

Hospitals to support the training of pediatric and other residents in Graduate Medical Education programs. This program compensates for the disparity in the level of Federal funding for teaching hospitals for pediatrics versus other hospitals.

So I would urge all of my colleagues to support this vital and necessary legislation to reauthorize the training for pediatric programs for another 5 years and to ensure that America can continue to meet the health care needs of our Nation's children with high quality.

Mr. BROWN of Ohio. Mr. Speaker, I ask my colleagues to join Ms. PRYCE and Mr. MURPHY and Chairman DEAL in passing this legislation unanimously.

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

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 3 minutes to one of the real leaders in this area, the gentleman from Connecticut (Mrs. JOHNSON).

Mrs. JOHNSON of Connecticut. I thank the gentleman for yielding.

I rise in strong support of H.R. 5574, legislation to reauthorize the Children's Hospital Graduate Medical Education program. Back in 1998, before my colleague from Ohio, Congresswoman PRYCE, and I authored this legislation, Children's Hospitals' residencies were getting .5 percent of what Medicare provided for other teaching hospitals. Thanks to that legislation that we authored and put in place a number of years ago, Federal GME support for Children's Hospitals approaches 80 percent of what Medicare provides to other teaching hospitals. Yes, only 80 percent.

Nonetheless, as a result, Children's Hospitals have been able to increase the number of residents they train, including both general pediatricians and pediatric specialists, increase the number of training programs they provide, and improve the quality of the training they provide and strengthen the programs they provide not only to residents but to the communities.

Between 2000 and 2005 in my own State of Connecticut, the Connecticut Children's Medical Center increased the total number of full-time equivalent residents by 31 percent. About 50 percent of their graduates pursue careers in primary care and 50 percent go on to subspecialty fellowship programs. In addition to so significantly strengthening our capacity to care for children with serious medical problems, they also have introduced new curricula to provide training in community pediatrics and professional development and, indeed, have had a systemic impact on the practice of pediatrics in many settings throughout the State.

I am proud of what they have accomplished. I am proud of what we have done here on this floor and in preceding Congresses to strengthen the training of pediatricians and pediatric specialists, and I urge support of this legislation.

And I thank my colleague, Mr. DEAL, for the work of him and his subcommittee and the full committee in bringing this forward this week.

Mr. DAVIS of Illinois. Mr. Speaker, I rise in support of H.R. 5574, the Children's Hospital GME Support Reauthorization Act of 2006. In FY2002, 59 children's hospitals received payments totaling \$276 million. These hospitals provide specialized health care for infants, children and adolescents. Most have a wide variety of pediatric specialists to care for all types of medical problems.

The Children's Hospital GME Support Reauthorization Act is of importance to me as it affects many citizens of my congressional district. My district contains 26 hospitals and many are children's hospitals. In Chicago, Advocate Lutheran General Children's Hospital recently opened the world's first Ambient Experience pediatric radiology suite. The project seeks to make children more comfortable potentially reducing the need for sedation and repeat examinations. Federal funding has helped hospitals such as Advocate Lutheran General Children's Hospital the ability to take care of the sick children of Chicago.

Our society must continue to recognize the needs of children. Urie Bronfenbrenner, the co-founder of the national Head Start program, once said, "no society can long sustain itself unless its members have learned the sensitivities, motivations and skills involved in assisting and caring for other human beings." I am pleased that we are continuing to understand the needs of children in our society and that we are continuing to make progress with this issue.

