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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Ms. MOORE of Wisconsin).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 5, 2008.

I hereby appoint the Honorable GWEN MOORE to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord our God, Father of all, at times You seem to be that infinite horizon that the human heart is drawn to. In our desire to establish justice for all and a peaceful landscape where human life and family values may flourish, You draw us upward and onward.

In our work and prayer for this Nation, its protection and its security, You inspire the Members of this Chamber and all Americans to be rooted in the truth and filled with compassion and care, especially for the most vulnerable in our society. Yet each day, holy mystery that You are, You reach out to us in every situation of our lives as individuals and as a Nation.

To the extent that we are able to accept Your holy inspiration and freely offer personal gifts and common resources in response to Your hope and desire for us do we find full satisfaction in the work before us.

Be with us again this day as we aspire with all our hearts to better this Nation and accomplish Your holy will, now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New Jersey (Mr. HOLT) come forward and lead the House in the Pledge of Allegiance.

Mr. HOLT led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

EMERGENCY ASSISTANCE FOR SECURE ELECTIONS ACT

(Mr. HOLT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HOLT. Madam Speaker, so far this primary season elections have been conducted in 14 States that still use unauditable voting machines, purely electronic. I have shared in letters to my colleagues information about incidents in a number of States, one where 90 percent of the machines were not functioning in one county when the polls opened; and another State, where results from the internal paper tapes did not match results on the corresponding memory cartridges; another State, where six voting machines in a county had faulty memory cards; in a polling place in Chicago, where no touch screen machines were working; and at a polling place in Atlanta, where only one in five was working.

In counties where there are no paper records verified by their voters, the irregularities cannot be resolved. Machine failures elsewhere would have prevented voters from voting had backup paper ballots not been available. Some jurisdictions where paper ballots are required allow voting data to be verified by the voters and then used to confirm the results despite the failure of electronic memory.

There is still time before November to secure our electoral system. The Emergency Assistance for Secure Elections Act, if enacted, will provide localities what they need to do this. Please support this legislation.

FISA

(Mrs. DRAKE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. DRAKE. Madam Speaker, it has now been nearly 3 weeks since the Democrat majority allowed the Protect America Act to expire, and we have yet to address the resulting gap in our intelligence. That is 18 days that our intelligence professionals have been denied the information that according to the Director of National Intelligence is needed to keep our country safe.

I believe that most Members on the other side of the aisle share my concern although, sadly, there are others who do not. So, here we are in a political year, working Tuesday through Thursday, and one of the most important pieces of legislation is blocked from this floor. Why? Because it will pass.

In 2001, we asked the telecommunications industry to assist our intelligence experts in tracking terrorist movements, but now an army of trial lawyers are waiting to sue them for their patriotic acts.

It is time the Democrat leadership moves this bill and gives our intelligence community the tools they need to protect America.

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ON FISA, PRESIDENT AND REPUBLICANS PLAY POLITICS WITH NATIONAL SECURITY

(Mr. BRALEY of Iowa asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BRALEY of Iowa. Madam Speaker, while President Bush and congressional Republicans sit on the sideline demanding that this House rubber-stamp the Senate-passed FISA bill, House and Senate Democrats are doing exactly what's expected of us, working to iron out differences between different FISA bills passed earlier in the two Chambers.

Last November, the House passed the RESTORE Act that modernizes the FISA law by giving the intelligence community the tools it needs to track terrorists while protecting the constitutional rights of innocent Americans.

The Bush administration objects to our legislation because we oppose giving blanket immunity to telecommunications companies who turned over information about their customers. Today, our committees continue to review telecom documents so that we can ensure the companies' actions are thoroughly reviewed and they are held appropriately accountable.

Madam Speaker, despite the fear-mongering from the President, his own administration says the intelligence community still has access to all the information it did last month. We have time to get this critical legislation right, and that's exactly what we plan to do.

RESPONSIBLE SPENDING, NOT IRRESPONSIBLE TAX INCREASES

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, the budget season is upon us. Today, the Budget Committee will meet to mark up the 2009 budget resolution.

With a new year and new opportunity, I hope the majority does not resort to the Big Government policies of the past. That means no more tax increases for hardworking Americans. Taxpayers already pay enough out of their pockets to fund the Washington bureaucracy. They should not be asked to fork over more money to subsidize billions of dollars in new wasteful government spending.

Republicans and Democrats need to craft a budget that accurately reflects the needs of the American people, honors our obligation to be good stewards of taxpayer dollars, and above all, takes a realistic and proactive approach to reining in runaway entitlement spending. Future generations should not be forced to pay the price while the leadership here in Washington refuses to make the tough decisions.

In conclusion, God bless our troops, and we will never forget September the 11th.

A NEW DIRECTION IN IRAQ

(Mr. MORAN of Virginia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MORAN of Virginia. Mr. Speaker, Mahmoud Ahmadinejad, Iran's vitriolic, anti-American, Holocaust-denying leader, just concluded the first ever trip to Iraq by an Iranian President. Many commentators in the Middle East hailed the visit as a diplomatic success for him. Before our invasion, no Iranian President would have dared to step foot inside Iraq. He was received by Iraqi Prime Minister Nouri al-Maliki not with one, but four kisses for luck at a staged press conference with Iraqi media.

I quote Ahmadinejad: ''The Americans have to understand the facts of the region. Iraqi people do not like America.''

After 6 years in Iraq, 4,000 American lives lost, tens of thousands wounded, and $570 billion spent, this is what we have to show for it? Iran's anti-American leader being given the opportunity to try to humiliate us at a joint press conference with Iraq's leader?

Mr. Speaker, we are seeing the fruition of our strategic blunder in Iraq. The groundwork has been laid for a Shiite-dominated Iraqi theocracy, loyal to Iran and diametrically opposed to our strategic interests in the region. We can stay this course or chart a new direction that will end this failed policy and bring our troops home.

It's about time we chose a direction that is worthy of the patriotism of our troops and the sacrifices of their families.

FREEDOM IS WINNING IN IRAQ AND AFGHANISTAN

(Mr. PENCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, I got a sense of what we have to show for it in Iraq this weekend. I joined a bipartisan delegation that toured the metes and bounds of Iraq and Afghanistan.

In the course of 4 days, we took off and landed 20 different times in four different types of aircraft. The one inescapable conclusion, after years of difficulty and setback in varying degrees, is freedom is winning in Iraq and Afghanistan.

In northern Iraq, we saw firsthand the Kurdish region where security, political progress and economic growth are taking hold. In central Iraq, following the military surge, al Qaeda and insurgent violence are in steep decline. Violence across the country has been reduced in the last year by more than 60 percent. It is truly extraordinary.

And the political progress is taking hold. There has been a surge in optimism in Iraq due to the passage of a de-Ba'athification law, and provincial elections could well be just around the corner this fall.

Later today, in words and pictures, I will detail our trip on my Web log at mikepence.house.gov. And I hope many of my constituents will take time to read it.

As we practice freedom here at home, Americans of good will should be encouraged to know freedom is winning in Iraq and Afghanistan.

PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT

(Mrs. CAPPS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPPS. Mr. Speaker, I rise to voice my support for the Paul Wellstone Mental Health and Addiction Equity Act.

At the heart of this bill is the fact that there exists an unreasonable difference in the way society treats mental health conditions as opposed to all other health conditions. There are quite a few health professionals in Congress, and to all of us there is no distinction in the necessity of treating heart disease, bone disease, or mental health disease. They are all equally vital to our body's functioning, and that is our goal in this act.

We must finally put an end to the discrimination being practiced by insurers and others when they offer health coverage for some health conditions and not others. It's not fair to say we'll cover some parts of your health care, but we'll pick and choose which parts of your body to cover. That's bad for business. I know it's bad for health care.

I commend PATRICK KENNEDY and JIM RAMSTAD for their tireless work on this bill and seeing its coming to the floor. I encourage all of my colleagues to join me in supporting this excellent legislation.

LET AMERICANS KEEP THEIR OWN MONEY

(Mr. POE asked and was given permission to address the House for 1 minute.)

Mr. POE. Mr. Speaker, it's springtime in the city, but the trees and flowers aren't the only things growing in Washington. Federal spending is going to grow as well because springtime means Federal budget time, and this year the American taxpayer may be asked to finance the largest budget in U.S. history.

Now, in order to pay for all these expensive pigs and piglets, the government has to find a way to raise money. One option is to borrow the money. Why don't we just borrow it from the Chinese like we did in the past. Or just go into deficit spending. Or Congress can raise taxes. Yes, that's right, tax

those among us that are making money. Punish success. Tax them. Take their money and give it to Uncle Sam, who will redistribute it to more government programs.

Maybe Congress should try a novel idea: cut spending. Cut out useless programs. Tell special interest groups, no, they can't have taxpayer money for their special pork projects. Cut taxes. Let Americans keep more of their own money. Shock the country and shock the world, spend less this spring, cut taxes, and watch the economy grow because you cannot tax and spend your way to economic success.

And that's just the way it is.

□ 1015

CALLING ON CONGRESS TO REMOVE INCENTIVES FOR OUTSOURCING OF JOBS

(Mr. HALL of New York asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HALL of New York. Mr. Speaker, in the last few months, the economy has been battered. Wages have stagnated, and expenses continue to rise. Personal debt is skyrocketing, and investment for the future has become nonexistent. American families are once again paying the price for this difficulty. More and more employers are moving overseas to take advantage of cheap labor and complacent regulations in places like India.

Last month, this pernicious trend made its mark on my district when Watson Pharmaceuticals, the second largest employer in Putnam County, New York, announced that they were closing their facility and moving all their jobs to India.

The company has praised its workers. The CEO said there was nothing the workers could have done differently or better to save their jobs. But that does them no good. The pull of profits from outsourcing was just too much to ignore for another American manufacturer.

There is something very wrong when U.S. companies are only too happy to pick up and move overseas, abandoning their employees and the county and the country that has supported them for years. I hope this Congress acts swiftly to remove incentives for this kind of behavior and that CEOs of these corporations will show some patriotism and loyalty to our communities.

CONGRESS MUST FIX FISA PERMANENTLY

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, America's intelligence community has been without the tools it needs to monitor foreign terrorist communications for weeks. Last month, the Senate passed a bipartisan bill that put the necessary tools in place, but for some reason the majority will not allow a vote in the House on this broadly supported bill.

The bipartisan Senate legislation had the votes of 21 Senate Democrats. It would have permanently fixed FISA and enabled our intelligence community to monitor foreign terrorists' electronics communications effectively.

The House's refusal to consider this legislation has created bureaucratic hurdles that made our intelligence gathering on foreign terrorists unnecessarily difficult. As Senate Intelligence Chairman JAY ROCKEFELLER said last month, America's intelligence gathering capability is being degraded.

The House should not adjourn until we have passed a permanent FISA fix that protects Americans and equips our intelligence community with the tools to thwart the plans of foreign terrorists. The American people expect and deserve no less.

THE ADMINISTRATION'S DECISION TO YANK A CONTRACT FROM AN AMERICAN COMPANY AND GIVE IT TO A CONSORTIUM DOMINATED BY EUROPE

(Mr. INSLEE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. INSLEE. Mr. Speaker, Americans across the country are infuriated today that the administration yanked a contract away from Boeing, an American company, for our air tankers and gave it to a consortium dominated by Europe, and they're infuriated for several good reasons:

Number one, why are we giving a $40 billion stimulus plan to France? It is our economy that is in danger.

Second, why, when we are suing this consortium for violation of international trade laws because of illegal subsidies, do we turn around and award them with a $40 billion contract? One agency says they're illegal; the other agency's giving them $40 billion of our taxpayer money.

Number three, and this was an insulting thing when I heard this award, the person making the award says, well, this is an American airplane. It's got an American flag on the tail. Well, you can't just go out and buy a one nickel sticker, slap it on an Airbus airplane and call it ''America.''

We have got to have a policy of procurement that's good for our economy and our security. We need to fix this disastrous administration decision.

PROTECT AMERICA—NOW

(Mr. PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. PRICE of Georgia. Mr. Speaker, Americans are demanding action on an issue of paramount importance to our national security that is being carelessly ignored by this liberal majority.

Nearly 3 weeks, that's how long it's been since Democratic leadership allowed the Protect America Act to expire, removing essential tools from American intelligence officials.

Almost 3 weeks, that's how long it's been since Democrats unilaterally disarmed our Nation, leaving us more vulnerable to attack.

Americans will not be fooled by Democratic rhetoric that there's no threat or that we're prepared enough, safe enough with pre-9/11 intelligence gathering capabilities. They know we are not adequately prepared. They know we cannot be prepared when Congress, this House, takes crucial tools away from those who are charged with keeping us safe.

This careless and irresponsible course of action must not stand. Americans will not stand down and they won't give up until the House does what's right, does what the Senate has already done, and that is to protect the people and the stability of our great Nation.

Mr. Speaker, vote on the Protect American Act today.

EMBRYONIC STEM CELL RESEARCH

(Ms. DEGETTE asked and was given permission to address the House for 1 minute.)

Ms. DEGETTE. Mr. Speaker, embryonic stem cell research has the potential to cure diabetes, Parkinson's, paralysis, and so many other diseases and injuries. Over the past few months, we've seen some amazing new discoveries from adult stem cells and others from embryonic stem cells.

Some have claimed that the recent discoveries using induced pluripotent cells means that we no longer need to continue embryonic stem cell research. I disagree and so does the scientific community.

When we develop new tools, we don't throw out the old ones. Why should it be different when it comes to medical research? We need to support cell-based research in all types of venues. We need to find out what will not just be best for scientific advances but what will help with medical advances as well.

It's time that we develop a new framework for considering all forms of ethical stem cell research. We need to continue embryonic stem cell research as well as all other ethical forms of regenerative medicine research. And we need to have a central mechanism for ethics control over all of this research.

PROVIDING THE TOOLS TO PROTECT AMERICA

(Mr. BOUSTANY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOUSTANY. Mr. Speaker, for more than 2 weeks, our national intelligence community has lacked the capability to track terrorists quickly.

Despite the known threats against this Nation, the House Democratic leadership has said there's no urgency on updating our Nation's intelligence laws. The FISA law dates back to the Carter administration, and that was almost 30 years ago, and they argue we should not update the law now?

It's no coincidence that the United States has been free from attack at home since September 11, 2001. Violent extremist terrorists are a threat, and that threat must be stopped. Congress must give our intelligence officers the tools and techniques they need to meet the long-term challenges.

Two weeks have passed since our national security community lost the ability to track intelligence without going through slow and burdensome bureaucratic hurdles. That's more than 2 weeks of terrorist communications that will never be recovered.

I am committed to providing responsible and appropriate tools to our intelligence community to protect and defend Americans at home and abroad. I urge my colleagues to do the same and pass the bipartisan FISA bill today.

THE PEACE CORPS

(Mr. FARR asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FARR. Mr. Speaker, I rise this morning to commemorate the creation of the Peace Corps. Forty-seven years ago this month, March 1961, President Kennedy called upon Americans to serve abroad. Since that time, nearly 200,000 Americans have responded to that call, including five sitting Members of Congress. They left behind the comforts of family and friends and decided to forego high-paying jobs to share their abilities with people across the globe.

Peace Corps volunteers work in the poorest communities of the world's poorest countries, where they build lasting relationships, inspire young people to become leaders, and simply make good friends. Peace Corps volunteers improve America's standing worldwide, one community at a time.

Today I have introduced a bill to reauthorize the Peace Corps and to double its size by the year 2012. I look forward to bipartisan support for the Peace Corps and ask all Members to join the Returned Peace Corps Volunteer Members of Congress who cosponsored the Peace Corps reauthorization.

FINANCIAL CRISIS FACING OUR NATION WILL REQUIRE BIPARTISAN EFFORT

(Mr. WOLF asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WOLF. Mr. Speaker, I testified last week before the Budget Committee about the enormous fiscal challenge we face as a Nation and offered a bipartisan solution to respond to outgoing U.S. Comptroller David Walker's characterization of a ''tsunami of spending and debt levels that could swamp'' our Nation. We must come together across the aisle, and if we don't get our financial house in order and make the sacrifices necessary today, we will hurt our children and our grandchildren.

JIM COOPER and I have joined efforts, a Democrat and a Republican, calling for a national bipartisan commission that will put everything on the table, entitlement spending, other Federal program spending, and tax policy, and come up with recommendations to put our country on a sustainable path. Nothing would be off limits for discussion and recommendations by the commission members. Congress would be required to vote up or down on the plan. If other viable bipartisan solutions are presented, we should look at those too.

I urge Members, I beg Members on both sides of the aisle to come together to take this issue to heart. Let's work together to take the necessary actions to save this country.

IMPORTANCE OF STEM CELL RESEARCH

(Mr. PERLMUTTER asked and was given permission to address the House for 1 minute.)

Mr. PERLMUTTER. Mr. Speaker, I rise today because I believe there is promise in all forms of stem cell research but especially in embryonic stem cells. Currently, this administration's prohibition of Federal funding for embryonic stem cell procurement is ridiculous.

I campaigned on this issue because people suffering from diabetes, Parkinson's, Alzheimer's, and epilepsy deserve a government that fights for them. Researchers who care about finding cures to these debilitating diseases need every resource available. That is why I promise to fight until funding flows from Washington to the lab benches in scientific institutions across the country.

Federal funding is essential for embryonic stem cell research and for progress in curing these tough diseases. Mr. Speaker, it is time that we got on track and we stop fighting science in this country.

FISA

(Mr. KAGEN asked and was given permission to address the House for 1 minute.)

Mr. KAGEN. Mr. Speaker, ladies and gentlemen, the American public needs to know about misrepresentation. This morning we have heard a misrepresentation of reality about the FISA bill.

We passed a FISA bill that guarantees that we protect not only our Nation but our constitutional rights. Every single Member of Congress has sworn to uphold our United States Constitution, and that means we have judicial oversight, oversight of our administration and the executive branch that may reach far too deep into our personal lives. No administration has the constitutional right to listen in on U.S. citizens. And at no time has FISA gone dark. Our intelligence community has at all times been listening in on conversations of those who seek to destroy our freedom and our rights.

Fellow Americans, understand this: The FISA conversation you're hearing here on the floor is all about a smokescreen. We have been protecting America each and every minute of the day.

DEMOCRATS WILL CONTINUE TO PUSH FOR NEW DIRECTION IN IRAQ TO BRING TROOPS HOME

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute.)

Ms. SHEA-PORTER. Mr. Speaker, as we prepare to mark the unfortunate 6-year anniversary of the war in Iraq, a war that is being financed by deficit spending, it's important to recognize the serious effects this war is having on our military. Our generals are warning that our military has been stretched and strained too far.

Perhaps that's why in a recent poll of 3,400 present and former military officers, 88 percent of them said that the demands of the war in Iraq have ''stretched the U.S. military dangerously thin.'' This is the worst readiness crisis since the Vietnam War, and military officers are justifiably worried about military preparedness. Military personnel are so concerned that nearly three-quarters of the officers surveyed in that recent poll said that their civilian leaders are setting ''unreasonable goals for the military'' in Iraq. And due to multiple deployments, the Army is facing a shortage of officers and enlisted personnel.

Mr. Speaker, the 110th Congress is listening to the military. We will continue to push for a new direction, a new change, and an end to the war in Iraq.

□ 1030

PRESIDENT SEVERELY OUT OF TOUCH WITH CONCERNS OF RISING OIL PRICES

(Mr. CARDOZA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CARDOZA. Mr. Speaker, it is clear that President Bush is out of touch with today's consumer. First, he refused to accept that the economy was heading in a downturn. Now, it takes a reporter's question for him to realize that gas prices in this country will soon reach $4 a gallon at the pump. Despite being reported in newspapers around the Nation, President Bush has told reporters last week that he didn't realize that $4 gas was possible. The President's energy record leaves a

great deal to be desired. Since he took office, gas prices have doubled, and home heating costs have tripled.

While President Bush remains out of touch, House Democrats acted last week to ease some of that burden. We passed legislation that repeals unnecessary tax subsidies to big oil companies, which reported record profits last year and last month. Instead, the subsidies will go towards tax incentives for clean, renewable energy.

Mr. Speaker, President Bush should recognize that his energy policy has failed the American people, and that he should join us in supporting legislation that will reduce our dependence on foreign oil.

GORHAM PAPER MILL

(Mr. HODES asked and was given permission to address the House for 1 minute.)

Mr. HODES. Mr. Speaker, the people of Gorham, New Hampshire are hurting. Over 160 workers will lose their jobs at the Fraser Paper Mill next month. Decades ago, the paper industry was thriving throughout Coos and Grafton Counties in New Hampshire. But with new trade policies that ship our jobs oversees, these jobs are disappearing faster, and towns across northern New Hampshire are hurting.

In February, Fraser Paper announced that it will lay off 167 jobs from their facility in Gorham. The news broke just months after the Wausau Paper Mill closed its doors in Groveton and left 303 workers without jobs, and nearly 2 years after Fraser Paper shut down its Berlin site, which resulted in the loss of 250 jobs in the region. I will visit Coos County this Friday to meet with workers in Gorham, Groveton, and Berlin to hear their stories.

I am working to take action to stand up for these working families and their communities. We have already helped with the bipartisan economic stimulus plan that puts more money in the hands of working families, and boosts our economy, but the people of Gorham and the surrounding communities and workers in America need additional help.

I plan on submitting legislation to keep mills and business and jobs like these in New Hampshire. I urge my colleagues to stand with me and stand with our working men and women.

STEM CELL DEBATE

(Mr. LANGEVIN asked and was given permission to address the House for 1 minute.)

Mr. LANGEVIN. Mr. Speaker, in recent months, researchers have created apparent embryonic stem cells from reprogrammed adult skin cells. This is an exciting new breakthrough, known as induced pluripotent stem cells, or iPS, which is an important and incredible milestone. However, it should not halt our efforts towards embryonic stem research. The iPS method is still in its earliest stages, and there is widespread debate among the scientific community as to the safety and effectiveness of its practical application.

Embryonic stem cell research remains the gold standard for potential therapeutic use. Further, it has laid the foundation of scientific knowledge that has made these recent discoveries possible. We should not abandon one area of research just because we have made progress in another. We must continue our investment, both public and private, into all areas of responsible stem cell research, whether that is adult stem cell research, embryonic stem cell research, or this new, exciting iPS method. It is the right thing to do. It offers great potential to offering cures for millions of people suffering from some of life's most challenging chronic conditions and diseases. The hope of millions of Americans depends on it.

ON FISA, PRESIDENT AND REPUBLICANS PLAY POLITICS WITH NATIONAL SECURITY

(Mr. PALLONE asked and was given permission to address the House for 1 minute.)

Mr. PALLONE. Mr. Speaker, neither the public nor the press are buying into the scare tactics coming out of the White House and the Republican leadership here on Capitol Hill about the expiration of the President's supposed Protect America Act. Here are just a few of the editorial examples in papers from around the Nation.

The St. Louis Post-Dispatch wrote that, ''The President's assertion that our country is in more danger of an attack is patently ridiculous.'' The Miami Herald writes that, ''Once again, the administration has claimed that if it doesn't get its way, the terrorists win. Unfortunately, the administration is resorting to exaggeration and hyperbole to make its case.'' The Syracuse Post Standard concluded that ''Congress should take the time to get this legislation right.''

Mr. Speaker, Congressional Democrats are serious about passing a strong FISA law that gives our intelligence community the legal tools necessary to protect our national security, and that is why bicameral negotiations continue. But, unfortunately, Republicans refuse a seat at that table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. CLAY). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

RECONSTRUCTION AND STABILIZATION CIVILIAN MANAGEMENT ACT OF 2008

Mr. BERMAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1084) to amend the Foreign Assistance Act of 1961, the State Department Basic Authorities Act of 1956, and the Foreign Service Act of 1980 to build operational readiness in civilian agencies, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1084

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 ''Reconstruction and Stabilization Civilian Management Act of 2008''.

SEC. 2. FINDINGS.

(a) FINDINGS.—Congress finds the following:

(1) In June 2004, the Office of the Coordinator for Reconstruction and Stabilization (referred to as the ''Coordinator'') was established in the Department of State with the mandate to lead, coordinate, and institutionalize United States Government civilian capacity to prevent or prepare for post-conflict situations and help reconstruct and stabilize a country or region that is at risk of, in, or is in transition from, conflict or civil strife.

(2) In December 2005, the Coordinator's mandate was reaffirmed by the National Security Presidential Directive 44, which instructed the Secretary of State, and at the Secretary's direction, the Coordinator, to coordinate and lead integrated United States Government efforts, involving all United States departments and agencies with relevant capabilities, to prepare, plan for, and conduct reconstruction and stabilization operations.

(3) National Security Presidential Directive 44 assigns to the Secretary, with the Coordinator's assistance, the lead role to develop reconstruction and stabilization strategies, ensure civilian interagency program and policy coordination, coordinate interagency processes to identify countries at risk of instability, provide decision-makers with detailed options for an integrated United States Government response in connection with reconstruction and stabilization operations, and carry out a wide range of other actions, including the development of a civilian surge capacity to meet reconstruction and stabilization emergencies. The Secretary and the Coordinator are also charged with coordinating with the Department of Defense on reconstruction and stabilization responses, and integrating planning and implementing procedures.

(4) The Department of Defense issued Directive 3000.05, which establishes that stability operations are a core United States military mission that the Department of Defense must be prepared to conduct and support, provides guidance on stability operations that will evolve over time, and assigns responsibilities within the Department of Defense for planning, training, and preparing to conduct and support stability operations.

SEC. 3. DEFINITIONS.

In this Act:

(1) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of the United States Agency for International Development.

(2) AGENCY.—The term ''agency'' means any entity included in chapter 1 of title 5, United States Code.

(3) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ''appropriate congressional committees'' means the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate.

(4) DEPARTMENT.—Except as otherwise provided in this Act, the term ''Department'' means the Department of State.

(5) PERSONNEL.—The term ''personnel'' means individuals serving in any service described in section 2101 of title 5, United States Code, other than in the legislative or judicial branch.

(6) SECRETARY.—The term ''Secretary'' means the Secretary of State.

SEC. 4. AUTHORITY TO PROVIDE ASSISTANCE FOR RECONSTRUCTION AND STABILIZATION CRISES.

Chapter 1 of part III of the Foreign Assistance Act of 1961 (22 U.S.C. 2351 et seq.) is amended by inserting after section 617 the following new section:

''SEC. 618. ASSISTANCE FOR A RECONSTRUCTION AND STABILIZATION CRISIS.

''(a) ASSISTANCE.—

''(1) IN GENERAL.—If the President determines that it is in the national security interests of the United States for United States civilian agencies or non-Federal employees to assist in reconstructing and stabilizing a country or region that is at risk of, in, or is in transition from, conflict or civil strife, the President may, in accordance with the provisions set forth in section 614(a)(3), subject to paragraph (2) of this subsection but notwithstanding any other provision of law, and on such terms and conditions as the President may determine, furnish assistance to such country or region for reconstruction or stabilization using funds under paragraph (3).

''(2) PRE-NOTIFICATION REQUIREMENT.—The President may not furnish assistance pursuant paragraph (1) until five days (excepting Saturdays, Sundays, and legal public holidays) after the requirements under section 614(a)(3) of this Act are carried out.

''(3) FUNDS.—The funds referred to in paragraph (1) are funds made available under any other provision of law and under other provisions of this Act, and transferred or reprogrammed for purposes of this section, and such transfer or reprogramming shall be subject to the procedures applicable to a notification under section 634A of this Act.

''(b) LIMITATION.—The authority contained in this section may be exercised only during fiscal years 2008, 2009, and 2010, except that the authority may not be exercised to furnish more than $100,000,000 in any such fiscal year.''.

SEC. 5. RECONSTRUCTION AND STABILIZATION.

Title I of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2651a et seq.) is amended by adding at the end the following new section:

''SEC. 62. RECONSTRUCTION AND STABILIZATION.

''(a) OFFICE OF THE COORDINATOR FOR RECONSTRUCTION AND STABILIZATION.—

''(1) ESTABLISHMENT.—There is established within the Department of State the Office of the Coordinator for Reconstruction and Stabilization.

''(2) COORDINATOR FOR RECONSTRUCTION AND STABILIZATION.—The head of the Office shall be the Coordinator for Reconstruction and Stabilization, who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary.

''(3) FUNCTIONS.—The functions of the Office of the Coordinator for Reconstruction and Stabilization shall include the following:

''(A) Monitoring, in coordination with relevant bureaus and offices of the Department of State and the United States Agency for International Development (USAID), political and economic instability worldwide to anticipate the need for mobilizing United States and international assistance for the reconstruction and stabilization of a country or region that is at risk of, in, or are in transition from, conflict or civil strife.

''(B) Assessing the various types of reconstruction and stabilization crises that could occur and cataloging and monitoring the non-military resources and capabilities of agencies (as such term is defined in section 3 of the Reconstruction and Stabilization Civilian Management Act of 2008) that are available to address such crises.

''(C) Planning, in conjunction with USAID, to address requirements, such as demobilization, disarmament, rebuilding of civil society, policing, human rights monitoring, and public information, that commonly arise in reconstruction and stabilization crises.

''(D) Coordinating with relevant agencies to develop interagency contingency plans and procedures to mobilize and deploy civilian personnel and conduct reconstruction and stabilization operations to address the various types of such crises.

''(E) Entering into appropriate arrangements with agencies to carry out activities under this section and the Reconstruction and Stabilization Civilian Management Act of 2008.

''(F) Identifying personnel in State and local governments and in the private sector who are available to participate in the Civilian Reserve Corps established under subsection (b) or to otherwise participate in or contribute to reconstruction and stabilization activities.

''(G) Taking steps to ensure that training and education of civilian personnel to perform such reconstruction and stabilization activities is adequate and is carried out, as appropriate, with other agencies involved with stabilization operations.

''(H) Taking steps to ensure that plans for United States reconstruction and stabilization operations are coordinated with and complementary to reconstruction and stabilization activities of other governments and international and nongovernmental organizations, to improve effectiveness and avoid duplication.

''(I) Maintaining the capacity to field on short notice an evaluation team consisting of personnel from all relevant agencies to undertake on-site needs assessment.

''(b) RESPONSE READINESS CORPS.—

''(1) RESPONSE READINESS CORPS.—The Secretary, in consultation with the Administrator of the United States Agency for International Development and the heads of other appropriate agencies of the United States Government, may establish and maintain a Response Readiness Corps (referred to in this section as the 'Corps') to provide assistance in support of reconstruction and stabilization operations in countries or regions that are at risk of, in, or are in transition from, conflict or civil strife. The Corps shall be composed of active and standby components consisting of United States Government personnel, including employees of the Department of State, the United States Agency for International Development, and other agencies who are recruited and trained (and employed in the case of the active component) to provide such assistance when deployed to do so by the Secretary to support the purposes of this Act.

''(2) CIVILIAN RESERVE CORPS.—The Secretary, in consultation with the Administrator of the United States Agency for International Development, may establish a Civilian Reserve Corps for which purpose the Secretary is authorized to employ and train individuals who have the skills necessary for carrying out reconstruction and stabilization activities, and who have volunteered for that purpose. The Secretary may deploy members of the Civilian Reserve Corps pursuant to a determination by the President under section 618 of the Foreign Assistance Act of 1961.

''(3) MITIGATION OF DOMESTIC IMPACT.—The establishment and deployment of any Civilian Reserve Corps shall be undertaken in a manner that will avoid substantively impairing the capacity and readiness of any State and local governments from which Civilian Reserve Corps personnel may be drawn.

''(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of State such sums as may be necessary for fiscal years 2007 through 2010 for the Office and to support, educate, train, maintain, and deploy a Response Readiness Corps and a Civilian Reserve Corps.

''(d) EXISTING TRAINING AND EDUCATION PROGRAMS.—The Secretary shall ensure that personnel of the Department, and, in coordination with the Administrator of USAID, that personnel of USAID, make use of the relevant existing training and education programs offered within the Government, such as those at the Center for Stabilization and Reconstruction Studies at the Naval Postgraduate School and the Interagency Training, Education, and After Action Review Program at the National Defense University.''.

SEC. 6. AUTHORITIES RELATED TO PERSONNEL.

(a) EXTENSION OF CERTAIN FOREIGN SERVICE BENEFITS.—The Secretary, or the head of any agency with respect to personnel of that agency, may extend to any individuals assigned, detailed, or deployed to carry out reconstruction and stabilization activities pursuant to section 62 of the State Department Basic Authorities Act of 1956 (as added by section 5 of this Act), the benefits or privileges set forth in sections 413, 704, and 901 of the Foreign Service Act of 1980 (22 U.S.C. 3973, 22 U.S.C. 4024, and 22 U.S.C. 4081) to the same extent and manner that such benefits and privileges are extended to members of the Foreign Service.

(b) AUTHORITY REGARDING DETAILS.—The Secretary is authorized to accept details or assignments of any personnel, and any employee of a State or local government, on a reimbursable or nonreimbursable basis for the purpose of carrying out this Act, and the head of any agency is authorized to detail or assign personnel of such agency on a reimbursable or nonreimbursable basis to the Department of State for purposes of section 62 of the State Department Basic Authorities Act of 1956, as added by section 5 of this Act.

SEC. 7. RECONSTRUCTION AND STABILIZATION STRATEGY.

(a) IN GENERAL.—The Secretary of State, in consultation with the Administrator of the United States Agency for International Development, shall develop an interagency strategy to respond to reconstruction and stabilization operations.

(b) CONTENTS.—The strategy required under subsection (a) shall include the following:

(1) Identification of and efforts to improve the skills sets needed to respond to and support reconstruction and stabilization operations in countries or regions that are at risk of, in, or are in transition from, conflict or civil strife.

(2) Identification of specific agencies that can adequately satisfy the skills sets referred to in paragraph (1).

(3) Efforts to increase training of Federal civilian personnel to carry out reconstruction and stabilization activities.

(4) Efforts to develop a database of proven and best practices based on previous reconstruction and stabilization operations.

(5) A plan to coordinate the activities of agencies involved in reconstruction and stabilization operations.

SEC. 8. ANNUAL REPORTS TO CONGRESS.

Not later than 180 days after the date of the enactment of this Act and annually for each of the five years thereafter, the Secretary of State shall submit to the appropriate congressional committees a report on the implementation of this Act. The report shall include detailed information on the following:

(1) Any steps taken to establish a Response Readiness Corps and a Civilian Reserve Corps, pursuant to section 62 of the State Department Basic Authorities Act of 1956 (as added by section 5 of this Act).

(2) The structure, operations, and cost of the Response Readiness Corps and the Civilian Reserve Corps, if established.

(3) How the Response Readiness Corps and the Civilian Reserve Corps coordinate, interact, and work with other United States foreign assistance programs.

(4) An assessment of the impact that deployment of the Civilian Reserve Corps, if any, has had on the capacity and readiness of any domestic agencies or State and local governments from which Civilian Reserve Corps personnel are drawn.

(5) The reconstruction and stabilization strategy required by section 7 and any annual updates to that strategy.

(6) Recommendations to improve implementation of subsection (b) of section 62 of the State Department Basic Authorities Act of 1956, including measures to enhance the recruitment and retention of an effective Civilian Reserve Corps.

(7) A description of anticipated costs associated with the development, annual sustainment, and deployment of the Civilian Reserve Corps.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BERMAN) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

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

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

There was no objection.

Mr. BERMAN. Mr. Speaker, I yield myself 6 minutes.

Mr. Speaker, I want to first thank our colleague and friend from California, a valuable member of the Appropriations Committee, an individual who has always had a long-term interest in the issue of capacity building in our international relations effort, Congressman SAM FARR, who introduced this vitally important legislation and who has an unwavering commitment to restoring the strength and expertise of U.S. civilian agencies.

Since the end of the Cold War, the United States has been engaged in a stabilization or reconstruction operation once every 18 to 24 months. During the same period, the backbone of America's diplomatic and development might, the State Department and the U.S. Agency for International Development, has been substantially weakened by staff cuts, hiring freezes and consolidation.

Despite new hires, there are only 6,600 professional Foreign Service officers in the State Department. According to Secretary of Defense Gates, this is less than the personnel of one carrier battle group, and allegedly less than the number of active military band members.

Likewise, at a time when the United States is engaged in two massive stabilization and reconstruction efforts and countless other emergencies, USAID, America's premier development agency, barely has 1,000 Foreign Service officers. Compare that number to the height of the Cold War, when it had more than 4,500 Foreign Service officers with expertise in engineering, agricultural development, rule of law, and civil administration. In essence, we have created a situation where those who are best suited for complex stabilization missions simply aren't there.

Mr. Speaker, this personnel imbalance is unacceptable and dangerously shortsighted. Stabilization operations require expertise in smart skills, such as job creation, rule of law programs, fortification of police forces, and good governance training, which lies within America's civilian agencies. Amazingly, at a time we need to call on this expertise the most, the U.S. Government capacity for these skills is at its weakest.

We need look no further than Iraq to see the dangers of overburdening our military with stabilization and reconstruction activities for which they were not trained, nor for which they are best suited. As Secretary Gates aptly observed, ''Brave men and women in uniform have stepped up to the task, with field artillerymen and tankers building schools and mentoring city councils, usually in a language they don't speak. But it is no replacement for the real thing, civilian involvement and expertise.''

The U.S. needs experienced police officers to train local Iraqi counterparts. We need USAID personnel to assist with municipal administration, sewage treatment, banking, electricity, and thousands of other tasks. This bill aims to successfully address upcoming threats and prosecute the long-term fight against terror by fortifying the U.S. Government's civilian capacity to deal with instability, particularly in areas where terrorists thrive.

The Reconstruction and Stabilization Civilian Management Act of 2008 authorizes the establishment of a Readiness Response Corps to plug the gap regarding civilian capacity. The corps will include active and standby components composed of Federal employees, and a reserve component made up of civilian experts from State and local governments and nongovernmental organizations.

To effectively establish the corps, the bill includes several innovative personnel provisions which ensure that the State Department and other Federal employees will not be prejudiced by joining the corps and that the Secretary of State will have unambiguous authority to hire personnel appropriate for the corps, including experts from Federal, State and local agencies. The bill also authorizes the President to use up to $100 million in any given fiscal year for the purposes of furnishing assistance to stabilize and reconstruct a country or region at risk.

Finally, the bill codifies the establishment of an Office of the Coordinator for Reconstruction and Stabilization within the Department of State.

Mr. Speaker, we expect this bill to accomplish two key goals. In the short term, the bill will ease the burden on the Armed Forces by allowing the State Department to deploy civilians in crisis situations previously staffed by the military. In the long term, the bill will enable the U.S. Government to project ''smart power'' in situations that cry for such civilian expertise.

For these reasons, I thank my colleague, Mr. FARR, for introducing this legislation, and I urge all of my colleagues to support this legislation.

I reserve the balance of my time.

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

Mr. Speaker, I rise in strong support of H.R. 1084, the Reconstruction and Stabilization Civilian Management Act. I want to thank Chairman BERMAN; the gentleman from California (Mr. FARR), the author of the bill; and my dear friend, Mr. SAXTON, the lead Republican cosponsor of the legislation, for working to reach the bipartisan agreement before us.

