service Act.
- Sec. 103. Amendments to title XVIII of the Social Security Act relating to medigap.

Sec. 104. Privacy and confidentiality.

Sec. 105. Assuring coordination.

Sec. 106. Regulations; effective date.

TITLE II—PROHIBITING EMPLOYMENT DISCRIMINATION ON THE BASIS OF GENETIC INFORMATION

Sec. 201. Definitions.

Sec. 202. Employer practices.

Sec. 203. Employment agency practices.

Sec. 204. Labor organization practices.

Sec. 205. Training programs.

Sec. 206. Confidentiality of genetic information.

Sec. 207. Remedies and enforcement.

Sec. 208. Disparate impact.

Sec. 209. Construction.

Sec. 210. Medical information that is not genetic information.

Sec. 211. Regulations.

Sec. 212. Authorization of appropriations.

Sec. 213. Effective date.

TITLE III—MISCELLANEOUS PROVISION

Sec. 301. Severability.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Deciphering the sequence of the human genome and other advances in genetics open major new opportunities for medical progress. New knowledge about the genetic basis of illness will allow for earlier detection of illnesses, often before symptoms have begun. Genetic testing can allow individuals to take steps to reduce the likelihood that they will contract a particular disorder. New knowledge about genetics may allow for the development of better therapies that are more effective against disease or have fewer side effects than current treatments. These advances give rise to the potential misuse of genetic information to discriminate in health insurance and employment.

(2) The early science of genetics became the basis of State laws that provided for the sterilization of persons having presumed genetic “defects” such as mental retardation, mental disease, epilepsy, blindness, and hearing loss, among other conditions. The first sterilization law was enacted in the State of Indiana in 1907. By 1981, a majority of States adopted sterilization laws to “correct” apparent genetic traits or tendencies. Many of these State laws have since been repealed, and many have been modified to include essential constitutional requirements of due process and equal protection. However, the current explosion in the science of genetics, and the history of sterilization laws by the States based on early genetic science, compels Congressional action in this area.

(3) Although genes are facially neutral markers, many genetic conditions and disorders are associated with particular racial and ethnic groups and gender. Because some genetic traits are most prevalent in particular groups, members of a particular group may be stigmatized or discriminated against as a result of that genetic information. This form of discrimination was evident in the 1970s, which saw the advent of programs to screen and identify carriers of sickle cell anemia, a disease which afflicts African-Americans. Once again, State legislatures began to enact discriminatory laws in the area, and in the early 1970s began mandating genetic screening of all African Americans for sickle cell anemia, leading to discrimination and unnecessary fear. To alleviate some of this stigma, Congress in 1972 passed the National Sickle Cell Anemia Control Act, which withholds Federal funding from States unless sickle cell testing is voluntary.

(4) Congress has been informed of examples of genetic discrimination in the workplace. These include the use of pre-employment ge-

netic screening at Lawrence Berkeley Laboratory, which led to a court decision in favor of the employees in that case *Norman-Bloodsaw v. Lawrence Berkeley Laboratory* (135 F.3d 1260, 1269 (9th Cir. 1998)). Congress clearly has a compelling public interest in relieving the fear of discrimination and in prohibiting its actual practice in employment and health insurance.

(5) Federal law addressing genetic discrimination in health insurance and employment is incomplete in both the scope and depth of its protections. Moreover, while many States have enacted some type of genetic non-discrimination law, these laws vary widely with respect to their approach, application, and level of protection. Congress has collected substantial evidence that the American public and the medical community find the existing patchwork of State and Federal laws to be confusing and inadequate to protect them from discrimination. Therefore Federal legislation establishing a national and uniform basic standard is necessary to fully protect the public from discrimination and allay their concerns about the potential for discrimination, thereby allowing individuals to take advantage of genetic testing, technologies, research, and new therapies.

TITLE I—GENETIC NONDISCRIMINATION IN HEALTH INSURANCE

SEC. 101. AMENDMENTS TO EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) **PROHIBITION OF HEALTH DISCRIMINATION ON THE BASIS OF GENETIC INFORMATION OR GENETIC SERVICES.**—

(1) **NO ENROLLMENT RESTRICTION FOR GENETIC SERVICES.**—Section 702(a)(1)(F) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182(a)(1)(F)) is amended by inserting before the period the following: “(including information about a request for or receipt of genetic services by an individual or family member of such individual)”.

(2) **NO DISCRIMINATION IN GROUP PREMIUMS BASED ON GENETIC INFORMATION.**—Section 702(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182(b)) is amended—

(A) in paragraph (2)(A), by inserting before the semicolon the following: “except as provided in paragraph (3)”; and

(B) by adding at the end the following:

“(3) **NO DISCRIMINATION IN GROUP PREMIUMS BASED ON GENETIC INFORMATION.**—For purposes of this section, a group health plan, or a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall not adjust premium or contribution amounts for a group on the basis of genetic information concerning an individual in the group or a family member of the individual (including information about a request for or receipt of genetic services by an individual or family member of such individual)”.

(b) **LIMITATIONS ON GENETIC TESTING.**—Section 702 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182) is amended by adding at the end the following:

“(c) **GENETIC TESTING.**—

“(1) **LIMITATION ON REQUESTING OR REQUIRING GENETIC TESTING.**—A group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall not request or require an individual or a family member of such individual to undergo a genetic test.

“(2) **RULE OF CONSTRUCTION.**—Nothing in this part shall be construed to—

“(A) limit the authority of a health care professional who is providing health care services with respect to an individual to request that such individual or a family member of such individual undergo a genetic test;