Mr. CLEAVER. Mr. Speaker, I rise today to express gratitude for the passage of H.R. 5574, the Children's Hospitals GME Support Reauthorization Act of 2006. This bill will extend funding through fiscal year 2011 for children's hospitals that provide approved graduate medical residency programs. Hippocrates once said, "Healing is a matter of time, but is sometimes a matter of opportunity." Kansas City's Children's Mercy Hospitals and Clinics continue to provide numerous opportunities for the children of Missouri and Kansas to receive the best pediatric healthcare available. The services Children's Hospital Graduate Medical Education (CHGME) provides are invaluable. The \$7 million received by Children's Mercy Hospitals and Clinics in the Greater Kansas City Metropolitan Area trains 125 interns and residents from the University of Missouri-Kansas City Medical School each year. The CHGME program ensures that children will continue to receive excellent healthcare and our Nation's pediatric health workforce will remain strong and competitive for years to come.

Since Children's Mercy Hospital in Kansas City is the only children's hospital between St. Louis, Missouri and Denver, Colorado, I know it is essential to continue to provide this vital funding. These valuable funds will keep the hospitals running efficiently while training our future pediatric care providers. I will support the restoration of CHGME's full funding for \$300 million when the House considers the Labor, Health and Human Services, Education Appropriations Bill for Fiscal Year 2007.

Children's Mercy Hospitals and Clinics provide services spanning from Wichita, Kansas to Springfield, Missouri, and the passage of H.R. 5574 will ensure on-going financial sup-

port for over 60 children's hospitals, including Children's Mercy Hospital in Kansas City where the program started. From heart surgery to brain tumors to burn treatment, patients at Children's Mercy Hospitals and Clinics know they are receiving the best medical care possible and parents will never forget the "angels" who saved their children's lives. I am proud to support a program that has improved the lives of countless children nationwide, especially in my district, Missouri's Fifth Congressional District, while also expressing gratitude to the Missouri and Kansas delegation for their unending support.

Mr. Speaker, please join me in expressing our pleasure at the passage of this bill, and also to Children's Mercy Hospital in Kansas City for providing such a valuable service to so many families. The residents of Missouri's Fifth Congressional District take comfort in knowing the medical experts up at Children's Mercy Hospital are constantly on call ensure our children's well being. The health and safety of our children should remain a national priority, and today, I am proud to be a Member of Congress as we pass H.R. 5574.

Mr. DEAL of Georgia. 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 Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5574, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. DEAL of Georgia. 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.

SUPPORTING EFFORTS TO INCREASE CHILDHOOD CANCER AWARENESS, TREATMENT, AND RESEARCH

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 323) supporting efforts to increase childhood cancer awareness, treatment, and research, as amended.

The Clerk read as follows:

H. RES. 323

Whereas an estimated 12,400 children will be diagnosed with cancer in the year 2005;

Whereas cancer is the leading cause of death by disease in children under age 15;

Whereas an estimated 2,300 children will die from cancer in the year 2005;

Whereas the incidence of cancer among children in the United States is rising by about one percent each year;

Whereas 1 in every 330 Americans develops cancer before age 20;

Whereas approximately 8 percent of deaths of those between 1 and 19 years old are caused by cancer;

Whereas while some progress has been made, a number of promising opportunities for childhood cancer research still remain untapped;

Whereas limited resources for childhood cancer research can hinder the recruitment of investigators and physicians to pediatric oncology;

Whereas peer-reviewed clinical trials are the standard of care for pediatrics and have improved cancer survival rates among children;

Whereas the number of survivors of childhood cancers continues to grow, with about 1 in 640 adults between ages 20 to 39 who have a history of cancer;

Whereas up to two-thirds of childhood cancer survivors are likely to experience at least one late effect from treatment, many of which may be life-threatening;

Whereas some late effects of cancer treatment are identified early in follow-up and are easily resolved, while others may become chronic problems in adulthood and may have serious consequences; and

Whereas 89 percent of children with cancer experience substantial suffering in the last month of life: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that the Congress should support—

(1) public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, treatment options, and long-term follow-up;

(2) pediatric cancer research to improve prevention, diagnosis, treatment, rehabilitation, post-treatment monitoring, and long-term survival;

(3) policies that encourage medical trainees and investigators to enter the field of pediatric oncology;

(4) policies that encourage the development of drugs and biologics designed to treat pediatric cancers;

(5) policies that encourage participation in clinical trials;

(6) efforts to encourage the incorporation of pain management for pediatric cancer patients into medical education curricula; and

(7) policies that enhance education, services, and other resources related to late effects from treatment.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to add extraneous material to the resolution.