The text we are considering today was finalized in consultation with the State Department and the White House. It provides the President and Secretary of State with the basic authorities they have been seeking for expanding reconstruction and stabilization activities in order to assist countries whose descent into internal crisis may endanger the national security interests of the United States.

The legislation formally creates and gives full legislative support to the 4-year-old office of the Coordinator for Reconstruction and Stabilization. It also provides the President with the authority to create a Federal Response Readiness Corps and a volunteer Civilian Reserve Corps, a proposal based on a December 2005 Presidential directive and which enjoys the support of a broad cross-section of U.S. agencies.

These new corps will work to prevent future conflicts overseas and ensure that we are better prepared to effectively address post-conflict scenarios in countries that are important to our Nation's security interests. The hope is that, by preorganizing and training qualified civilian personnel, any future reconstruction and stabilization operations can be better coordinated and

more effective in order to free up our Armed Forces to better focus on strategic military and security objectives.

It is important to note that the text before us provides these authorities in a limited, careful manner, subject to greater congressional oversight. In contrast with the original text and other proposed drafts, there are several things that today's suspension text does not do: It does not mandate specific funding levels, and limits funding authorities to a 3-year trial period, from fiscal year 2008 through 2010; it does not create additional budget drawdown authority for emergency peacekeeping assistance; it does not mandate a minimum number of Civilian Reserve Corps personnel; and it does not include special personnel authorities such as waivers to allow dual compensation of Federal retirees or an increase in the premium pay cap.

Although we are attempting to create a system that is better equipped to intervene more effectively in foreign crises, we are not intending to lower the threshold for U.S. involvement in such situations. This is not an invitation to ''nation building.'' For this reason, the amended text requires a Presidential national security interest determination and advance congressional notification before any deployment of the corps to a country in crisis.

□ 1045

We also intend that these activities be conducted in a transparent and fiscally responsible manner. Toward that end, the text includes an annual worldwide cap of $100 million on all reconstruction and stabilization assistance provided under the act.

In order to mitigate the potential domestic impact, the text we are considering today mandates that the Civilian Reserve Corps be staffed in a way that does not diminish the capacity of State or local governments from which the volunteers may be drawn. It also charges the Office of the Coordinator to avoid duplication with other U.S. foreign assistance activities. Finally, it requires enhanced reporting to Congress on the structure, operation and cost of core operations, their relations to other U.S. foreign assistance efforts, and any impact on U.S. domestic readiness and capabilities.

I am gratified that we are able to reach this compromise, and look forward to working together in the future to ensure the success of this and other U.S. foreign assistance programs. I urge my colleagues to support this bipartisan measure.

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

Mr. BERMAN. Mr. Speaker, I am pleased to yield 4 minutes to the chief sponsor of this legislation, the gentleman from California (Mr. FARR).

(Mr. FARR asked and was given permission to revise and extend his remarks.)

Mr. FARR. Mr. Speaker, I would like to thank Chairman BERMAN and Ranking Member ROS-LEHTINEN for their leadership and vision on this issue. I would also like to thank the Foreign Affairs Committee staff for their meticulous work. We have a better bill on the floor for it.

This legislation is important because future stabilization operations are going to rely on a different set of skills, different than we currently have. We talk about stabilization and peace building, but how exactly do you do that? That is what this bill is about.

It is a bill that allows the Secretary of State, working with the Secretary of Defense, to essentially bring the core of people that have the talent, have the linguistic talent, the knowledge talent, the experience of careers, to come together to form an emergency response team, much like we have in the domestic program with FEMA.

Even Secretary of Defense Gates has noted that future conflicts will be fundamentally political in nature and will require an application of all elements of national power, not just the Defense Department. On another occasion, Secretary Gates called for more resources to be given to our civilian agencies, so that they will have the civilian professionals capable of carrying out reconstruction and stabilization operations.

Why would the Secretary of Defense ask for more money to go to the State Department and to USAID? It is because he sees the future threats and our capacity to deal with them and understands that a safer and more secure and more peaceful world depends upon adequately funding our civilian agencies. He knows that the best way to avoid war is to stabilize countries by creating stakeholders for peace in those countries.

USAID, our foremost development agency, has the expertise, but lacks the manpower and regular training to conduct stabilization operations. With this bill, USAID will receive additional personnel to implement stabilization operations. The State Department will also be enhanced as it takes on the role of coordinator of these complex operations.

Again, I appreciate all the hard work that went into this bill to get it to the floor. I appreciate the strong backing from Secretary Gates and from Secretary Rice. I would also like to thank Congressman SAXTON, my colleague, for his stalwart support and his work on H.R. 1084. It is my earnest hope that improved American civilian capabilities will yield fewer and shorter conflicts and will build a more peaceful and prosperous world. In order to do that, I need your vote, and I ask for that for the betterment of America and the world.

Mr. BILIRAKIS. Mr. Speaker, I have no further speakers and I yield back the balance of my time.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 3 minutes to my colleague, the gentlewoman from California (Mrs. Davis).

Mrs. DAVIS of California. Mr. Speaker, I rise today in strong support of H.R. 1084. In today's security environment, it is absolutely essential that we authorize the creation of the Response Readiness Corps and Response Readiness Reserve within the State Department and USAID. This legislation is a vital step toward achieving a proper balance between civilian and military efforts in stabilization and reconstruction missions.

Iraq and Afghanistan have really highlighted a need for better interagency coordination and a more robust civilian capacity. As someone who went to Iraq early and saw a void of adequate civilian support, I know that we need to improve the civilian apparatus for future stability in reconstruction efforts. In Iraq and Afghanistan, we have relied on the military to act as diplomats, help build government capacity and conduct combat missions, all at the same time.

Simply put, stability and reconstruction have fallen too heavily on our military in recent years. Unable to tap into a viable, full-scale deployable civilian force, our great men and women have been asked to perform jobs outside of their area of expertise. Congress must, must do a better job of marshalling all elements of national power in support of U.S. goals abroad and ensure that future missions are not military-centric, but joint interagency efforts. Part of this effort must be greater capacity within civilian agencies, a bench to pull from when contingencies arise. This legislation by my friend from California will help do just that.

Congress must also be thinking about how to capture the skills and lessons learned from military personnel and civilians who have served on PRTs or other interagency projects in Iraq and Afghanistan. These individuals now have vital skills that could be used to help train Federal civilian employees deploying to zones of conflict.

Mr. Speaker, H.R. 1084 gets us on the right path, and I encourage all of my colleagues to support this legislation.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 3 minutes to a gentleman who has been very interested in this whole process of capacity building, the gentleman from Arkansas (Mr. SNYDER).

Mr. SNYDER. Mr. Speaker, people in Arkansas want to be safe and they want to feel safe. Everyone in America wants to be safe and have a strong national defense. National security means a strong military. National security also means that all the tools in our tool box must be available, including the capacity and availability of the civilian side of our government.

Mr. FARR has been leading this charge, along with Mr. SAXTON, and I appreciate the great work of Mr. BERMAN stepping into his new role, to bring forth this issue that all the tools of U.S. strength must be available. As Mrs. DAVIS was pointing out, we have a lot of work to do beyond this bill in terms of the coordination of all our different agencies.

I was talking to one of my constituents who is a civilian working in Iraq, and she said, You know, I sometimes think the differences in conflicts between the agencies of the U.S. Government are greater than the differences between us and the Iraqis. I think that really brings home the issues and challenges that we have.

But this bill today is a great step towards making sure that we have all the tools in our tool box that we need for our national security, and I applaud its passage today.

Mr. BERMAN. Mr. Speaker, before I yield back my time, I would like to include for the RECORD an exchange of letters regarding H.R. 1084 between the gentleman from California, the chairman of the Committee on Oversight and Government Reform (Mr. WAXMAN), and me.

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, March 4, 2008.

Hon. HOWARD L. BERMAN,
Acting Chairman, Committee on Foreign Affairs, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN BERMAN: I am writing to confirm our mutual understanding with respect to the consideration of H.R. 1084, the Reconstruction and Stabilization Civilian Management Act of 2008.

As you know, on February 27, 2008, the Committee on Foreign Affairs ordered H.R. 1084 reported to the House. The Committee on Oversight and Government Reform (Oversight Committee) appreciates your effort to consult regarding those provisions of H.R. 1084 that fall within the Oversight Committee's jurisdiction, including matters related to the federal workforce.

In the interest of expediting consideration of H.R. 1084, the Oversight Committee will not separately consider this legislation. The Oversight Committee does so, however, with the understanding that this does not prejudice the Oversight Committee's jurisdictional interests and prerogatives regarding this bill or similar legislation.

I respectfully request your support for the appointment of outside conferees from the Oversight Committee should H.R. 1084 or a similar Senate bill be considered in conference with the Senate. I also request that you include our exchange of letters on this matter in the Report by the Committee on Foreign Affairs on H.R. 1084 and in the Congressional Record during consideration of this legislation on the House floor.

Thank you for your attention to these matters.

Sincerely,

HENRY A. WAXMAN,
Chairman.

COMMITTEE ON FOREIGN AFFAIRS,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 4, 2008.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Oversight and Government Reform, Rayburn House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 1084, the Reconstruction and Stabilization Civilian Management Act of 2008, which authorizes the President to provide assistance to stabilize and reconstruct a country or region that is at risk of, in, or is in transition from, conflict or civil strife, and establishes a Response Readiness Corps and Civilian Reserve Corps to respond to such country or region.

I appreciate your willingness to work cooperatively on this legislation. I recognize that the bill contains provisions that fall within the jurisdiction of the Committee on Oversight and Government Reform. I acknowledge that the Committee will not seek a sequential referral of the bill and agree that the inaction of your Committee with respect to the bill does not prejudice the Oversight Committee's jurisdictional interests and prerogatives regarding this bill or similar legislation.

Further, as to any House-Senate conference on the bill, I understand that your Committee reserves the right to seek the appointment of conferees for consideration of portions of the bill that are within the Committee's jurisdiction, and I agree to support a request by the Committee with respect to serving as conferees on the bill (or similar legislation).

I will ensure that our exchange of letters is included in my Committee's report on the bill and in the Congressional Record during consideration on the House floor of H.R. 1084, and I look forward to working with you on this important legislation.

Cordially,

HOWARD L. BERMAN,
Acting Chairman.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in strong support of 1084, the Reconstruction and Stabilization Civilian H.R. Management Act of 2008, introduced by my distinguished colleague from California, Representative FARR.

This important legislation will amend the Foreign Assistance Act of 1961, the State Department Basic Authorities Act of 1956, and the Foreign Service Act of 1980 in order to build operational readiness for civilian agencies.

Since the end of the cold war, the United States has consistently been engaged in stabilization or reconstruction operation at the average interval of once every 18 to 24 months. However, despite the United States' ever increasing stabilization efforts around the world, U.S. Agency for International Development, USAID), the most significant dipolmatic and development organ of the United States Government, has been substantially weakened due to staff cuts, hiring freezes, and consolidation. This is absolutely unacceptable.

In a time where the U.S. has mounted a global war on terror, arguably destabilizing more regions than not, it is imperative that American diplomatic missions reflect American global involvement. This important legislation authorizes the Secretary of State, in consultation with the Administrator of USAID, to establish a Response Readiness Corps to provide stabilization and reconstruction activities in foreign countries or those with expertise in engineering, agricultural development, rule of law, and civil administration required for the complex stabilization missions of today are simply not there. At a time regions that are at risk, in, or are in transition from, conflict or civil strife (up to 250 personnel to serve in the Corps, and such other personnel as the Secretary may designate from the Department and USAID).

I have said time and time again that what the United States needs is a new diplomatic offensive, a diplomatic surge. That being said, there are only 6,600 professional Foreign Service officers today in the State Department. According to Secretary of Defense Robert Gates, the number of professional Foreign Service officers is less than the personnel of one carrier battle group. In a time when the United States is engaged in two massive stabilization and reconstruction efforts and countless other emergencies, USAID has less than 1,000 Foreign Service officers, as opposed to during the height of the Cold War when there were more than 4,500 Foreign Service officers. In essence, we have created a situation where those with expertise in engineering, agricultural development, rule of law, and civil administration required for the complex stabilization missions of today are simply not there. At a time when we need to call on this expertise the most, the U.S. Government capacity for these skills is at its weakest.

This legislation seeks to alleviate some of this total lack of diplomatic and developmental capacity. The aim of this bill is to successfully address upcoming threats and prosecute the long-term fight against terror by fortifying the United States Government's civilian capacity to deal with instability, particularly in areas where terrorist and terrorism thrive. This legislation will authorize the Secretary to establish a Readiness Response Corps in order to alleviate the gap in civilian capacity. This Corps will include active, as well as standby, components composed of Federal employees. Furthermore, it includes a reserve component consisting of civilian experts from State and local governments as well as non-governmental organizations.

The current American diplomatic and developmental strategy simply does not sufficiently meet the needs of today's world. This bill will amend the Foreign Assistance Act of 1961 to authorize the President to transfer or reprogram up to $100 million in any given fiscal year for the purposes of furnishing assistance and permitting the export of goods and services to assist in stabilizing and reconstructing a country or region that is in, or is in transition from, conflict or civil strife. It also amends the State Department Basic Authorities Act of 1956 in order to establish within the Department of State an absolutely essential Office of the Coordinator for Reconstruction and Stabilization.

I strongly support this legislation that will ease the burden on the Armed Forces by allowing the State Department to deploy civilians in crisis situations previously staffed by the military. Our men and woman in uniform have accomplished what we asked them to do and it is time that the U.S. Government responsibly and appropriately addresses the stabilization and reconstruction situations that persist, despite our inaction, throughout the world. I urge my colleagues to join me in supporting this extremely important and timely piece of legislation.

Mr. BERMAN. 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 California (Mr. BERMAN) that the House suspend the rules and pass the bill, H.R. 1084, as amended.

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

A motion to reconsider was laid on the table.

SUPPORTING TAIWAN'S FOURTH DIRECT AND DEMOCRATIC PRESIDENTIAL ELECTIONS IN MARCH 2008

Mr. BERMAN. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 278) supporting Taiwan's fourth direct and democratic presidential elections in March 2008, as amended.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 278

Whereas the United States and Taiwan share common ideals and a clear vision for the 21st century, where freedom and democracy are the foundations for peace, prosperity, and progress;

Whereas Taiwan has dramatically improved its record on human rights and routinely holds free and fair elections in a multiparty system, as evidenced by Taiwan's first democratic presidential election in 1996, second in 2000, and third in 2004;

Whereas the democratic and open presidential elections in 2000 mark the first transfer of power from one party to another in Taiwan's history;

Whereas Taiwan has demonstrated its unequivocal support for human rights and a commitment to the democratic ideals of freedom of speech, freedom of the press, rule of law, and free and fair elections routinely held in a multiparty system;

Whereas Taiwan is one of the strongest democratic allies of the United States in the Asia-Pacific region;

Whereas it is United States policy to support and strengthen democracy around the world;

Whereas, with its stable democratic system and impressive economic prowess, Taiwan stands apart from many equally young democracies whose freedom and liberty have been severely challenged; and

Whereas the United States Congress has organized congressional delegations to witness the electoral process in thriving democracies, including elections in Taiwan: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of the Congress that—

(1) the United States Government should reaffirm its unwavering commitment to Taiwan's democracy and security; and

(2) international delegations should be encouraged to visit Taiwan for the purpose of witnessing the presidential elections in March 2008.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BERMAN) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

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

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

There was no objection.

Mr. BERMAN. Mr. Speaker, I rise in strong support of this resolution, and yield myself 5 minutes.

I would like first to thank the ranking member of the full committee, Ms. ROS-LEHTINEN, for introducing this important resolution.

The United States' relationship with Taiwan speaks to the great importance of democracy in our foreign policy. Over the past 60 years, the U.S.-Taiwan relationship has undergone dramatic changes, but it is Taiwan's development of democracy that underpins the strong U.S.-Taiwan friendship we enjoy today.

Initially our relations were defined by a shared strategic purpose of containing the spread of communism in Asia. This Cold War imperative served our strategic goals, but compelled us to cooperate with an authoritarian dictatorship in Taipei that failed to respect basic human rights. With the normalization of relations with Beijing in 1973, the Cold War's strategic landscape changed, and, over time, could have threatened to diminish the importance of the U.S.-Taiwan partnership. But Taiwan's commitment to democracy prevented such a split.

As the PRC liberalized and opened up to the world economically, Taiwan's political system evolved from authoritarianism to one of the strongest democratic systems in Asia, and in the process the U.S.-Taiwan relationship transformed from one based solely on shared interest to one based on shared values.

Today Taiwan is a flourishing, multiparty democracy that respects human rights, upholds the rule of law and holds competitive elections, including presidential elections in 1996, 2000, and 2004. This remarkable political evolution proves beyond any doubt that the notion of ''Asian values,'' which was used to justify one man or one party rule, is a complete fallacy. Democracy, freedom and human rights are universal values to which all human beings aspire.

This resolution recognizes Taiwan's strong democratic system by supporting Taiwan's fourth democratic presidential election, which will take place in March of this year, and by encouraging delegations from around the world to visit Taiwan to witness the election process.

□ 1100

It is important to note, however, that this resolution should not be construed as taking a position on the referendum regarding Taiwan's membership in the United Nations under the name Taiwan, which is also being held in conjunction with the presidential election. The purpose of this resolution is to honor the U.S.-Taiwan friendship by celebrating Taiwan's democracy. I strongly support this resolution and encourage my colleagues to do the same.

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

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

I would also like to thank Ranking Member ROS-LEHTINEN for authoring this great piece of legislation, the resolution.

I would like to take this opportunity also to offer our varied Asian American communities, Taiwanese, Chinese, Vietnamese, Korean, and Singaporean, belated wishes for good fortune in the lunar new year which began last month. I wish all these communities health, long life, and prosperity as they welcome the Year of the Rat, a year which brings hard work, activity, and renewal. We also expect hard work and much activity in the months ahead in what promises to be a dynamic 2008.

Taiwan faces a very competitive campaign in the next 2 weeks before the March 22 presidential election. No one is able to predict the final outcome. That in itself is an indication of a thriving democracy.

Those skeptics who once said that democratic values would never thrive in a Chinese cultural context need to look no further than Taiwan. Free and fair elections in Taiwan bear a significance which reaches far beyond the shores of one island.

Taiwan, through its maturing democratic institutions, stands as a shining example for other Asian states struggling with the introduction of representative forms of government and the rule of law. Taiwan's free elections, however, have the greatest impact on those who are still yearning to breathe free in the vast Chinese mainland just across the narrow Taiwan Strait.

Taiwan's young democracy faces constant military threat and intimidation from neighboring China. Yet in spite of these belligerent threats and the constant saber-rattling by Beijing, Taipei has continued to stand tall for freedom. Taiwan's evolving and dynamic democracy serves as a beacon of hope for those still suffering under oppression in the Communist Chinese mainland.

Taiwan's democracy is a torch which shines ever brighter, far outshining the Olympic torch of the Chinese regime which hopes this year to use sports to achieve propaganda victory. Freedom shines brighter than any medal, Mr. Speaker.

Today, I ask my colleagues to join me in giving their strong, enthusiastic support to this resolution which welcomes Taiwan's fourth direct and democratic elections as part of our ongoing efforts to promote democracy around the world and in the Asian region in particular. I wish the people of Taiwan continued peace, prosperity, and liberty in this Year of the Rat, and in the years and decades ahead.

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

Mr. BERMAN. Mr. Speaker, I am pleased to yield to my friend from American Samoa, the chairman of the Asian Subcommittee, Mr. FALEOMAVAEGA, 5 minutes.

(Mr. FALEOMAVAEGA asked and was given permission to revise and extend his remarks.)

Mr. FALEOMAVAEGA. Mr. Speaker, last month the House Foreign Affairs

Committee marked up House Concurrent Resolution 278, and I would like to thank the distinguished chairman of the House Foreign Affairs Committee, Mr. BERMAN, and also our senior ranking member, Ms. ROS-LEHTINEN, for agreeing to removal of certain language suggesting that the People's Republic of China is currently threatening or intimidating Taiwan as it seeks to hold democratic elections.

Mr. Speaker, I visited Taiwan twice in the past year, and most recently in November I met with their President and Premier and even their presidential candidates. I can assure my colleagues that elections are in full swing in Taiwan with no intimidation from the People's Republic of China. In fact, quite the opposite. Taiwan's current administration has hung signs and posters on government buildings, including the presidential palace, urging Taiwan's accession to the United Nations, a policy which the United States does not support and which this administration also opposes.

Mr. Speaker, I appreciate Chairman BERMAN's comments before the House Foreign Affairs Committee in marking up this resolution, and I quote, ''Passage of this bill should not be construed as taking a position on the referendum regarding Taiwan's membership in the United Nations, which the Government of Taiwan plans to hold in conjunction with the election.''

I would like to associate myself with Chairman BERMAN's position and remarks as, again, this administration has made it clear that it does not support a vote on the referendum being held in conjunction with the election.

Mr. Speaker, Taiwan has come a long way. It was only until 1996 that they had their first elected President of the people of Taiwan. Taiwan ranks among the top 10 of our trading partners of the world and, ironically, Taiwan currently holds a $100 billion trade relationship with the People's Republic of China. Many people don't realize this.

Given the nature of this debate, Mr. Speaker, it is my intent to be in Taiwan this month to monitor or to observe the upcoming elections. I think it is important for Members to observe firsthand the process and meet the leaders in Taiwan and Beijing before being so quick to condemn the People's Republic of China.

Mr. Speaker, while Hong Kong is a different case, we should not forget that it was China, not Britain, that wrote into the Basic Law of Hong Kong provisions for Hong Kong to hold democratic elections ultimately based on universal suffrage.

I support Taiwan's right to hold democratic elections which started, as I said earlier, about 10 years ago; but I do not believe it will be in the best interest of our country to support the position of Taiwan's current administration which has attempted to push for independence, which is contrary to the U.S. position on one China, two systems. Whatever political relationship Taiwan and China want to work out peacefully, I believe that this is what we should also be supporting. Therefore, in no way should passage of this resolution be construed to be anything than what it is. This is a resolution to congratulate Taiwan's efforts to build a greater foundation for democracy and its upcoming presidential elections. It is my understanding that the U.S. does not and should not take a position on which candidate the people of Taiwan should elect. It is up to the people of Taiwan to determine who will best represent their interests, and we will support the will of the people.

Mr. BILIRAKIS. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. CHABOT), the ranking member of the Committee on Small Business and a longstanding friend of Taiwan.

Mr. CHABOT. I thank the gentleman for yielding.

I rise as one of the founding members of the Congressional Taiwan Caucus, and I also want to thank the gentlelady from Nevada, SHELLEY BERKLEY, for her leadership in that capacity as well, as well as our colleagues ROBERT WEXLER and DANA ROHRABACHER who are the other founding members.

I most recently traveled to Taiwan this last January, the week prior to the Legislative Yuan Elections, and I rise in support of House Resolution 278, a resolution recognizing Taiwan's fourth direct democratic presidential election to be conducted later this month. This resolution sends the right message at the right time.

As one of the very few democracies in Asia, Taiwan should be recognized for its courage and commitment to allow its citizens to choose its future. It is a democracy that maintains a multiparty political system, and one that recognizes and respects individual liberty and human rights.

Just across the Taiwan Strait is the People's Republic of China. It most certainly is not a democracy. It maintains an abysmal human rights record. It does not recognize the rule of law. It practices religious persecution. It warehouses political prisoners. It carries out a coercive abortion policy. And it has more than 800 missiles pointed directly at Taiwan. It is against this backdrop that Taiwan forges on with its elections.

I am disappointed that the stronger language contained in the introduced version of the bill, which referenced the acts of intimidation and pressure by China, were eliminated. It is better to speak the truth rather than to worry about offending China's sensitivities. Intimidation, pressure, and outright bullying will not go away by ignoring it or by being silent about it.

Notwithstanding this concern, I am supportive of the resolution, and I would urge its passage today.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 2 minutes to the gentlelady from Nevada (Ms. BERKLEY).

Ms. BERKLEY. Mr. Speaker, I congratulate the chairman for obtaining this position. I know he is going to do a remarkable job.

Mr. Speaker, I rise in support of this resolution and in support of a United States ally and a fellow democracy.

For over 50 years, Taiwan and the United States have enjoyed a strong political and economic partnership. In the last two decades, we have watched Taiwan blossom into one of the world's leading democracies, holding a number of open, fair, and internationally approved elections. Its constitution guarantees fundamental freedoms and civil liberties, and ensures all citizens have a voice in local and national affairs.

Mr. Speaker, in an age of terrorism and political violence, it is absolutely imperative that the United States stand up for and stand with peaceful and free countries around the globe. We must make certain that our fellow democracies can determine their own destinies at the ballot box without fear of attack or violence.

This resolution calls on our government to reaffirm its unwavering commitment to Taiwan's democracy and security. One way for us to do this is to support this election and avoid being seen as taking sides. Only by standing firmly with a democratic Taiwan can we uphold the principles, our principles, of promoting peace and democracy worldwide. I urge support for this resolution.

Mr. POE. Mr. Speaker, today the House considers a timely resolution supporting Taiwan's fourth direct and democratic presidential elections which will take place in just a few weeks. I am pleased to be a cosponsor of this resolution.

In 1979, Congress passed the Taiwan Relations Act, which caused our Government to consider Taiwan in nearly all respects a sovereign partner. President Ronald Reagan reinforced this stance in 1982 when he publicly reiterated the US position regarding Taiwan's sovereignty. Since that time, the United States and Taiwan have enjoyed increasingly close relations, and our two countries maintain a strong strategic alliance. Today Taiwan remains one of the strongest democratic allies of the United States in the Asia-Pacific region.

The United States and Taiwan share a common vision of freedom and democracy. Since Taiwan's first democratic presidential election in 1998, Taiwan has successfully held routine, free, and fair elections in a multiparty system. As a beacon of democracy in the Asia-Pacific region, Taiwan deserves recognition and support from the United States.

I am pleased to rise in strong support of Taiwan's continued commitment to democratic elections. Now is the time for the United States to reaffirm its unwavering commitment to Taiwan's democracy and security. For an ally that shares our values of freedom, security and prosperity, we can do nothing less.

And that's just the way it is.

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

Mr. BERMAN. 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 California (Mr. BERMAN) that the House suspend the

rules and agree to the concurrent resolution, H. Con. Res. 278, as amended.

The question was taken.

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

Mr. BILIRAKIS. 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 motion will be postponed.

CONDEMNING THE ONGOING PALESTINIAN ROCKET ATTACKS ON ISRAELI CIVILIANS

Mr. BERMAN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 951) condemning the ongoing Palestinian rocket attacks on Israeli civilians, and for other purposes, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 951

Whereas more than 4,000 rockets and mortar shells have been fired at Israel from the Gaza Strip by Hamas and other terrorist organizations since Israeli forces withdrew from there in 2005;

Whereas, since January 1, 2008, terrorists have fired nearly a thousand rockets and mortar shells into Israel;

Whereas the near-daily rocket fire has been targeted primarily and intentionally at civilian communities in Israel, such as Sderot and Ashkelon, making life in such areas agonizing;

Whereas the terrorist rockets have hit homes, schools, buildings, roads, power lines, and other such infrastructure in Israel;

Whereas these unprovoked rocket and mortar attacks have murdered over a dozen Israelis, inflicted hundreds of casualties, produced thousands of cases of shock and post-traumatic stress, especially among children, and caused severe disruption of daily life;

Whereas these deliberate cross-border rocket and mortar attacks on civilian populations constitute a blatant violation of human rights and international law;

Whereas those responsible for launching rocket attacks against Israel routinely embed their production facilities and launch sites amongst the Palestinian civilian population, utilizing them as human shields;

Whereas intentionally targeting civilian populations and the use of human shields violates international humanitarian and human rights law;

Whereas numerous reports have cited the copious amounts of sophisticated weapons, small arms, and weapons manufacturing materials that have been smuggled into Gaza through Egypt;

Whereas public reports have cited the role of Iran and Syria in providing material support and training to those carrying out rocket and other terrorist attacks from Gaza;

Whereas public reports have referenced the increased flow of ammunition, explosives, and higher-grade weapons into the Gaza Strip as a result of Hamas' breach of the 12-kilometer security fence separating Gaza from Egyptian Sinai on January 23, 2008;

Whereas it was reported that after the breach of the Egyptian-Gaza border, many Palestinian terrorists who had trained in Syria and Iran returned to Gaza;

Whereas the fielding and use of longer-range rockets by Hamas and other terrorist organizations to reach larger Israeli cities represents a dangerous expansion of the organizations' offensive capabilities and an escalation of the terrorist attacks on Israel;

Whereas the Government of Israel's military operations in Gaza only target Hamas and other terrorist organizations;

Whereas the inadvertent inflicting of civilian casualties as a result of defensive military operations aimed at military targets, while deeply regrettable, is not at all morally equivalent to the deliberate targeting of civilian populations as practiced by Hamas and other Gaza-based terrorist groups; and

Whereas the situation in the Gaza Strip remains a threat to international security and regional stability: Now, therefore, be it

Resolved, That the House of Representatives—

(1) strongly condemns—

(A) Hamas, which controls Gaza, and other Palestinian terrorist organizations for the ongoing rocket attacks on Israeli civilians and continued human rights violations;

(B) state sponsors of terror, such as Iran and Syria, for enabling Palestinian terrorist organizations to carry out attacks against innocent Israeli civilians; and

(C) the use of innocent Palestinian civilians as human shields by those who carry out rocket and other attacks;

(2) expresses condolences to the families of the innocent victims on both sides of the conflict;

(3) supports the sovereign right of the Government of Israel to defend its territory against attacks;

(4) expresses sympathy and support for innocent Palestinian civilians who reject all forms of terrorism and desire to live in peace with their Israeli neighbors but who continue to be utilized as human shields by terrorist organizations;

(5) considers rocket attacks against Israel and the fostering of terrorism in the Palestinian territories as direct and serious impediments to the achievement of Israeli-Palestinian peace;

(6) calls on the President to—

(A) direct the United States Permanent Representative to the United Nations to introduce a resolution within the United Nations Security Council condemning Palestinian rocket and other attacks against innocent Israeli civilians; and

(B) direct the Secretary of State to raise this issue in all applicable bilateral and international fora;

(7) calls on responsible countries and United States allies in the Middle East to officially and publicly condemn Palestinian rocket attacks and other terrorist actions against Israel; and

(8) reaffirms the strong and unyielding friendship between the Governments and the people of Israel and the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BERMAN) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

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

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

There was no objection.

Mr. BERMAN. Mr. Speaker, I rise in strong support of this resolution and I yield myself as much time as I may consume.

Mr. Speaker, when this resolution came before the Foreign Affairs Committee last week, the situation in Gaza was deteriorating, and that deterioration continued apace. We have since amended this measure to reflect the latest facts, but the fundamental realities remain the same: Israel has a right to exist free from terror. Terrorist Hamas, which controls Gaza, does not accept this right. The United States will now and always stand firmly by Israel's side, committed to its survival; and we oppose all forms of terrorism and incitement meant to undermine the quest for peace.

Nearly every day, shrapnel-filled rockets launched from Gaza rain down on Israeli communities, shocking the residents with their explosive power and expanded range. Israel has answered the deadly downpour by placing pressure on the Hamas leadership and their henchmen who launch these missiles. But because these thugs cravenly place the men, women, and children in Gaza in harm's way by using civilian communities as a base, counterstrikes have lamentably caused civilian injuries and deaths, along with the deaths of the terrorists.

□ 1115

The casualties are far too numerous, since even one innocent life lost is one too many.

And so, as we show our support with this resolution for the people of Israel, we also express our sympathy with the overwhelming majority of Gazans who only want a decent life but whose terrorist leaders have contemptuously sentenced them to mayhem.

In August 2005, the Israeli Government removed all Jewish settlements from the Gaza Strip and evicted Israeli families from their homes in hopes of injecting life into a moribund peace process. Israel's hope, and the hope of all who wish for peace in the region, was that Gaza would prove to be the fertile ground from which Palestinian statehood would emerge.

But since that time, Hamas has seized control of Gaza. It responded to good-faith efforts at peace not with reciprocal concessions or conciliatory gestures but with a relentless terrorist offensive.

In more than 2 years of rocket attacks, Israel has suffered countless casualties, including more than a dozen deaths, and serious damage to property and infrastructure. But perhaps worst of all has been the untold psychological trauma and interruption of all aspects of daily life. Reportedly, 90 percent of the children in the community of Sderot have suffered from post-traumatic stress syndrome. The beachside city of Ashkelon, until recently out of range for the simple rockets that Hamas could muster, has now been

slammed by more than a dozen sophisticated missiles, next to the city hall, in the marina, leaving craters and shattered lives all around. This is a city of 120,000 people. The range of the rockets is increasing, and if the terrorists are not stopped, we all know that casualties likewise will increase.

For now the attacks are continuing unabated, and they are destroying what hopes remain of an Israeli-Palestinian peace. That is why this resolution unambiguously recognizes and reaffirms Israel's sovereign right to defend its citizens and territory.

We need also to recognize that Hamas and other Palestinian terrorist groups are not operating in a vacuum. They rely on the material and logistical support of nations like Iran and Syria. The international community must condemn Iranian and Syrian behavior and take all possible steps to halt it.

Much of the material for these rockets is smuggled into the Gaza Strip through Egyptian territory. We must prevail upon our friend Egypt, which has made invaluable contributions to peace in the years past, to do much more to end this smuggling.

This resolution therefore calls on all nations, including Egypt, to take affirmative, transparent and verifiable steps to stop the flow of rockets and related materials to the Palestinian territories.

Mr. Speaker, we can only condemn the policy of Hamas and its supporters to continue the brutal, cynical, and unprovoked attacks on Israel, and we must recognize this policy for the terrorist crime it is.

I commend the gentleman from New Jersey (Mr. GARRETT) for introducing this resolution, and his cosponsors as well, and I urge my colleagues to vote ''aye.''

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

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

Mr. Speaker, I rise today in strong support of H. Res. 951, which does not merely condemn the ongoing Palestinian rocket attacks on Israeli civilians, but also clearly articulates that the United States stands shoulder to shoulder with the people of Israel in their time of need.

Since the inception of the Palestinians' latest war against Israel, which started in September of 2000, Palestinian suicide bombers have struck at crowded buses, hotels, cafes, and other civilian targets, shedding innocent blood in Jerusalem, Tel Aviv, and other communities.

Additionally, during the war in Lebanon during the summer of 2006, Hezbollah rockets rained down on Israeli civilian populations, claiming dozens of innocent lives. And then, Mr. Speaker, there is Sderot and other Israeli communities bordering Gaza where every day ordinary people must cope with the fear that a rocket could fall at any moment, killing or maiming them and their loved ones.

Last month, as the international press covered a Palestinian demonstration against Israel, Hamas and other Palestinian jihadist groups launched rockets that struck Sderot and elsewhere. The scene was terrifying. A father of four died of shrapnel wounds after a rocket struck his car, and a 10-year-old boy lay severely injured after being struck in a supermarket as his 8-year-old sister tried to comfort him. These are just a few instances of Israeli suffering in the border communities broadcast internationally, but the trauma endured by innocent Israeli civilians in such attacks has been ongoing and extensive.

The psychological impact from continued rocket attacks has affected all segments of the population. However, the brutal impact has been most vivid on the Sderot children. Reports indicate that almost one-third of the people between the ages of 4 and 18 have suffered post-traumatic stress disorder, and I have spoken to some children that were under this situation. Many more exhibit feelings of severe anxiety and feelings of helplessness that warn of more serious problems to come. And, Mr. Speaker, the rockets continue to fall.

With the help of Iran and Syria, Hamas and its accomplices are developing, acquiring, and firing rockets with longer range, more accurate lethality. It is an unfortunate situation, Mr. Speaker, and we have to do something. Yet, even though Palestinian extremists continue to target innocent men, women, and children in clear violation of international law, the response of other nations and other international bodies, such as the United Nations, has often been openly hostile to the Israelis, the very people under attack.

In multiple U.N. forums, not a word is uttered about the Hamas rockets falling from the sky, and Israel is denounced for inflicting suffering on Gaza when it defends itself against those who attack its citizens, including through an economic blockade, a blockade which does not apply to food, medicine, and other vital necessities.

While the European Union earlier this week denounced Israel's actions against those who launch rockets against the Israeli people, it said next to nothing about the countless Israeli victims of Palestinian violence. Therefore, Mr. Speaker, it is vital that Congress takes a stand against this double standard.

This resolution states that the Palestinian extremists behind the rocket attacks against Israeli civilians are in clear violation of international humanitarian standards as they not only brutally target civilian populations, but use peace-loving Palestinian civilians as human shields against Israel's self-defense measures.

Furthermore, this resolution calls on the President to direct the U.S. permanent representative to the U.N. to introduce a resolution at the U.N. Security Council condemning Palestinian rockets and other attacks against innocent Israeli civilians and direct the Secretary of State to raise this issue in all applicable bilateral and international fora.

Finally, this resolution sends a message to the very people under daily attack by these rockets, our Israeli friends and allies, that the Congress of the United States stands firmly behind them in their struggle against Palestinian extremists. Mr. Speaker, I strongly urge my colleagues to support this critical resolution.

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

Mr. BERMAN. Mr. Speaker, I am pleased to yield 2½ minutes to the gentlewoman from Nevada (Ms. BERKLEY).

Ms. BERKLEY. Mr. Speaker, I thank the gentleman for yielding and thank him very much for his leadership on this important issue.

Mr. Speaker, in the summer of 2005, Israel voluntarily withdraw from the Gaza Strip. Making incredibly painful concessions, the Israeli Government forced its own citizens to abandon their homes, businesses, and synagogues in Gaza in the hope that the Palestinians would use this opportunity to build a functioning state, to demonstrate that they were capable of self-governance.

Instead, Hamas burned down those homes and businesses and used Gaza as a missile launching pad to attack Israelis who live on undisputed Israeli territory. Hamas does not want a Palestinian state. Its mission is to destroy Israel. That is painfully clear.

First, it was Sderot, just a few kilometers from the Gaza, a constant barrage of short-range, imprecise missiles falling indiscriminately and occasionally hitting a school or a home or a child in Sderot.

Now Hamas has longer range missiles acquired from Iran, and they have now hit Ashkelon, a thriving city of 120,000 men, women, and Israeli children. What next? Tel Aviv? Jerusalem? How many Israelis have to die before Israel is justified in defending its citizens?

Instead of applauding Israel for standing up to Hamas, the world denounces this democracy at every turn. When the Israelis finally cut off, after much provocation and extraordinary constraint, cut off the water and electricity to Gaza in an effort to weaken Hamas' grip, the world called it a human rights violation. And when Israel goes after Hamas, a terrorist organization that purposely puts its own civilians in harm's way and has vowed to destroy Israel, they are called war criminals. Abu Mazen likened Israel's action to the Holocaust. Abu Mazen is a Holocaust denier, and he has the audacity to liken survival of the State of Israel to the Holocaust? What nation in the world provides electricity and water to its enemy so they can lob missiles back at them?