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

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of House Resolution 323, a resolution authored by my colleague, Representative PRYCE of Ohio. This resolution expresses support for efforts to increase childhood cancer awareness, treatment, and research.

Just uttering the word "cancer" conjures up a fearful imagery. All of us can name a friend, a neighbor, coworker, or family member whose life has been touched by this terrible disease. Many here today have gone

through or are going through the ordeal of cancer. Thankfully, more and more people are continuing to lead full and productive lives both during and after cancer. And while it is a tragedy whenever cancer takes someone's life, the tragedy is only intensified when cancer cuts short the life of a child.

As a parent and as a grandparent, I can only imagine hearing these dreadful news stories that my child or my grandchild may have been diagnosed with incurable cancer. That would be a terrible story to hear. The impact on families going through such shock and sadness is truly profound. Parents would do anything to cure their son or daughter.

All of us long for the day when a cure is found and cancer is eradicated from the face of the earth.

□ 1315

With advances in science and medicine, we are getting closer every day. But while research for many forms of cancer is vibrant and moving steadily forward, childhood cancer research lags behind in many ways. Promising avenues for research remain unexplored. There are several reasons why this is true. First, because childhood cancer is rare, it doesn't receive the same attention as more common adult cancers.

Second, as a further consequence of this rarity, there is less known about the causes of childhood cancer. This hinders efforts to create effective treatment and prevention strategies.

Finally, because children's young bodies are still developing, they present special problems for administering the powerful cancer therapies that are often used on adults.

The purpose of the resolution before us today is to draw public attention to these issues and to call for increased public and private efforts to address the problem of childhood cancer.

One issue that deserves our attention is the lack of professionals specializing in childhood cancer. We need to encourage more health professionals and students to enter this important field. Work with children who have cancer is a very difficult job and the burnout rate is high. It takes a very special combination of compassion and toughness for a caregiver to remain at a child's side as cancer takes its toll on his or her body.

We need caring people of many backgrounds, including physicians, nurse practitioners, data managers, research assistants and other health care professionals to take childhood cancer research and treatment forward. These professionals can ensure that as many children as possible are able to reap the benefits of research through clinical trials and other opportunities.

While the job of working with childhood cancer patients is tough, the payoff is high. Every ray of a child's smile and every extra day a family spends with their loved one can make all the difference.

Another issue we should consider very carefully is the availability of

cutting edge cancer treatments. Experts say the future of cancer research lies in targeted treatments that are specially engineered to treat an individual person's cancer. These are the so-called designer cancer treatments. Designer treatments can attack a cancerous tumor while saving healthy cells in the body. This approach offers the hope of a cure with fewer side effects.

With the availability of such treatments, there is less need for children to endure difficult chemotherapy and other harsh treatments that may cause severe and lifelong side effects such as blindness and hearing loss.

While designer cancer treatments hold great promise, they require high-tech equipment and a host of specialty trained professionals to make them a reality. Each drug is specially tailored for an individual patient, making the drugs labor intensive and prohibitively expensive to produce.

While we should continue to explore both public and private options to provide these drugs to as many children and adults as possible, we should resist the temptation to impose price controls that would discourage these cutting-edge technologies from coming to fruition. Price controls of all kinds are ineffective in lowering the price of a product and cause more harm than good. Rather than getting the drugs to more people, they will cause fewer drugs to be manufactured and everyone's access will be diminished.

Through research, public awareness, education and wise public policy, we can make strides in the fight against childhood cancer. With this resolution, we are calling attention to the problem of childhood cancer and supporting efforts to improve its diagnosis and treatment.

Again, I commend Ms. PRYCE for her leadership on this issue, and I encourage my colleagues to support this important resolution.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I also would like to thank my Ohio colleague, Congresswoman DEBORAH PRYCE, for introducing this legislation. Ms. PRYCE has been instrumental in raising awareness of childhood cancers and promoting the research needed to overcome them.

Every year, more than 12,000 children in our country are diagnosed with cancer. More than 2,000 of them lose their lives. Although survival rates are increasing and great progress has been made to develop new diagnostics and treatments and cures, cancer remains the number one disease killer of children. There is, of course, no tragedy comparable to the loss of a child. If we can prevent cancer from taking the life of a child, then we must prevent cancer from taking the life of a child.

This resolution calls for Congress to support public and private sector efforts to promote awareness about the

incidence of childhood cancer, its signs and symptoms, its treatment options and its long-term follow-up care. The resolution also calls for increased public and private investment in childhood cancer research, incentives to encourage health care providers to enter pediatric oncology, and incentives to spur development of better pediatric drugs and remedies. There is no more important fight than the fight against childhood cancer.

I think the legislation we just passed on the reauthorization of GME for Children's Hospitals, coupled with Ms. PRYCE's legislation here, will really matter to children in this country. I am proud to be a cosponsor of this resolution. I urge my colleagues to support it.

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

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 5 minutes to the author of this resolution, the gentlewoman from Ohio (Ms. PRYCE).

Ms. PRYCE of Ohio. Mr. Speaker, I thank Chairman DEAL for making this a priority, and Ranking Member BROWN. I appreciate your words and I associate myself with both of your remarks, and I rise today as a voice for the thousands of families across America who have been touched by pediatric cancer.

Each day, two classrooms full of children are diagnosed, two classrooms, and I rise today for the children who will be diagnosed today and for their families who love them.

This week, we celebrate Gold Ribbon Days, a time for children and their families to come to Washington, D.C., to raise awareness about pediatric cancer. Some of those children are fighting their own battles. To them, we offer support. Some of these families have lost their children to cancer. To them, we offer compassion. And to some of those children who are survivors, they offer us hope.

This morning, I had a chance to spend time with the children and families in town for Gold Ribbon Days. We held a rally right outside the Capitol to tell our stories. We celebrated the fact that this body today would be considering this important resolution that will help raise awareness, education and research. Those families are so thankful, Representative DEAL. Thank you so much for allowing us this time.

We also celebrated the premier tonight of the much anticipated documentary called "A Lion in the House." This film, produced by two brilliant Ohio filmmakers, is extraordinary. It offers an unprecedented look at the cancer journey of five young people and their families over a 6-year period. For those of us who have traveled on our own journey, this film depicts our experiences, our struggles and our pain. For those of you who have not traveled on this journey, this film will give you empathy and compassion.

Never before has such a delicate and serious topic like childhood cancer

been brought to the public's attention in such a powerful and meaningful way; real families sharing stories, the very, very private moments, the highs and the lows, the roller coaster of never knowing what lies around the corner, the confusion, the frustration and the darkness, the joy and the pain, the love and the loss.

The families we meet in the film, their resilience, courage and wisdom, remind us that while it is human nature to question the sanity and injustice of why such a tragedy has befallen those of us who have been touched by pediatric cancer, we must find a way to channel our pain and our anger into action to change the course of this disease. That is what Gold Ribbon Days is all about, and this resolution is part of our action plan.

I want to recognize and thank the pediatric cancer organizations, the advocates, the children and their families who are waging their own battle against cancer. They are the tireless soldiers in our army, and until we rid the world of the scourge that is childhood cancer, we must keep up our strong army and we must keep up the fight, and we shall.

I urge my colleagues to support this resolution.

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

Mr. DEAL of Georgia. Mr. Speaker, I have one final speaker. I am pleased to yield 5 minutes to the gentleman from Texas (Mr. MCCAUL).