Mr. Speaker, I applaud the Israeli Government for standing up to Hamas and for doing what every state would

do in their position: defend their citizens. And I find it astonishing that the United States Congress must periodically affirm Israel's right to exist and Israel's right to defend itself against terrorist attacks. I urge support for this resolution.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. CHABOT).

Mr. CHABOT. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of H. Res. 951, a resolution condemning the ongoing Palestinian rocket attacks on the people of Israel.

When Israel withdrew from Gaza back in 2005, there was hope that this was an opportunity for peace. Sadly, this has not been the case. Instead, Hamas and other terrorist groups, with the support of Iran and Syria, have fired more than 4,000 rockets and mortar shells into Israel from Gaza, killing, maiming, and traumatizing innocent Israeli civilians. This unprovoked disregard for human life must be condemned in the strongest possible terms.

I support passage of this resolution, H. Res. 951, and urge my colleagues to do so as it supports the sovereign right of Israel to defend its territory and stop the rocket attacks on its citizens. It further calls on all nations, including Egypt, to take affirmative steps to stop the flow of rockets and other materials and equipment used by terrorists into Gaza and other Palestinian territories. Finally, it reaffirms the strong and unyielding friendship between the governments and the people of Israel and the United States.

Mr. BERMAN. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from New York (Mr. ENGEL), the chairman of the Western Hemisphere Subcommittee.

Mr. ENGEL. Mr. Speaker, I rise in strong support of H. Res. 951. I am the lead Democrat on the resolution, and I am proud to be the lead Democrat, and I am glad it is a bipartisan resolution.

This resolution condemns the Palestinian rocket attacks on civilians in the south of Israel and supports Israel's right to self-defense. I ask my colleagues: When are these horrendous, unprovoked attacks going to stop?

□ 1130

Last week a student at Sapir College in Sderot was killed, and one other person wounded by shrapnel after a Kassam rocket fired from the Gaza Strip by Palestinians hit the western Negev campus. The rocket that struck the college's parking lot was one of a barrage of six fired 1 week ago, two of which landed in Sderot.

I've been in Sderot. It is a good town. There are good people there, and they live in fear.

According to the Jerusalem Post, a total of 22 Kassam rockets were launched in the south of Israel on that day from the Gaza Strip. In fact, Mr. Speaker, more than 4,000 rockets and mortars have been fired at Israel from Gaza since Israel withdrew in 2005. And my colleagues have mentioned that Israel withdrew from Gaza in 2005. People say there should be land for peace in the settlement. Well, Israel gave up land, didn't get peace. It's not land for peace, it's land for war, and it's got to stop.

Today, longer range Palestinian rockets are hitting larger Israeli cities, representing a serious escalation in Hamas' terror war against Israel. The Hamas rockets simply continue the pattern of indiscriminate attacks on innocent men, women and children, which has been the strategy of the Palestinian terror groups for decades. They represent a blatant violation of human rights and international law by intentionally targeting civilian populations and using human shields to hide the rockets.

I am further concerned by the source of these weapons of terror. Published reports indicate that Iran and Syria have provided material support and training to those carrying out the rocket attacks. I was pleased to be the author of the Syria Accountable Act, and we must make sure that Syria is held accountable, and Iran as well.

The world stood with the U.S. after the terrorist attacks of September 11, and we must strongly support our friend and ally, Israel, at this time. The people of Israel must know that we will stand shoulder to shoulder with them as they seek to defend themselves against the terror.

It is important to point out that Israel's military response has been carefully calibrated to halt the rocket fire, surgically eliminate the terrorists firing the rockets, and ensure the safety of Israeli citizens, while at the same time making every effort to limit Palestinian civilian casualties. In this, the Israelis have my full support.

Finally, Mr. Speaker, H. Res. 951 takes a firm stand against the Palestinian rocket attacks and condemns Hamas and other Palestinian terrorist organizations carrying out the terrorism. It holds Syria and Iran responsible for their roles enabling the terrorist organizations and offers America's strong support to our ally, Israel, as it responds in self-defense.

Mr. Speaker, rocket attacks against Israel must end. We must support this resolution.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. SHAYS).

Mr. SHAYS. Mr. Speaker, I rise in support of H. Res. 951, sponsored by Congressmen GARRETT and ENGEL, condemning the rocket attacks on innocent Israelis in Sderot and Ashkelon.

Israel is our greatest ally and our best friend. Our nations share a strong commitment to freedom and democracy. We have worked together in confronting the serious and very real threat posed by Islamist terrorists.

The tensions and violence between Israelis and Palestinians have gone on far too long. Hamas, a violent terrorist organization, has squandered every opportunity to demonstrate it can coexist peacefully with Israel by promoting suicide bombings on innocent civilians and by firing thousands of rockets into neighboring Israeli cities.

The terrorist attacks on Israeli citizens are no different than the cowardly attacks on the World Trade Center and Pentagon. Clearly, Israel has the right and the obligation to defend its citizens and status as a nation.

Unless Hamas recognizes the State of Israel, ceases incitement, and permanently disarms and dismantles its terrorist infrastructure, the United States cannot work with this terrorist government, nor can Israel.

Israel has the right to exist free from terror. Its people, who can never and will never forget Hitler's Germany, have every right to expect the world will uniformly condemn Hamas.

I urge the resolution's adoption and thank the gentleman from California (Mr. BERMAN) for bringing this to the floor.

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

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. CANTOR).

Mr. CANTOR. Mr. Speaker, I commend those sponsors of the bill who brought this piece of legislation to the floor. And I rise to recount a story that I was told in August when I was in Israel with several of our colleagues. We visited a young family who was then living in Sderot. And the mother told a story about the pain that her children are living through and about the requirement that her kids now understand that wherever they go throughout their day, they must first know where the safe room is because they will know ultimately that rocket will sound and the kids will have to scurry to safety.

But what touched me the most about the story of this young family was the mother, again, explained how 2 years ago they uprooted their family from Gush Katif, a community in the south of Gaza when Israel pulled out of the Gaza Strip. And it was then that her children asked her, why, Mother? Why do we have to do this? And she explained to the children that they have to do this to give peace a chance so that they and the people of Israel could live in peace and live a normal life. And now where are they?

Clearly, a contagion of fear has spread across their community. But they should ask, what is it that they've done wrong to live under these kind of conditions?

And frankly, whatever conclusion the world comes to, we know now that the only crime they've committed is trying to live in freedom in a Jewish state. And that is what Hamas is going after, because for Hamas and their terrorist allies, the primary objective is to destroy Israel.

But important to all of us in this Congress is the fact that what befalls

Israel in its struggle against Hamas, its rockets and other attacks have severe implications for us in America and the rest of the civilized world. The Israeli people are squaring off against an arm of the radical Islamic movement that includes al Qaeda in Iraq, al Qaeda in northwest Pakistan and Afghanistan, as well as Hezbollah in Iran. Hamas' success and ability to win sympathy from the world will only motivate and encourage these various movements.

So, Mr. Speaker, as the United Nations engages in its denunciation of Israel's acts of defense, we in America must unite in solidarity with our only democratic ally in the Middle East, Israel.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, more than 4,500 rockets and mortar shells have been fired at Israel from the Gaza Strip by Hamas and other terrorist organizations since Israeli forces withdrew from there in 2005.

Nearly 1,000 of these rockets and mortar shells have been launched into Israel just since New Year's Day this year. The near daily rocket fire has been targeted primarily and intentionally at civilian communities in Israel, such as Sderot and Ashkelon, and the rockets being used are getting bigger and traveling farther. Some rockets have blown through living room ceilings, crashed through classrooms and downed power lines. And as a result, Israel has suffered dozens of casualties, hundreds of shock victims, thousands of traumatized children.

I've heard from Ruthie Eitan, a professor at Sapir College in Israel, just a mile from the Gaza Strip, who told us how the entire campus lives in constant terror. It would be like any college town in America, except this college has been hit with hundreds of rockets since the year 2000, and the barrage is not stopping. In fact, just last week, one of the students died shortly after sustaining massive wounds to his chest from a rocket in a parking lot on campus.

Ruthie tells us that many of Sapir's classrooms and auditoriums are unusable, either because of past rocket damage or from being in the line of future rocket fire. But somehow life attempts to go on.

But for Ruthie and thousands like her, we introduced this resolution to condemn in the strongest possible terms the ongoing Palestinian rocket attacks on Israeli civilians and to support the sovereign right of the Government of Israel to defend its territory and to stop the rocket attacks on its citizens.

And perhaps most importantly, Mr. Speaker, we reaffirm the strong and unyielding friendship between the governments and the people of Israel and the United States.

I strongly urge support of all my colleagues for H. Res. 951.

Mr. BERMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the author of this measure, the gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. I thank the gentleman for yielding the time.

Mr. Speaker, today the United States Congress will stand up for the people of Israel by sending a message to the terrorists and also to those countries that aid them. Rocket attacks and intentional violence against innocent civilians will not be tolerated. Israeli communities like Sderot and Ashkelon have sustained terrible, egregious damage, and the citizens have suffered from serious injuries, even fatalities. I should point out that oftentimes Palestinians as well, those who do not support the violence, are also victims of the crossfire. It is time that this brutality come to an end for all people.

Passing this resolution today truly is just a stepping stone to help end those egregious, aggressive acts of Palestinian terrorists and ensuring that innocent civilians in Israel can live together and live peacefully. It is violent Palestinian groups and terrorist organizations that must be held accountable for their horrific acts. Organizations such as Hamas, the Islamic Jihad and the Popular Resistance Committee, the PRC, need to understand that when they attack the people of Israel, the United States and other countries and the U.S. House of Representatives will not remain silent. Unjust actions like this must not go unpunished.

Today, we have a gentleman from one of those communities, Sderot, with us here in the House, in the House galleries. If he was here on the floor with us, he could share with us the life-and-death circumstances that he and his family and his neighbors and his community experience on a day-to-day basis.

As we are here on the floor of this House, in the safety of this city and of this community and of this country, we have to think about the men and women, think about the children who are back there right now, the children who, for all we may know, are in their safe rooms cowering, wondering when the next attack may be coming.

Many of those members of the community have already made the decision that it is just unbearable to live under that threat, under the constant pressure of not knowing when the next attack, when the next missile strike will come. And upwards around 20 percent of the country or the community has left, fled the area to safer havens, wherever they may be.

If this was an incident occurring in our country, along the borders of the United States, would we sit idly by while our neighboring country or the terrorists within that were lobbing rockets into it, into our territory? I think not.

It is for that reason that it is so unfortunate that other portions of the world community, parts of the U.N., have condemned Israel for taking defensive measures such as they have here.

I come to the floor today with my colleagues as well from both sides of the aisle and I appreciate the bipartisan support, to say, who will condemn the attackers?

Well, Mr. Speaker, I will. We will. This House of Representatives will, and this country will. Rest assured that I will continue to ensure that the Islamic radicals are held responsible for launching these vicious attacks, and also that countries like Iran, Egypt and Syria, which support terrorists and allow this activity to continue, should be held accountable as well.

I will join with my colleagues from both sides of the aisle to continue this fight until the global community joins in with the U.S. in condemning terrorism and its violent acts.

Mr. BILIRAKIS. Mr. Speaker, I really urge strong support for this resolution. We can't put up with this any longer. And I really appreciate this resolution. I want to thank the author and the chairman on this. And I urge strong support, as I said.

Mr. WEXLER. Mr. Speaker, I rise today in strong support of House Resolution 951, condemning the ongoing Palestinian rocket attacks on Israeli civilians and unequivocally supporting Israel's right to defend its citizens against this continuous threat.

As you know, nearly a quarter of a million Israeli citizens living in Sderot, Ashkelon, and other cities and towns close to Gaza are under attack daily and are living in a constant state of fear. It is critical that Congress stand with Israelis who are under constant threat of rocket attacks perpetrated by Hamas. To that end, I am proud to stand with my colleagues as a sponsor of this resolution and as an unequivocal supporter of Israel's right to defend itself against this constant threat.

The international community must join with the United States in condemning the thousands of rockets that have been maliciously launched from Gaza by Hamas since Israeli forces withdrew from Gaza in 2005. It is unconscionable for the United Nations or any nation to chastise Israel while rockets reign down unabated. Instead of criticizing Israel, the United Nations and the international community should be condemning Hamas and their deadly attacks. The international community, which has been largely silent on these attacks, should publicly condemn Hamas, which is intentionally targeting civilian communities in Israel when it fires these rockets. These attacks have led to dozens of casualties, thousands of shock victims, and an uncountable number of children who have been traumatized and will live in fear for years to come. The international community should also support Israel's right to go on the offensive in Gaza in an effort to eliminate Hamas' terrorist infrastructure and destroy Hamas' ability to continue this campaign of terror.

Unfortunately, the rocket attacks continue, and the threat Hamas poses to Israelis with more sophisticated rockets still looms. As a close friend and ally of Israel and a staunch

defender of freedom around the world, America must stand with Israel in its efforts to end these attacks and defend Israel's right to live in peace free from rocket attacks.

The resolution we are debating today clearly expresses my support as well as that of my colleagues for Israel's right to defend itself against the deadly threat Hamas poses, and encourages Palestinians who reject Hamas and all forms of terrorism to denounce these attacks and dismantle the terrorist infrastructure in Gaza. This resolution also squarely places direct responsibility for these attacks on Hamas, and reaffirms the unyielding friendship between the governments and the people of Israel and the United States. As Israel faces the terrorist threat of Hamas, I will continue to encourage my colleagues in Congress to join me in supporting Israel's right to self defense. The plea of Israelis under this constant threat has been heard in Congress, and House Resolution 951 is a clear statement that Congress and the American people stand with the Israelis at this difficult time.

Mr. ACKERMAN. Mr. Speaker, from time to time, I've heard some of our colleagues wondering why there are so many resolutions about Israel, and the Palestinian-Israeli conflict. Why, they may wonder, do we have to take up these issues? Doesn't everyone already know that the Congress supports Israel? And it's true, American support for Israel is overwhelming, it is bi-partisan, and it is nearly universal in Congress. But sadly, we are the exception in the world.

Around the globe, there have been protests going on about the situation in Gaza. What may not be known is that these demonstrations are not about the rockets that have been falling on Israeli civilians. These protests are not against Hamas. These protests are not about the absurdity of expecting Israel to provide electricity and fuel to the people attacking them.

These protests are against Israel and its right of self-defense. They are against demanding that Hamas stop the terror. They are against putting responsibility on the shoulders of Hamas for the welfare of the people in Gaza.

To us, in the United States, such protests seem perverse. People who intentionally fire artillery rockets at civilians are properly called ''war criminals.'' People who deliberately seek the death of the innocent are not called ''militants,'' or ''activists,'' or ''guerillas.'' They are properly called ''terrorists,'' and it is hard for us to imagine that these are not universal beliefs.

But they're not. What we have seen in the past, and are seeing again is an offensive and deplorable double standard: Every nation is obliged to protect its citizens—except the Israelis; they should be patient and exercise restraint. Every nation is entitled to fight terrorism—except the Israelis; they should have a dialogue with the people who call for their extermination. Every nation is entitled to use force defend itself—except the Israelis; they should only use force if there won't be civilian casualties.

Mr. Speaker, we all mourn the loss of innocent life, and the sympathy of decent people is not limited by nationality. The American people are concerned about both Israeli and Palestinian lives. But that concern is not a excuse to dispense with judgement. There is guilt and there is innocence; and there is aggression and there is self-defense. Refusal to acknowledge, or to insist on these distinctions is not only immoral, but dangerous.

And that is why the business in Gaza is the business of this House. America, as a leader among the community of nations, has an obligation to stand up in defense of certain values. And it is never so essential to do so than when those values are under attack, and that is what is happening right now.

That is why we have to condemn Hamas. That is why we have to condemn the rockets that are still falling on Israeli towns and cities. That is why we have to stand with a democratic ally. That is why we have to declare again and again from this house that the people of Israel—no less than any other people—are entitled to live in peace and security. Certainly we Americans would accept nothing less for ourselves.

Mr. POE. Mr. Speaker, I rise today in support of H. Res. 951, a resolution condemning the ongoing Palestinian rocket attacks on Israeli civilians.

Since January 1st of this year, Palestinians have fired more than 450 mortar shells into Israel. Let's put that number into perspective, that's 7 shells a day or 45 shells a week every week since the beginning of this year.

Since the Israeli forces withdrew from the Gaza Strip in 2005, more than 4,000 rockets and mortar shells have been fired at Israel from the Gaza Strip by Hamas and other terrorist organizations.

This rocket fire has intentionally targeted civilian communities in Israel and made life for these people a living nightmare.

Even folks at the U.N.—an institution that has consistently where Israel is consistently discriminated against—have condemned these acts of violence. John Holmes, the U.N. undersecretary general for humanitarian affairs, said recently ''We condemn absolutely the firing of these rockets. There's no justification for it. They are indiscriminate, there's no military target.''

Did you hear that no military targets. Hamas rulers in the Gaza Strip are intentionally injuring and killing innocent civilians. In recent years 12 people have been killed and dozens have been wounded. In fact, just last an 8 year old boy lost his leg in one of the attacks. These acts of brutality have to stop.

These acts of terror are unacceptable and it's about time the world community collectively expresses its opposition to Palestine's rocket attacks on innocent civilians and supports the sovereign right of Israel to defend its territory and stop the rocket attacks.

And that's just the way it is.

Mrs. McCARTHY of New York. Mr. Speaker, I rise today to express my strong support for H. Res. 951, a resolution condemning the ongoing Palestinian rocket attacks on Israeli civilians, and for other purposes. I am proud to have been a cosponsor of this resolution and helped gather support for its consideration on the House floor today.

This resolution is very timely as Israel faces new and increasing threats to its security. Palestinian rockets have been fired from Gaza and hit Israeli communities on an almost daily basis. More than 200,000 Israeli citizens are within range of these Palestinian rockets.

In 2005, as part of an effort to move the peace process forward, Israel removed all of its civilian and military personnel from the Gaza Strip. There was hope that a Palestinian state could emerge and co-exist peacefully alongside Israel. However, Hamas has taken control and instead of working toward peace and efforts to improve the lives of the Palestinians, has decided to inflict terror upon Israel. In recent weeks, the Israeli communities of Sderot and Ashkelon have been especially hard-hit, resulting in numerous casualties and psychological trauma to its citizens.

Furthermore, just this week, UN Secretary-General Ban Ki-moon told the Security Council that Hizbullah has 30,000 rockets in southern Lebanon—10,000 of the rockets are long-range and 20,000 are short-range. Israel faces many threats on multiple fronts.

The resolution before us appropriately condemns the rocket attacks on Israeli citizens and supports the right of the Israeli government to stop the rocket attacks on its citizens. While Israel has shown restraint in dealing with the Palestinians, along with a willingness to work towards peace, the Israeli citizens who are under attack are looking toward their government to protect them. We must support the efforts of the Israeli government to keep its people safe.

I am grateful that we have the opportunity to consider this resolution on the House floor and send a strong message that attacks against Israeli citizens are not acceptable. Israel is one of America's closest allies and we must do all that we can to ensure the security of the state of Israel and its people. Terrorism is not acceptable here and is not acceptable around the world. Americans, Israelis, and others should be free to live their lives without fear of being attacked. Children should be able to go to school and not have to worry about a Palestinian rocket attack.

I urge all of my colleagues to stand up for safety and security and send a message to the International community. Pass H. Res. 951.

Mr. MORAN of Virginia. Mr. Speaker, over the past few days we have witnessed the Annapolis peace process come unraveled. There have been grave escalations between Israel and Hamas. These are a symptom of failed policies, irresponsible actions, and a lack of strategic thinking. Further escalation of the violence in Gaza may deal a fatal blow to the credibility and viability of any peace process. It would further erode support for the peace process. It would further erode support for the peace process among both Israelis and Palestinians.

No one can help but feel deep concern for the residents of Israeli communities near Gaza, who have been suffering from a campaign of Qassam rocket attacks. Israel has the right and must take measures to protect its citizens, as well as to seek to free its captured soldier Gilad Shalit. But excessive response that endangers innocent lives and threatens emergency care and services in hospitals is likely to cause graver harm than good.

Certainly Hamas understands that its crude rockets, while able to create fear and suffering in Sderot and, now, Ashkelon, can neither destroy Israel, nor break its economic blockade—just as Israel's citizens and military leaders appreciate that while its air force and army can achieve lethal short-term tactical gains in Gaza, this strategy has only enhanced popular support for Hamas, coalesced West Bank sympathy for the Gazan population, and harmed any realistic chances for lasting peace.

I firmly believe that any realistic, sustainable resolution to this crisis will require all parties including the United States to engage, directly or indirectly, to achieve a ceasefire. For that reason, I would prefer that the resolution before us were focused not on condemning one side, but rather on supporting more constructive and balanced efforts to achieve a meaningful cease fire and constructive engagement. I believe that any resolution of this conflict needs to recognize and address the current humanitarian crisis facing the people of Gaza. How many more innocent Israelis and Palestinians will die or be wounded before our country attempts a more productive policy approach?

While the Bush Administration has recently become more proactive in its efforts to attain a ceasefire, stabilize Gaza, and re-build Palestinian national unity, the policy of not including all parties and of blockading Gaza, risks making our country less and less relevant. We need more constructive leadership on all sides.

Mr. MCDERMOTT. Mr. Speaker, today I will vote "Present" on H. Res. 951.

Its stated purpose is "condemning the ongoing Palestinian rocket attacks on Israeli civilians and for other purposes." Everyone in this House, including me, condemns these rocket attacks. If that had been all that H. Res. 951 expressed, of course I would vote in favor.

But as so often happens in resolutions that concern matters of bipartisan and overwhelming support, vague and ill-considered "other purposes" were added. The United States needs the cooperation and involvement of nations throughout the region, including Syria and Iran, if we are to help bring about a stable and lasting peace to Lebanon, Iraq, and to help crack down on the very smuggling that is enabling these rocket attacks.

The State Department has repeatedly met with representatives of Iran and Syria to engage them, and is pursuing difficult diplomatic tracks with both countries. I applaud these efforts and recognize the difficult job State has. Injecting Congress into this mix, as expressed in this Resolution, at this point in time, is not helpful.

By not simply condemning the rocket attacks coming from Gaza and declaring our solidarity with the Israeli civilians threatened by them, by not simply condemning those in Gaza who are bombarding Israeli civilians, but drawing in the governments of Iran and Syria, we could diminish our diplomatic course and, at the same time, inflame tensions.

Who does this help? How does this contribute to resolving problems in the region? Why did a House vote on what should have been a simple statement turn into a complicated effort to add to difficulties with Iran and Syria?

I strongly condemn these rocket attacks; let there be no doubt about that. At the same time, I strongly support our State Department and its efforts to find a path to a lasting peace in the region. Let's not do anything that might interfere with that difficult yet vital goal.

Mr. FATTAH. Mr. Speaker, I have always been a strong supporter of Israel and I am pleased with the friendship that the United States has forged with the people and government of Israel. I am appalled at the current situation in Israel and heavily condemn the ongoing Palestinian rocket attacks on Israeli civilians.

For three years, over 4,000 rockets and mortar shells have been fired at Israel from the Gaza strip by Hamas and other terrorist organizations. These destructive terrorist rocket attacks have crippled Israel's infrastructure, traumatized and injured its citizens, and severely disrupted ongoing daily life. I can only offer my unending support of Israel in its sovereign right to defend its territory and people.

I would like to join in with the rest of my colleagues in expressing my disapproval of the terrorist rocket attacks on Israel, and I look forward to the day that peace is restored to the region.

Mr. BILIRAKIS. I yield back the balance of my time.

Mr. BERMAN. Mr. Speaker, we have no further speakers.

I do want to congratulate the gentleman from New Jersey for presenting this. The passage of time since he introduced it has only made the logic of it even more compelling. I join my colleagues on both sides of the aisle in urging passage.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and agree to the resolution, H. Res. 951, as amended.

The question was taken.

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

Mr. BILIRAKIS. 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 motion will be postponed.

□ 1145

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. 4191, by the yeas and nays;

H. Con. Res. 278, by the yeas and nays;

H. Res. 951, by the yeas and nays.

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

WRIGHT BROTHERS-DUNBAR NATIONAL HISTORICAL PARK DESIGNATION ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4191, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from West Virginia (Mr. RAHALL) that the House suspend the rules and pass the bill, H.R. 4191.

The vote was taken by electronic device, and there were—yeas 407, nays 4, not voting 17, as follows:

[Roll No. 91]

YEAS—407

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Feeney
Ferguson
Filner
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick

Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—4

Broun (GA)
Flake
Paul
Shadegg

NOT VOTING—17

Brady (TX)
Brown-Waite, Ginny
Conyers
Doggett
Fattah
Gonzalez
Johnson, E. B.
Keller
Kucinich
Marchant
Ortiz
Rangel
Renzi
Reyes
Rush
Tanner
Woolsey

□ 1211

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: ''To redesignate the Dayton Aviation Heritage National Historical Park in the State of Ohio as the ''Wright Brothers-Dunbar National Historical Park'', and for other purposes.''.

A motion to reconsider was laid on the table.

SUPPORTING TAIWAN'S FOURTH DIRECT AND DEMOCRATIC PRESIDENTIAL ELECTIONS IN MARCH 2008

The SPEAKER pro tempore (Mr. HOLDEN). The unfinished business is the vote on the motion to suspend the rules and agree to the concurrent resolution, H. Con. Res. 278, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 278, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 409, nays 1, answered ''present'' 1, not voting 17, as follows:

[Roll No. 92]

YEAS—409

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—1

Paul

ANSWERED ''PRESENT''—1

Davis (KY)

NOT VOTING—17

Brown-Waite, Ginny
Conyers
Doggett
Feeney
Gonzalez
Herger
Johnson, E. B.
Keller
Kucinich
Marchant
Ortiz
Rangel
Renzi
Reyes
Rush
Tanner
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining in this vote.

□ 1218

So (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. HERGER. Mr. Speaker, on rollcall No. 92, I was inadvertently detained. Had I been present, I would have voted "yea."

CONDEMNING THE ONGOING PALESTINIAN ROCKET ATTACKS ON ISRAELI CIVILIANS

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 951, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BERMAN) that the House suspend the rules and agree to the resolution, H. Res. 951, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 404, nays 1, answered ''present'' 4, not voting 19, as follows:

[Roll No. 93]

YEAS—404

Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Pearce
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—1

Paul

ANSWERED ''PRESENT''—4

Abercrombie
Capuano
McDermott
Moran (VA)

NOT VOTING—19

Brown-Waite, Ginny
Buyer
Cardoza
Conyers
Doggett
Gonzalez
Johnson, E. B.
Keller
Kucinich
Marchant
Ortiz
Pence
Rangel
Renzi
Reyes
Rush
Tanner
Weldon (FL)
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised that there are 2 minutes remaining in this vote.

□ 1226

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: ''Condemning the ongoing Palestinian rocket attacks on Israeli civilians by Hamas and other Palestinian terrorist organizations, and for other purposes.''.

A motion to reconsider was laid on the table.

Stated for:

Mr. PENCE. Mr. Speaker, I was detained during a vote on March 5, 2008. Had I been present, I would have voted in the following manner: Rollcall No. 93 (On Motion to Suspend the Rules and Agree, as Amended—H. Res. 951)—''yea.''

Mr. FATTAH. Mr. Speaker, had I been present for the vote on H. Res. 951, I would have voted ''yea.''

HONORING MARGARET TRUMAN DANIEL AND HER LIFETIME OF ACCOMPLISHMENTS

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 292) honoring Margaret Truman Daniel and her lifetime of accomplishments.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 292

Whereas Margaret Truman Daniel was born to Bess and Harry S. Truman on February 17, 1924, in Independence, Missouri;

Whereas Margaret, a loving daughter, wife, mother, and friend, passed away on January 29, 2008, after leading an interesting and eventful life rooted in the strong will and independent spirit of her mother and father;

Whereas Margaret grew up in Missouri and moved to Washington when her father became a United States Senator for Missouri, during which time she attended The George Washington University;

Whereas Margaret became First Daughter when Vice President Harry S. Truman, the former Missouri Senator, was sworn into office after the passing of President Franklin D. Roosevelt;

Whereas, on April 21, 1956, Margaret married newspaperman Clifton Daniel in Independence, Missouri, at Trinity Episcopal Church, the same church in which her parents were married;

Whereas after graduating from The George Washington University in 1946 with a degree in history, Margaret pursued a singing career, which featured performances at Constitution Hall and Carnegie Hall;

Whereas, in 1953, after the Truman presidency, Margaret moved to New York City to work with the National Broadcasting Company, working on such shows as Edward R. Murrow's ''Person to Person'' and cohosting a talk show program with Mike Wallace;

Whereas, in 1955 and 1956, she acted as hostess on a radio program called ''Weekday'', and in 1965 cohosted a half-hour special events program broadcast live from Philadelphia;

Whereas, in 1966, Margaret conducted a radio program called ''Authors in the News'', a 5-minute interview with prominent writers which was broadcast every weekday on more than 100 radio stations;

Whereas, as a novelist, Margaret wrote 23 books, including best-selling mysteries and biographies;

Whereas Margaret exhibited a deep commitment to public service, serving as secretary to the Board of Trustees of the Truman Scholarship Foundation, as a member of the Board of Directors of the Truman Library Institute, as a member of the Executive Committee on the Truman Centennial Committee, and as a constant advocate for Presidential libraries;

Whereas, in 1984, Margaret received the Harry S. Truman Public Service Award;

Whereas for Missourians and countless others, Margaret will be forever respected and considered a ''real'' person, who grew up in Independence, Missouri;

Whereas Margaret Truman Daniel was an intelligent, independent, and gracious woman who made our Nation proud as she flourished in every aspect of her life; and

Whereas Margaret in every sense carried on the Truman family legacy and is survived by 3 sons, Clifton Daniel, Harrison Daniel, and Thomas Daniel, as well as 5 grandchildren, and is pre-deceased by her husband, Clifton Daniel, and a fourth son, William Daniel: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress honors Margaret Truman Daniel and her lifetime of accomplishments.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, it is my pleasure now to yield such time as he may consume to the sponsor of this legislation, the gentleman from Missouri (Mr. CLEAVER).

Mr. CLEAVER. First of all, Mr. Speaker, let me thank the committee and the work that has been done by Chairman DAVIS. All nine members of the Missouri delegation joined together to support this concurrent resolution.

As I think all people in this Nation know, Harry Truman was from Independence, Missouri, a part of the district that I currently represent, and we are very, very pleased and proud that Harry Truman not only rose to become President of the United States in 1948, but he contributed to our community in a number of ways.

And his daughter, Margaret Truman Daniel, was not a person who had her sights on becoming an individual in Washington who would garner a great deal of attention, but it was bestowed on her. And when her father chose to run for President, she actually traveled around with him on the ''Whistlestop'' campaign.

□ 1230

Once he became President, she did all of the things that the offspring of Presidents will in fact do. But she had more to offer than just being the President's daughter. She ended up being a great singer. She performed at the Metropolitan Opera, she was on the old ''Ed Sullivan Show,'' and then eventually had her own television show in Philadelphia, a daily show in Philadelphia.

She was such a factor in our community that on February 23, my colleague from Missouri, IKE SKELTON, and I, along with all the members of the Truman family, buried her at the Harry Truman Library, alongside her parents in Independence, Missouri.

And so it is my hope that Congress can make its expression of support of Margaret Truman Daniel by passing this concurrent resolution.

Mr. BURTON of Indiana. Mr. Speaker, I yield myself such time as I may consume

I would like to submit my whole statement for the RECORD and be a little more brief.

Mrs. Margaret Truman Daniel, as has been stated, was the daughter of Harry Truman, who was one of the fighting Presidents of the United States, and his daughter, Margaret, was also a very strong young lady. As has been mentioned, she became a vocalist, had her own television show. She went to George Washington University, and in 1944, the same year her father was elected Vice President, she earned her first degree. In 1946, one year after her father was sworn in as President of the United States, Margaret graduated with her bachelors in history. At the age of 16, she became a singer, taking voice lessons from a friend in Independence, and after graduating from GW, she pursued her career as a vocalist.

She was a very outstanding young lady, accomplished a great deal, and was a credit to not only her mother and father but her country. She was highly regarded. She married a gentleman from the New York Times, and they, I think, had four children and three or four grandchildren. She was a very fine lady, and I think it's appropriate we honor her today with this.

I rise today to urge passage of this resolution honoring one of the great first-daughters of American history, Mrs. Margaret Truman Daniel.

Born to Harry and Bess Truman on February 17, 1924, in Independence, Missouri, Margaret Truman spent the majority of her childhood in her hometown until, in 1934, her father was elected to the United States Senate.

Through the remainder of her primary school years, she split her education between Independence and Washington before graduating in 1942.

That year she enrolled in George Washington University and in 1944, the same year her father was elected Vice President, she earned her associates of art. In 1946, one year after her father was sworn in as President of the United States, Margaret graduated with her bachelors in history.

At the age of 16 Margaret began taking voice lessons from a friend in Independence and after graduating from GW, she actively pursued her career as a vocalist.

Making her concert debut in 1947 with the Detroit Symphony Orchestra, Margaret Truman embarked on a career that included several national tours and appearances at Constitution Hall and Carnegie Hall.

Never shirking her duties as first-daughter, she always made time to break from her blossoming career to help her father, including frequent trips with him during his successful 1948 "Whistlestop" reelection campaign.

After her father left the White House in 1953, Margaret took her vocal talents to New York City, where she spent a number of years working in both radio and television. While in New York, Miss Truman met Clifton Daniel, an assistant editor for the New York Times, and the two were wed in 1956 in Independence. The Daniels were the proud parents of four boys and grandparents of five.

Beyond singing, Margaret Truman enjoyed a successful career as a writer. Completing her first book in 1956, she is probably best known for her Capital crime series novels, most of which took place in Washington, DC. She also published a number of biographies and nonfiction books relating to her parents and her time in the White House.

After her husband's retirement in 1977, Margaret spent the remainder of her years in New York.

She maintained her deep commitment to public service until the time of her death, serving on the board of trustees of the Truman Scholarship Foundation and as a member of the board of directors of the Truman Library Institute, among other worthy bodies. In 1984, she was the recipient of the Harry S. Truman Public Service Award.

On January 29, 2008, at the age of 83, Margaret Truman Daniels passed away in Chicago.

She will live on in the hearts of this country not only as a dedicated first-daughter and public servant, but also as a passionate vocalist, talented writer, and loving mother and grandmother. Let us honor this tremendous American with swift and unanimous passage of this resolution.

Mr. Speaker, I ask my colleagues to join me in supporting this fitting tribute.

I reserve the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as he might consume to the distinguished gentleman from Missouri, the chairman of the Armed Services Committee, Representative IKE SKELTON.

Mr. SKELTON. I certainly thank the gentleman.

Mr. Speaker, it is with great admiration for a remarkable Missourian that I support this concurrent resolution. This measure was introduced by Congressman EMANUEL CLEAVER, which honors the life of my late friend, Margaret Truman Daniel.

Margaret was a loving daughter, wife, mother, an accomplished vocalist, journalist and author. She was filled with the unique Truman spirit, and personified the plainspoken, no-nonsense nature of so many Show-Me-State residents. The qualities that defined Margaret as a person were instilled by her parents, President Harry S Truman and his wife, Bess. Throughout her life, Harry and Bess provided a steady hand and unfailing support and

love which allowed Margaret to flourish

But Missouri itself played a meaningful role in Margaret's life. She was always a proud Missourian. On one occasion, she returned to Independence and spoke about Missouri's influence on her. She stated, ''Even till today, I feel it in my bones. Although I have now spent much more of my life in Washington and New York than in Missouri, it is Missouri that has molded my character, my conduct, my sentiments, and yes, my prejudices; Missouri and its people, its customs, its attitudes, and its habits. These are ingrained in me.'' She added, speaking of her many Missourian artifacts and pictures in her home, ''So you see that on every hand I'm reminded of my Missouri, Jackson County, Independence heritage. I couldn't forget it even if I wanted to.''

Through the years, I had the great pleasure of working with Margaret on several occasions that honored her father's life. Her efforts gave added meaning to President Truman's legacy. Margaret was gracious, intelligent, wise, witty, and spirited. Truly her father's daughter. I was pleased that our paths crossed, as they did, during her lifetime.

She will long be remembered as an inspiration to those who knew her and to all Missourians. I was honored to call Margaret Truman Daniel my friend.

Mr. BURTON of Indiana. Mr. Speaker, I yield back the remainder of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

As a member of the House Committee on Oversight and Government Reform, I am pleased to join my colleagues in the consideration of H. Con. Res. 292, which acknowledges and seeks to honor the late Margaret Truman Daniel for her lifetime of achievements and accomplishments. H. Con. Res. 292 was introduced by Representative EMANUEL CLEAVER of Missouri on February 12, 2008, and was considered by and reported from the Oversight Committee on February 26, 2008, by voice vote.

This measure has the support of over 50 Members of Congress, and provides our body a collective opportunity to both recognize and pay tribute to one of America's remarkable and accomplished first daughters, the Honorable Margaret Truman Daniel.

Margaret Truman Daniel was born on February 17, 1924, in Independence, Missouri, to the parents of former President Harry S Truman and first lady Elizabeth ''Bess'' Virginia Wallace. In fact, she was the couple's only child. A public school student up until the time of her father's election to the U.S. Senate in 1934, Margaret Truman Daniel would later attend George Washington University, beginning in the fall of 1944, which was the same year her father was elected Vice President.

Ms. Truman Daniel graduated from George Washington University in 1946, receiving a bachelor of arts degree in history. It was her father, who had been President since April 12, 1945, that delivered the commencement address at Ms. Truman Daniel's graduation ceremony and presented her with her diploma.

Beyond her role as the daughter of an American President, Margaret Truman Daniel was a talented vocalist and skillful journalist in radio and print media throughout much of the 1950s. It was around this time that Ms. Truman Daniel would meet her husband, Clifton Daniel, with whom she would later raise four boys, Clifton, William, Harrison and Thomas.

The 1984 recipient of the Harry S Truman Public Service award, presented annually by the City of Independence to an outstanding American citizen, and an acclaimed author, Margaret Truman Daniel was able to touch the hearts and minds of so many people in our country before passing away on January 28 of this year.

I am sure, Mr. Speaker, that all of us agree and concur in the passage of this resolution.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in proud support of H. Con. Res. 292, as offered by my distinguished colleague from Missouri, Congressman EMANUEL CLEAVER. This resolution recognizes and honors the lifetime accomplishments of Margaret Truman Daniel. Margaret Truman Daniel, a singer and an author, was the one and only child of the late President Harry S Truman. Margaret Truman Daniel deserves no better tribute than that of being honored by members of the United States Congress.

Mrs. Margaret Truman Daniel was born on February 17, 1924, in Independence, Missouri. When Margaret Daniel Truman was 16 years old, she began taking voice lessons in Independence, Missouri, from Mrs. Thomas J. Strickler, a family friend. Mrs. Daniel graduated from George Washington University in 1946 and received a bachelor of arts degree in history. Her father. President Harry S Truman, took office one year before on April 12, 1945, gave her commencement address, and presented her with her diploma. She made her first outdoor appearance as a singer on August 23, 1947 at the Hollywood Bowl before a crowd of approximately 20,000 people with Eugene Ormandy conducting the orchestra. She later had her first concert on October 17, 1947, in Pittsburgh, Pennsylvania.