Mr. MCCAUL of Texas. Mr. Speaker, I rise today in strong support of this resolution to fight childhood cancer. I would like to especially thank Congresswoman PRYCE for her leadership and strong dedication to this issue, which I can't think of any issue more important than this one.

My father died from this disease, but no parent should ever have to bury a child. As the father of five, I wake up every morning thanking God for the health and happiness of my children. Not all parents are as fortunate.

Unfortunately, cancer is the number one killer of children in this country today, and it destroys not only these innocent victims, but their families as well.

In too many cases, the moms, the dads, the sisters and brothers of children with cancer must stand by a hospital bed and watch helplessly as this horrible disease consumes the life of an innocent child.

Two of my constituents, Tim and Donna Culliver, lost their son Adam to childhood cancer. Faced with the loss no parent could put into words and a lifetime of pain they will feel forever in their hearts, they bravely have chosen to honor Adam by leading the fight to cure childhood cancer and by courageously working to ensure that no other mom or dad has to suffer as they did. And we should help them.

We can and must increase the funding for childhood cancer research. Underfunding this cancer research

delays the goal of finding a cure for children like Adam Culliver. This is an investment we cannot afford to pass up. Unlike many of the investments that we make here in the Congress, this one will actually save the lives of innocent children.

Every day we do get closer to a cure. Three out of four children who are diagnosed with cancer will survive the disease, but that is not good enough. The loss of one child to this disease is too much.

Congresswoman PRYCE and I have introduced legislation called the Conquer Childhood Cancer Research Act, which provides for \$100 million in desperately needed grants for childhood cancer research, and I urge all my colleagues to show their support for this important bill.

I spent the last 2 days with the families whose children have been afflicted by this terrible disease. They gave me a baseball bat that was signed by children at MD Anderson Hospital in Houston. The fortunate thing is that some of the children who signed that bat are survivors. The unfortunate thing is some of the children who signed that bat no longer are alive.

I want to take that bat and get our bill passed through the Congress, and, once and for all, defeat childhood cancer.

Many of my colleagues' offices will be visited today by the families who have suffered through this nightmare. I urge them to listen to the compelling stories the families have to tell and imagine how you would feel if you were in their place, and find the compassion in your hearts to help. This is an issue that no Member of Congress should say no to.

I ask you to fight for these families so no more families will have to suffer again.

Mr. DAVIS of Illinois. Mr. Speaker, children are one-third of our population and all of our future. If our American way of life fails the child, it fails us all. Today, we have the opportunity to ensure the best healthcare, research and treatment is provided for our children suffering with cancer. Our investment in children will benefit not only their future, but ours as well.

At present, 12,400 children have been diagnosed with cancer. Typically, cancer is the leading cause of death by disease in children under age 15. In 2005, cancer took the lives of 2,300 children. Our limited resources for childhood cancer have hindered the recruitment of investigators and physicians into the field of pediatric oncology. Not long ago, cancer was seen as a death sentence. But today we have hope as survival rates climb and new treatments are on the horizon.

Both public and private sector investments must be made to improve prevention, diagnosis, treatment, rehabilitation, post-treatment monitoring, and long term survival. We should provide incentives to encourage the development of drugs and therapies to treat pediatric cancers. Our American citizens deserve the best in healthcare and we must ensure that they get it.

Let us continue to work together to fight childhood cancer and pass this bill.

Ms. BORDALLO. Mr. Speaker, I rise today in strong support of H. Res. 323, which supports efforts to increase childhood cancer awareness, treatment, and research. Childhood is supposed to be a carefree and exciting time filled with joy and wonderment. Too many children, unfortunately, spend their childhood fighting for their lives against cancer. Cancer takes the lives of up to 2,300 children each year. It is imperative that we do more to combat childhood cancer.

The number of childhood cancer survivors is growing. Progress is being made but more must be done. This positive trend must be increased.

To do so, efforts to increase childhood cancer awareness, treatment, and research must continue. Increased public awareness of childhood cancer will help increase public and private sector investment in childhood cancer research. More and broader investment will improve prevention, treatment, and long-term survival for cancer patients.

H. Res. 323 provides policies that encourage the development of pediatric treatments and enhances educational resources related to cancer treatments. By supporting H. Res. 323, we demonstrate our support for providing cancer patients adequate resources in medicine and education.

The recent and tragic passing of a young girl, a daughter of Guam, brought this issue to the forefront of the minds of my constituents. Justice Taitague, a 5-year-old who suffered from leukemia, passed away in February 2003. Her best chance for life was a marrow transplant. The first-ever marrow drive on Guam was held as a result of the efforts of Dr. Thomas Shieh, president of the Guam Medical Society, the Hawaiian Bone Marrow Donor Registry, and the National Marrow Donor program. This "Drive for Justice" registered 3,400 donors in 3 days. Awareness of the need to address childhood cancer is high on Guam. But more must be done.

We must continue to promote awareness of, research on, and treatment for childhood cancer research. We must also increase funding to support those activities. I strongly support H. Res. 323, as it will help raise awareness of the need for continued investment of financial resources and intellectual energies toward combating childhood cancer. I urge my colleagues' support.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time, and ask this Congress to pass the Pryce legislation.

Mr. DEAL of Georgia. Mr. Speaker, I too yield back and urge the adoption of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and agree to the resolution, H. Res. 323, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. DEAL of Georgia. 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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 1 o'clock and 28 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1430

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. BIGGERT) at 2 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 5573, by the yeas and nays;

H.R. 5574, by the yeas and nays.

Proceedings on H. Res. 323 will resume tomorrow.

The first electronic vote will be conducted as a 15-minute vote. The remaining electronic vote will be conducted as a 5-minute vote.

HEALTH CENTERS RENEWAL ACT OF 2006

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the bill, H.R. 5573.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5573, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 424, nays 3, not voting 5, as follows:

[Roll No. 306]