Mrs. Margaret Truman Daniel married Clifton Daniel on April 21, 1956, at the Trinity Episcopal Church in Independence, Missouri. They had four children; Clifton Truman, born June 5, 1957; William Wallace, born May 19, 1959 (died September 4, 2000); Harrison Gates, born March 3, 1963; and Thomas Washington, born May 28, 1966. The Daniels' family has five grandchildren.

Mrs. Margaret Truman Daniel was the author of 23 novels, non-fiction and fiction, including two biographies on her parents' lives. The biographies, Harry S Truman (1972) and Bess W. Truman (1986), described the lives of the former President and former First Lady from the perspective of their only daughter, Margaret Truman Daniel. After her father's death in 1972, Mrs. Daniel worked as an advocate for presidential libraries. Mrs. Margaret Truman Daniel died in Chicago, Illinois, at the age of 83 on January 29, 2008.

It is not often in American history where the nation has the opportunity to witness the only child of a President of the United States become a singer and a novelist. Mrs. Margaret Truman Daniel was widely known for these accomplishments but to many Americans she was so much more. She deserves to be honored today by our Nation.

Today, I seek to offer my condolences for her death, and also recognize her lifetime accomplishments. For these reasons, I strongly support H. Con. Res. 292 and urge all Members to do the same.

Mr. Davis of Illinois. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 292.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

CYNDI TAYLOR KRIER POST OFFICE BUILDING

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4774) to designate the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the ''Cyndi Taylor Krier Post Office Building,'' as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4774

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

SECTION 1. CYNDI TAYLOR KRIER POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, shall be known and designated as the ''Cyndi Taylor Krier Post Office Building''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the ''Cyndi Taylor Krier Post Office Building''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I now yield myself such time as I may consume.

As a member of the House Committee on Oversight and Government Reform, I join Representative LAMAR SMITH and his fellow colleagues from the Lone Star State of Texas in considering H.R. 4774, as amended, which renames the postal facility in San Antonio, Texas, after the Honorable Cyndi Taylor Krier. As stated, the measure at hand was first introduced by Congressman SMITH on December 18, 2007, and is cosponsored by all members of the Texas congressional delegation. The measure was referred to the Committee on Oversight and Government Reform, where it was amended and then passed by voice vote on February 26, 2008.

H.R. 4774 would help to recognize the life and service of Cyndi Taylor Krier by renaming the post office on John Saunders Road in San Antonio, Texas, in her honor. A remarkable public servant, Ms. Krier has given over 25 years of her life in government service, with positions on the Federal, State and local levels in the executive, legislative and judicial branches of government.

Born July 12, 1950, in Beeville, Texas, Cyndi Taylor Krier became the first woman ever elected as Bexar County judge, where she represented 1.4 million people in the metropolitan area of San Antonio, Texas. She was reelected as county judge in 1994 and 1998 without opposition.

Mr. Speaker, I ask that we pay tribute to the contributions made by this great American citizen and pass H.R. 4774, as amended.

I reserve the balance of my time.

Mr. BURTON of Indiana. Mr. Speaker, I yield to my colleague from Texas (Mr. SMITH), the sponsor of the bill, such time as he may consume.

Mr. SMITH of Texas. First of all, I thank my friend from Indiana (Mr. BURTON), the former chairman of the Government Reform Committee, for yielding me time. I also want to thank the gentleman from Illinois (Mr. DAVIS) for bringing this bill to the House floor today.

Mr. Speaker, today we honor Cyndi Taylor Krier, a distinguished public servant who has spent more than a quarter of a century in local, State and Federal public office in the executive, legislative and judicial branches of government.

Cyndi Krier began her public service career when she became the first woman from Bexar County elected to the Texas senate. She represented Bexar County in the State senate from 1985 to 1992, serving on the Finance, Education, Jurisprudence, and Natural Resources Committees. She then became the first woman elected Bexar County judge. She served as county judge from 1992 to 2001, representing more than 1.4 million people in the San Antonio metropolitan area.

Cyndi Krier also was a regent for the University of Texas system from 2001 to 2007, overseeing the University of Texas' nine academic and six health campuses, and serving as vice chairman of the board and as chairman of the academic affairs committee.

Cyndi Krier's family has strong ties to the United States Postal Service. Her grandfather served as postmaster in Dinero, Texas, until his death in 1956, and was succeeded by her grandmother, who served as postmaster for more than 20 years. Her mother served the United States Postal Service in Beeville, Texas, for more than 30 years as a clerk, rural route delivery person, and civil service examiner.

I encourage my colleagues to join me in recognizing the accomplishments of a good friend, Cyndi Taylor Krier, by supporting H.R. 4774, to designate the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the Cyndi Taylor Krier Post Office Building.

Mr. Speaker, again, it gives me great pleasure to have introduced this bill and to see it considered by the House today.

Mr. BURTON of Indiana. Mr. Speaker, I yield myself such time as I may consume.

I rise today to urge passage of this bill honoring a tremendous citizen of the great State of Texas for her continued dedication to improving her region, state, and country—the Honorable Cyndi Taylor Krier.

A native of Texas, Cyndi Krier has proudly followed in the footsteps of a long line of public servants. Her grandfather served as the postmaster in Dinero, Texas, until his death in 1956 and was succeeded by his wife, Cyndi's grandmother, who served as postmaster for an additional 20 years. Additionally, Cyndi's own mother served the USPS in Beeville, Texas, for more than 30 years.

Earning both her bachelor's and law degrees from the University of Texas, Austin, Mrs. Krier was elected to the State Senate in 1984 and went on to serve two terms, until 1992.

In 1992, Mrs. Krier became the first woman and first Republican ever elected as Bexar County Judge. In this capacity she worked to "Build a Better Bexar County."

Throughout her career as judge, she focused on youth education programs, broad-based ethics reform, recycling and conservation, competition for country and contracts and controlling government spending. She was successfully reelected twice in 1994 and 1998.

In 2001, Governor Rick Perry appointed her to a six-year term on the University of Texas System Board of Regents. She served in various capacities on the board including as vice chairman and as Chairman of the Academic Affairs Committee.

Throughout her career, Mrs. Krier has remained active in the community outside of her professional duties. Whether through her work with the United Way, serving as Chairman of the UT Austin Ex-Student Association or the number of statewide task forces helping to plan for the future of Texas, Judge Krier has consistently demonstrated her commitment to improving others' lives.

I urge swift passage of this bill designating the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the "Cyndi Taylor Krier Post Office Building," to honor this dedicated, passionate, and tireless public servant.

Mr. Speaker, I ask my colleagues to join me in supporting this fitting tribute.

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

Mr. DAVIS of Illinois. 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 Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 4774, as amended.

The question was taken.

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

Mr. BURTON of Indiana. 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 motion will be postponed.

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RECOGNIZING AND HONORING EARL LLOYD FOR BECOMING THE FIRST AFRICAN-AMERICAN TO PLAY IN THE NATIONAL BASKETBALL ASSOCIATION LEAGUE

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 286) expressing the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African-American to play in the National Basketball Association League 58 years ago.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 286

Whereas Earl Lloyd was born in Alexandria, Virginia on April 3, 1928;

Whereas Earl Lloyd first developed his passion for basketball at the city of Alexandria's segregated Parker-Gray High School;

Whereas Earl Lloyd was drafted by the NBA in 1950 as a ninth round pick by the Washington Capitols;

Whereas on October 31, 1950, Earl Lloyd became the first African-American to play in the NBA;

Whereas Earl Lloyd dissolved the color barrier in the NBA 3 years after Jackie Robinson had done the same in baseball;

Whereas Earl Lloyd proudly put his professional career on hold and served in the Army for 2 years before returning to the NBA;

Whereas Earl Lloyd played 560 NBA games and won a championship before retiring in 1960;

Whereas in 2003, Earl Lloyd was inducted into the Naismith Memorial Basketball Hall of Fame; and

Whereas the newly constructed basketball court at T.C. Williams in his home town of Alexandria was named in his honor: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African-American to play in the National Basketball Association League 58 years ago.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman

from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as he may consume to the author of this legislation, JIM MORAN from Virginia.

Mr. MORAN of Virginia. Mr. Speaker, I thank my good friend Mr. DAVIS, and also his excellent staff assistance provided by William Miles and Roberto Valencia. I very much appreciate the work that has gone into this.

I rise in support of H. Con. Res. 286. It recognizes and honors Earl ''Big Cat'' Lloyd for tearing down the color barrier and becoming the first African American to play in the National Basketball Association.

Earl Lloyd was born in Alexandria, Virginia, on April 3, 1928, at a time in our Nation's history when racial prejudice was intense.

Mr. Lloyd developed his passion for the game of basketball as a star at the segregated Parker-Gray High School. This was well before Parker-Gray was joined with George Washington High School into T.C. Williams, which subsequently has been made famous by the movie ''Remember the Titans.''

He was twice named an All-American at West Virginia State College, where he led his collegiate alma mater to two conference and tournament championships, including the school's only undefeated season in 1947–1948. I am told our colleague ED TOWNS was actually recruited by West Virginia State or played with them, but, anyway, he has some connection. But this is about Earl Lloyd.

Drafted by the Washington Capitols in 1950, Mr. Lloyd played his first game in the NBA on October 31, 1950. Imagine. This was the first time that the NBA actually allowed somebody to play in the NBA who could actually jump. Over the course of nine seasons, interrupted by a 2-year stint in the Army, Mr. Lloyd played in 560 games, helping carry his team to an NBA championship in 1955. Mr. Lloyd later became the NBA's first African American assistant coach, and went on to be the head coach of the Detroit Pistons.

When I spoke to Earl yesterday, he wanted to acknowledge this honor on behalf of all the great African American players along the way who never got a chance to play in the NBA solely because of their race. His mom used to tell him, ''Earl, never fold up your tent, never give up, and never disappoint the people who love you.'' He had just returned from the Central Intercollegiate Athletic Association Tournament. For decades, that used to be called the Colored Intercollegiate Athletic Tournament. How easy it is to forget the way things used to be, even in our lifetimes.

I trust that this resolution will receive the unanimous support of my colleagues, and I thank the dozens of Members who were willing to sign on as cosponsors. Mr. Lloyd deserves this recognition.

Mr. BURTON of Indiana. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would just like to ask of the bill's sponsor if he would mind adding my name as a cosponsor of the bill.

Mr. MORAN of Virginia. Done. We would be very proud of that.

Mr. BURTON of Indiana. Mr. Speaker, the reason I want to do that is because I remember ''Big Cat.'' When I was a boy, I remember when he broke into the NBA, and he was an outstanding basketball player.

The prejudice that occurred back in those days was unbelievable. I played sports at Shortridge High School, and we used to go down to a place called St. Andrews and we played against some really great basketball players who understood how the game was to be played.

Big Cat said, and I just read his biography, his background here, said it was tougher playing basketball on the grass courts and the asphalt courts than it was when he went into college and the NBA, and I can attest to the fact that that was pretty rough basketball.

We played against a guy, he probably doesn't remember me very well, but we played against a guy named Oscar Robertson back in the fifties who was a pretty good basketball player from Indiana. And ''Biscuit'' Williams and Herschel Turner and some of the other guys that had to endure the prejudices of that time were really outstanding basketball players. You have to give an awful lot of credit to people who were willing to fight and overcome the racial prejudice and barriers that existed at that time.

So Big Cat gets my vote, along with Oscar Robertson and all these other guys. I really admire them for what they went through, and I also admire them for their basketball ability. I am telling you, some of those guys were unbelievable. Oscar Robertson was the only guy I ever saw play basketball who could go in five different directions at once and hit a shot without touching the rim. He was unbelievable. And Big Cat was in that league as well.

Mr. Speaker, I rise today in support of H. Con. Res. 286, honoring the accomplishments of Lloyd, the first African-American man to play in the NBA.

How strange it must seem to young people that a league now 80 percent populated by African-American players once didn't allow them.

But before Earl Lloyd signed with the Washington Capitols in 1950, that wasn't the case.

Mr. Speaker, I don't want to take away anything from the well-chronicled accomplishments of Jackie Robinson. But in some ways, it must have been more difficult to do what Earl Lloyd did.

Baseball is played on a big field, and the players are rarely close enough to the fans to hear their comments.

Basketball is played in a room—sometimes not all that big of a room. Players wear what amounts to glorified underwear. In basketball, players hear the comments that get directed at them.

But Earl Lloyd was used to that. Raised in Alexandria, Virginia, Lloyd honed his skills on the tough playgrounds of this very city, Mr. Speaker. He once said college and even pro basketball were easy after the education he'd received on the Banneker and Parkview playgrounds in Washington, DC.

Mr. Speaker, Earl Lloyd did not accomplish what he did because of his skin color. And how did he do it? He helped his teams win. At West Virginia State, he led his team to two conference championships and one runner-up finish. In the pros, after being drafted by Washington, he played six seasons with the Syracuse Nationals.

In 1955, the Nationals won the NBA title, making Lloyd the first African-American man to own an NBA championship ring.

Today, he works in community relations for the Bing Group, which was founded by another D.C. basketball legend—Dave Bing.

He continues to contribute and make his community proud.

Mr. Speaker, I ask my colleagues to join me in supporting this fitting tribute.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I always knew that Representative DAN BURTON was indeed a superstar. I just didn't get a chance to watch him play. Of course, ED TOWNS often talks about his days as a star athlete and basketball player.

But as a member of the House Committee on Oversight and Government Reform, I am pleased to join my colleagues in the consideration of H. Con. Res. 286, which acknowledges sports legend Earl Lloyd for breaking the color barrier and becoming the first African American to play in the National Basketball Association League 58 years ago.

H. Con. Res. 286 was introduced by our colleague, Representative JIM MORAN of Virginia, on January 29, 2008, and was considered by and reported from the Oversight Committee on February 26, 2008, by voice vote. The measure has the support of over 85 Members of Congress and provides our body a chance to reflect on and remember another individual's inspiring story as part of our country's long history of racial integration.

Mr. Lloyd's participation in the 1950–51 professional basketball season marked the integration of the National Basketball Association, which has since then become one of the most diverse professional sporting leagues in the world.

A native of Alexandria, Virginia, Earl Lloyd has long been recognized as

one of the NBA's early defense greats. Earl Lloyd, also known as ''Big Cat,'' played college basketball at West Virginia State College before being selected in the ninth round of the 1950 NBA draft by the Washington Capitols. Under Lloyd's leadership, West Virginia State became the only undefeated college team in the United States during the 1947–48 season.

After his years with the Washington Capitols, Lloyd joined the Syracuse Nationals and became the first black player to win an NBA championship. Later, with the Detroit Pistons, he was the first African American to be named an assistant coach and the first to be named the bench coach.

Mr. Speaker, let us also note that although Lloyd was the first to play in an NBA game, there were actually three African Americans to enter the NBA in the 1950–51 season. During this season, Charles ''Chuck'' Cooper played with the Boston Celtics, and Nat ''Sweetwater'' Clifton became the first African American to play for the New York Knicks.

Even today, as we continue to see African Americans break barriers and become the first in an array of fields from athletics to business, Presidential campaigns to research and discovery, let us take an opportunity to look back on what occurred 58 years ago to make our Nation a more perfect Union.

Therefore, Mr. Speaker, I urge passage of H. Con. Res. 286, which expresses the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African American to play in the National Basketball Association.

Mr. DAVIS of Virginia. Mr. Speaker, I join in honoring Earl "Big Cat" Lloyd, a Northern Virginia native who rose to become the first black player in the history of the NBA.

Earl Lloyd grew up in Alexandria, learned his basketball on the always-competitive playgrounds of Washington, DC. He played his high school ball at the segregated Parker-Gray High in Alexandria. Today, of course, all students in the city attend T.C. Williams High. The merger of the three high schools that existed then served as the plot line for the movie "Remember the Titans." Today, the basketball court in the recently rebuilt T.C. Williams is named for him.

Lloyd actually was one of 3 African-Americans to enter the NBA at the same time. It was only because his team played its first game a day before the Boston Celtics unveiled Charles Cooper and 4 days before the New York Knicks' Nat "Sweetwater" Clifton made his debut that it was Lloyd who broke the color barrier.

Lloyd scored 6 points in that game on Halloween night of 1950 and averaged 8.4 points and 6.4 rebounds over his 560-game, 8-season career. But he, Cooper and Clifton endured the taunts, showed the class and provided the quality of play that paved the way for Michael, Magic, Kareem and all the rest who came behind. He also served as the first African-American assistant coach when he worked for the Detroit Pistons for two seasons after retiring as a player.

It also should be noted that Lloyd, a member of the National Basketball Hall of Fame, took 2 years out of his career to serve in the U.S. Army. His job these days—community outreach for a concern headed by Dave Bing, another product of the playgrounds of Washington, DC., to make good in the pros—seems a hand-and-glove fit for a man who, throughout his life, has made everyone around him better.

His play on the court made all his teammates better—he led his college team to two conference titles and his pro team to one NBA championship. His class on and off the court made those who signed him and helped him start his NBA career look smart. And his professional accomplishments make his teachers in those segregated schools in Alexandria, his professors at West Virginia State, his family and all those responsible for his upbringing and education justifiably proud.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in support of H. Con. Res. 286 recognizing and honoring Earl Lloyd, the first African-American to play in the National Basketball Association.

Earl Lloyd was born April 3, 1928, in Alexandria, Virginia. It was at the city of Alexandria's segregated Parker-Gray High School that Lloyd began to develop his passion and skills for basketball. He began his collegiate career playing at West Virginia State College, a historically black college at the time. Before entering the NBA, Earl Lloyd earned titles for All-Conference and All-American for his tremendous basketball skills.

On October 31, 1950, Earl Lloyd integrated the NBA. Three years prior to Lloyd's integration of the NBA, Jackie Robinson became the first African-American to play Major League Baseball in 1947. Jackie Robinson has received national iconic status for breaking baseball's color barrier, yet Earl Lloyd has been overlooked for breaking that same barrier in basketball. Lloyd once said, "In 1950 basketball was like a babe in the woods, it didn't enjoy the notoriety that baseball enjoyed." It is now 2008 and the NBA is long out of the woods and the time is long overdue for us to recognize and honor one of its pathfinders, Earl Lloyd. He is responsible for lighting that path and since then many great African-Americans have traveled the road paved by Earl Lloyd.

Earl Lloyd's journey was beset with people yelling cruel and derogatory words. He used their insults to fuel his passion to excel. He proved that African-Americans could successfully enter into the National Basketball Association. He should continue to be a source of inspiration to all and for this reason he should be commemorated.

This accomplishment must be saluted as Mr. Lloyd's life serves as an inspiration to many, both athletes and non-athletes.

Mr. DAVIS of Illinois. 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 Illinois (Mr. DAVIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 286.

The question was taken.

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

Mr. DAVIS of Illinois. 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 motion will be postponed.

MAJOR ARTHUR CHIN POST OFFICE BUILDING

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5220) to designate the facility of the United States Postal Service located at 3800 SW. 185th Avenue in Beaverton, Oregon, as the ''Major Arthur Chin Post Office Building''.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5220

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

SECTION 1. MAJOR ARTHUR CHIN POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 3800 SW. 185th Avenue in Beaverton, Oregon, shall be known and designated as the ''Major Arthur Chin Post Office Building''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the ''Major Arthur Chin Post Office Building''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on this bill.

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

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, it is my pleasure to yield such time as he may consume to the author of this legislation, the gentleman from Oregon (Mr. WU).

Mr. WU. Mr. Speaker, I thank the gentleman.

Mr. Speaker, the history of America is the history of ordinary individuals who rise to extraordinary challenges and who volunteer their service in times of dire need. I rise today to recognize one such American, Major Arthur Chin.

Arthur Chin was born in Portland, Oregon in 1913. As a young man, he helped form a flying club, the Chinese Aero Club, a group of Chinese Americans who trained to fly fighter aircraft. He grew very concerned about Japan's invasion of China's northeastern provinces in 1931, and he volunteered to serve in the Chinese Air Force in 1932. Although he was safe at home in Oregon and did not need to do this, he saw the threat of fascist invasion and

the need to face it down, and he volunteered himself to face this challenge, not only to China, but to the world.

After receiving advanced fighter training, Major Chin was ultimately assigned to the 28th Fighter Squadron, and he saw his first aerial combat in 1937, four years before America entered the war. Soon he was credited with having shot down his first enemy aircraft of the war. Though he and his comrades were almost always outnumbered, Chin and his fellow aviators fought valiantly, and by mid-1939 he had downed five enemy aircraft, making him one of the first American fighter aces of the Second World War.

But Arthur Chin's heroism was not without personal sacrifice. He was shot down three times, and on December 27, 1939, he was badly burned when his Gloster Gladiator took enemy fire and exploded. Chin spent the next years of his life enduring a painful recovery in hospitals in China, India and the United States.

After America entered the war, he returned to service in 1944 as a major in the United States Army Air Force. Major Chin spent the remainder of the war flying desperately needed supplies from India to China over the Himalayas, the air route now known as ''the hump.'' For his extraordinary service, Arthur Chin received numerous medals and awards, including the Distinguished Flying Cross.

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After the war, he returned to his native Portland where he raised a family and worked for the postal service in Beaverton. Arthur Chin passed away in September of 1997, and following his death he was honored as one of the first inductees into the American Combat Airmen's Hall of Fame.

Mr. Speaker, it is altogether fitting that we should recognize Major Arthur Chin, both a former postal worker and a genuine war hero, with a post office named in his honor. It is an appropriate memorial to an individual who courageously answered the call of duty, whether at home or abroad, and who returned home to continue serving his country as a postal worker. I strongly urge my colleagues to support this bill.

Mr. BURTON of Indiana. Mr. Speaker, I will submit the majority of my remarks for the RECORD.

I would just like to say that after reading about this gentleman, Mr. Chin, I think it is a great honor for him to receive having his name put on this post office. But he earned it. He really earned it. When you read about his exploits, as my colleague just mentioned, you can see why people like this deserve recognition.

Mr. Speaker, I rise today to honor the memory of a great American, Arthur Chin, who passed away in 1997 at the age of 85.

Angered by the Japanese invasion of China's northeastern provinces, Mr. Chin sailed to China along with other Chinese-American flyers to volunteer for the Chinese Air Force in 1932. After enlisting in the Chinese Air Force, Mr. Chin fought in many aerial battles against the more experienced Japanese.

Mr. Chin excelled in his military career and rose through the ranks to become a major in 1939. By this time, he had been shot down and wounded three times, and was severely burned when his Gloster Gladiator was hit by enemy fire at 3,000 feet and exploded.

Amazingly, he survived but he spent five years recovering in hospitals all over the world. Despite the extensive healing process, Mr. Chin valiantly flew again.

He transported supplies from India to China over the Himalayas until the end of the war.

After the war, Mr. Chin briefly flew for China National Airways Corporation in China until the Communists took over in 1949.

Upon returning to the United States, Mr. Chin settled back in his hometown of Portland, Oregon where he took a job with the United States Postal Service.

Because of his outstanding military service, he was awarded numerous medals, including the prestigious Distinguished Flying Cross. Soon after his death, Mr. Chin was also honored as one of the first American aviators inducted into the American Combat Airmen's Hall of Fame.

In recognition of his years of selfless public service to his State and country, I believe it is fitting to name a post office in Beaverton, Oregon, in Mr. Chin's honor.

I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

As a member of the House Committee on Oversight and Government Reform, I join my colleagues in consideration of H.R. 5220, which renames the postal facility in Beaverton, Oregon after the legendary Major Arthur Chin.

The measure being considered was first introduced by Congressman DAVID WU of the State of Oregon on January 29, 2008, and is cosponsored by all members of the Oregon congressional delegation. The measure was referred to the Committee on Oversight and Government Reform, and on February 26, 2008, our committee approved the bill by voice vote.

H.R. 5220 allows us to pay homage to the service of Major Arthur Chin, whose tale of heroism and dedication should be known by every American. Born in the city of Portland, Oregon, which lies in the congressional district of my dear friend, Representative DAVID WU, on October 23, 1913, Arthur Chin is best known for his service as a member of the Guangdong Provincial Air Force which was the first and original group of American volunteer combat aviators to fight in World War II.

An American-born citizen of Chinese descent, Major Chin is deemed America's first World War II ace, and in appreciation for his valiant service he has been awarded the Distinguished Flying Cross. This is in addition to having received the Five Star Medal, Six Star Medal, the Awe-Inspiring Medal 3rd Grade, and the list goes on.

Major Chin's public service didn't cease with the end of the war. After being honorably discharged from the military in 1945, Major Chin returned to private life in his hometown of Portland, Oregon. It appears that Major Chin actually worked at the Beaverton Post Office before retiring in 1980. Major Chin passed away on September 3, 1997 in Portland, only a month before his October 4 Hall of Fame of the American Airpower Heritage Museum induction ceremony.

Mr. Speaker, given Major Chin's illustrious background, I agree that it is only befitting that we pass H.R. 5220 and name the U.S. postal facility on 185th Avenue in Beaverton, Oregon after this great American citizen.

Mr. DAVIS of Illinois. yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 5220.

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

A motion to reconsider was laid on the table.

SGT. MICHAEL M. KASHKOUSH POST OFFICE BUILDING

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5400) to designate the facility of the United States Postal Service located at 160 East Washington Street in Chagrin Falls, Ohio, as the ''Sgt. Michael M. Kashkoush Post Office Building''.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5400

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

SECTION 1. SGT. MICHAEL M. KASHKOUSH POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 160 East Washington Street in Chagrin Falls, Ohio, shall be known and designated as the ''Sgt. Michael M. Kashkoush Post Office Building''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the ''Sgt. Michael M. Kashkoush Post Office Building''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentleman from Indiana (Mr. BURTON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I might consume.

As a member of the House Committee on Oversight and Government Reform, I stand with my colleagues from the Buckeye State of Ohio in consideration of H.R. 5400, which renames the postal facility in Chagrin Falls, Ohio, in honor of Sergeant Michael M. Kashkoush.

H.R. 5400 comes to us with widespread support from the Ohio congressional delegation, yet the measure was first introduced by my colleague, Representative STEVE LATOURETTE, back on February 12, 2008. The measure was taken up by the Oversight Committee on February 26, 2008, where it was passed by the panel by voice vote.

H.R. 5400 calls for honoring Sergeant Kashkoush's service to our country by naming the post office in his hometown of Chagrin Falls after him.

Assigned to the 3rd Intelligence Battalion, III Marine Expeditionary Force, Okinawa, Japan, Sergeant Michael M. Kashkoush succumbed to his death on January 23, 2007, as a result of fatal wounds received while conducting combat operations in Iraq's Anbar province.

Born and raised in Chagrin Falls, Ohio, Sergeant Kashkoush was a graduate of Chagrin Falls High School, where he was instrumental in taking the school's football and wrestling teams to winning seasons before electing to enlist in the Marine Corps after graduation. Sergeant Kashkoush was only 24 years old when he died in the line of duty as a counterintelligence/human intelligence specialist attached to the 2nd Battalion, 8th Marine Regiment, 2nd Marine Division.

Mr. Speaker, in honor of Sergeant Kashkoush's sacrifice and service to America, let us pass without reservation H.R. 5400.

I reserve the balance of my time.

Mr. BURTON of Indiana. Mr. Speaker, I yield to my good friend, Mr. LATOURETTE of Ohio, a very fine Congressman, for such time as he may consume.

Mr. LATOURETTE. I thank the gentleman from Indiana for yielding.

Mr. Speaker, I first want to thank Chairman WAXMAN and Ranking Member DAVIS for moving this legislation expeditiously through the committee and on to the floor today. And I want to thank the other Mr. DAVIS from Illinois and Mr. BURTON for so ably managing it today as well.

Mr. Speaker, Michael Kashkoush grew up in Michigan, and then he moved to Chagrin Falls to start high school. He was the beloved son of Marwan and Mary Jane Kashkoush.

He spent his freshman and sophomore years in Chagrin Falls, and then moved with his family to London for a year and returned to Chagrin for his senior year, graduating in 2001.

Michael was like many young men. His high school years had been about girls, friends, lifting weights, sports, and parties. He started college with great intentions, but didn't find it a good fit for that moment in his life and, after 2 years, he announced to his parents that he wanted to join the Marines. The exceptionally bright and capable young man said that he had led a soft life and wanted to be a marine because ''they're the toughest and most disciplined in the world.'' The Marines were the matching puzzle piece for this gifted former high school wrestler and football player.

Michael's father urged him to finish college and instead attend officers school, but Michael believed he could not lead unless he knew what it was that the grunts had to do. Marwan Kashkoush stood behind his son's choice.

Michael was an exemplary marine and was promoted to sergeant in 2005 in counterintelligence/human intelligence. He had never spoken Arabic, but at the Defense Language Institute in 6 short months he mastered the language. He had a limitless future in the Marines.

In 4 short years, the United States Marine Corps made Michael Kashkoush a man. They gave his self-described ''soft life'' purpose. He was very proud of his military service to our country. On January 23, 2007, just 10 days after being sent to Iraq, he died while conducting combat operations in Anbar province.

Earlier this year, Michael's father and stepmother, Phoebe Brockman Kashkoush, wrote to me and asked me if I would introduce this piece of legislation in honor of Michael. It was a wonderful idea, and it is a perfect one for Chagrin Falls, Ohio.

Chagrin Falls is a small, tight-knit community where neighbors are close and there is a genuine sense of community. It is a place where there are almost as many American flags as front porches, and when one of their own died, it deeply touched the community.

Chagrin Falls, a town of about 4,000 people, turned out en masse for the funeral services, and some 600 people crammed into St. Joan of Arc Catholic Church, where they sang a joyful, tearful rendition of Don McLean's ''American Pie.'' The Jaycees adorned street posts with hundreds of flags, and more than 300 people walked the half-mile trek from the church down South Franklin Street in blustery snow to Michael's final resting place.

It is fitting, Mr. Speaker, that the Chagrin Falls Post Office be named in honor of Sergeant Michael Kashkoush, and it is a wonderful remembrance for a family who has lost so much.

The father who first resisted his son's plan to enlist credits the Marines with changing his life. He said, ''They built me my best friend.''

Mr. BURTON of Indiana. Mr. Speaker, I was looking at the picture of Mr. Kashkoush, and all I can say is he exemplifies the thousands of young men and women who have gone to serve their country in Afghanistan, Iraq, and elsewhere in the world. And we just can't say enough about young people like that who go out there and risk their lives to protect our freedoms. I am very happy that my colleague from Ohio took the time to introduce this legislation, and I am very happy to support that.

I yield back the balance of my time.

Mr. DAVIS of Illinois. 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 Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 5400.

The question was taken.

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

Mr. DAVIS of Illinois. 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 motion will be postponed.

PROVIDING FOR APPOINTMENT OF JOHN W. MCCARTER AS A CITIZEN REGENT OF THE BOARD OF REGENTS OF THE SMITHSONIAN INSTITUTION

Mr. BRADY of Pennsylvania. Mr. Speaker, I move to suspend the rules and pass the Senate joint resolution (S.J. Res. 25) providing for the appointment of John W. McCarter as a citizen regent of the Board of Regents of the Smithsonian Institution.

The Clerk read the title of the Senate joint resolution.

The text of the Senate joint resolution is as follows:

S.J. RES. 25

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That, in accordance with section 5581 of the Revised Statutes (20 U.S.C. 43), the vacancy on the Board of Regents of the Smithsonian Institution, in the class other than Members of Congress, occurring because of the expiration of the term of Walter E. Massey of Georgia, is filled by the appointment of John W. McCarter of Illinois, for a term of 6 years, effective on the date of the enactment of this resolution.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from Michigan (Mr. EHLERS) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on the RECORD on this Senate joint resolution being considered today.

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

There was no objection.

Mr. BRADY of Pennsylvania. I yield myself such time as I may consume.

Mr. Speaker, Senate Joint Resolution 25 would appoint John W.

McCarter, Jr. as a citizen regent of the Smithsonian for a 6-year term. Mr. McCarter is currently the president and CEO of the Field Museum in Chicago, which is one of our Nation's great cultural institutions.

Mr. McCarter has had a diverse background in government and business in addition to his role in heading one of the Nation's great museums. A native Chicagoan, he previously was senior vice president of Booz Allen & Hamilton, president of DeKalb Corporation, and was budget director of the State of Illinois under Governor Richard B. Ogilvie. He was a White House Fellow during the administration of President Lyndon Johnson.

Mr. McCarter brings a wealth of useful skills to the board. As an experienced museum director, he may prove especially valuable in helping to implement governance reforms at the institution.

Passage of this joint resolution would fill a vacancy on the Smithsonian Board of Regents that has lasted for nearly 1 year. It continues the necessary process of bringing new blood into the Smithsonian Institution. Passage now would allow Mr. McCarter to join the board in time for a vote to appoint a new Secretary, which is expected later this month.

There is still one vacancy remaining among the citizen regents of the Smithsonian. I urge the board to send Congress a recommendation soon, so we can bring it back up to full strength.

I urge approval of the joint resolution.

I reserve the balance of my time.

Mr. EHLERS. I yield myself such time as I may consume.

Mr. Speaker, I also rise in support of S.J. Res. 25, the appointment of John W. McCarter as a citizen regent of the Smithsonian Institution's Board of Regents.

The previous speaker, the Chair of the House Administration Committee, has pointed out the outstanding record of Mr. McCarter and what he has done. He is the ideal appointee to the board of the Smithsonian.

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Mr. McCarter combines extensive experience as director of the Field Museum, which is a responsibility very similar to that of the Smithsonian Museum, although perhaps on a smaller scale. His experience in the day-to-day operations of the Field Museum will hold him in good stead on the Smithsonian Board. Furthermore, he has considerable experience in the private sector, and that experience will also be most helpful in the operation of the Smithsonian.

Mr. Speaker, we have had some problems with the Smithsonian during the past few years, with both the previous secretary and with some of the enterprises the Smithsonian has engaged in. I would volunteer that Mr. McCarter is precisely the sort of person we need to straighten out the operations of the Smithsonian, to serve with his unique knowledge in the field of museums, and also his role in business. I believe he is going to make an outstanding addition to this board. I am very confident that we should appoint him, and that he will be a well-qualified, highly capable addition to the board charged with protecting the Nation's Attic, as we fondly call the Smithsonian. I urge all of my colleagues to support this resolution.

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

Mr. BRADY of Pennsylvania. 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 Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the Senate joint resolution, S.J. Res. 25.

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

A motion to reconsider was laid on the table.

CAPITOL VISITOR CENTER ACT OF 2008

Mr. BRADY of Pennsylvania. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5159) to establish the Office of the Capitol Visitor Center within the Office of the Architect of the Capitol, headed by the Chief Executive Officer for Visitor Services, to provide for the effective management and administration of the Capitol Visitor Center, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5159

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Capitol Visitor Center Act of 2008''.

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

Sec. 1. Short title; table of contents.

TITLE I—ADMINISTRATION AND MANAGEMENT OF CAPITOL VISITOR CENTER

Subtitle A—Description of Facility

Sec. 101. Description and purposes of Capitol Visitor Center.
Sec. 102. Oversight of committees.
Sec. 103. Special rule for certain spaces in the Capitol Visitor Center.

Subtitle B—Office of the Capitol Visitor Center; Chief Executive Officer for Visitor Services

Sec. 111. Establishment.
Sec. 112. Appointment and supervision of Chief Executive Officer for Visitor Services.
Sec. 113. General duties of Chief Executive Officer.
Sec. 114. Acceptance of gifts and volunteer services.
Sec. 115. Special rules regarding certain administrative matters.

TITLE II—RELATED SERVICES PROVIDED AT CAPITOL VISITOR CENTER

Subtitle A—Related Services Described

Sec. 201. Gift shop.
Sec. 202. Food service operations.
Sec. 203. Licenses and other agreements for operations or other functions.

Subtitle B—Capitol Visitor Center Revolving Fund

Sec. 211. Establishment; accounts.
Sec. 212. Deposits in the Fund.
Sec. 213. Use of monies.
Sec. 214. Administration of Fund.

TITLE III—TREATMENT OF CAPITOL GUIDE SERVICE

Subtitle A—Transfer to Office of the Capitol Visitor Center

Sec. 301. Transfer of Capitol Guide Service.
Sec. 302. Duties of employees of Capitol Guide Service.

Subtitle B—Office of Congressional Accessibility Services

Sec. 311. Establishment of Office of Congressional Accessibility Services.
Sec. 312. Director of Accessibility Services.
Sec. 313. Transfer from Capitol Guide Service.

Subtitle C—Technical and Conforming Amendments

Sec. 321. Technical and conforming amendments.

Subtitle D—Transfer Date

Sec. 331. Transfer date.

TITLE IV—GENERAL PROVISIONS

Sec. 401. Authorization of appropriations.

TITLE I—ADMINISTRATION AND MANAGEMENT OF CAPITOL VISITOR CENTER

Subtitle A—Description of Facility

SEC. 101. DESCRIPTION AND PURPOSES OF CAPITOL VISITOR CENTER.

(a) TREATMENT AS PART OF CAPITOL.—In this Act, the ''Capitol Visitor Center'' is the facility authorized for construction under the heading ''Capitol Visitor Center'' under chapter 5 of title II of division B of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999 (Public Law 105–277; 112 Stat. 2681–569), and such facility shall be considered to be part of the United States Capitol for all provisions of law in accordance with this Act.

(b) PURPOSES OF THE FACILITY.—In accordance with the provisions of this Act, the Capitol Visitor Center shall be used to—

(1) provide enhanced security for persons working in or visiting the United States Capitol; and

(2) improve the visitor experience by providing a structure that will afford improved visitor orientation and enhance the educational experience of those who have come to learn about Congress and the Capitol.

(c) CONFORMING AMENDMENT RELATING TO VISITOR CENTER SPACE IN THE CAPITOL.—Section 301 of the National Visitor Center Facilities Act of 1968 (2 U.S.C. 2165) is repealed.

SEC. 102. OVERSIGHT OF COMMITTEES.

The Committee on Rules and Administration of the Senate and the Committee on House Administration of the House of Representatives (hereafter in this Act referred to as the ''supervising Committees'') shall exercise policy review and oversight over the Capitol Visitor Center.

SEC. 103. SPECIAL RULE FOR CERTAIN SPACES IN THE CAPITOL VISITOR CENTER.

(a) SENATE AND HOUSE OF REPRESENTATIVES EXPANSION SPACE.—Notwithstanding any other provision of this Act, the Senate and House of Representatives expansion space described as ''unassigned space'' under the heading ''Architect of the Capitol, Capitol Visitor Center'' in the Legislative Branch Appropriations Act, 2002 (Public Law 107–68; 115 Stat. 588)—

(1) shall not be treated as part of the Capitol Visitor Center for purposes of this Act; and

(2) shall be treated for purposes of law (including rules of the House of Representatives and Senate)—

(A) in the case of space assigned for the use of the Senate, as part of the Senate wing of the

Capitol and subject to the authority and control of the Committee on Rules and Administration of the Senate, or

(B) in the case of space assigned for the use of the House, as part of the House of Representatives wing of the Capitol and subject to the authority and control of the Speaker.