YEAS—424

Abercrombie	Berry	Brady (PA)	Carson	Hefley	Michaud
Ackerman	Biggert	Brady (TX)	Carter	Hensarling	Millender-
Aderholt	Bilbray	Brown (OH)	Case	Herger	McDonald
Akin	Bilirakis	Brown (SC)	Castle	Herseth	Miller (FL)
Alexander	Bishop (GA)	Brown, Corrine	Chabot	Higgins	Miller (MI)
Allen	Bishop (NY)	Brown-Waite,	Chandler	Hinches	Miller (NC)
Andrews	Bishop (UT)	Ginny	Choccola	Hinojosa	Miller, Gary
Baca	Blackburn	Burgess	Clay	Hobson	Miller, George
Bachus	Blumenauer	Burton (IN)	Clyburn	Hoekstra	Mollohan
Baird	Blunt	Butterfield	Coble	Holden	Moore (KS)
Baker	Boehrlert	Buyer	Cole (OK)	Holt	Moore (WI)
Baldwin	Boehner	Calvert	Conaway	Honda	Moran (KS)
Barrett (SC)	Bonilla	Camp (MI)	Conyers	Hoolley	Moran (VA)
Barrow	Bonner	Campbell (CA)	Cooper	Hoyer	Murphy
Bartlett (MD)	Bono	Cannon	Costa	Hulshof	Murtha
Barton (TX)	Boozman	Cantor	Costello	Hunter	Musgrave
Bass	Boren	Capito	Cramer	Hyde	Myrick
Bean	Boswell	Capps	Crenshaw	Inglis (SC)	Nadler
Beauprez	Boucher	Capuano	Crowley	Inslee	Napolitano
Becerra	Boustany	Cardin	Cubin	Israel	Neal (MA)
Berkley	Boyd	Cardoza	Cuellar	Issa	Neugebauer
Berman	Bradley (NH)	Carnahan	Culberson	Istook	Ney
			Cummings	Jackson (IL)	Northup
			Davis (AL)	Jackson-Lee	Norwood
			Davis (CA)	(TX)	Nunes
			Davis (FL)	Jefferson	Nussle
			Davis (IL)	Jenkins	Oberstar
			Davis (KY)	Jindal	Obey
			Davis (TN)	Johnson (CT)	Oliver
			Davis, Jo Ann	Johnson (IL)	Ortiz
			Davis, Tom	Johnson, E. B.	Osborne
			Deal (GA)	Johnson, Sam	Otter
			DeFazio	Jones (NC)	Owens
			DeGette	Jones (OH)	Oxley
			Delahunt	Kanjorski	Pallone
			DeLauro	Kaptur	Pascarell
			Dent	Keller	Pastor
			Diaz-Balart, L.	Kelly	Payne
			Diaz-Balart, M.	Kennedy (MN)	Pearce
			Dicks	Kennedy (RI)	Pelosi
			Dingell	Kildee	Pence
			Doggett	Kilpatrick (MI)	Peterson (MN)
			Doolittle	Kind	Peterson (PA)
			Doyle	King (IA)	Petri
			Drake	King (NY)	Pickering
			Dreier	Kingston	Pitts
			Duncan	Kirk	Platts
			Edwards	Kline	Poe
			Ehlers	Knollenberg	Pombo
			Emanuel	Kolbe	Pomeroy
			Emerson	Kucinich	Porter
			Engel	Kuhl (NY)	Price (GA)
			English (PA)	LaHood	Price (NC)
			Eshoo	Langevin	Pryce (OH)
			Etheridge	Lantos	Putnam
			Everett	Larsen (WA)	Radanovich
			Farr	Larson (CT)	Rahall
			Fattah	Latham	Ramstad
			Feeney	LaTourrette	Rangel
			Ferguson	Leach	Regula
			Filner	Lee	Rehberg
			Fitzpatrick (PA)	Levin	Reichert
			Foley	Lewis (GA)	Renzi
			Forbes	Lewis (KY)	Reyes
			Ford	Linder	Reynolds
			Fortenberry	Lipinski	Rogers (AL)
			Fossella	LoBiondo	Rogers (KY)
			Fox	Lofgren, Zoe	Rogers (MI)
			Frank (MA)	Lowey	Rohrabacher
			Franks (AZ)	Lucas	Ros-Lehtinen
			Frelinghuysen	Lungren, Daniel	Ross
			Gallegly	E.	Roybal-Allard
			Garrett (NJ)	Lynch	Royce
			Gerlach	Mack	Ruppersberger
			Gibbons	Maloney	Rush
			Gilchrest	Manzullo	Ryan (OH)
			Gillmor	Marchant	Ryan (WI)
			Gingrey	Markey	Ryun (KS)
			Gohmert	Marshall	Sabo
			Gonzalez	Matheson	Salazar
			Goode	Matsui	Sánchez, Linda
			Goodlatte	McCarthy	T.
			Gordon	McCaul (TX)	Sanchez, Loretta
			Granger	McCollum (MN)	Sanders
			Graves	McCotter	Saxton
			Green (WI)	McCrery	Schakowsky
			Green, Al	McDermott	Schiff
			Green, Gene	McGovern	Schmidt
			Grijalva	McHenry	Schwartz (PA)
			Gutierrez	McHugh	Schwarz (MI)
			Gutknecht	McIntyre	Scott (GA)
			Hall	McKeon	Scott (VA)
			Harman	McMorris	Sensenbrenner
			Harris	McNulty	Serrano
			Hart	Meehan	Sessions
			Hastings (FL)	Meek (FL)	Shadegg
			Hastings (WA)	Meeks (NY)	Shaw
			Hayes	Melancon	Shays
			Hayworth	Mica	Sherman