(b) TREATMENT OF CONGRESSIONAL AUDITORIUM AND RELATED ADJACENT AREAS.—

(1) IN GENERAL.—Notwithstanding any other provision of this Act, the space in the Capitol Visitor Center known as the Congressional Auditorium, together with each of the areas referred to in paragraph (2), shall be assigned for Congressional use by the Chief Executive Officer for Visitor Services under guidelines established by the supervising Committees.

(2) AREAS DESCRIBED.—The areas referred to in this paragraph are as follows, as identified and designated by the Architect of the Capitol on October 1, 2007:

(A) The North Congressional Meeting Room (CVC268) and the South Congressional Meeting Room (CVC217).

(B) The North Pre-function Area (CVC268CR) and the South Pre-function Area (CVC217CR).

(C) Lobbies CVC215 and CVC212.

(D) The North Cloak Room (CVC210) and the South Cloak Room (CVC208).

(E) The Projection Room (CVC209).

(F) The Green Room (CVC207).

(G) The TV Control Room (CVC105).

(H) Offices CVC101, CVC102, CVC103, CVC104, CVC106, CVC204, and CVC205.

Subtitle B—Office of the Capitol Visitor Center; Chief Executive Officer for Visitor Services

SEC. 111. ESTABLISHMENT.

There is established within the Office of the Architect of the Capitol the Office of the Capitol Visitor Center (in this Act referred to as the ''Office''), to be headed by the Chief Executive Officer for Visitor Services (in this Act referred to as the ''Chief Executive Officer'').

SEC. 112. APPOINTMENT AND SUPERVISION OF CHIEF EXECUTIVE OFFICER FOR VISITOR SERVICES.

(a) APPOINTMENT.—The Chief Executive Officer shall be appointed by the Architect of the Capitol.

(b) SUPERVISION AND OVERSIGHT.—The Chief Executive Officer shall report directly to the Architect of the Capitol and shall be subject to policy review and oversight by the supervising Committees.

(c) REMOVAL.—Upon removal of the Chief Executive Officer, the Architect of the Capitol shall immediately notify the supervising Committees and the Committees on Appropriations of the House of Representatives and Senate, stating the reasons for the removal.

(d) COMPENSATION.—The Chief Executive Officer shall be paid at an annual rate of pay equal to the annual rate of pay of the Deputy Architect of the Capitol and Chief Operating Officer of the Office of the Architect of the Capitol.

(e) TRANSITION FOR CURRENT CHIEF EXECUTIVE OFFICER FOR VISITOR SERVICES.—

(1) APPOINTMENT.—The individual who serves as the Chief Executive Officer for Visitor Services under section 6701 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriation Act of 2007 (2 U.S.C. 1806) as of the date of the enactment of this Act shall be the first Chief Executive Officer for Visitor Services appointed by the Architect under this section.

(2) CONFORMING AMENDMENT.—Section 6701 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriation Act of 2007 (2 U.S.C. 1806) is repealed.

SEC. 113. GENERAL DUTIES OF CHIEF EXECUTIVE OFFICER.

(a) ADMINISTRATION OF FACILITIES, SERVICES, AND ACTIVITIES.—

(1) IN GENERAL.—Except to the extent otherwise provided in this Act, the Chief Executive Officer shall be responsible for—

(A) the operation, management, and budget preparation and execution of the Capitol Visitor Center, including all long term planning and day-today operational services and activities provided within the Capitol Visitor Center; and

(B) in accordance with subtitle A of title III, the management of guided tours of the interior of the United States Capitol.

(2) INDEPENDENT BUDGET SUBMISSION.—

(A) IN GENERAL.—The proposed budget for the Office for a fiscal year shall be prepared by the Chief Executive Officer, and shall be included without revision in the proposed budget for the year for the Office of the Architect of the Capitol (as submitted by the Architect of the Capitol to the President).

(B) EXCLUSION OF COSTS OF GENERAL MAINTENANCE AND REPAIR OF VISITOR CENTER.—In preparing the proposed budget for the Office under subparagraph (A), the Chief Executive Officer shall exclude costs attributable to the activities and services described in section 115(b) (relating to continuing jurisdiction of the Architect of the Capitol for the care and superintendence of the Capitol Visitor Center).

(b) PERSONNEL AND OTHER ADMINISTRATIVE PROVISIONS.—

(1) PERSONNEL, DISBURSEMENTS, AND CONTRACTS.—In carrying out this Act, the Chief Executive Officer shall have the authority—

(A) to appoint, hire, and fix the compensation of such personnel as may be necessary for operations of the Office, except that no employee may be paid at an annual rate in excess of the maximum rate payable for level 15 of the General Schedule unless otherwise authorized by law;

(B) to disburse funds as may be necessary and available for the needs of the Office (consistent with the requirements of section 213 in the case of amounts in the Capitol Visitor Center Revolving Fund); and

(C) to designate an employee of the Office to serve as contracting officer for the Office, subject to subsection (c).

(2) TEMPORARY ASSIGNMENT OF PERSONNEL.—The Chief Executive Officer shall temporarily assign personnel of the Office based on a request from the Capitol Police Board to assist the United States Capitol Police by providing ushering and informational services, and other services not directly involving law enforcement, in connection with—

(A) the inauguration of the President and Vice President of the United States;

(B) the official reception of representatives of foreign nations and other persons by the Senate or House of Representatives; or

(C) other special or ceremonial occasions in the United States Capitol or on the United States Capitol Grounds that require the presence of additional Government personnel.

(3) AGREEMENTS WITH THE OFFICE OF THE ARCHITECT OF THE CAPITOL, WITH OTHER LEGISLATIVE BRANCH AGENCIES, AND WITH OFFICES OF THE SENATE AND HOUSE OF REPRESENTATIVES.—Subject to the approval of the supervising Committees, the Chief Executive Officer may place orders and enter into agreements with the Office of the Architect of the Capitol, with other legislative branch agencies, and with any office or other entity of the Senate or House of Representatives for procuring goods and providing financial and administrative services on behalf of the Office, or to otherwise assist the Chief Executive Officer in the administration and management of the Capitol Visitor Center.

(c) REQUIRING APPROVAL OF CERTAIN CONTRACTS.—The Chief Executive Officer may not enter into a contract for which the amount involved exceeds $250,000 without the prior approval of the supervising Committees.

(d) SEMIANNUAL REPORTS.—The Chief Executive Officer shall submit a report to the supervising Committees not later than 45 days following the close of each semiannual period ending on June 30 or December 31 of each year on the financial and operational status during the period of each function under the jurisdiction of the Chief Executive Officer. Each such report shall include financial statements and a description or explanation of current operations, the implementation of new policies and procedures, and future plans for each function.

SEC. 114. ACCEPTANCE OF GIFTS AND VOLUNTEER SERVICES.

(a) ACCEPTANCE OF GIFTS.—

(1) AUTHORITY TO ACCEPT AND USE GIFTS.—The Chief Executive Officer, with the approval of the supervising Committees, is authorized to receive, accept, and hold unrestricted gifts of money on behalf of the Capitol Visitor Center, and to use the gifts for the benefit of the Capitol Visitor Center

(2) ACCEPTANCE OF GIFTS OF WORKS OF ART AND OTHER RELATED OBJECTS BY OTHER LEGISLATIVE BRANCH ENTITIES.—

(A) IN GENERAL.—In the case of a gift consisting of a work of art, historical object, or exhibit for which the authority to accept the gift for display in the Capitol is provided to an entity referred to in subparagraph (B), the entity shall have the authority to accept the gift for display in the Capitol Visitor Center in accordance with the authority provided under applicable law.

(B) ENTITIES DESCRIBED.—The entities referred to in this subparagraph are as follows:

(i) The Joint Committee on the Library under section 1831 of the Revised Statutes of the United States (2 U.S.C. 2133).

(ii) The United States Capitol Preservation Commission under section 801 of the Arizona-Idaho Conservation Act of 1988 (2 U.S.C. 2081).

(iii) The House of Representatives Fine Arts Board under section 1000 of the Arizona-Idaho Conservation Act of 1988 (2 U.S.C. 2121).

(iv) The Senate Commission on Art under section 1 of Senate Resolution 382, Ninetieth Congress, agreed to October 1, 1968 and enacted into law by section 901(a) of Public Law 100–690 (2 U.S.C. 2101).

(3) ANNUAL REPORT ON GIFTS ACCEPTED.—Each semiannual report submitted under section 113(d) shall include a description of each accepted by the Chief Executive Officer under this subsection during the period covered by the report.

(b) ACCEPTANCE OF VOLUNTEER SERVICES.—Notwithstanding section 1342 of title 31, United States Code, the Chief Executive Officer may accept and use voluntary and uncompensated services for the Capitol Visitor Center as the Chief Executive Officer determines necessary. No person shall be permitted to donate his or her personal services under this section unless such person has first agreed, in writing, to waive any and all claims against the United States arising out of or connection with such services, other than a claim under the provisions of chapter 81 of title 5, United States Code. No person donating personal services under this section shall be considered an employee of the United States for any purpose other than for purposes of chapter 81 of such title. In no case shall the acceptance of personal services under this subsection result in the reduction of pay or displacement of any employee of the Office.

SEC. 115. SPECIAL RULES REGARDING CERTAIN ADMINISTRATIVE MATTERS.

(a) SPECIAL RULES REGARDING SECURITY.—

(1) SECURITY JURISDICTION OF LAW ENFORCEMENT AGENCIES UNAFFECTED.—Nothing in this Act granting any authority to the Chief Executive Officer shall be construed to affect the exclusive jurisdiction of the United States Capitol Police, the Capitol Police Board, the Sergeant at Arms and Doorkeeper of the Senate, and the Sergeant at Arms of the House of Representatives to provide security for the Capitol Visitor Center.

(2) ATTENDANCE OF CHIEF EXECUTIVE OFFICER AT CERTAIN MEETINGS OF CAPITOL POLICE

BOARD.—At the request of the Capitol Police Board, the Chief Executive Officer shall attend any portion of any meeting of the Capitol Police Board during which the Board considers issues relating to the security of the Capitol Visitor Center, including activities described in paragraph (3), or other issues relating to services provided by employees of the Office.

(3) CONSULTATION WITH CAPITOL POLICE BOARD ON SECURITY MATTERS.—The Office shall consult with the Capitol Police Board in carrying out any activity which affects the security of the Capitol Visitor Center or any other part of the Capitol, including activities relating to the hours of operation, tour routes and the number of visitors per tour guide, and other activities relating to the entry of members of the general public into the Capitol and the movement of members of the general public within the Capitol.

(4) PLAN FOR BACKGROUND CHECKS FOR EMPLOYEES.—The Chief Executive Officer, in coordination with the Chief of the Capitol Police, shall develop plans and procedures for conducting criminal history background checks on employees of the Office and individuals seeking employment with the Office (including employees of the Capitol Guide Service who are transferred to the Office under title III).

(b) SPECIAL RULES REGARDING CARE AND MAINTENANCE OF FACILITIES.—

(1) ARCHITECT OF THE CAPITOL JURISDICTION UNAFFECTED.—Nothing in this Act granting any authority to the Chief Executive Officer (including section 114) shall be construed to affect the exclusive jurisdiction of the Architect of the Capitol for the care and superintendence of the Capitol Visitor Center or any other part of the Capitol, and all maintenance services, groundskeeping services, improvements, alterations, additions, and repairs for the Capitol Visitor Center shall be carried out pursuant to the direction and supervision of the Architect subject to the oversight of Congress under applicable law (including rules of the House of Representatives and Senate).

(2) BUDGET SUBMISSION.—The Architect of the Capitol shall submit with the annual budget for the Office of the Architect of the Capitol for a fiscal year a separate, detailed statement of the costs anticipated to be incurred during the year for the activities and services described in paragraph (1) which are excluded from the annual budget for the Office which is submitted by the Chief Executive Officer under section 113(a)(2).

(c) SPECIAL RULE REGARDING EXHIBITS AND TOURS.—The Chief Executive Officer shall consider comments and recommendations from the Clerk of the House of Representatives and the Secretary of the Senate regarding the content of exhibits contained in and tours operated out of the Capitol Visitor Center.

TITLE II—RELATED SERVICES PROVIDED AT CAPITOL VISITOR CENTER

Subtitle A—Related Services Described

SEC. 201. GIFT SHOP.

(a) ESTABLISHMENT.—In consultation with the supervising Committees, the Chief Executive Officer shall establish a gift shop within the Capitol Visitor Center for the purpose of providing for the sale of gift items.

(b) EXCEPTION TO PROHIBITION OF SALE OR SOLICITATION ON CAPITOL GROUNDS.—Section 5104(c) of title 40, United States Code, shall not apply to any activity carried out under this subsection.

SEC. 202. FOOD SERVICE OPERATIONS.

(a) RESTAURANT, CATERING, AND VENDING.—The Chief Executive Officer is authorized to establish within the Capitol Visitor Center a restaurant and other food service facilities, including catering services and vending machines.

(b) USE OF CONTRACT TO CARRY OUT FOOD SERVICE OPERATIONS.—The Chief Executive Officer shall carry out all food service operations within the Capitol Visitor Center pursuant to a contract entered into with a private vendor.

(c) EXCEPTION TO PROHIBITION OF SALE OR SOLICITATION ON CAPITOL GROUNDS.—Section 5104(c) of title 40, United States Code, shall not apply to any activity carried out under this subsection.

SEC. 203. LICENSES AND OTHER AGREEMENTS FOR OPERATIONS OR OTHER FUNCTIONS.

(a) AUTHORITY.—The Chief Executive Officer is authorized—

(1) subject to the approval of the supervising Committees, to enter into licenses and other agreements to allow operations or other functions to occur within the Capitol Visitor Center; and

(2) to assess and collect charges or other fees as may be appropriate under such licenses and agreements, including the recoupment of costs associated with the operation or function being held.

(b) EXCEPTION TO PROHIBITION OF SALE OR SOLICITATION ON CAPITOL GROUNDS.—To the extent that a license or agreement entered into by the Chief Executive Officer under this section permits any person to sell or solicit the sale of goods or services within the Capitol Visitor Center, section 5104(c) of title 40, United States Code, shall not apply to the sale or solicitation of sales of such goods or services.

(c) APPROVAL OF CONGRESS REQUIRED FOR CERTAIN EVENTS.—No event intended for purposes other than those described in section 101(b) shall be held in the central hall of the Capitol Visitor Center unless authorized by a resolution agreed to by both houses of the Congress.

Subtitle B—Capitol Visitor Center Revolving Fund

SEC. 211. ESTABLISHMENT; ACCOUNTS.

There is established in the Treasury of the United States a revolving fund to be known as the Capitol Visitor Center Revolving Fund (in this section referred to as the ''Fund''), consisting of the following individual accounts:

(1) The Gift Shop Account.

(2) The Miscellaneous Receipts Account.

SEC. 212. DEPOSITS IN THE FUND.

(a) GIFT SHOP ACCOUNT.—There shall be deposited in the Gift Shop Account all monies received from sales and other services by the gift shop established under section 201, together with any interest accrued on balances in the Account.

(b) MISCELLANEOUS RECEIPTS ACCOUNT.—There shall be deposited in the Miscellaneous Receipts Account each of the following (together with any interest accrued on balances in the Account):

(1) Any gifts of money accepted under section 114(a).

(2) Any net profits or commissions paid to the Capitol Visitor Center under any contract for food service operations entered into under section 202(b).

(3) Any charges or fees collected from the operations or other functions within the Capitol Visitor Center under licenses or other arrangements entered into under section 203(a).

(4) Any other receipts received from the operation of the Capitol Visitor Center

SEC. 213. USE OF MONIES.

(a) GIFT SHOP ACCOUNT.—

(1) IN GENERAL.—All monies in the Gift Shop Account shall be available without fiscal year limitation for obligation by the Chief Executive Officer in connection with the operation of the gift shops under section 201(a), including supplies, inventories, equipment, and other expenses. In addition, such monies may be used by the Chief Executive Officer to reimburse any applicable appropriations account for amounts used from such appropriations account to pay the salaries of employees of the gift shops.

(2) OBLIGATION OF FUNDS REMAINING AFTER USE OF FUNDS FOR GIFT SHOP.—To the extent monies in the Gift Shop Account are available after disbursements and reimbursements are made under subparagraph (A), the Chief Executive Officer may obligate such monies for the operation of the Capitol Visitor Center, after consultation with—

(A) the supervising Committees; and

(B) the Committees on Appropriations of the House of Representatives and Senate.

(b) MISCELLANEOUS RECEIPTS ACCOUNT.—All monies in the Miscellaneous Receipts Account shall be available without fiscal year limitation for obligation by the Chief Executive Officer for the operations of the Capitol Visitor Center, after consultation with—

(1) the supervising Committees; and

(2) the Committees on Appropriations of the House of Representatives and Senate.

SEC. 214. ADMINISTRATION OF FUND.

(a) OBLIGATIONS.—Obligations from the Fund may be made by the Chief Executive Officer.

(b) INVESTMENT AUTHORITY.—The Secretary of the Treasury shall invest any portion of the Fund that, as determined by the Chief Executive Officer, is not required to meet current expenses. Each investment shall be made in an interest-bearing obligation of the United States or an obligation guaranteed both as to principal and interest by the United States that, as determined by the Chief Executive Officer, has a maturity date suitable for the purposes of the Fund. The Secretary of the Treasury shall credit interest earned on the obligations to the Fund.

(c) AUDIT.—The Fund shall be subject to audit by the Comptroller General at the discretion of the Comptroller General.

TITLE III—TREATMENT OF CAPITOL GUIDE SERVICE

Subtitle A—Transfer to Office of the Capitol Visitor Center

SEC. 301. TRANSFER OF CAPITOL GUIDE SERVICE.

(a) TRANSFER OF AUTHORITIES AND PERSONNEL TO OFFICE OF THE CAPITOL VISITOR CENTER.—Except as provided in subsection (c), effective on the transfer date—

(1) the contracts, liabilities, records, property, and other assets and interests of the Capitol Guide Service, established pursuant to section 441 of the Legislative Reorganization Act of 1970 (2 U.S.C. 2166), and the employees of the Capitol Guide Service, are transferred to the Office, except that the transfer of any amounts appropriated to the Capitol Guide Service that remain available as of the transfer date shall occur only upon the approval of the Committees on Appropriations of the House of Representatives and Senate; and

(2) the Capitol Guide Service shall be subject to the direction, supervision, and control of the Chief Executive Officer in accordance with this subtitle.

(b) TREATMENT OF EMPLOYEES OF CAPITOL GUIDE SERVICE AT TIME OF TRANSFER.—

(1) IN GENERAL.—Any individual who is an employee of the Capitol Guide Service on a permanent basis on the transfer date who is transferred to the Office under subsection (a) shall be subject to authority of the Chief Executive Officer under section 302(b), except that the individual shall not be reduced in grade, compensation, rate of leave, or other benefits that apply with respect to the individual at the time of transfer while such individual remains continuously so employed as a Capitol Guide within the Office, other than for cause.

(2) ELIGIBILITY FOR IMMEDIATE RETIREMENT ON BASIS OF INVOLUNTARY SEPARATION.—For purposes of section 8336(d) and section 8414(b) of title 5, United States Code, an individual described in paragraph (1) who is separated from service with the Office shall be considered to have separated from the service involuntarily if, at the time the individual is separated from service—

(A) the individual has completed 25 years of service under such title; or

(B) the individual has completed 20 years of service under such title and is 50 years of age or older.

(3) CONTINUATION OF PARTICIPATION IN STUDENT LOAN REPAYMENT PROGRAM.—Notwithstanding any other provision of law, if an individual described in paragraph (1) has a written service agreement in effect under section 102 of the Legislative Branch Appropriations Act, 2002 (2 U.S.C. 60c–5) at the time the individual is transferred to the Office, the agreement shall remain in effect in accordance with the terms and conditions applicable to the agreement at the time the individual is transferred (including the provisions of such section permitting the individual to enter into additional service agreements for successive 1-year periods of employment), except that in applying such section to the individual, the following shall apply:

(A) The Office shall serve as the employing office, and the Chief Executive Officer shall serve as the head of the employing office.

(B) The Architect of the Capitol shall carry out the responsibilities of the Secretary of the Senate.

(C) Any reference to the Committee on Rules and Administration of the Senate and the Committee on Appropriations of the Senate shall be treated as a reference to the supervising Committees.

(D) If the individual is required to make any reimbursement under such section with respect to payments made after the individual is transferred, the individual shall reimburse the Office of the Architect of the Capitol.

(4) PROHIBITING IMPOSITION OF PROBATIONARY PERIOD.—The Chief Executive Officer may not impose a period of probation with respect to the transfer of any individual who is transferred to the Office under subsection (a).

(c) EXCEPTION FOR CONGRESSIONAL SPECIAL SERVICES OFFICE.—This section does not apply with respect to any employees, contracts, liabilities, records, property, and other assets and interests of the Congressional Special Services Office of the Capitol Guide Service that are transferred to the Office of Congressional Accessibility Services under subtitle B.

SEC. 302. DUTIES OF EMPLOYEES OF CAPITOL GUIDE SERVICE.

(a) PROVISION OF GUIDED TOURS.—

(1) TOURS.—In accordance with this section, the Capitol Guide Service shall provide guided tours of the interior of the United States Capitol without charge, including the Capitol Visitor Center, for the education and enlightenment of the general public.

(2) ACCEPTANCE OF FEES PROHIBITED.—An employee of the Capitol Guide Service shall not charge or accept any fee, or accept any gratuity, for or on account of his official services.

(3) REGULATIONS OF CHIEF EXECUTIVE OFFICER.— All such tours shall be conducted in compliance with regulations approved by the Chief Executive Officer.

(b) AUTHORITY OF CHIEF EXECUTIVE OFFICER.—In providing for the direction, supervision, and control of the Capitol Guide Service, the Chief Executive Officer is authorized—

(1) subject to the availability of appropriations, to establish and revise such number of positions of Guide in the Capitol Guide Service as the Chief Executive Officer considers necessary to carry out effectively the activities of the Capitol Guide Service;

(2) to appoint, on a permanent basis without regard to political affiliation and solely on the basis of fitness to perform their duties, a Chief Guide and such deputies as the Chief Executive Officer considers appropriate for the effective administration of the Capitol Guide Service and, in addition, such number of Guides as may be authorized;

(3) with the approval of the supervising Committees, with respect to the individuals appointed pursuant to paragraph (2)—

(A) to prescribe the individual's duties and responsibilities,

(B) to fix, and adjust from time to time, respective rates of pay at single per annum (gross) rates, and

(C) to take appropriate disciplinary action, including, when circumstances warrant, suspension from duty without pay, reduction in pay, demotion, or termination of employment with the Capitol Guide Service, against any employee who violates any provision of this section or any regulation prescribed by the Chief Executive Officer pursuant to paragraph (7);

(4) to prescribe a uniform dress, including appropriate insignia, which shall be worn by personnel of the Capitol Guide Service;

(5) from time to time and as may be necessary, to procure and furnish such uniforms to such personnel without charge to such personnel;

(6) to receive and consider advice and information from any private historical or educational organization, association, or society with respect to those operations of the Capitol Guide Service which involve the furnishing of historical and educational information to the general public; and

(7) with the approval of the supervising Committees, to prescribe such regulations as the Chief Executive Officer considers necessary and appropriate for the operation of the Capitol Guide Service, including regulations with respect to tour routes and hours of operation, number of visitors per guide, staff-led tours, and non-law enforcement security and special event related support.

(c) PROVISION OF ACCESSIBLE TOURS IN COORDINATION WITH OFFICE OF CONGRESSIONAL ACCESSIBILITY SERVICES.—The Chief Executive Officer shall coordinate the provision of accessible tours for individuals with disabilities with the Office of Congressional Accessibility Services established under subtitle B.

Subtitle B—Office of Congressional Accessibility Services

SEC. 311. ESTABLISHMENT OF OFFICE OF CONGRESSIONAL ACCESSIBILITY SERVICES.

(a) ESTABLISHMENT.—There is established in the legislative branch the Office of Congressional Accessibility Services, to be headed by the Director of Accessibility Services.

(b) SUPERVISION AND CONTROL.—The Office of Congressional Accessibility Services shall be subject to the direction, supervision, and control of the Capitol Police Board.

(c) MISSION AND FUNCTIONS.—

(1) IN GENERAL.—The Office of Congressional Accessibility Services shall—

(A) provide and coordinate accessibility services for individuals with disabilities, including Members of Congress, employees of the House of Representatives and the Senate, and visitors, in the United States Capitol Complex; and

(B) in consultation with the Office of House Employment Counsel and the Senate Chief Counsel for Employment, provide information regarding accessibility for individuals with disabilities, as well as related training and staff development, to Members of Congress and employees of the House of Representatives and Senate.

(2) SPECIFIC FUNCTIONS.—The Director of Accessibility Services shall submit to the supervising Committees a list of the specific functions that the Office of Congressional Accessibility Services will perform in carrying out this subtitle with the approval of the supervising committees. The Director of Accessibility Services shall submit the list not later than 30 days after the transfer date.

(3) NO EFFECT ON AUTHORITY OF EMPLOYMENT COUNSELS.—Nothing in this subtitle shall be construed to limit any authority or function of the Office of House Employment Counsel or the Senate Chief Counsel for Employment that such Office or Counsel carries out prior to the transfer date.

(4) UNITED STATES CAPITOL COMPLEX DEFINED.—In this subsection, the term ''United States Capitol Complex'' means the Capitol buildings (as defined in section 5101 of title 40, United States Code) and the United States Capitol Grounds (as described in section 5102 of such title).

(d) CONFORMING AMENDMENT.—Section 310 of the Legislative Branch Appropriations Act, 1990 (2 U.S.C. 130e) is repealed.

SEC. 312. DIRECTOR OF ACCESSIBILITY SERVICES.

(a) APPOINTMENT AND REMOVAL; COMPENSATION.—

(1) APPOINTMENT.—The Director of Accessibility Services shall be appointed by the Capitol Police Board.

(2) REMOVAL.—The Director of Accessibility Services may be removed by the Capitol Police Board, upon notification to the supervising Committees.

(3) COMPENSATION.—The Director of Accessibility Services shall be paid at an annual rate of pay determined by the Capitol Police Board, except that such rate may not exceed the maximum rate payable for level 15 of the General Schedule.

(4) TRANSITION FOR CURRENT HEAD OF CONGRESSIONAL SPECIAL SERVICES OFFICE OF CAPITOL GUIDE SERVICE.—The individual serving as the head of the Congressional Special Services Office of the Capitol Guide Service as of the transfer date shall be appointed by the Capitol Police Board as the first Director of Accessibility Services under this subtitle.

(b) PERSONNEL AND OTHER ADMINISTRATIVE FUNCTIONS.—

(1) PERSONNEL, DISBURSEMENTS, AND CONTRACTS.—In carrying out the functions of the Office of Congressional Accessibility Services under section 311, the Director of Accessibility Services shall have the authority—

(A) to appoint, hire, and fix the compensation of such personnel as may be necessary for operations of the Office of Congressional Accessibility Services, except that no employee may be paid at an annual rate in excess of the annual rate of pay for the Director of Accessibility Services;

(B) to disburse funds as may be necessary and available for the needs of the Office of Congressional Accessibility Services; and

(C) to serve as contracting officer for the Office of Congressional Accessibility Services.

(2) AGREEMENTS WITH THE OFFICE OF THE ARCHITECT OF THE CAPITOL, WITH OTHER LEGISLATIVE BRANCH AGENCIES, AND WITH OFFICES OF THE SENATE AND HOUSE OF REPRESENTATIVES.—Subject to the approval of the supervising Committees, the Director of Accessibility Services may place orders and enter into agreements with the Office of the Architect of the Capitol, with other legislative branch agencies, and with any office or other entity of the Senate or House of Representatives for procuring goods and providing financial and administrative services on behalf of the Office of Accessibility Services, or to otherwise assist the Director in the administration and management of the Office of Accessibility Services.

(c) SEMIANNUAL REPORTS.—The Director of Accessibility Services shall submit a report to the supervising Committees not later than 45 days following the close of each semiannual period ending on June 30 or December 31 of each year on the financial and operational status during the period of each function under the jurisdiction of the Director. Each such report shall include financial statements and a description or explanation of current operations, the implementation of new policies and procedures, and future plans for each function.

SEC. 313. TRANSFER FROM CAPITOL GUIDE SERVICE.

(a) TRANSFER OF AUTHORITIES AND PERSONNEL OF CONGRESSIONAL SPECIAL SERVICES OFFICE OF CAPITOL GUIDE SERVICE.—In accordance with the provisions of this subtitle, effective on the transfer date—

(1) the contracts, liabilities, records, property, and other assets and interests of the Congressional Special Services Office of the Capitol

Guide Service, and the employees of such Office, are transferred to the Office of Congressional Accessibility Services established under section 311(a), except that the transfer of any amounts appropriated to the Congressional Special Services Office that remain available as of the transfer date shall occur only upon the approval of the Committees on Appropriations of the House of Representatives and Senate; and

(2) the employees of such Office shall be subject to the direction, supervision, and control of the Director of Accessibility Services.

(b) TREATMENT OF EMPLOYEES AT TIME OF TRANSFER.—

(1) IN GENERAL.—Any individual who is an employee of the Congressional Special Services Office of the Capitol Guide Service on a permanent basis on the transfer date who is transferred under subsection (a) shall be subject to authority of the Director of Accessibility Services under section 312, except that the individual shall not be reduced in grade, compensation, rate of leave, or other benefits that apply with respect to the individual at the time of transfer while such individual remains continuously so employed within the Office of Congressional Accessibility Services established under section 311(a), other than for cause.

(2) ELIGIBILITY FOR IMMEDIATE RETIREMENT ON BASIS OF INVOLUNTARY SEPARATION.—For purposes of section 8336(d) and section 8414(b) of title 5, United States Code, an individual described in paragraph (1) who is separated from service with the Office of Congressional Accessibility Services shall be considered to have separated from the service involuntarily if, at the time the individual is separated from service—

(A) the individual has completed 25 years of service under such title; or

(B) the individual has completed 20 years of service under such title and is 50 years of age or older.

(3) PROHIBITING IMPOSITION OF PROBATIONARY PERIOD.—The Director of Accessibility Services may not impose a period of probation with respect to the transfer of any individual who is transferred to the Office of Congressional Accessibility Services under subsection (a).

Subtitle C—Technical and Conforming Amendments

SEC. 321. TECHNICAL AND CONFORMING AMENDMENTS.

(a) EXISTING AUTHORITY OF CAPITOL GUIDE SERVICE.—Section 441 of the Legislative Reorganization Act of 1970 (2 U.S.C. 2166) is repealed.

(b) COVERAGE UNDER CONGRESSIONAL ACCOUNTABILITY ACT OF 1995.—

(1) TREATMENT OF EMPLOYEES AS COVERED EMPLOYEES.—Section 101(3)(C) of the Congressional Accountability Act of 1995 (2 U.S.C. 1301(3)(C)) is amended to read as follows:

''(C) the Office of Congressional Accessibility Services;''.

(2) TREATMENT OF OFFICE AS EMPLOYING OFFICE.—Section 101(9)(D) of such Act (2 U.S.C. 1301(9)(D)) is amended by striking ''the Capitol Guide Board,'' and inserting ''the Office of Congressional Accessibility Services,''.

(3) RIGHTS AND PROTECTIONS RELATING TO PUBLIC SERVICES AND ACCOMMODATIONS.—Section 210(a)(4) of such Act (2 U.S.C. 1331(a)(4)) is amended to read as follows:

''(4) the Office of Congressional Accessibility Services;''.

(4) PERIODIC INSPECTIONS FOR OCCUPATIONAL SAFETY AND HEALTH COMPLIANCE.—Section 215(e)(1) of such Act (2 U.S.C. 1341(e)(1)) is amended by striking ''the Capitol Guide Service,'' and inserting ''the Office of Congressional Accessibility Services,''.

(c) TREATMENT AS CONGRESSIONAL EMPLOYEES FOR RETIREMENT PURPOSES.—Section 2107(9) of title 5, United States Code, is amended to read as follows:

''(9) an employee of the Office of Congressional Accessibility Services.''.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on the transfer date.

Subtitle D—Transfer Date

SEC. 331. TRANSFER DATE.

In this title, the ''transfer date'' means the date on which the Chief Executive Officer, in consultation with the Architect of the Capitol, certifies that a certificate of occupancy for the Capitol Visitor Center has been issued by the appropriate authorities.

TITLE IV—GENERAL PROVISIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as are necessary to carry out this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from Michigan (Mr. EHLERS) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks in the RECORD on H.R. 5159.

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

There was no objection.

Mr. BRADY of Pennsylvania. Mr. Speaker, the legislation that I bring to the floor today is the end result of a long journey that goes back to the 104th Congress, when the Capitol Visitor Center, or the CVC, was first debated. Bills were introduced and none were passed. After the 1998 entry by a gunman into the Capitol and shooting of two Capitol police officers, money was appropriated in the Omnibus Consolidated and Emergency Supplemental Appropriations Act for fiscal year 1999 for the planning, construction, and design of the CVC.

While that bill provided for the bricks and mortar of the CVC, H.R. 5159, the Capitol Visitor Center Act of 2008 is the administrative blueprint or framework for the day-to-day operation and management oversight of the CVC.

H.R. 5159 defines the duties, responsibilities, and roles for a variety of administrative offices such as the Chief Executive Officer of Visitor Services, Office of the Capitol Visitor Center, and the Office of Congressional Accessibility Services. The bill also provides for visitor center services, restaurants, and the gift shop.

This bill does not affect or change staff-led tours in any way.

H.R. 5159 is a bipartisan initiative that received unanimous support and was reported out favorably with an amendment from the Committee on House Administration. I would like to take this time to thank my colleague and cosponsor, the ranking member, Mr. EHLERS, for his assistance and cooperation.

H.R. 5159 will be the first bill by the House to deal with the internal operations and organization of the CVC. H.R. 5159 is a necessary instrument to ensure that the CVC will be able to carry out its main objectives: security, visitor education and comfort. I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. EHLERS. Mr. Speaker, I also rise in support of H.R. 5159, which establishes an Office of the Capitol Visitor Center under the organization of the Architect of the Capitol.

As the Chair of the committee has pointed out, this has been a long progress, probably longer than it needed to be, but it started at the time I was the Chair of the committee. Unfortunately, the original ideas which we advanced were not accepted by all parties involved, and it has taken a considerable amount of effort to reach the point we are at today. However, what we have today is a good suggestion, a good document, a good organization, and I am very pleased with it, largely because it is very similar to what we started out with more than a year ago.

This new Office of the Capitol Visitor Center will be headed by the newly appointed Chief Executive Officer for Visitor Services, Terrie Rouse. Ms. Rouse has done a superb job in bringing together her management team to make sure that the Capitol Visitor Center is fully operational and prepared to receive visitors as soon as the building is ready to be occupied.

The legislation we are considering today provides a framework for the effective management and administration of the CVC, while at the same time ensuring that Members of the House and Senate have a definitive role to play in governing the operation of the CVC.

This marvelous building, which will be enjoyed by Americans for years to come, will operate in a way that, with this structure, will serve greatly to strengthen the safety and security of the Members, staff, and visitors to the Capitol, but above all, will create an unparalleled visitor experience for the millions of Americans who visit their Nation's Capitol each year.

In addition to being a significant administrative step in the operations of the CVC, this bill is also an important milestone as we move closer toward the facility's opening. In just a few short months, at least we hope they are a few short months, the first visitors to the CVC will have an opportunity to experience the majestic displays that highlight significant accomplishments made by the legislative branch that contributed to the development of our Nation's rich history. Though some visitors may be hundreds or even thousands of miles from home, they will remain connected through interactive kiosks that feature biographical data about their Member of Congress, and they will learn how to contact their Member.

For those Members who have not yet had an opportunity to tour the CVC, or for Members who took a CVC tour several months ago, I urge all those Members to take the time to take a new tour of the facility in its current state so that each and every Member may

experience the facility as it will appear to our constituents.

As we complete the final steps before the facility opens, I thank Chairman BRADY for his leadership in bringing this important legislation to the floor. As I said earlier, this bill has a unique history with considerable difficulties, and I commend Chairman BRADY for managing to steer this bill through the pitfalls and rapids that often encumber bills, and he has presented an excellent bill to this Congress.

This bill will ensure effective management and administration of the Capitol Visitor Center with oversight by the Committee on House Administration and the Senate Committee on Rules and Administration. I look forward to continuing to work closely with Chairman BRADY as we continue our oversight activities over the Capitol Visitor Center, and as we near its November 2008 opening date and far, far beyond. I once again thank the chairman for his good work on this bill.

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

Mr. BRADY of Pennsylvania. Mr. Speaker, I thank the gentleman for all of his cooperation on a day-to-day basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 5159, as amended.

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

A motion to reconsider was laid on the table.

EXPRESSING SENSE OF CONGRESS THAT MEMBERS' CONGRESSIONAL PAPERS SHOULD BE PROPERLY MAINTAINED

Mr. BRADY of Pennsylvania. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 307) expressing the sense of Congress that Members' Congressional papers should be properly maintained and encouraging Members to take all necessary measures to manage and preserve these papers.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 307

Whereas Members' Congressional papers (including papers of Delegates and Resident Commissioners to the Congress) serve as indispensable sources for the study of American representative democracy;

Whereas these papers document vital national, regional, and local public policy issues;

Whereas these papers are crucial to the public's understanding of the role of Congress in making the Nation's laws and responding to the needs of its citizens;

Whereas because these papers serve as essential primary sources for the history of Congress, the study of these papers will illuminate the careers of individual Members;

Whereas by custom, these papers are considered the personal property of the Member who receives and creates them, and it is therefore the Member who is responsible to decide on their ultimate disposition; and

Whereas resources are available through the Office of the Clerk of the House of Representatives and the Secretary of the Senate to assist Members with the professional and cost-effective management and preservation of these papers: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that—

(1) Members' Congressional papers (including papers of Delegates and Resident Commissioners to the Congress) should be properly maintained;

(2) each Member of Congress should take all necessary measures to manage and preserve the Member's own Congressional papers; and

(3) each Member of Congress should be encouraged to arrange for the deposit or donation of the Member's own noncurrent Congressional papers with a research institution that is properly equipped to care for them, and to make these papers available for educational purposes at a time the Member considers appropriate.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from Michigan (Mr. EHLERS) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks in the RECORD on H. Con. Res. 307.

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

There was no objection.

Mr. BRADY of Pennsylvania. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, it is very easy for Members to get caught up in the day-to-day responsibilities of their job. In between regular correspondence, speeches, and vote recommendations, Members accumulate a lot of paper. Most will not give consideration to the importance of this paper until the end or middle of their careers.

The papers generated by Members while in office reflect the issues of the day and are of historical benefit to students, scholars, and citizens in understanding the role of the House of Representatives in the Federal Government.

Mr. Speaker, H. Con. Res. 307 is a concurrent resolution that reminds Members of the importance of maintaining and archiving their papers so that future leaders and citizens of history may learn and understand the decisions that we have made. I urge passage of H. Con. Res. 307.

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

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

Mr. Speaker, I rise in support of H. Con. Res. 307, which expresses the sense of the Congress that congressional papers should be properly maintained and encourages Members to take all necessary measures to manage and preserve these papers.

This is a very important issue, and one that I am also delinquent on, as I suspect most Members are. At various times I have encouraged my staff to be certain that we take proper care of papers, that we maintain them, and that they are available for archiving once we leave office. But yet, it is a very difficult task to do this on a day-to-day basis and remember to do it.

Let me also bemoan the fact that the executive branch has been subjected to lawsuits on this isssue, and the courts have declared they must save every little piece of paper, every message, and they are open to scrutiny and subpoena at any time in the future. The net effect of this is that the White House puts hardly anything down on paper, a practice that was developed in the previous administration as well. That is unfortunate. We should have the freedom to express our thoughts freely and make certain that they are preserved in a fashion that prevents them from being used improperly in future times.

As Members of Congress, we are routinely faced with an abundance of notes, letters, and other papers that cross our desk each day. For each of us, there is a temptation to rid ourselves of today's notes and papers and begin each day anew, free from the scourge of clutter. And I know my office certainly should be more free of clutter. It would be easiest to discard these items along with rest of the day's castoffs, but as history has shown us, it is often these mundane items that have painted the most accurate and detailed picture of our Nation's history.

These papers and their contents separately may tell us very little about the place and time in which they were created, but they are threads that, when woven together, create the fabric of our democracy.

While congressional papers are the property and responsibility of the Member, the Clerk of the House and the Secretary of the Senate stand ready to assist Members of Congress in the disposition and handling of these materials. I urge all of my colleagues to join me in the effort to retain congressional documents, and in doing so, preserve a piece of history for the sake of our individual and collective posterity.

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

Mr. BRADY of Pennsylvania. I thank the ranking member, Mr. EHLERS, for your cooperation. It is a pleasure working with you from day to day.

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 Pennsylvania (Mr. BRADY) that the House suspend the

rules and agree to the concurrent resolution, H. Con. Res. 307.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1330

EXPRESSING CONDOLENCES TO THOSE AFFECTED BY THE DEVASTATING SHOOTING INCIDENT AT NORTHERN ILLINOIS UNIVERSITY

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1007) expressing the condolences of the House to those affected by the devastating shooting incident of February 14, 2008, at Northern Illinois University in DeKalb, Illinois.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1007

Whereas on Thursday, February 14, 2008, a gunman entered a lecture hall on the campus of Northern Illinois University and opened fire on the students assembled there;

Whereas the gunman took the lives of 5 students and wounded 17 more;

Whereas the 5 students who lost their lives that day were—

(1) Gayle Dubowski, age 20, of Carol Stream, Illinois, a devout member of her church who sang in the church choir and worked as a camp counselor and volunteer in rural Kentucky;

(2) Catalina ''Cati'' Garcia, age 20, of Cicero, Illinois, a first-generation American who had hoped to be a teacher, was her family's ''princess'' and inspiration, and was rarely seen without a beaming smile;

(3) Julianna Gehant, age 32, of Mendota, Illinois, who dreamed of becoming a teacher, and who spent more than 12 years in the United States Army and Army Reserve, serving our Nation and saving money for college;

(4) Ryanne Mace, age 19, of Carpentersville, Illinois, a much-loved only child who was rarely without a warm smile and hoped to be a counselor so she could help others; and

(5) Daniel Parmenter, age 20, of Westchester, Illinois, ''Danny'' to his friends, a 6-foot, 5-inch rugby player with a gentle spirit and bright future, who died trying to protect his girlfriend from gunfire;

Whereas the Northern Illinois University Police Department, the Police Departments of DeKalb, Sycamore, Aurora, Batavia, Cortland, Galesburg, Genoa, Geneva, Mendota, St. Charles, Rockford, and the Village of Winnebago, the Conservation Police, the Sheriff's Offices of DeKalb County, Winnebago County, and Kane County, the Kane County Bomb Squad, the Illinois State Police, the Federal Bureau of Investigation, the Bureau of Alcohol, Tobacco, Firearms, and Explosives, Reach/Air Angel, Flight for Life, Life Line, the Salvation Army, and the Fire and Emergency Medical Services Department of DeKalb, Sycamore, Cortland, Malta, Maple Park, Rochelle, Hampshire, Burlington, Shabbona, Hinckley, Genoa-Kingston, Waterman, Elburn, St. Charles, Ogle-Lee, Kaneville, Sugar Grove, North Aurora, and Somonauk responded to the emergency promptly and assisted capably in the initial crisis and the subsequent investigations;

Whereas the emergency responders and the doctors, nurses, and other health care providers at Kishwaukee Community Hospital, Saint Anthony Medical Center, Good Samaritan Hospital, Rockford Memorial Hospital, and Northwestern Memorial Hospital provided professional and dedicated care to the victims;

Whereas hundreds of volunteer counselors from Illinois and across the Nation have come to Northern Illinois University to assist the campus community;

Whereas the students, faculty, staff, and administration of Northern Illinois University, the people of the city of DeKalb and the State of Illinois, and all Americans have mourned the victims of this tragedy and have offered support to the victims' friends and families and to the greater Northern Illinois University community;

Whereas Northern Illinois University has established a scholarship fund to honor the memory of the students slain in the February 14 tragedy; and

Whereas the Northern Illinois University community is determined to move ''forward, together forward'', in the words of the Huskie fight song, and to persevere through this tragedy with heavy hearts but unbroken spirits: Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses its sincere condolences to the families, friends, and loved ones of those who were killed in the tragic shooting on February 14, 2008, at Northern Illinois University in DeKalb, Illinois: Gayle Dubowski, Catalina Garcia, Julianna Gehant, Ryanne Mace, and Daniel Parmenter;

(2) extends its support and prayers to those who were wounded and wishes them a speedy recovery;

(3) commends the emergency responders, law enforcement officers, health care providers, and counselors who performed their duties with professionalism and dedication in response to the tragedy;

(4) reaffirms its commitment to helping ensure that schools, colleges, and universities in the United States are safe and secure environments for learning; and

(5) expresses its solidarity with Northern Illinois University and its students, faculty, staff, and administration as they mourn their losses and as they recover from this tragic incident.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I request 5 legislative days during which Members may insert material relevant to H. Res. 1007 into the RECORD.

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

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I might consume.

Mr. Speaker, I rise today to offer my deepest sympathies to the victims and families who suffered the horrific shooting tragedy at Northern Illinois University. My thoughts and prayers go out to all those who have suffered through this great loss, especially the families, students, faculty and staff of the university.

Northern Illinois University is one of the largest schools in Illinois, providing higher education to more than 25,000 students. The effects of this tragedy can be felt all across the State, and have echoed throughout the Nation.

Parents send their children to school each day to learn about the world around them and to grow and develop into responsible adults. Parents that send their children off to college expect that they will be safe and will graduate with newfound knowledge and a bright future.

As we mourn with the Northern Illinois University community, this Congress must continue in its work to make all schools safe in order to prevent this kind of tragedy in the future. We must continue to work with our colleges and universities to develop ways to anticipate, identify and prevent these horrific and disturbing acts of violence.

Mr. Speaker, we stand to show our support to the family, students, faculty and staff of Northern Illinois University who continue on despite the tragic events surrounding them. I know that the healing process will take time, but I also hope that some day soon, all members of the Northern Illinois University community will feel the safety and security that all students should have.

Mr. Speaker, especially do I want to extend appreciation to the president of Northern Illinois University, to the faculty and staff, and especially one program, something called the Chance Program, which opens its doors to students from all over the State, provides the sanctuary of the opportunity to get the best possible education, and we hope that they can put this tragedy behind them as we continue to move forward.

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

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

Mr. Speaker, I rise today in support of House Resolution 1007 to pay final respects and express the condolences of the House of Representatives for those affected by the devastating shooting incident on the campus of Northern Illinois University in DeKalb, Illinois on February 14, 2008.

On that dark Valentine's Day, five students lost their lives, and 17 others were injured. Those five who were taken from their families are: 20-year-old Gayle Dubowski of Carol Stream, 20-year-old Catalina Garcia of Cicero, 32-year-old Julianna Gehant of Mendota, 19-year-old Ryanne Mace of Carpentersville, and 20-year-old Daniel Parmenter of Westchester.

The wounds suffered that day have been deeply felt by those families that lost loved ones, but the entire Nation shares in their pain. Messages of support continue to flow in from across the country and around the world.

I would like to take special note of the extraordinary outpouring of kindness and sympathy from the students

and faculty of Virginia Tech. Having endured a similar tragedy just last spring, their words of wisdom and perseverance have given strength to many in the NIU community.

Our Nation's universities and colleges are places where students begin to embrace adulthood, where they begin to relish a newfound freedom, and where they begin to realize their dreams. For many they are places that offer new beginnings and pathways to brighter futures. To have that cut short for these five young men and women by such a senseless act is almost beyond comprehension. So today we come together to comfort one another and pray that the Northern Illinois University community and our Nation can begin to heal in the aftermath of this unspeakable tragedy.

We also come together to support the efforts of America's higher education leaders and administrators to ensure tight security and safe conditions for all students. The recent violence on college campuses has American families concerned. As a Nation we must work to create safe yet accessible facilities and ensure that parents don't have to fear for their children's lives when they send them off to school. If ever there were a place where America's youth should feel safe, it is in institutions of learning.

Mr. Speaker, I also believe that we owe sincere and heartfelt gratitude to NIU's administration, the law enforcement officers, faculty and students for the way they have handled the crisis. The strong, coordinated response by campus security reflects long hours of training and undoubtedly saved the lives of potential victims. And the entire DeKalb community, both on and off campus, has shown unity and courage in the face of extraordinary adversity.

Simply put, no one can ever be truly prepared to handle a tragedy like this, but the response of the Northern Illinois University family has been a credit to them and to the State of Illinois.

So in the spirit of the NIU Husky fight song, let us now move ''forward, together forward,'' and may we all learn from the example of NIU as we tackle future challenges that face our Nation.

I ask my colleagues to keep the students and families of NIU in their thoughts and prayers, and I ask for their support of this resolution.

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

Mr. DAVIS of Illinois. Mr. Speaker, I continue to reserve.

Mrs. BIGGERT. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. MANZULLO).

Mr. MANZULLO. Mr. Speaker, I rise to offer my deepest sympathies to the victims and their families who suffered the horrific shooting tragedy at Northern Illinois University.

I would like to offer my deep thanks and gratitude to Chairman GEORGE MILLER and Ranking Member BUCK MCKEON of the Education and Labor Committee for allowing this resolution to come to the floor for expedited consideration.

Northern Illinois University is one of the largest schools in Illinois. It's over 25,000 students, and it's centered in the corn fields in the beautiful city of DeKalb, Illinois. And it reaches throughout the entire State and indeed around the country and in many cases around the world with the diversity of the foreign students. My colleagues and I represent thousands of Northern Illinois University faculty, staff and graduates. The tragedy has shaken all of us.

Schools are supposed to be a sanctuary of safety, which is why the news that came out of NIU on the afternoon of February 14 was particularly tragic. A lone gunman, a former NIU student, opened fire on an oceanography class, killing five students and wounding 17 more in a matter of seconds. The NIU police were in the auditorium within 30 seconds of the shots being fired. Shortly afterwards he killed himself, but all of the shooting took place prior to the police arriving, even in that short period of time. Many of us remember the shock we felt almost a year ago when 33 members of the Virginia Tech community were lost in a similar senseless act of violence.

As a father of three children in college, I cannot even imagine the sorrow and hurt the families are experiencing. I shared that a bit this past week when I, along with Senators DURBIN and OBAMA and Representatives EMANUEL, ROSKAM and BEAN stood with a crowd of more than 10,000 mourners on the NIU campus to memorialize this tragedy.

But still the sorrow and the shock remain. We cannot bring back these young men and women to the classroom, to the sidewalks of DeKalb, or to the arms of their families. We cannot explain why, but we continue to search for answers. But as we did last week at NIU, we can pause to remember the spirit, energy and life of each of the five students lost in this tragedy.

Gayle Dubowski, was a 25-year-old anthropology major from Carol Stream. She loved the arts, and was committed to her Christian faith. Her friends remembered her as a sweet and genuine person, someone who shined brightly for her Lord on the campus of NIU.

Catalina Garcia, 20 years old of Cicero, Illinois, a first-generation American who hoped to be a teacher. An honor student, an athlete and a dancer in high school, her teachers remember her as a quiet girl but with big ideas. Jamie Garcia, her older brother, says he'll always remember her as the family princess.

Julianna Gehant, age 32 of Mendota, Illinois, had served our Nation for 12 years in the Army and Army Reserves. She enrolled at NIU to major in elementary education, a childhood friend remembered, because she loved the innocence and creativity of children.

Ryanne Mace, age 19 of Carpentersville, was an only child whose friends remember her rarely being without a smile. She majored in psychology to pursue her dream of helping others. Her roommate remembers her as a vibrant person, full of life, never wanting to miss a beat.

Daniel Parmenter, age 20 of Westchester, Illinois, is remembered as a 6-foot-5 rugby player with a gentle spirit and a bright future. His family has memories of his touching gestures, phone calls and small acts of love and courage. His last act of love was to throw himself in front of his girlfriend and he took the fire and was killed. And she was injured.

It is an honor to have these students remembered in this body and to remember the courage of those who responded that day. The purpose of this resolution is to express the condolences of the House to those affected by this devastating tragedy.

The Bible tells us to mourn with those who mourn, to pray for one another that we may be healed. We pray the healing continue for the families and the victims of Northern Illinois University.

Mrs. BIGGERT. We have no further speakers, so with that, Mr. Speaker, let me just close by saying, let us keep all of these young people who we mourn in our thoughts and prayers; and let us move forward to find ways to keep our children safe in school and everywhere, that they may fulfill their dreams and continue on with their lives.

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

Mr. DAVIS of Illinois. Mr. Speaker, I would close by just simply commending the State of Illinois, led by its Governor, its United States Senators, both Senators DURBIN and OBAMA, Representative MANZULLO, Representative RAHM EMANUEL, the mayor of the City of DeKalb, all of the elected officials from the surrounding communities who joined the 10,000 people who came to a memorial service to express their sorrow, but also to express their sense of hope, to express their sense of frustration, to express their sense of solidarity with all of these students and their families, with the hope and the pledge that we will do everything in our power to try and make sure that this type tragedy does not continue to occur and reoccur on our college campuses across the Nation.

Mr. HARE. Mr. Speaker, I rise today in support of H. Res. 1007 and join with my colleagues in expressing my condolences to those who have been affected by the shooting incident at Northern Illinois University that killed 6 and injured 18 people last month. I thank my friend and fellow Illinois colleague, Representative DON MANZULLO for introducing this resolution.

I know that words will not bring those six people back or erase the fear in the eyes of those injured by this event. All I can say is that my heart goes out to the families of the

victims, and to the students and faculty who survived—I too mourn with you.

Northern Illinois University is less than 100 miles northeast of my congressional district, so news of the shooting hit close to home for me. At a time like this we find ourselves asking "why?" and jumping to conclusions about campus security and gun control. However, we seldom talk about the stigma of mental health in our Nation. I find it appropriate that on the same day we are considering this resolution, we are also debating the Paul Wellstone Mental Health and Addiction Equity Act, legislation that will make it easier for people to seek and receive mental health treatment.

I believe we need to do more on mental health care in this country in addition to other measures to make our schools, our children and our young adults safe.

Again, my condolences go out to all those affected by the horrific shooting at Northern Illinois University—may you find comfort in those still with you and my you come together as a community once again and move forward to better times.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in strong support of H. Res. 1007, expressing the condolences of the House to those affected by the devastating shooting incident of February 14, 2008 at Northern Illinois University in Dekalb, Illinois.

The shootings at Northern Illinois University, on Thursday, February 14, reminded us once again that the wrath of violence can easily destroy the lives of many students seeking education. On that day, a gunman took the lives of 5 students and wounded 17 more. My deepest sympathies and thoughts are with the victims, their families, and the community of students, teachers, and staff.

This reaffirms the steps we must take as public officials to ensure that schools, colleges, and universities in the United States are a safe and secure environment for learning. We must take a hard look at gun regulation. We must regulate the process by which civilians are able to obtain firearms for the sake of protecting those who may be victims of senseless crimes. Americans must stop apologizing and actually do something about the problem. We must stop denying that problems like this will never happen in our communities. A system of educating students and parents about gun safety should be paralleled with education systems by providing students with councelors, or spiritual advisors.

I express my deepest condolences to the families, friends, and loved ones of those who were killed in the tragic shooting: Gayle Dubpwski, Catalina Garcia, Julianna Gehant, Ryanne Mace, and Daniel Parameter. As citizens of the United States, we offer support to the victims' families with prayer and hope for a speedy recovery to those who were wounded. I commend the emergency responders, law enforcement officers, health care providers, and counselors who performed their duties with professionalism and dedication in response to the tragedy.

The Northern Illinois University Community must be determined to move 'forward, together forward', in the words of the Huskie fight song, and persevere through this tragedy. Indeed they must trod with heavy hearts but unbroken spirits.

I cannot begin to understand how the actions of something so terrible could occur in one of our institutions of higher learning. Our Nation continues to grapple with this horrific event. We can never completely understand why these things happen. I realize that no words can heal the wounds of February 14, 2008 for the NIU family, but I extend my arms as a Member of the United States Congress in offering all of my prayers, support, and hugs for your family during this difficult time.

Mr. DAVIS of Illinois. 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 Illinois (Mr. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 1007.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1345

NATIONAL SCHOOL BREAKFAST PROGRAM

Mr. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1013) expressing the sense of Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1013

Whereas breakfast program participants under the Child Nutrition Act of 1966 include public, private, elementary, middle, and high schools, as well as rural, suburban, and urban schools;

Whereas almost 17,000 schools that participate in the National School Lunch Program do not participate in the National School Breakfast Program;

Whereas in fiscal year 2006, 7,700,000 students in the United States consumed free or reduced-price school breakfasts provided under the National School Breakfast Program established by section 4 of the Child Nutrition Act of 1966;

Whereas less than half of the low-income students who participate in the National School Lunch Program also participate in the school breakfast program;

Whereas implementing or improving classroom breakfast programs have been shown to increase the participation of eligible students in breakfast consumption dramatically, doubling, and in some cases tripling, numbers, as evidenced by research in Minnesota, New York, and Wisconsin;

Whereas making breakfast widely available through different venues or a combination thereof, such as in the classroom, obtained as students exit their school bus, or outside the classroom, has been shown to lessen the stigma of receiving free or reduced-price breakfast, which often prevents eligible students from obtaining traditional breakfast in the cafeteria;

Whereas providing free universal breakfast, especially in the classroom, has been shown to significantly increase school breakfast participation rates and increase absences and tardiness;

Whereas studies have shown that access to nutritious programs such as the National School Lunch Program and National School Breakfast Program helps to create a strong learning environment for children and helps to improve children's concentration in the classroom;

Whereas providing breakfast in the classroom has been shown in several instances to improve attentiveness and academic performance, while reducing tardiness and disciplinary referrals;

Whereas students who eat a complete breakfast have been shown to make fewer mistakes and work faster in math exercises than those who eat a partial breakfast;

Whereas studies suggest that eating breakfast closer to classroom and test-taking time improves student performance on standardized tests relative to students who skip breakfast or have breakfast at home;

Whereas studies show that students who skip breakfast are more likely to have difficulty distinguishing among similar images, show increased errors, and have slower memory recall;

Whereas children who live in families that experience hunger have been shown to be more likely to have lower math scores, face an increased likelihood of repeating a grade, and receive more special education services;

Whereas studies suggest that children who eat breakfast have more adequate nutrition and intake of nutrients, such as calcium, fiber, protein, and vitamins A, E, D, and B–6; and

Whereas children who fail to eat breakfast, whether in school or at home, are more likely to be overweight than children who eat a daily healthy breakfast: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the importance of the National School Breakfast Program and its overall positive effect on the lives of low-income children and families, as well as its effect on helping to improve a child's overall classroom performance;

(2) expresses support for States that have successfully implemented school breakfast programs in order to improve the test scores and grades of its participating students; and

(3) encourages states to strengthen their school breakfast programs by improving access for students, to promote improvements in the nutritional quality of breakfasts served, and to inform students and parents of healthy nutritional and lifestyle choices.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DAVIS) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent for 5 legislative days during which Members may insert material relevant to H. Res. 1013 into the RECORD.

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

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as she might consume to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE of Wisconsin. Mr. Speaker, I thank so much the gentleman from Illinois for yielding.

I rise today to express my strong support for H. Res. 1013, which emphasizes

the importance of school breakfast programs and their positive impact on a child's overall academic performance.

Again, I would like to thank the Education and Labor Committee for bringing this resolution forward in honor of National School Breakfast Week.

Mr. Speaker, every 35 seconds a child is born into poverty in this country. A recent survey done by the Department of Agriculture reported the prevalence of persistent hunger among children in the United States to be about 18 percent. In fact, as a Nation, we've seen a steady increase in childhood poverty since 2000, and we're now at nearly 13 million poor children. This means that every year there's an increased need for child nutrition programs.

Children represent a disproportionate share of the poor, Mr. Speaker, in the United States. While children are only 25 percent of our total population, they represent 35 percent of the poor.

With increased energy costs, medical copayments, higher rents and mortgages, these children live in distressed families that have difficulty providing their children an adequate breakfast every day.

The National School Breakfast Program is one of the most important school nutrition programs because it provides children with the nutrients needed to get the school day off to a healthy start; and, indeed, the National School Breakfast Program serves as a critical safety net for America's poor.

In fiscal year 2006, 9.8 million students participated in the National School Breakfast Program, and a total of 1.7 billion breakfasts were served, 81 percent of which were free or at reduced prices.

This past year, my own State of Wisconsin saw the most significant increase in school breakfast participation with a 25.3 percent growth rate, and that is largely due to implementation of universal classroom breakfast in most of Milwaukee's public elementary schools.

School breakfasts under this program must meet the nutrition standards under the Dietary Guidelines for Americans which recommend that no more than 30 percent of an individual's calories come from fat and less than 10 percent from saturated fats. In addition, breakfasts must provide one-fourth of the Recommended Dietary Allowance for protein, calcium, iron, vitamin A, vitamin C, and calories.

A 2002 study done by Massachusetts General Hospital and Harvard Medical School concluded that children who are at nutritional risk have significantly poorer attendance, punctuality, and poorer grades.

The study also showed that children whose parents reported food insufficiency were more likely to have repeated a grade in school, lower scores on standardized tests, lower grades in math, and more days tardy and absent from school.

Studies have also shown that students who fail to eat an adequate breakfast increase their chances of becoming obese.

With the growing amount of uninsured children, we must work to establish and expand the National School Breakfast Program in all States.

So, in honor of National School Breakfast Week, I ask that you vote to pass this resolution.

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

Mr. Speaker, I rise today in support of House Resolution 1013, expressing the sense of the Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

The National School Breakfast Program was created in 1966 to help schools serving breakfast to ''nutritionally needy'' children. Made permanent in 1975, the program focuses on those schools where assistance is needed to provide adequate nutrition for students.

The School Breakfast Program is administered by the U.S. Department of Agriculture's Food and Nutrition Service through State education agencies, in agreement with local school food authorities, in nearly 84,000 schools and institutions.

In fiscal year 2006, over 9.7 million children participated in the School Breakfast Program daily. Of those, 7.9 million received their meals for free or at a reduced price. In my home State of Illinois, more than 223,000 students received free and reduced-price breakfasts daily.

Public or nonprofit private schools serving K–12 and public or nonprofit private residential child care institutions may participate in the School Breakfast Program. School districts and independent schools that choose to take part in the breakfast program receive cash subsidies from the U.S. Department of Agriculture for each meal they serve. In return, they must serve breakfasts that meet Federal requirements, and they must offer free or reduced breakfasts to eligible children.

Many States that have implemented school breakfast programs have seen encouraging outcomes. Maryland has seen an increase in standardized test scores 17 percent above the State average, an 8 percent reduction in tardiness, and a reduction in referrals to the office for discipline by 20 percent.

Unfortunately, the problem persists that millions of children go to school hungry each day, even though breakfast is the most important meal of the day. The Federal child nutrition programs can offer a great deal in the promotion of nutrition and wellness, especially in terms of assisting those children most in need. That is why I stand in support of this resolution, encouraging every child to start the school day with a nutritious breakfast in order to learn, grow, and develop to their fullest potential.

I ask for my colleagues' support.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as he might consume to the gentleman from New Jersey (Mr. SIRES).

Mr. SIRES. Mr. Speaker, let me start by recognizing the good work of my colleague, Congresswoman GWEN MOORE. I appreciate her efforts to bring this important program to our attention.

The School Breakfast Program began as a pilot program in 1966 and has grown to serve over 10 million children nationwide. In New Jersey, almost 145,000 students ate a school breakfast during the 2007 school year; yet there are many students who cannot participate because their school does not offer this program.

This is important because research has shown how vital a good breakfast is for learning. Children who eat a healthy breakfast have higher standardized test scores; do much better in math, reading, and vocabulary tests; and attend school more regularly compared with children who do not eat breakfast.

Congress should act to increase funding for this program so that many more students can be served. It is a smart investment in our future. I encourage all of my colleagues to support this resolution and this important program.

I thank Congresswoman MOORE.

Mrs. BIGGERT. Mr. Speaker, I have no other speakers. So, if there are none on the other side, I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself time to close.

Mr. Speaker, I rise today in support of H. Res. 1013, which expresses the sense of Congress that providing breakfast in school has a positive impact on classroom performance.

We all know that breakfast is the most important meal of the day. Indeed, good nutrition is a vital factor in a child's ability to grow and thrive. According to the Center on Hunger, Poverty and Nutrition, hungry children have less energy for cognitive and social activities, thereby hampering their ability to learn.

The National School Breakfast Program was established as a pilot program by the Child Nutrition Act of 1966 and made permanent in 1975. The program was created to ensure that all students start the school day with a nutritious breakfast and enter the classroom ready to learn. Over the last five decades, the National School Breakfast Program has continued to grow. It now operates in nearly 84,000 public and nonprofit schools and residential care institutions nationwide. In 2006, 9.7 million children participated in the National School Breakfast Program each day; 7.9 million of those students received free or reduced-price breakfasts.

Again, I want to commend my colleague from Wisconsin, Representative GWENDOLYN MOORE, for introducing this resolution, join with all of those

who have expressed its merit, and urge passage.

Mr. McGOVERN. We all know that breakfast is the most important meal of the day. We also know that it's nearly impossible to learn on an empty stomach. These are two of the most important reasons why the school breakfast program is so important.

I'm pleased to be a cosponsor of this important resolution recognizing the importance of school breakfasts. I want to commend the gentlewoman from Wisconsin, Congresswoman MOORE, for introducing this important resolution and I want to recognize and honor the members of the School Nutrition Association who are here in Washington, DC, this week for their national conference.

The school breakfast program allows qualified students to eat a meal at school for either free or for a reduced price. Together with the school lunch program and after school meal programs, the school breakfast program allows America's school-aged children to receive nutritious meals while at school.

Unfortunately, there are shortcomings in the school meal program that need to be addressed in the future.

One issue is the underfunding of summer feeding programs. The Federal Government does not fund summer meals at the same level as it funds meals delivered at school. Any child who receives a meal at school shouldn't have to go without a meal during the summer months simply because Congress doesn't properly fund that part of the program.

Another is obesity and nutritious foods. Obesity is a real crisis and we need to ensure that our children are eating the most nutritious foods available. School meals must meet rigorous nutritional standards and they should be consistent nationwide. We also have to be conscious about the rising cost of food and the impact of these rising costs on the school meal programs.

A third issue is the difference between free and reduced price meals. Unfortunately, some qualified children receive free meals at school while others must pay a portion of the meal price.

Finally, I want to express my strong support for school breakfast programs that begin when class starts, or ''at the bell.'' Most children who eat school breakfast must arrive at school before class starts. That can be both a hardship for the children and their families in trying to get them to school in time to eat. But it can also be a social stigma for these children who arrive early to eat because it's clear which children must arrive early to eat. We can eliminate that social stigma by serving school breakfasts at the bell.

The Child Nutrition Act will be reauthorized next year, and we will have an opportunity to make substantive improvements in these important school meal programs. But today, we are recognizing the importance of the school breakfast programs and honoring the people who administer and work on these programs in school districts across the country.

Mr. KIND. Mr. Speaker, I rise today in honor of National School Breakfast Week and in support of a resolution that recognizes how providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

It is often stated that breakfast is the most important meal of the day, and yet a great number of children begin their school day without access to a nutritious breakfast. As a former member of the House Education and Labor Committee and the father of two young boys, I understand the vital link between a healthy diet and successful performance in school. We must ensure that schools have the resources necessary to provide each student the nourishment necessary to get them through their day.

With over 8.1 million students participating in the school breakfast program, schools recognize the benefits of making sure that all children have a healthy breakfast to start their day; however, there are still many students not at the table and their academic progress may be suffering. It has been shown that school breakfast programs have led to a drastic reduction in school tardiness and provide students with the vital nutrients they need for remaining attentive in class and processing the information. They receive. We can simultaneously improve the physical well-being of our students while also improving their performance in the classroom.

The National School Breakfast Program provides students with the healthy start to the day that they need to succeed. I ask my fellow Members to join me in offering their full support of this resolution. Together we can ensure that our commitment to the physical health of our students matches our commitment to their academic progress.

Ms. JACKSON-LEE of Texas. Mr. Speaker I rise today in support of H. Con. Res. 1013 Expressing the sense of the Congress that providing breakfast in schools through the National School Breakfast Program has a positive impact on classroom performance.

Research shows that eating breakfast affects a child's overall performance during school. A nutritious breakfast provides students with the energy needed to start the day. Students who eat breakfast before school do not face hunger symptoms such as headache, fatigue, sleepiness and restlessness. In turn eating breakfast helps students to think faster when doing school work and respond more clearly to teacher questions.

A good balanced breakfast has been linked to causing an increase in mental performance, helping to keep students from ''drifting'' during class, causing them to be calmer and less anxious. Those are things that are important for success in class.

Studies also show that eating a solid breakfast is a major way to fight child obesity. Because this is an easy way to fight obesity breakfast helps not only in the area of health but in academics as well. It is hard for our children to have their minds on school when their stomachs are empty. Because of this reason and the important link between adequate nourishment and educational performance I stand in support of H. Con. Res. 10l3.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 1013.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF H.R. 1424, PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007

Ms. CASTOR. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1014 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1014

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 1424) to amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans. The bill shall be considered as read. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. In lieu of the amendments recommended by the Committees on Energy and Commerce, Ways and Means, and Education and Labor, the amendment in the nature of a substitute printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) two hours of debate equally divided among and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce, the chairman and ranking minority member of the Committee on Ways and Means, and the chairman and ranking minority member of the Committee on Education and Labor; and (2) one motion to recommit with or without instructions.

SEC. 2. In the engrossment of H.R. 1424, the Clerk shall—

(a) add the text of H.R. 493, as passed by the House, as new matter at the end of H.R. 1424;

(b) conform the title of H.R. 1424 to reflect the addition to the engrossment of H.R. 493;

(c) assign appropriate designations to provisions within the engrossment; and

(d) conform provisions for short titles within the engrossment.

SEC. 3. During consideration of H.R. 1424 pursuant to this resolution, notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to such time as may be designated by the Speaker.

□ 1400

POINT OF ORDER

Mr. BROUN of Georgia. Mr. Speaker, I make a point of order against the consideration of the resolution because it is in violation of section 426(a) of the Congressional Budget Act.

The resolution provides that ''all points of order against consideration of the bill are waived except those arising under clause 9 and 10 of rule XXI.'' This waiver of all points of order includes a waiver of section 425 of the Congressional Budget Act which causes the resolution to be in violation of section 426(a).

The SPEAKER pro tempore. The gentleman from Georgia makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974.

The gentleman has met the threshold burden to identify the specific language in the resolution on which the point of order is predicated. Such a point of order shall be disposed of by the question of consideration.

The gentleman from Georgia and a Member opposed, the gentlewoman from Florida, each will control 10 minutes of debate on the question of consideration.

After that debate, the Chair will put the question of consideration, to wit: Will the House now consider the resolution?

The Chair recognizes the gentleman from Georgia.

Mr. BROUN of Georgia. Mr. Speaker, I have both professional and personal interest in this bill. I'm a medical doctor, and for years I've treated depression, anxiety, a lot of panic disorders. I'm also an addictionologist. I've treated drug and alcohol addiction and eating disorders. And so I've had many patients over the years that have had these kinds of problems.

My mom has been involved in dealing with her own depression all the way up until she died of metastatic breast cancer, and she worked with the mental health society in our home community.

I also have personal interest in this bill because my wife has suffered from depression. She has an eating disorder and has dealt with this in her history. She has suffered from depression to the point that several years ago she even tried to take her own life, and except for the grace of God she should have died. And so I do have a very personal interest in this bill. Mr. Speaker, this is why I have a vested interest in how Congress addresses health care, and especially mental health coverage.

CBO estimates that the cost of the mandates to the private sector in this bill would be at least $1.3 billion in 2008; and this would rise to $3 billion in 2012. The Unfunded Mandates Reform Act, or UMRA, establishes an annual threshold that cannot be exceeded, at least without Congress waiving this rule. For 2007, that threshold amount is $131 million, a great deal of money. This bill exceeds the $131 million threshold by over $1 billion, and it will place a crushing burden on private health insurers and millions of Americans seeking affordable health insurance. These mandates will directly harm businesses and Americans' ability to obtain affordable health insurance.

This legislation is very well intended. It is also rash and very poorly drafted and I assure you that if this mental health parity bill is signed into law in its current form, it will result in at least three things:

H.R. 1424 will increase health insurance and mental health costs;

H.R. 1424 will result in Americans losing their mental health coverage due to the mandates and the increased costs of those mandates;

H.R. 1424 will result in a myriad of lawsuits.

I testified before the Rules Committee last night and offered two amendments that would have drastically improved this legislation. Well, the Democratic majority, instead of choosing to allow an honest dialogue and an open debate on an extremely important issue of mental health, they chose to deny all amendments to this legislation. Not only that, the majority changed the underlying bill's language late last night and inserted the text of the Genetic Information Non-Discrimination Act. This legislation will further erode mental health parity and jeopardize affordable group health insurance in America.

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

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

I strongly oppose the gentleman's point of order.

This point of order is being raised today for one purpose and one purpose only, that is, to block this rule and ultimately the underlying bill, an underlying bill that prohibits discrimination against Americans with mental illness.

I'm heartened by the fact that I do not believe the gentleman's point of order comes from a unanimous opinion of the other side of the aisle because the underlying bill is a bipartisan effort cosponsored by 274 Members of the House of Representatives. Yet there are opponents of this bill, and they will raise these dilatory tactics. The opponents don't even want to allow a debate or a final vote on this critical measure. They simply want to stop the process and kill the bill through this procedural maneuver.

So despite whatever dilatory procedural devices the other side tries to use to stop this bill, we will stand up for the millions of Americans who need parity in mental health coverage, and we will vote to consider this important legislation today.

We must consider this rule, and we will pass the Paul Wellstone Mental Health and Addiction Equity Act today.

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

Mr. BROUN of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Washington (Mr. HASTINGS).

Mr. HASTINGS of Washington. I thank the gentleman for yielding.

I could hardly believe my ears when I heard my friend from Florida say that this is a dilatory tactic, and the idea was to, what was it, to deny a vote on this bill? For goodness sakes. Last night there were several attempts, several attempts to try to improve this bill in a way that would make it more palatable to more people in this House, and they were turned down every time by the majority, Democrat majority, in the Rules Committee. And so for my friend from Florida to stand up and say that that is an attempt to kill this bill, when last night she participated in an exercise to do exactly that, is just beyond me.

Mr. BROUN of Georgia. Mr. Speaker, I want to say that I resent my sincerity on this being questioned by the gentlelady from Florida. I am very sincere about this.

Ms. CASTOR. Will the gentleman yield?

Mr. BROUN of Georgia. No, ma'am.

I am very sincere about this. I talked to the Rules Committee last night. I have talked on this floor here tonight. And for you to make these charges that I'm not sincere about this bill is absolutely incorrect. Maybe the gentlelady didn't hear me, but I have very personal interests in mental health. It is an extremely important issue to me, to my wife, to my family. And for you to say I'm not sincere about this, I am just very shocked about that. But I am sincere.

This bill, the way it's written, is going to actually deny people mental health coverage. We tried to fix it last night, make it better. And those attempts were denied over and over and over again.

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

Ms. CASTOR. Mr. Speaker, I am pleased at this time to yield 2 minutes to my colleague from Tennessee (Mr. COHEN).

Mr. COHEN. I thank the gentlelady from Florida for making this time available.

My father was a physician. After being a pediatrician for many years, he chose to change his specialty and go into psychiatry, and then child adolescent psychiatry. As a result of that, I was exposed to mental health issues and mental health treatment and the need for mental health professionals throughout this country.

There has been a misconception in this country about people needing mental health treatment and their being adequately covered by insurance. In the same way that a physical illness affects people, mental illnesses do. And mental health treatment has been woefully undercovered and underserved, people who suffer from that in our country.

I am proud to be a cosponsor of this bill and to join with the gentleman from Minnesota and the gentleman from Rhode Island who brought the bill and other cosponsors, because I think it shows that this Congress understands that mental health treatment needs to be covered, that diseases of the mind are similar to diseases of the body, the effect they can have on a person's overall well-being, but that their mental health and their physical health are also intertwined, and if mental health is not treated, physical health is affected.

We need to be concerned about all of our fellow citizens, our brothers and sisters who might suffer from any illness. And it's time that we came out from the cloak of an ancient time when we looked upon mental health treatment as something to be shunned, to be embarrassed about if it was somebody

in our families, our friends, or even ourselves. And so I wholeheartedly endorse this bill and feel that the passage of this bill will be a great day for Americans and for science.

Mr. BROUN of Georgia. Mr. Speaker, in addition to the concerns that I raised earlier regarding the provisions of the mental health parity bill, that it will actually decrease mental health coverage and increase health insurance costs, let me share several additional concerns I have with the Genetic Information Non-Discrimination Act that was inserted late last night.

Title I of the GINA legislation imposes Federal mandates on health plans regarding insurance coverage, while title II imposes mandates on employers regarding employment and related hiring decisions. However, there is no explicit language in this legislation clarifying that group health insurance plan sponsors may not be subjected to the more expansive remedies provided by title II.

Why is that a problem? Because title II provides for rulemaking by the EEOC, the Equal Employment Opportunity Commission, and remedies before the EEOC and, ultimately, Federal courts.

During floor debate on H.R. 493, Congressman ROB ANDREWS suggested that ''employers, including to the extent employers control or direct benefit plans, are subject to the requirements of title II of this bill,'' including the much broader definition of genetic testing and tougher penalties associated with that title.

I believe that this lack of clarity could and will lead to additional lawsuits through the use of broader remedies available in title II that are intended to be reserved for employers who violate their employees' civil rights, not for employees seeking to litigate group health plan disputes.

Further, section 502 of ERISA says that all lawsuits must go through Federal court, which is not addressed in the mental health parity legislation. Nothing in this bill states that section 502 is preserved, so lawsuits can and will be brought in State court.

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

Ms. CASTOR. At this time I will reserve the balance of my time.

Mr. BROUN of Georgia. Mr. Speaker, I want to go through just a list of some things that this bill will do.

It's going to increase health care costs. CBO estimates that H.R. 1424 would impose mandates on private insurance companies, a total of $3 billion annually by 2012. These costs will ultimately be borne by employers offering health insurance and employees seeking to obtain coverage.

Number two, it will increase the cost of business due to private sector mandates. The bill contains multiple new Federal mandates on the private sector, affecting the design and structure of health insurance plans.

The bill also increases the threshold level at which employees suffering increased claim costs as a result of implementing the new Federal mandates can claim an exemption from the provisions of H.R. 1424.

Number three, I think this will decrease the mental health coverage. While the bill imposes several new Federal mandates on those employers who choose to offer mental health coverage, there is nothing in H.R. 1424 that would require plans to cover these conditions. Thus H.R. 1424 could have the perverse effect of actually decreasing mental health coverage by encouraging an employee who is frustrated with the bill's onerous burdens to drop mental health insurance altogether.

Four, I think it will increase the number of uninsured. It will erode the Federal preemption for employers. This codification of treatment mandate for health plans, they are going to use DSM-IV to codify that. And this book, DSM-IV, was generated for physicians to use just to be able to classify mental health. It has a whole lot of things in here that most employers would not want to cover.

□ 1415

It will increase an intergovernmental mandate. It is a violation of UMRA. It has a lack of conscience clause, and it has a lack of medical management tools.

The SPEAKER pro tempore. The gentleman from Georgia's time has expired.

Ms. CASTOR. Mr. Speaker, I urge a ''yes'' vote on the consideration of the resolution so we can move forward on the rule and to consider the bill.

Those that oppose our efforts to end discrimination when it comes to mental health services will get their opportunity to debate the bill and to vote against these measures.

So with that, Mr. Speaker, I urge a ''yes'' vote to consider the rule.

The SPEAKER pro tempore. All time for debate has expired.

The question is: Will the House now consider the resolution?

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. CASTOR. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 215, nays 192, answered ''present'' 1, not voting 20, as follows:

[Roll No. 94]

YEAS—215

Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shays
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Wynn
Yarmuth

NAYS—192

Abercrombie
Aderholt
Akin
Alexander
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hinojosa
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter

McCrery	Putnam	Smith (NE)
McHenry	Radanovich	Smith (NJ)
McHugh	Regula	Smith (TX)
McKeon	Rehberg	Souder
McMorris Rodgers	Reichert	Stearns
Mica	Reynolds	Tancredo
Miller (FL)	Rodriguez	Terry
Miller (MI)	Rogers (AL)	Thornberry
Miller, Gary	Rogers (KY)	Tiahrt
Moran (KS)	Rogers (MI)	Tiberi
Musgrave	Rohrabacher	Turner
Myrick	Ros-Lehtinen	Upton
Neugebauer	Roskam	Walberg
Nunes	Ross	Walden (OR)
Paul	Royce	Walsh (NY)
Pearce	Ryan (WI)	Wamp
Pence	Salazar	Weldon (FL)
Peterson (PA)	Sali	Weller
Petri	Saxton	Westmoreland
Pickering	Schmidt	Whitfield (KY)
Pitts	Sensenbrenner	Wilson (NM)
Platts	Sessions	Wilson (SC)
Porter	Shadegg	Wittman (VA)
Price (GA)	Shimkus	Wolf
Pryce (OH)	Shuster	Young (AK)
	Simpson	Young (FL)

ANSWERED ''PRESENT''—1

Bachmann

NOT VOTING—20

Blunt	Johnson, E. B.	Rangel
Boehner	Keller	Renzi
Brown-Waite, Ginny	Kucinich	Reyes
Cole (OK)	Meek (FL)	Rush
Conyers	Murphy, Tim	Sullivan
Gonzalez	Ortiz	Udall (CO)
	Poe	Woolsey

□ 1440

Messrs. KING of New York, DUNCAN, WITTMAN of Virginia, HOBSON, WOLF and RODRIGUEZ changed their vote from ''yea'' to ''nay.''

Messrs. RUPPERSBERGER, LYNCH and KIRK changed their vote from ''nay'' to ''yea.''

Mrs. BACHMANN changed her vote from ''nay'' to ''present.''

So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

Stated against:

Mr. COLE of Oklahoma. Mr. Speaker, on Wednesday, March 5, 2008, I was unavoidably detained and missed rollcall vote No. 94.

Had I been present and voting, I would have voted as follows: Rollcall vote No. 94: "nay" (On Question of consideration on the Rule to provide for consideration of H.R. 1424—Paul Wellstone Mental Health and Addiction Equity Act of 2007).

The SPEAKER pro tempore. The gentlewoman from Florida is recognized for 1 hour.

Ms. CASTOR. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to my colleague from the Rules Committee, the gentleman from Washington (Mr. HASTINGS). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Ms. CASTOR. Mr. Speaker, I ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 1014.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Florida?

There was no objection.

Ms. CASTOR. I yield myself such time as I may consume.

Mr. Speaker, House Resolution 1014 provides for the consideration of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which expands the Mental Health Parity Act of 1996 to provide for equity in the terms of employer-sponsored health benefits for mental health and substance-related disorders compared to medical and surgical disorders.

Mr. Speaker, this is an anti-discrimination bill, this is a health care bill, this is a pro-business economic development bill, this is also a pro-family bill, and this is a bill that supports our veterans. This is a bipartisan effort, with 274 cosponsors in the House, of which I am proud to be one.

Unfortunately, Federal action is necessary because Americans who suffer from illnesses like depression, postpartum depression, severe anxiety, bipolar disorder, and many other diseases are being discriminated against. You see, HMOs and many health insurance companies have been more focused on their bottom lines than on the health of our families. Mental health is just as critical to our lives and well-being as any physical ailments or disease. And yet health insurers continue to treat mental illness differently from physical illness.

In America, more than 50 million adults, at least 22 percent of the U.S. population, suffer from mental health issues or substance abuse disorders. In addition, one out of every 10 children or adolescents has a serious mental health problem and another 10 percent have mild to moderate problems. Untreated mental illness harms our families and children, emotionally and financially. Untreated mental illness results in higher costs for businesses in lost productivity. Untreated mental illness often leads to criminal activity, which is very costly. Mental disorders are the leading cause of disability for individuals aged 15 to 44 in the United States.

A study sponsored by the National Institute of Mental Health revealed that mental and addictive disorders cost our country more than $300 billion annually. This includes productivity losses of $150 billion, health care costs of over $70 billion, and $80 billion for costs such as criminal justice.

Unfortunately, less than one-third of the people with a mental disorder who seek care receive adequate treatment. Despite the losses suffered in our society as a result of mental illness and all of the studies that demonstrate this, national employer survey data indicates that mental health coverage still is not offered at comparable coverage to other medical conditions.

□ 1445

Even after passage of the 1996 Mental Health Parity Act and all of the efforts of the States, the Government Accountability Office found that 87 percent of plans had more restrictive design features for mental health benefits than for medical and surgical benefits. In addition, many employers have adopted restrictive measures, such as limiting the number of covered outpatient visits for mental illness. This is so shortsighted. It is so costly.

Former Surgeon General Dr. David Satcher found that when health insurance plans unevenly impose higher costs for mental health services, the result, of course, is a reduction in treatment for those who need it, lost productivity and higher costs in the long run. Dr. Satcher stated that this is a true issue of fairness in coverage.

Similarly, another recent study found that deductibles and outpatient cost sharing were much higher for substance abuse than for general medical care. Well, this legislation addresses those inequities and provides a cost-effective way of providing increased access to mental health care. The bill prohibits discrimination by diagnosis by requiring coverage of all mental illnesses and substance-related disorders, just as we provide for Members of Congress and others covered by the Federal Employees Health Benefits Program. Treatment for mental illness is a proven money-saver. In fact, for every $1 spent on treatment, we save over $12.

Mr. Speaker, we all owe a debt of gratitude to Mr. KENNEDY of Rhode Island and Mr. RAMSTAD of Minnesota for their bipartisan leadership on this legislation and their work to provide for the mental health needs of our families, our neighbors, our veterans and our children. We also owe great thanks to the Wellstone family. But, most of all, we can't forget the families throughout America who have a modest request of their Congress, and that is that they be treated fairly.

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

Mr. HASTINGS of Washington. Mr. Speaker, I want to thank the gentlewoman from Florida (Ms. CASTOR) for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

(Mr. HASTINGS of Washington asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Washington. Mr. Speaker, history is being made today in the U.S. House of Representatives. Yesterday, Democrat leaders and the Democrat-controlled Rules Committee chose for a record-setting, a record-setting 50th time to consider legislation under a completely closed process that allows no amendments, no alternatives, no substitute proposals, and permits not a single Member of this House the opportunity to change or improve the underlying bill.

Last January, the new Democrat majority promised the American people a new era of openness in the U.S. House, but they have delivered the most restrictive and unfair process in the history of the House. It is only March in the first part of the second session of this Congress, but the Democrats have already exceeded the 49 closed rules of the entire 109th Congress.

Mr. Speaker, that is a historic low. We were promised change, and we have gotten it. Only it has been change, Mr. Speaker, for the worse.

Mr. Speaker, time after time, Democrat leaders have shut down any and all opportunity for Members of the House to amend, alter or debate legislation. This is a sad and disrespectful way to approach the business of the American people and the people's House. It doesn't have to be this way, and it certainly isn't what the Democrat leaders promised a little more than a year ago. That promise has been tossed out the window, along with any pretense to seek out bipartisan compromise in passing legislation.

Mr. Speaker, the Senate has passed a bipartisan bill on mental health parity, and, Mr. Speaker, it passed unanimously. Yet House Democrat leaders refuse to even allow the bipartisan Senate compromise to be voted on in the House. An amendment to allow a House vote on the Senate compromise was blocked by the Democrat Rules Committee, just as it blocked every other amendment offered by Members of this House, and that only happened last night.

Yet the reach of this bill goes far beyond mental health parity. The $1.3 billion cost it would impose on businesses providing health care to employees is an issue that, frankly, is not addressed, or any loss of care that may result from new government mandates that are contained in the bill is also not addressed.

The reach of this bill stretches deep into the ability of doctors to provide care to patients across this country through a $3 billion cut in health care to Americans served by doctor-owned hospitals. This is the second time in 7 months that the House will vote on legislation that seeks to ban doctor-owned hospitals by cutting funding from Medicare and Medicaid to these facilities, and, as such, Mr. Speaker, it imposes a very real and serious threat to some Americans' ability to access health care.

One of the hospitals threatened by this proposal is Wenatchee Valley Medical Center in my district in central Washington. The Wenatchee Valley Medical Center, Mr. Speaker, was founded in 1940 by three physicians. In the last 68 years it has grown, and now employs 1,500 people. It serves a population of 250,000 people in an area the size of the State of Maryland and it treats 150,000 patients a year. It has been designated by the State of Washington as a ''critical need hospital'' that is serving a rural underserved area.

Today, Mr. Speaker, it is 100 percent owned by 150 doctors. Apparently, that is a crime, because this bill would outlaw this facility as it has existed for 68 years, because this bill would prohibit any hospital from being more than 40 percent owned by doctors if they are to continue receiving Medicare patients for the care that they provide to their seniors.

Mr. Speaker, the Wenatchee Valley Medical Center has been treating and caring for patients longer than there has been even 50 States in our Union, and yet this bill could end that care.

When I discussed this threat to Wenatchee with the proposal sponsors last night in the Rules Committee, they said the simple answer was to sell the 60 percent stake in a government-ordered fire sale so it meets the 40 percent limit on doctor ownership. Not only is a fair price, Mr. Speaker, unlikely to be paid when selling under a threat of government action, but it is unfair and disruptive to any institution with a long record of excellent care.

Mr. Speaker, what is so nefarious about 100 percent doctor ownership, or 75 percent, or 50 percent, or even, Mr. Speaker, 41 percent? What is magically solved with the ownership of 40 percent? The answer is nothing, nothing when it comes to Wenatchee.

The irony is not lost on me that this bill only bans doctor-owned hospitals in an effort to supposedly target bad behavior. Consider this, Mr. Speaker: If a corporation engages in the exact, in the exact same practices that this bill tries to stop doctor-owned hospitals from doing, the corporation would pay no penalty. It wouldn't even be touched. So apparently patients are safer if corporations are in charge, but patients are in danger and taxpayers are being ripped off if doctors prosper from owning a hospital and are providing excellent care.

What is really happening in this bill is a push to move our country ever closer to a Canadian-style government-run health care system, as under this bill such a Canadian-style system will replace good, high quality care from down-home doctors with the extensive medical expertise of Congress. The Federal Government will decide where Americans will get care and what hospitals will be banned or shutdown. The Federal Government will also decide when Americans are allowed to get care, if they are allowed to get care at all.

If the Federal Government can ban doctors from owning a hospital, then the health care access of every American, Mr. Speaker, in my view, is at risk. I fundamentally disagree with those who believe that an all-knowing Congress and thousands of Federal bureaucrats can deliver Americans the best health care possible.

Keep in mind, this ban on doctor-owned hospitals, quote-unquote, saves $3 billion. Ironically, Mr. Speaker, this is accomplished by denying or reducing access to care for seniors and poor Americans on Medicaid and Medicare. Instead of growing the size and power of the Federal Government by taking decisions away from local doctors and removing freedoms from individual Americans, we should be allowing American patients to make more choices and free doctors to focus on their profession of healing.

Mr. Speaker, when it comes to Wenatchee Valley Medical Center, the accusations of negligent care and fiscal rip-offs that are leveled at doctor-owned hospitals simply don't apply to this facility. Wenatchee is not guilty of the sins of others simply because it is a doctor-owned hospital since 1940. It should not be targeted or threatened for the real or anecdotal failures of recently created doctor-owned hospitals.

The language in this bill is simply not ready for passage as it is currently written. It is too broad and imprecise. It would punish honest, well-performing hospitals and doctors and their patients for the actions of others. If there is bad behavior, Mr. Speaker, to be banned, then target that behavior. Don't impose an overreaching ban that harms innocent patients and doctors.

My constituents are not alone in facing this threat. Both Mr. HINOJOSA of Texas and Mr. KAGEN of Wisconsin have similar concerns about health care institutions in their districts.

Efforts to improve this legislation so that it doesn't threaten and harm our home-grown hospitals have not been met with openness. In fact, we have been denied on a bipartisan basis. Last night in the Rules Committee I made three separate attempts to try to offer an amendment to protect innocent hospitals. However, Democrats on the Rules Committee chose to deny each and every attempt to preserve the stricture of my hospital and the hospitals of Mr. HINOJOSA and Mr. KAGEN.

Mr. Speaker, there are legitimate bipartisan concerns about the toll this language would have on local hospitals that have done no harm and who provide important health care access to thousands of Americans.

This bill needs to be corrected, not forced through the House with zero opportunity for improvement or amendment. This record-setting closed rule denies any chance for help to be provided to Wenatchee Valley Medical Center or to patients in hospitals in Texas and Wisconsin. The rule deserves to be defeated and this House allowed to vote on correcting this flawed bill.

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

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

Mr. Speaker, this is truly a good-news story for American families today, because not only are we going to outlaw discrimination against those who suffer from mental illness, but we adhere to the pay-as-you-go rules that were adopted by this Congress, led by Democrats, at the beginning of this Congress. Pay-as-you-go means that this bill is paid for.

And while I certainly respect the gentleman from Washington for speaking up for a medical center which operates in his district, there is a bigger picture here. And to explain that bigger picture, I yield 2½ minutes to the gentleman from New Jersey (Mr. PALLONE), who chairs the Subcommittee on Health for the Energy and Commerce Committee.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman from Florida. She makes the point that this physician self-referral provision in the bill actually serves two purposes. On the one hand, it is about half of the pay-for for the cost of the legislation. The physicians self-referral basically generates about $2.4 billion over 10 years, which is about half of the pay-for in this bill.

□ 1500

But beyond that, in addressing the gentleman from Washington's concerns, it is actually a good thing. It is a good government proposal. And what it does, it ends the ability of physicians to self-refer to a hospital in which they have ownership. This change is consistent with the original intent of the physicians self-referral laws. The loophole for whole hospital ownership was only there because of tiny rural hospitals that were then owned by one doctor who practiced there.

Now that structure is no longer commonplace and that is why the hospital associations all endorse our bill. The bill does provide a grandfather for hospitals that currently have physician ownership and had a provider agreement with Medicare as of July 2007, the date of introduction of the bill. Within 18 months of enactment, they need to meet a standard that no physician owned more than 2 percent of the facility individually and that aggregate physician ownership was 40 percent or less.

So it is possible for the hospital in the State of Washington to reconfigure and meet this provision. But I just want to understand why we are doing this. These physician-owned hospitals essentially are a problem because they are being overutilized. There is overutilization. In other words, physicians are referring patients to these hospitals in many cases for unnecessary procedures. The reason why CBO scores this and uses it as a pay-for is because we know that these unnecessary procedures or overutilization takes place and is not basically a good thing. So we are trying to end this practice of self-referral. We are not completely precluding a hospital from reconfiguring itself and staying open, but, generally speaking, we need to end the practice.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself 15 seconds.

If the issue is to go after doctor-owned hospitals that are not doing the ethical thing, then why not go after them instead of writing a bill that covers everything carte blanche including this facility in my district? The gentleman has not answered that. He didn't answer it last night, and he probably won't answer it today.

I yield to my friend from Texas, a member of the Rules Committee, Mr. SESSIONS, 2½ minutes.

Mr. SESSIONS. I thank the gentleman for giving me this time.

I am shocked and stunned that we financed overutilization and that is why we are doing this. Yet we understand that utilizing these physician hospitals, these new hospitals, saved the government money and are all about patient choice and are all about making sure that people who utilize these new hospitals don't get infections, don't get sick, don't check into a hospital to have surgery where other sick people are. It is a concept that keeps America not only the leading health care provider in the world; it is done in an efficient and cost-effective way. I am surprised that we find out it is overutilization.

Mr. Speaker, rather than taking this opportunity to bring parity to our health care delivery system, the Democrat leadership today is using this legislation as a vehicle to restrict future health care choices for Medicare patients. That is what this is about. It is to further own the opportunity for Medicare patients to be able to get the choices that they want, and the Democrat leadership is taking that away. Instead of using this opportunity to focus on mental health parity, the Democrats have decided to pay for this bill by pushing patients and limiting their options that they can receive for their own care.

Mr. Speaker, we will be real honest about this. According to HealthGrades, which is a nationwide study to look at hospitals and how efficient they are and how safe they are, three of the Nation's top 10 cardiac programs and three of the Nation's top 10 programs for joint replacement are at physician-owned hospitals. And despite the fact that these physician-owned hospitals make up only 3 percent of the Nation's hospitals, they are among the most efficient and the safest hospitals for people, our seniors, to go in and receive care. What will happen here today is an absolute mistake.

Mr. Speaker, I submit for the RECORD the Statement of Administrative Policy on this issue and I will quote from that:

''First, the bill would place new restrictions on physician-owned hospitals. This administration opposes this provision, which is unnecessary and could restrict patient choice without decreasing Medicare costs.''

That is right, it is going to be more expensive to argue about overutilization. Incredibly silly.

STATEMENT OF ADMINISTRATION POLICY—H.R. 1424—PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007

The Administration supports passage of mental health parity legislation that does not significantly increase health coverage costs. However, the Administration has concerns with H.R. 1424, which would effectively mandate coverage of a broad range of diseases and conditions and would have a negative effect on the accessibility and affordability of employer-provided health benefits and would undermine the uniform administration of employee benefit plans. For example, the bill's confusing preemption provisions could be read to add a patchwork of remedies that vary from State to State. Therefore the Administration strongly opposes House passage of H.R. 1424 or any legislation that expands benefits and remedies beyond what is included in the Senate-passed S. 558.

H.R. 1424 also includes two provisions to offset the approximately $3 billion in on-budget costs associated with the bill. First, the bill would place new restrictions on physician-owned hospitals. The Administration opposes this provision, which is unnecessary and could restrict patient choice without decreasing Medicare costs. HHS already has administrative policies in place to address concerns about physician-owned hospitals, including disclosure of physician ownership, patient safety measures, and revisions to Medicare's payment systems to better reflect patients' severity of illness and the resources needed to treat patients.

Second, the bill also would increase the Medicaid drug rebate. The Administration objects to any offset that would legislatively mandate an increase to the rebate percentage. As CBO has noted in its 2007 analysis of budget options, it is unknown how this change would impact non-Medicaid beneficiaries and other payers. The Administration is concerned that the proposal would have an adverse impact on private purchasers, including the uninsured, further distort the market for prescription drugs, and discourage innovation in the drug development process.

The Administration urges Congress to offer meaningful protections to American workers and their families by eliminating the disparities between mental health benefits and medical and surgical benefits, without broadly mandating new benefits. The Administration believes the Senate bill strikes the necessary balance of treating mental illness with the same urgency as physical illnesses without significantly increasing health care costs. The Administration would also urge the House to preserve uniformity in health plan administration as has been done in S. 558.

GENETIC INFORMATION NON-DISCRIMINATION ACT

The rule requires that the provisions of H.R. 493 as passed by the House be added to the Mental Health Parity bill after the House passes H.R. 1424. While the Administration strongly supports passage of legislation to prevent the misuse of an individual's personal genetic information and believes such legislation is critical to realizing the full potential of genomic medicine, the Administration has both substantive and process objections to the rule. The Administration is strongly opposed to the lack of a clear ''firewall'' between title I of the Genetic Information Nondiscrimination Act (GINA), which addresses genetic discrimination in health benefits provided by health insurers and plans, and title 11 of GINA, which addresses genetic discrimination in employment. The Administration is concerned that the bill fails to ensure that health benefits disputes are properly brought under the appropriate remedies in ERISA, the Public Health Service Act, or the Internal Revenue Code and that it could unintentionally permit ''forum shopping.'' The Administration also is concerned that unless the legislation is clarified, the bill could be construed to have the unintended effect of prohibiting health plans and issuers from using information about the manifested disease of a dependent covered under an individual's plan for appropriate and routine insurance purposes. The Administration also believes it is important that the legislation's relationship with other provisions of law, such as Health Insurance Portability and Accountability Act, be clearly defined. Finally, the Administration looks forward to working with Congress to address these concerns and pass Mental Health Parity and Genetic Nondiscrimination legislation this year.

Ms. CASTOR. Mr. Speaker, I am proud to yield 2 minutes to the gentlewoman from the powerful Rules Committee and the State of California (Ms. MATSUI).

Ms. MATSUI. I thank the gentlewoman from Florida for yielding me time.

Mr. Speaker, I would like to begin today by thanking my colleagues, Mr. KENNEDY and Mr. RAMSTAD. Their advocacy on this issue has been truly remarkable.

We held a field hearing in my district last year on mental health. It provided my constituents with a forum for important dialogue about an issue that affects millions of Americans.

Mr. Speaker, anyone who has had a family member with a mental illness knows how difficult living with the disease can be for everyone involved. They also know one thing above all else: physical illness and mental illness are equally painful and equally challenging. In many ways, mental health patients suffer more because our insurance system discriminates against them. That is why this legislation is so important, because it is about people, people who struggle with mental illness every day and every night, people who suffer in silence without a doctor's help because their insurance will not cover mental health or addiction treatments.

This House has the chance to demonstrate its compassion and commitment to these people, Mr. Speaker. With one vote, we can put behind us the false conception that mental illness is not as serious as cancer or diabetes or many other diseases covered by health insurance plans.

On the contrary, mental illnesses are some of the most serious health conditions we face. The battle against them has been enormously difficult for millions of families across our Nation.

It has been tough, but this is a battle that we must win, Mr. Speaker. With mental health parity, it is a battle we can and will win.

Again, I thank Mr. KENNEDY and Mr. RAMSTAD for their courageous commitment to this legislation.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 4 minutes to the gentlelady from New Mexico (Mrs. WILSON), a member of the Energy and Commerce Committee.

Mrs. WILSON of New Mexico. Mr. Speaker, I will be asking for a recorded vote on the previous question today, and the reason is that the House majority leader, Mr. HOYER, has just announced that the House will not take up the electronic surveillance bill this week, further delaying any decisions in the closing of an important intelligence gap. We have now gone 18 days since the expiration of the Protect America Act. If the previous question is defeated, we will immediately bring up the Senate legislation to close that gap.

I also rise today to oppose this rule. I commend Mr. RAMSTAD and Mr. KENNEDY for their work on mental health parity. In the past, I have been a cosponsor of their legislation. But I offered a substitute amendment in the Rules Committee last night which was not ruled in order. The alternative is supported by 285 organizations that support the Senate version of the mental health parity bill which passed the United States Senate unanimously in September. The differences are on policy, and my amendment was not made in order. Instead, we have the 50th closed rule of this Congress. No amendments. This floor can't stomach debate on policy issues, and I think that is a sad commentary on the way this House is being run.

This is a major bill, one of the most important, I think, we will consider this year. I believe very strongly that mental illness and a disease of the brain is a medical condition that should be treated as seriously as a disease of the heart or the liver or the lungs.

The amendment that I offered, the substitute, is a bipartisan compromise that was worked out in negotiations lasting over 2 years. It is supported by mental health providers, the mental health community, business and the insurance industry.

Mr. Speaker, I submit for the RECORD a list of 285 organizations supporting the alternative I offered.

285 ORGANIZATIONS SUPPORTING THE MENTAL HEALTH PARITY ACT OF 2007, S. 558, OR THE DOMENICI/KENNEDY/ENZI MANAGER'S AMENDMENT

Abilities in Motion.
ACCESS—DSPA Alliance.
Addictions Care Center of Albany (NY).
AFL–CIO.
Albany County Consumer Advocacy Board for Mental Health, Inc. (NY).
Alexander Graham Bell Association for the Deaf and Hard of Hearing.
Alliance for Children and Families.
Alliance for the Betterment of Citizens with Disabilities (ABCD) (Hamilton, NJ).
Alliance for Eating Disorders Awareness.
American Academy of Child and Adolescent Psychiatry.
American Academy of Cosmetic Surgery.
American Academy of Family Physicians.
American Academy of Neurology.
American Academy of Pediatrics.
American Academy of Physician Assistants.
American Association for Geriatric Psychiatry.
American Association for Marriage and Family Therapy.
American Association for Psychosocial Rehabilitation.
American Association of Children's Residential Centers.
American Association of Pastoral Counselors.
American Association of People with Disabilities.
American Association of Practicing Psychiatrists.
American Association of School Administrators.
American Association of Suicidology.
American Association on Health and Disability.
American Association on Intellectual and Developmental Disabilities.
American Board of Examiners in Clinical Social Work.
American College of Occupational and Environmental Medicine.
American Council of the Blind.
American Counseling Association.
American Dance Therapy Association.
American Federation of Teachers.
American Foundation for Suicide Prevention.
American Foundation for the Blind.
American Gastroenterological Association.
American Geriatrics Society.
American Group Psychotherapy Association.
American Hospital Association.
American Jail Association.
American Medical Association.
American Medical Rehabilitation Providers Association.
American Mental Health Counselors Association.
American Music Therapy Association.
American Network of Community Options and Resources.
American Nurses Association.
American Occupational Therapy Association.
American Orthopsychiatric Association.
American Psychiatric Association.
American Psychiatric Nurses Association.
American Psychoanalytic Association.
American Psychological Association.
American Psychotherapy Association.
American Public Health Association.
American School Health Association.
American Society of Plastic Surgeons.
American Therapeutic Recreation Association.
American Thoracic Society.
America's HealthTogether.
Anorexia Nervosa and Related Eating Disorders, Inc..
Anxiety Disorders Association of America.
Arizona Council of Human Service Providers.
Aspire of Western New York. Inc.
Association for Ambulatory Behavioral Healthcare.
Association for Behavioral Health and Wellness.
Association for the Advancement of Psychology.
Association for Psychological Science.
Association of American Medical Colleges.
Association of Asian Pacific Community Health Organizations.
Association of Assistive Technology Act Programs.
Association of Jewish Family & Children's Agencies.
Association of University Centers on Disabilities.
Association to Benefit Children.
Autism Society of America.
Barbara Schneider Foundation.
Bazelon Center for Mental Health Law.
Behavioral Health/Consumers In Action, Inc. (Phoenix, AZ).
The Bridge, Inc. (Caldwell, NJ).
The Carter Center Mental Health Program.
Center for Disability Issues and the Health Professions.
C.H.E.E.E.R.S. Center 4 Health Enlightenment Enrichment Empowerment Renewal Services (AZ).
Chicago Children's Advocacy Center.
Child and Family Service (Ewa Beach, HI).
Child and Family Services of Yuma, Inc. (Yuma, AZ).
Child and Family Resources, Inc (Tucson. AZ).
Child Neurology Society.
Child Welfare League of America.
Children and Adults with Attention-Deficit/Hyperactivity Disorder.
Children's Aid and Family Services, Inc. (Paramus, NJ).
Children's Defense Fund.
The Children's Guild (Baltimore, MD).

Children's Home of Reading (Reading, PA).
Children's Hospital Boston.
Christian Family Care Agency (Phoenix, AZ).
Clinical Social Work Association.
Clinical Social Work Guild 49, OPEIU.
College of Psychiatric and Neurologic Pharmacists.
Connecticut Council of Family Service Agencies.
Cornerstones of Care (Kansas City, MO).
Corporation for Supportive Housing.
Council for Children with Behavior Disorders.
Council for Exceptional Children.
Council of Family & Child Caring Agencies (New York, NY).
Council of Parent Attorneys and Advocates.
Council of State Administrators of Vocational Rehabilitation.
County of Santa Clara, CA.
Dads and Daughters.
DePelchin Children's Center (Houston, TX).
Depression and Bipolar Support Alliance.
Disability Center for Independent Living.
Disability Rights Education and Defense Fund. Inc..
Disability Service Providers of America.
Division for Learning Disabilities (DLD) of the Council for Exceptional Children.
Easter Seals.
Eating Disorders Coalition for Research, Policy & Action.
Eating Disorder Referral and Information Center/EDReferral.com.
The Elisa Project.
Ensuring Solutions to Alcohol Problems.
Epilepsy Foundation.
Families For Depression Awareness.
Families USA.
Family & Children First, Inc. (Louisville, KY).
Family and Children's Association (Mineola, NY).
Family and Children's Center (Mishawaka, IN).
Family & Children First, Inc. (Louisville, KY).
Family & Children's Service of Niagara, Inc. (Niagara Falls, NY).
Family and Community Service of Delaware County (PA).
Family Means (Stillwater, MN).
Family Service Agency (North Little Rock, AR).
Family Service Association of New Jersey.
Family Service League (Huntington, NY).
Family Service of Chester County, PA.
Family Service of Lackawanna County, PA.
Family Service of the Piedmont (Jamestown, NC).
Family Services Centers, Inc. (Clearwater, FL).
Family Services of Greater Houston.
Family Services of Greater Waterbury, Inc. (CT).
Family Services of Northeast Wisconsin (Green Bay, WI).
Family Voices.
Federation of American Hospitals.
Federation of Behavioral, Psychological, & Cognitive Sciences.
Federation of Families for Children's Mental Health.
Feeling Blue Suicide Prevention Center.
First Focus.
Friends Committee on National Legislation (Quaker).
Gail R. Schoenbach/FREED Foundation.
Germantown Settlement (Philadelphia, PA).
Glove House, Inc (Elmira, NY).
Goodwill Industries International, Inc.
Gürze Books.
Hale Kipa, Inc. (Honolulu, HI).
Hamilton-Madison House, Inc. (New York, NY).
Hartley House (New York, NY).
Helen Keller National Center.
The Hillside Family of Agencies (Rochester, NY).
Hope House Inc. (Albany, NY).
Hudson Guild (New York, NY).
Human Rights Campaign.
Huntington Family Centers, Inc. (Syracuse, NY).
Institute for the Advancement of Social Work Research.
International Association of Jewish Vocational Services.
Jewish Board of Family and Children's Services (New York, NY).
Jewish Family Services of Greater Hartford.
Jewish Federation of Metropolitan Chicago.
Jewish Vocational Service of Metropolitan Chicago.
Kentucky Center for Mental Health Studies.
Khmer Health Advocates.
Kids Project.
Kristin Brooks Hope Center.
LDA, the Learning Disabilities Association of America.
Little Colorado Behavioral Health Centers (St. Johns, AZ).
Lutheran Services in America.
McHenry County Mental Health Board.
Mental Health America.
Methodist Home for Children (Philadelphia, PA).
Minnesota Council of Child Caring Agencies.
National Advocacy Center of the Sisters of the Good Shepherd.
National Alliance for Hispanic Health.
National Alliance for Research on Schizophrenia and Affective Disorders.
National Alliance on Mental Illness.
National Alliance on Mental Illness—New York City Metro.
National Alliance on Mental Illness—Clarion County of PA.
National Alliance to End Homelessness.
National Asian American Pacific Islander Mental Health Association.
National Association for the Advancement of Orthotics & Prosthetics.
National Association for Children's Behavioral Health.
National Association for Rural Mental Health.
National Association for the Dually Diagnosed.
National Association of Anorexia Nervosa and Associated Disorders—ANAD.
National Association of Councils on Developmental Disabilities.
National Association of Counties.
National Association of County and City Health Officials.
National Association of County Behavioral Health and Developmental Disability Directors.
National Association of Disability Representatives.
National Association of Mental Health Planning & Advisory Councils.
National Association of Pediatric Nurse Practitioners.
National Association of Psychiatric Health Systems.
National Association of School Psychologists.
National Association of Social Workers.
National Association of Social Workers—Louisiana Chapter.
National Association of State Directors of Special Education.
National Association of State Head Injury Administrators.
National Association of State Mental Health Program Directors.
National Center for Learning Disabilities, Inc.
National Center for Policy Research for Women & Families.
National Coalition for the Homeless.
National Coalition on Deaf-Blindness.
National Committee to Preserve Social Security and Medicare.
National Council for Community Behavioral Healthcare.
National Council of Jewish Women.
National Council on Aging.
National Council on Alcoholism and Drug Dependence (Phoenix, AZ).
National Council on Family Relations.
National Council on Independent Living.
National Council on Problem Gambling.
National Disability Rights Network.
National Down Syndrome Congress.
National Down Syndrome Society.
National Education Association.
National Hispanic Medical Association.
National Hopeline Network.
National Law Center on Homelessness & Poverty.
National Mental Health Awareness Campaign.
National Mental Health Consumers' Self-Help Clearinghouse.
National Multiple Sclerosis Society.
National Network for Youth.
National Organization of People of Color Against Suicide.
National Partnership for Women and Families.
National Recreation and Park Association.
National Rehabilitation Association.
National Research Center for Women & Families.
National Respite Coalition.
National Rural Health Association.
National TASC.
New Jersey Alliance for Children, Youth and Families.
New Jersey Association of Mental Health Agencies, Inc.
Newtown Youth and Family Services (Newtown, CT).
NISH.
Northamerican Association of Masters in Psychology.
Obsessive Compulsive Foundation.
Ophelia's Place.
PACER Center.
Paralyzed Veterans of America.
Pendleton Academies (Pendleton, OR).
People With Disabilities Foundation.
Personal & Family Counseling Services (New Philadelphia, OH).
PREHAB of Arizona (Mesa, AZ).
Presbyterian Church (U.S.A.) Washington Office.
Pressley Ridge (Pittsburgh, PA).
Puente de Vida Recovery Center—The Council on Alcoholism and Drug Abuse of Sullivan County (NY).
School Social Work Association of America.
Screening for Mental Health, Inc.
The Shaken Baby Alliance.
Sjogren's Syndrome Foundation.
Society for Research on Child Development.
Society of Professors of Child and Adolescent Psychiatry.
Somerset Home for Temporarily Displaced Children (Bridgewater, NJ).
Suicide Awareness Voices of Education.
Suicide Prevention Action Network USA.
TASH.
The Advocacy Institute.
The Arc of Salem County, NJ.
The Arc of the United States.
Title II Community AIDS National Network.
Toby House, Inc. (Phoenix, AZ).
Tourette Syndrome Association, Inc.
Union for Reform Judaism.

Unitarian Universalist Association of Congregations.
United Cerebral Palsy Association.
United Community & Family Services. Inc. (Norwich, CT).
United Jewish Communities.
United Methodist Church—General Board of Church and Society.
United Neighborhood Centers of America.
United Spinal Association.
U.S. Psychiatric Rehabilitation Association.
Wisconsin Association of Family & Children's Agencies.
Witness Justice.
Working Assets.
World Institute on Disability.
Yellow Ribbon International Suicide Prevention Program.

BUSINESS AND INSURANCE SUPPORTING

Aetna, Inc.
American Benefits Council.
America's Health Insurance Plans.
AstraZeneca Pharmaceuticals—US.
BlueCross BlueShicld Association.
CIGNA.
Eli Lilly and Company.
National Association of Health Underwriters.
National Association of Manufacturers.
National Association of Wholesaler-Distributors.
National Business Group on Health.
National Federation of Independent Business.
National Retail Federation.
Retail Industry Leaders Association.
Society for Human Resource Management.
U.S. Chamber of Commerce.

There is one big difference between the House bill and the Senate bill that is important. The House bill requires that if a company insures any mental illness, they must provide coverage for all of the conditions listed in a diagnostic manual called the DSM–IV. That is highly unusual. Even the Federal employees' health plan that we have here in the Congress just says that you have to offer categories, like substance abuse. It doesn't say you have to cover every diagnosis, like caffeine addiction, which is a subcategory under substance abuse. This is unprecedented and, I think, would cause a lot of businesses to not offer mental health coverage at all.

So the risk here of unintended consequences, since no business is required to offer mental health insurance, is that 18 million Americans who suffer from serious mental illness may actually lose their coverage. That is the important policy choice that we are not having the opportunity to debate here today because an alternative has not been allowed.

Finally, I would say this. The alternative that I put forward was also paid for, but it wasn't paid for by closing physician-owned hospitals. It is paid for by extending an asset verification electronic system from a pilot project that exists in three States now to all 50 States. It is a fairly straightforward approach to getting fraud out of the Medicaid system and would pay for this mental health parity bill that has passed unanimously in the Senate.

The alternative that I offered is better for the mentally ill. It is widely supported by business, by insurance, and the mental health community. It does not close our physician-owned hospitals and is the kind of debate we should be having on this floor. For that reason, I would urge my colleagues to vote against the rule in front of us today.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Let me thank the gentlelady from Florida and the gentleman from Minnesota for yielding and their indulgence.

Mr. Speaker, I am rising to first of all take my hat off to Congressman PATRICK KENNEDY. This is a day in waiting, for he has worked without tiring in the tradition of my good friend, Senator Paul Wellstone, now deceased, who worked and committed themselves to changing the inequity, really, I would think, constitutionally wrong, to disallow mental health parity and those who suffered from mental health issues.

All of our family members, or all of our families, have faced these crises. We ask the question, what do we do? That is why I am so disappointed that we have taken the work of PATRICK KENNEDY and imploded it. We have dissolved the bipartisan allegiance to this bill, the commitment to mental health parity, by destroying hospitals in our districts, hospitals that are serving the poor of our districts. Why they would think that this was an important element of this bill, I don't know. And that is, of course, to end the growth of physician-owned hospitals in urban and rural areas for poor and those who are without access to hospitals.

This would restrict the ability and capacity of physician-owned hospitals. It doesn't matter if the hospital is rural or in the inner city, big or small. It punishes these hospitals. In Houston, in the 18th Congressional District, it punishes St. Joseph's, it punishes the Heights Hospital, and it does so without any reason.

We could pay for this by the tax cuts that we are taking away from those making over $250,000, or the tax cuts on the energy company. But why are you breaking the backs of those who clearly need an opportunity?

This bill should include a robust State license emergency care with doctors on call at all times to care for patients. That is what these hospitals need to have. Maintain a minimum number of physicians available at all times to provide service and provide charity care equal to at least 4 percent of its operating budget. We can put criteria on these hospitals. We don't have to destroy them. I am saddened by what we have done to this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SNYDER). Members are reminded to heed the gavel.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. GINGREY), a former member of the Rules Committee.

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding.

We have heard, particularly from our side of the aisle, the objection to this bill, H.R. 1424, in regard to procedure and in regard to pay-fors, which basically I agree with. The fact is that this is the 50th time that the Democratic majority has brought forth a bill, an important bill, with a closed rule and no opportunity for our side. In the case of myself as a physician member, I think I had some good thoughts about this bill. In fact, I was proud to support the extension of the original Paul Wellstone Mental Health and Addiction Equity Act. I thought that was a good thing. But now my objection to the rule and the underlying bill, Mr. Speaker, is mainly about policy. I think they have taken this bill and adulterated it to an extent that it is unbelievable that the gentlelady from Florida in her opening remarks said that this is a business-friendly piece of legislation.

Now if we were talking about covering things like bipolar disorder, depressive disorders, anxiety disorders, post-traumatic stress syndrome, certainly this is very important that we have mental health parity. But as one of the previous speakers on our side of the aisle said, what you have done in expanding this to cover things on a mandated basis to our employees, diseases in the Diagnostic Statistical Manual of Mental Illnesses, jet lag fatigue, caffeine intoxication, sibling rivalry, substance induced sexual dysfunction, transvestite fetishism, can you imagine any employer being willing to cover things like that?

□ 1515

You are throwing the baby out with the bath water. You had a good bill. I was proud to support it, and I would proudly support it today, but to expand it to the point where no employer will offer mental health coverage, that means so many of these people, families with adult children, adult dependent children, who are suffering from some of these conditions that we know of that I mentioned, bipolar disorder, schizophrenia, they desperately need help, and they need health parity. I am in favor of that and I would support it. That is why I am supportive of the Senate version.

But I stand here, and I ask all of my colleagues to look at this and read it and understand why hardly any employer would accept this and provide health coverage when it provides all of these things that are totally unnecessary.

With that, I ask my colleagues to defeat this rule and this underlying legislation. Let's take it back to the drawing board and do probably what Paul Wellstone intended originally, and my friend PATRICK KENNEDY as well. We have ruined an otherwise good bill.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. Mr. Speaker, it has been an honor for me to speak in support of the Paul Wellstone Mental Health and Addiction Equity Act of 2007. I want to thank both Congressman KENNEDY and Congressman RAMSTAD for their dedication to ending the insurance discrimination and ensuring that all Americans have access to mental health and addiction services.

As a Minnesotan, I'm struck by the emotion of this day because the late Paul Wellstone's tireless efforts to ensure mental health parity might finally be realized. Paul Wellstone knew it was wrong for health insurers to place discriminatory restrictions on treatments, and I am honored to be part of this effort to finally guarantee that millions of Americans who need mental health and addiction services can obtain the services they deserve.

The urgent need for the Paul Wellstone Mental Health and Addiction Equity Act is surely best expressed by those who have seen a loved one in need denied coverage. I think immediately of Kitty Westin, a Minnesotan whose daughter Anna suffered from anorexia, a deadly disease that affects approximately 8 million Americans and ultimately claimed Anna's life. During her daughter's battle with anorexia, Kitty took Anna to the hospital. Anna was refused care by the insurance company because it did not consider access to mental health treatment important enough to cover.

Kitty knows this is completely unacceptable and has been fighting selflessly to make sure that no other family experiences the same frustration and pain. I commend her for carrying on Anna's legacy so impressively through her advocacy efforts and community work. For Kitty and all of those who have encountered insurance discrimination, I carry Paul Wellstone's message that access to mental health and addiction services is imperative and must take place now.

Mr. HASTINGS of Washington. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Washington (Mr. REICHERT).

Mr. REICHERT. Mr. Speaker, I thank my colleague from the State of Washington, and I rise in strong opposition to this closed rule. This rule gives the House no opportunity to engage in meaningful debate about this important issue.

I am disappointed that the majority did not make in order a substitute amendment I cosponsored to consider the bipartisan legislation that was unanimously approved by the Senate last year.

Let me be clear: I strongly support mental health parity. That is precisely why I am so concerned that the bill before us today could derail our efforts to pass mental health parity legislation altogether.

While the House bill could reduce access to care for the mentally ill, decrease the affordability for health care coverage, and even close a hospital in my State, the Senate measure represents some of the very best that can come from bipartisan collaboration and compromise. It reflects the interests of mental health advocates and providers while also respecting the rights of States like Washington to enact mental health laws that go beyond the Federal standard.

Mr. Speaker, I came to this House, this body, a little over 3 years ago. My previous profession was in law enforcement for 33 years, so I came here in a little bit different way than most Members of the House of Representatives. So today I make the statement not as a Republican but as a citizen of the United States of America. I am standing here today as an American saying that we need to stop the partisan bickering and we need to come together as Democrats and Republicans and we need to address this issue of not having opportunity, not having a voice, to share in the decisions that are being made in this House. It is time that we come together.

The Senate bill that passed unanimously needs to be considered on the House floor.

Ms. CASTOR. Mr. Speaker, I yield 1 minute to the gentlewoman from California, a champion for America's families, children, and veterans, and the Speaker of the House, Ms. PELOSI.

Ms. PELOSI. Mr. Speaker, I thank the gentlewoman for yielding and for her leadership in bringing the rule to the floor, which will enable us to debate legislation that is very important to many people in America. I thank Mr. PALLONE for his leadership on the committee of jurisdiction, a House subcommittee of Energy and Commerce, and I thank Mr. HASTINGS as well for the opportunity to debate this important issue.

This is a very special day in the Congress of the United States. We are all very proud of our work, but there are some days that really stand out as historic, days that represent breakthroughs for America's families.

Today we are debating an issue that is relevant to the lives of so many people in our country. And we owe a great debt of gratitude to two of our colleagues, Congressman PATRICK KENNEDY of Rhode Island and Congressman RAMSTAD of Minnesota, for their great knowledge of the issue of mental illness and addiction, for their political astuteness of the political process here, and for their generosity of spirit to share their personal experience with us, to use their knowledge of issues relating to mental illness and addiction to benefit so many people in our country. It is painful, I know, and therefore very courageous of them to do so. And simply said, without their leadership, we would not have this opportunity today. So I am pleased to salute the leadership of Congressman KENNEDY and Congressman RAMSTAD. With this legislation, they have given hope to millions of Americans.

Mr. Speaker, I rise in support of the legislation also because illness of the brain must be treated just like illness anywhere else in the body. The Paul Wellstone Mental Health and Addiction Equity Act is a comprehensive bill to help end discrimination against those who seek treatment for mental illness.

There is no shame in mental illness. The great shame would be if Congress did not take action to ensure that individuals with mental health illnesses and addictions are given the attention, treatment, and resources they need to lead a healthy life.

This is an issue of national significance. Did you know, and I found the figure startling, every year mental illness results in 1.3 billion lost days of work or school; 1.3 billion days. That adds up to more lost productivity for mental illness than arthritis, stroke, heart attack, and cancer combined. Combined. Yet bipartisan and independent research shows that there is no significant cost to insuring mental illness like any other medical disease.

This legislation will be especially relevant for our returning veterans from Iraq and Afghanistan who later become employed in the private sector. This will be potentially life-saving for those brave men and women who served in the National Guard and Reserves but who don't receive VA care for their entire lifetime.

Mr. Speaker, to help remove the stigma against mental illness, for the millions suffering from mental illness and addiction, and because it is the right thing for our Nation, I urge my colleagues to support the Paul Wellstone Mental Health and Addiction Equity Act. It is legislation that is long overdue. It gives hope to millions of people in our country and their families.

I urge my colleagues to support the legislation and honor the leadership, the courage, the generosity of spirit of Mr. KENNEDY and Mr. RAMSTAD in making this day possible for us.

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

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, I want to thank the gentlewoman from Florida for yielding. I rise in strong support of this rule and the underlying bill. Like all of my colleagues, I want to commend Representatives Kennedy and Ramstad for their unrelenting advocacy for mental health. As a matter of fact, we have watched them travel all across the country, holding hearing after hearing, engaging people, trying to help them understand that mental illness, that mental health is just as important as any other aspect.

I have heard us debate cost. All of us know that insanity is doing the same

thing over and over again and expecting a different result. We know that education, early diagnosis and prevention can save us billions of dollars in mental health. And so I would urge passage of this rule and passage of the underlying bill.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, there are several parts to this bill. And obviously by the remarks that I made previously, I am worried about what we call the pay-for part of that because it would have a detrimental effect, as I mentioned, on doctor-owned facilities, particularly in my district, but also in other parts of the country.

Since this issue came up some 7 months ago, we discovered that there are very few doctor-owned facilities that are unique in the sense of what I was talking about today, and I think my colleagues from Wisconsin and Texas talked about last night in the Rules Committee, and so I want to ask my friend from New Jersey who is the sponsor of this legislation, and I will be happy to yield to him.

He talked about the issue of overutilization. Now, I simply have to bring this up because I doubt that the 150,000 patients of the Wenatchee Valley Clinic would say that they are overutilizing that clinic. I think they go there because they want to have their health needs taken care of. So I don't think that is applicable to that facility, and I mentioned that in my previous remarks.

I want to ask my friend from New Jersey a question.

As I mentioned, apparently there are just a few hospitals that fall in the category that I was describing.

□ 1530

But there are bipartisan concerns about the effects of this bill on good hospitals providing quality care. I made that point.

Will you work with me and other Members from both sides of the aisle to protect these hospitals and to exempt them totally from this ban on doctor ownership?

I yield to my friend from New Jersey.

Mr. PALLONE. The answer to that is that we believe that the legislation, as it is before you today, accomplishes that goal. In other words, as I said, these hospitals within 18 months of enactment, they can essentially reconfigure, so if no physician owned more than 2 percent—

Mr. HASTINGS of Washington. Reclaiming my time, I asked if the gentleman would work with me, and apparently the gentleman is saying that he won't work with me, even though this apparently is a very, very small universe, a universe of hospitals that deserve, I think, to have some sort of special consideration because if you have, for example, a government-mandated fire sale, what is the value of the enterprise that you're trying to sell? Yet that is precisely the language that you have in place.

So I'm asking you again. Since there are very few of these facilities, in three different States, would you work with us to exempt them totally from the ban that's imposed by this bill?

Mr. PALLONE. The answer is, no, if I could explain why just very briefly.

Mr. HASTINGS of Washington. The gentleman answered me yes. Now go ahead with your no. Please explain your no.

I yield to the gentleman.

Mr. PALLONE. I've been trying to explain that the reason that the money is saved pursuant to this provision is because physician self-referrals inherently are not a good thing. We are trying to discourage it as much as possible and not having it be the case in the future. Now there are some hospitals that, as you said, historically had this configuration. But we don't want to encourage it. We want to discourage it. That's why we're saying that we'll have a standard with the 40 percent and the 2 percent and we'll even allow some of them to grow if they meet certain standards. But we're not looking to have this continue because it inherently is not a good thing.

Mr. HASTINGS of Washington. Reclaiming my time, I appreciate the gentleman's explanation.

To me, Mr. Speaker, this sounds precisely as a look into the future, as we move towards what I would consider, I know that some would want, a government-style health care in this country, where conditions are going to be set forth on what kind of care, when that care is, what's the condition of ownership. All of these things apparently are on the horizon, and we are seeing an inkling into the future of how that would be effected.

Mr. Speaker, I reserve my time.

Ms. CASTOR. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. CUMMINGS).

Mr. CUMMINGS. Mr. Speaker, I rise today in support of the rule for the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

The time is long past due for Congress to, once and for all, act to end discrimination against patients seeking treatment for mental illness and addiction. More than 57 million Americans suffer from mental illness and more than 26 million suffer from addiction. Unfortunately, our Nation's investment in services for individuals with mental illness and addiction has not kept pace with the trend. Last year, untreated mental illness cost the U.S. economy over $150 billion, and untreated addiction cost over $400 billion.

H.R. 1424 reverses this trend by guaranteeing that plans cover the same range of mental illnesses and addiction disorders offered by the Federal employee health plan that Members of Congress use; prohibiting insurers and group health plans from imposing treatment of financial limitations when they offer mental health benefits that are more restrictive from those applied to medical and surgical services; and creating medical management tools that are based on valid medical evidence and pertinent to the patient's medical condition so that specific coverage is not arbitrary and is more transparent to the patient.

This is a piece of legislation that is critically important to our Nation and to my constituents.

Just the other day I received a letter from a Mr. Smith in my district, whose son, a 16-year-old, was diagnosed with attention deficit hyperactivity disorder.

Last spring Mr. Smith's son started using marijuana and used it increasingly as the months progressed in what was described as self-medication. His grades dropped and he withdrew from his friends and showed other signs of substance abuse.

When his parents placed him in an outpatient counseling facility, Mr. Smith learned, to his surprise, that the necessary treatment was not covered under his employer-based health insurance. After that counseling proved ineffective, he sent his son to a facility for in-patient treatment which cost approximately $25,000.

This legislation is very important, and I would urge my colleagues to vote in favor of the rule and the legislation.

Mr. HASTINGS of Washington. Mr. Speaker, I reserve my time.

Ms. CASTOR. Mr. Speaker, I have the right to close, and we do not have any additional speakers, so I will reserve the balance of my time until my colleague has made his closing remarks.

Mr. HASTINGS of Washington. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, there's been a lot of discussion here today on the underlying bill, the subject of which has broad support. The issues are the PAYGO and the issues are the denial, denial of the Democrat leadership in this House to allow a vote on a bill that passed in the other body unanimously. So much for openness that was promised a little over a year ago.

Mr. Speaker, I want to focus my closing remarks on another issue, another issue that has not been taken up and needs to be addressed, and that's the FISA issue that we have talked about so many times.

It has come to my attention today, and it will be in a publication presumably tomorrow, that the distinguished majority leader said that the electronic surveillance bill, or the FISA bill, will not be taken up this week.

We are becoming unprotected in this country because we don't have all the capabilities that we need in our intelligence community.

With that, Mr. Speaker, in this rule, Democrat leaders have blocked the House from voting on a bipartisan compromise on mental health parity, as I had mentioned.

I want to talk now about modernizing the Foreign Intelligence Surveillance Act into the 21st century. The Senate has passed legislation that will

bring this 1970s Jimmy Carter-era law up to date to reflect today's age of disposable cell phones and the Internet. Yet for weeks now, House Democrat leaders have refused to allow Representatives to vote on this Senate bill. They've done this despite the public support given the bipartisan Senate compromise by 21 members of the Democrat Blue Dog Coalition.

House Democrat leaders are tying the hands of our intelligence professionals to make them jump through unnecessary red tape and paperwork to protect our country. If foreign persons in foreign places are conspiring and plotting to harm Americans and our country, then our intelligence personnel should be listening to them. They shouldn't have to waste precious time and energy on bureaucratic hurdles.

We can protect and are protecting the constitutional rights of Americans, but we also must protect their lives by recognizing the terrorist threat to our country and modernizing FISA.

I ask all my colleagues to join with me in defeating the previous question so that we can immediately move to vote on the bipartisan Senate FISA bill.

Mr. Speaker, I ask unanimous consent to have the text of the amendment and extraneous material inserted into the RECORD prior to the vote on the previous question.

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

There was no objection.

Mr. HASTINGS of Washington. Mr. Speaker, I urge my colleagues to oppose this 50th closed rule, record-setting 50th closed rule that denies every Member from offering an amendment on the House floor, and to vote ''no'' on the previous question and in favor of a bipartisan permanent solution that closes the terrorist loophole.

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

Ms. CASTOR. Mr. Speaker, back on the Paul Wellstone Mental Health Equity Act, I submit for the RECORD a letter of support from the Federation of American Hospitals along with a related letter from the American Hospital Association, Coalition of Full Service Community Hospitals and Federation of American Hospitals.

FEDERATION OF AMERICAN HOSPITALS,
March 3, 2008.

Speaker NANCY PELOSI,
U.S. Congress,
Washington, DC.
Minority Leader JOHN BOEHNER,
U.S. Congress,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADER BOEHNER: The Federation of American Hospital (FAH), representing America's investor-owned and managed hospitals and health systems, supports swift passage of the Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424). This legislation will provide greatly needed access to mental health treatment for Americans who need it most.

This bipartisan legislation would end prevalent forms of health insurance discrimination against patients with debilitating chronic mental illnesses. Additionally, H.R. 1424 will assist millions of Americans in obtaining the necessary hospital care they need and were previously denied because of inadequate mental health coverage.

H.R. 1424 is paid for, in part, by prohibiting physician self-referral to a hospital in which a physician has an ownership interest. Physician self-referral presents an inherent conflict of interest, creates an unlevel, anti-competitive playing field; threatens patient safety; fails low-income and uninsured patients; and, has resulted in the overutilization of limited Medicare resources. We strongly support this provision.

We deeply appreciate Congress's ongoing commitment to mental health parity and strengthening the Medicare program.

Sincerely,

MARCH 4, 2008.

Hon. LOUISE MCINTOSH SLAUGHTER,
Chair, House Committee on Rules, House of Representatives, Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: On behalf of our nearly 5,000 member hospitals, health systems, and other health care organizations, and our 37,000 individual members, the American Hospital Association (AHA), along with the Federation of American Hospitals and the Coalition of Full Service Community Hospitals, strongly opposes the amendment expected to be offered by Rep. HINOJOSA (D-TX) during Rules Committee consideration of H.R. 1424.

The amendment would seriously erode the investment provisions currently included in H.R. 1424 designed to ensure that physician ownership interests and their potential to cause conflicts of interest are limited and to ensure that physician investments are bona fide and not simply a means to buy physician referrals. Specifically, it would allow grandfathered facilities of 300 beds or more to maintain their current level of physician ownership without regard to the aggregate and individual physician limits. Currently, under H.R. 1424, physicians would be granted 18 months to adjust their current physician ownership level.

Furthermore, it would allow existing physician-owned facilities that had already provided loans or financing for physicians to purchase their ownership interest to continue to do so. Finally, it weakens the language in H.R. 1424 as it pertains to the needed limitations on growth.

Physician self-referral to hospitals in which they have an ownership stake presents an inherent conflict of interest. These arrangements create an uneven, anti-competitive playing field, threaten patient safety and have, according to independent research, resulted in over-utilization, siphoning precious resources away from the Medicare program.

The only way to protect the Medicare program and the seniors it serves, as well as ensure fair competition, is to place needed restrictions on self-referral. We urge the Committee to reject this amendment.

Sincerely.

RICK POLLACK,
Executive Vice President,
American Hospital Association.

Mr. Speaker, if anyone had followed the debate today, they might think that hospitals throughout the country are opposed to this. To the contrary. Please let me read a portion of the Federation of American Hospitals letter to the speaker and the minority leader.

''The Federation of American Hospitals, representing America's investor-owned and managed hospitals and health systems, supports swift passage of the Paul Wellstone Mental Health and Addiction Equity Act. This legislation will provide greatly needed access to mental health treatment for Americans who need it most.

''This bipartisan legislation would end prevalent forms of health insurance discrimination against patients with debilitating chronic mental illnesses. Additionally, it will assist millions of Americans in obtaining the necessary hospital care they need and were previously denied because of inadequate mental health coverage.

''H.R. 1424 is paid for, in part, by prohibiting physician self-referral to a hospital in which a physician has an ownership interest. Physician self-referral presents an inherent conflict of interest, creates an unlevel, anti-competitive playing field, threatens patient safety, fails low-income and uninsured patients, and has resulted in the overutilization of limited Medicare resources. We strongly support this provision.

''We deeply appreciate Congress' ongoing commitment to mental health parity and strengthening the Medicare program.''

Mr. Speaker, what a tremendous lifeline we provide to families of veterans today by ending the discrimination that exists under many group health plans for mental health treatment. Unfortunately, people struggling with mental illness and addiction are often denied coverage for mental health treatment. Insurers often increase patient costs for mental health treatment by limiting in-patient days, capping outpatient visits, and requiring higher copayments than for physical illnesses.

It is estimated that over 90 percent of workers with employer-sponsored health insurance are enrolled in plans that impose higher costs in at least one of these ways. This is unfair. The treatment is unfair, and it's a major barrier to receiving adequate health care. Consequently, many mental health and substance-related disorders go untreated.

Clearly, diseases of the mind should be afforded the same treatment as diseases of the body. That benefits us all. Today's bill will end this discrimination by prohibiting health insurers from placing discriminatory restrictions on treatment and cost sharing.

Mr. Speaker, again this is an anti-discrimination bill. This is a health care bill. This is a pro-business and economic development bill. This is a pro-family bill. And this is a bill that supports our veterans. So today we strike a blow for fairness and equity and improved access to mental health treatment which will fundamentally improve the lives of millions of American families.

Mr. Speaker, I urge a ''yes'' vote on the previous question and on the rule.

The material previously referred to by Mr. HASTINGS of Washington is as follows:

AMENDMENT TO H. RES. 1014 OFFERED BY MR. HASTINGS OF WASHINGTON

At the end of the resolution, add the following:

SEC. 4. ''That upon adoption of this resolution, before consideration of any order of business other than one motion that the House adjourn, the bill (H.R. 3773) to amend the Foreign Intelligence Surveillance Act of 1978 to establish a procedure for authorizing certain acquisitions of foreign intelligence, and for other purposes, with Senate amendment thereto, shall be considered to have been taken from the Speaker's table. A motion that the House concur in the Senate amendment shall be considered as pending in the House without intervention of any point of order. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for one hour equally divided and controlled by the Majority Leader and the Minority Leader or their designees. The previous question shall be considered as ordered on the motion to final adoption without intervening motion.''

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308–311) describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

Because the vote today may look bad for the Democratic majority they will say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution .... [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information from Congressional Quarterly's ''American Congressional Dictionary'': ''If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business.''

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Ms. CASTOR. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HASTINGS of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on adopting House Resolution 1014, if ordered, and suspending the rules with regard to H.R. 4774 and H. Con. Res. 286.

The vote was taken by electronic device, and there were—yeas 215, nays 195, not voting 18, as follows:

[Roll No. 95]

YEAS—215

Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costello
Courtney
Crowley
Cuellar
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Platts
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Wynn
Yarmuth

NAYS—195

Abercrombie
Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Cramer
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Donnelly
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Petri
Pickering
Pitts
Porter
Price (GA)
Pryce (OH)
Putnam
Regula
Rehberg
Reichert
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuster
Simpson

Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NOT VOTING—18

Brown-Waite, Ginny
Cole (OK)
Conyers
Costa
Cummings
Gonzalez
Johnson, E. B.
Keller
Meek (FL)
Ortiz
Peterson (PA)
Poe
Radanovich
Rangel
Renzi
Reyes
Rush
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on this vote.

□ 1606

Ms. PRYCE of Ohio and Mr. GARY G. MILLER of California changed their vote from ''yea'' to ''nay.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HASTINGS of Washington. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 209, nays 198, not voting 21, as follows:

[Roll No. 96]

YEAS—209

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Cannon
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gillibrand
Gordon
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jefferson
Johnson (GA)
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Rodriguez
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Solis
Space
Spratt
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walsh (NY)
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Yarmuth

NAYS—198

Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cantor
Capito
Carter
Castle
Chabot
Coble
Conaway
Crenshaw
Cubin
Cuellar
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Green, Al
Green, Gene
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hinojosa
Hobson
Hoekstra
Hulshof
Inglis (SC)
Issa
Jackson-Lee (TX)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Pastor
Paul
Pearce
Pence
Petri
Pickering
Pitts
Platts
Porter
Price (GA)
Pryce (OH)
Putnam
Regula
Rehberg
Reichert
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Salazar
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Snyder
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NOT VOTING—21

Brown-Waite, Ginny
Cole (OK)
Conyers
Fallin
Gonzalez
Hunter
Johnson, E. B.
Keller
Meek (FL)
Ortiz
Peterson (PA)
Poe
Radanovich
Rangel
Renzi
Reyes
Rush
Shea-Porter
Stark
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on the vote.

□ 1613

Mr. AL GREEN of Texas changed his vote from ''yea'' to ''nay.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. COLE of Oklahoma. Mr. Speaker, on Wednesday, March 5, 2008, I missed the first two votes in a series of four votes. I missed rollcall vote Nos. 95 and 96.

Had I been present and voting, I would have voted as follows: Rollcall vote No. 95: "nay" (On Calling the Previous Question on the Rule providing for H.R. 1424); rollcall vote No. 96: "nay" (On the Rule providing for the consideration of H.R. 1424).

CYNDI TAYLOR KRIER POST OFFICE BUILDING

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4774, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 4774, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 404, nays 0, not voting 24, as follows:

[Roll No. 97]

YEAS—404

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello

Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Rahall
Regula
Rehberg
Reichert
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tanner
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wittman (VA)
Wolf
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—24

Bean
Bishop (GA)
Brown-Waite, Ginny
Conyers
Gonzalez
Higgins
Johnson, E. B.
Jones (OH)
Keller
Meek (FL)
Ortiz
Pickering
Poe
Radanovich
Ramstad
Rangel
Renzi
Reyes
Richardson
Rothman
Rush
Weldon (FL)
Wilson (SC)
Woolsey

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised that there are less than 2 minutes remaining in this vote.

□ 1620

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING AND HONORING EARL LLOYD FOR BECOMING THE FIRST AFRICAN-AMERICAN TO PLAY IN THE NATIONAL BASKETBALL ASSOCIATION LEAGUE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the concurrent resolution, H. Con. Res. 286, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 286.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 412, nays 0, not voting 16, as follows:

[Roll No. 98]

YEAS—412

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reyes
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space

Spratt	Tsongas	Waxman
Stark	Turner	Weiner
Stearns	Udall (CO)	Welch (VT)
Stupak	Udall (NM)	Weldon (FL)
Sullivan	Upton	Weller
Sutton	Van Hollen	Westmoreland
Tancredo	Velázquez	Wexler
Tanner	Visclosky	Whitfield (KY)
Tauscher	Walberg	Wilson (NM)
Taylor	Walden (OR)	Wilson (OH)
Terry	Walsh (NY)	Wilson (SC)
Thompson (CA)	Walz (MN)	Wittman (VA)
Thompson (MS)	Wamp	Wolf
Thornberry	Wasserman Schultz	Wu
Tiahrt	Waters	Wynn
Tiberi	Watson	Yarmuth
Tierney	Watt	Young (AK)
Towns		Young (FL)

NOT VOTING—16

Brown-Waite, Ginny	Keller	Renzi
Conyers	Meek (FL)	Rush
Gonzalez	Ortiz	Schmidt
Gordon	Poe	Sires
Johnson, E. B.	Pryce (OH)	Woolsey
	Rangel	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised that there are 2 minutes remaining in this vote.

□ 1628

So (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. CONYERS. Mr. Speaker, on March 5, 2008, I was unavoidably detained due to weather-related travel delays. The following list describes how I would have voted had I been in attendance this afternoon.

"Yea"—H.R. 4191, To redesignate Dayton Aviation Heritage National Historic Park in the State of Ohio as "Wright Brothers-Dunbar National Historic Park", and for other purposes.

"Yea"—H. Con. Res. 278, Supporting Taiwan's fourth direct and democratic presidential elections in March 2008.

"Present"—H. Res. 951, Condemning the ongoing Palestinian rocket attacks on Israeli civilians, and for other purposes.

"Yea"—On motion to consider the resolution H. Res. 1014, providing for the consideration of H.R. 1424, Paul Wellstone Mental Health and Addiction Equity Act.

"Yea"—On ordering the previous question on H. Res. 1014, providing for the consideration of H.R. 1424, Paul Wellstone Mental Health and Addiction Equity Act.

"Yea"—H. Res. 1014, Providing for the consideration of H.R. 1424, Paul Wellstone Mental Health and Addiction Equity Act.

"Yea"—H.R. 4774, To designate the facility of the United States Postal Service located at 10250 John Saunders Road in San Antonio, Texas, as the "Cyndi Taylor Krier Post Office Building".

"Yea"—H. Con. Res. 286, Expressing the sense of Congress that Earl Lloyd should be recognized and honored for breaking the color barrier and becoming the first African American to play in the National Basketball Association League 58 years ago.

PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007

Mr. PALLONE. Mr. Speaker, pursuant to House Resolution 1014, I call up the bill (H.R. 1424) to amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans, and ask for its immediate consideration.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1424

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Paul Wellstone Mental Health and Addiction Equity Act of 2007".

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

Sec. 1. Short title; table of contents.
Sec. 2. Amendments to the Employee Retirement Income Security Act of 1974.
Sec. 3. Amendments to the Public Health Service Act relating to the group market.
Sec. 5. Amendments to the Internal Revenue Code of 1986.
Sec. 5. Government Accountability Office studies and reports.

SEC. 2. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

"(3) TREATMENT LIMITS.—

"(A) NO TREATMENT LIMIT.—If the plan or coverage does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose any treatment limit on mental health and substance-related disorder benefits that are classified in the same category of items or services.

"(B) TREATMENT LIMIT.—If the plan or coverage includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose such a treatment limit on mental health and substance-related disorder benefits for items and services within such category that are more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

"(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following four categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

"(i) INPATIENT, IN-NETWORK.—Items and services furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

"(ii) INPATIENT, OUT-OF-NETWORK.—Items and services furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

"(iii) OUTPATIENT, IN-NETWORK.—Items and services furnished on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

"(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

"(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan or coverage, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan or coverage.

"(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

"(4) BENEFICIARY FINANCIAL REQUIREMENTS.—

"(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan or coverage does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified under paragraph (3)(C)), the plan or coverage may not impose such a beneficiary financial requirement on mental health and substance-related disorder benefits for items and services within such category.

"(B) BENEFICIARY FINANCIAL REQUIREMENT.—

"(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services (as specified in paragraph (3)(C)), the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

"(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan or coverage includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan or coverage may not impose such financial requirement on mental health and substance-related disorder benefits for items and services within such category in a way that is more costly to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

"(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan or coverage, any deductible, coinsurance, co-payment,

other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan or coverage, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' and inserting ''mental health and substance-related disorder benefits'' each place it appears; and

(2) in paragraph (4) of subsection (e)—

(A) by striking ''MENTAL HEALTH BENEFITS'' and inserting ''MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS'';

(B) by striking ''benefits with respect to mental health services'' and inserting ''benefits with respect to services for mental health conditions or substance-related disorders''; and

(C) by striking '', but does not include benefits with respect to treatment of substances abuse or chemical dependency''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, upon request, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health and substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder for which benefits are provided under the benefit plan option offered under chapter 89 of title 5, United States Code, with the highest average enrollment as of the beginning of the most recent year beginning on or before the beginning of the plan year involved.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health and substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan or coverage in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (including an emergency condition relating to mental health and substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year which begins after the date of the enactment of the Paul Wellstone Mental Health and Addiction Equity Act of 2007; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this subsection shall be made by a qualified actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be certified by the actuary and be made available to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with such a plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—An election to modify coverage of mental health and substance-related disorder benefits as permitted under this paragraph shall be treated as a material modification in the terms of the plan as described in section 102(a)(1) and shall be subject to the applicable notice requirements under section 104(b)(1).''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1)(B) of such section is amended—

(1) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place it appears; and

(2) by striking ''and who employs at least 2 employees on the first day of the plan year''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking out subsection (f).

(h) CLARIFICATION REGARDING PREEMPTION.—Such section is further amended by inserting after subsection (e) the following new subsection:

''(f) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law that provides greater consumer protections, benefits, methods of access to benefits, rights or remedies that are greater than the protections, benefits, methods of access to benefits, rights or remedies provided under this section.

''(2) ERISA.—Nothing in this section shall be construed to affect or modify the provisions of section 514 with respect to group health plans.''.

(i) CONFORMING AMENDMENTS TO HEADING.—

(1) IN GENERAL.—The heading of such section is amended to read as follows:

''SEC. 712. Equity in mental health and substance-related disorder benefits.''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of such Act is amended by striking the item relating to section 712 and inserting the following new item:

''Sec. 712. Equity in mental health and substance-related disorder benefits.''.

(j) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2008.

SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE GROUP MARKET.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 2705 of the Public Health Service Act (42 U.S.C. 300gg–5) is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—

''(A) NO TREATMENT LIMIT.—If the plan or coverage does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services (specified in subparagraph (C)), the plan or coverage may not impose any treatment limit on mental health and substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan or coverage includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose such a treatment limit on mental health and substance-related disorder benefits for items and services within such category that are more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following four categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits

and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services furnished on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan or coverage, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan or coverage.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan or coverage does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified in paragraph (3)(C)), the plan or coverage may not impose such a beneficiary financial requirement on mental health and substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services, the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan or coverage includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan or coverage may not impose such financial requirement on mental health and substance-related disorder benefits for items and services within such category in a way that is more costly to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan or coverage, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan or coverage, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' and inserting ''mental health and substance-related disorder benefits'' each place it appears; and

(2) in paragraph (4) of subsection (e)—

(A) by striking ''MENTAL HEALTH BENEFITS'' and inserting ''MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS'';

(B) by striking ''benefits with respect to mental health services'' and inserting ''benefits with respect to services for mental health conditions or substance-related disorders''; and

(C) by striking '', but does not include benefits with respect to treatment of substances abuse or chemical dependency''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, upon request, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health and substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder for which benefits are provided under the benefit plan option offered under chapter 89 of title 5, United States Code, with the highest average enrollment as of the beginning of the most recent year beginning on or before the beginning of the plan year involved.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health and substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan or coverage in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (including an emergency condition relating to mental health and substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year which begins after the date of the enactment of the Paul Wellstone Mental Health and Addiction Equity Act of 2007; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this subsection shall be made by a qualified actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be certified by the actuary and be made available to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with such a plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—A group health plan under this part shall comply with the notice requirement under section 712(c)(2)(E) of the

Employee Retirement Income Security Act of 1974 with respect to the a modification of mental health and substance-related disorder benefits as permitted under this paragraph as if such section applied to such plan.''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1)(B) of such section is amended—

(1) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place it appears; and

(2) by striking ''and who employs at least 2 employees on the first day of the plan year''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking out subsection (f).

(h) CLARIFICATION REGARDING PREEMPTION.—Such section is further amended by inserting after subsection (e) the following new subsection:

''(f) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law that provides greater consumer protections, benefits, methods of access to benefits, rights or remedies that are greater than the protections, benefits, methods of access to benefits, rights or remedies provided under this section.

''(2) CONSTRUCTION.—Nothing in this section shall be construed to affect or modify the provisions of section 2723 with respect to group health plans.''.

(i) CONFORMING AMENDMENT TO HEADING.—The heading of such section is amended to read as follows:

''SEC. 2705. Equity in mental health and substance-related disorder benefits.''.

(j) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2008.

SEC. 4. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 9812 of the Internal Revenue Code of 1986 is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—

''(A) NO TREATMENT LIMIT.—If the plan does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services (specified in subparagraph (C)), the plan may not impose any treatment limit on mental health and substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan may not impose such a treatment limit on mental health and substance-related disorder benefits for items and services within such category that are more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following four categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services furnished on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified in paragraph (3)(C)), the plan may not impose such a beneficiary financial requirement on mental health and substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services, the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan may not impose such financial requirement on mental health and substance-related disorder benefits for items and services within such category in a way that is more costly to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' and inserting ''mental health and substance-related disorder benefits'' each place it appears; and

(2) in paragraph (4) of subsection (e)—

(A) by striking ''MENTAL HEALTH BENEFITS'' in the heading and inserting ''MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS'';

(B) by striking ''benefits with respect to mental health services'' and inserting ''benefits with respect to services for mental health conditions or substance-related disorders''; and

(C) by striking '', but does not include benefits with respect to treatment of substances abuse or chemical dependency''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits shall be made available by the plan administrator to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, upon request, be made available by the plan administrator to the participant or beneficiary.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health and substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder for which benefits are provided under the benefit plan option offered under chapter 89 of title 5, United States Code, with the highest average enrollment as of the beginning of the most recent year beginning on or before the beginning of the plan year involved.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a plan that provides both medical and surgical benefits and mental health and substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be

provided for items and services in such category furnished outside any network of providers established or recognized under such plan in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (including an emergency condition relating to mental health and substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan, if the application of this section to such plan results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan during the following plan year, and such exemption shall apply to the plan for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan, the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year which begins after the date of the enactment of the Paul Wellstone Mental Health and Addiction Equity Act of 2007; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan for purposes of this subsection shall be made by a qualified actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be certified by the actuary and be made available to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan has complied with this section for the first 6 months of the plan year involved.''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1) of such section is amended to read as follows:

''(1) SMALL EMPLOYER EXEMPTION.—

''(A) IN GENERAL.—This section shall not apply to any group health plan for any plan year of a small employer.

''(B) SMALL EMPLOYER.—For purposes of subparagraph (A), the term 'small employer' means, with respect to a calendar year and a plan year, an employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year. For purposes of the preceding sentence, all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as 1 employer and rules similar to rules of subparagraphs (B) and (C) of section 4980D(d)(2) shall apply.''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking subsection (f).

(h) CONFORMING AMENDMENTS TO HEADING.—

(1) IN GENERAL.—The heading of such section is amended to read as follows:

''SEC. 9812. Equity in mental health and substance-related disorder benefits.''.

(2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by striking the item relating to section 9812 and inserting the following new item:

''Sec. 9812. Equity in mental health and substance-related disorder benefits.''.

(i) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2008.

SEC. 5. GOVERNMENT ACCOUNTABILITY OFFICE STUDIES AND REPORTS.

(a) IMPLEMENTATION OF ACT.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study that evaluates the effect of the implementation of the amendments made by this Act on—

(A) the cost of health insurance coverage;

(B) access to health insurance coverage (including the availability of in-network providers);

(C) the quality of health care;

(D) Medicare, Medicaid, and State and local mental health and substance abuse treatment spending;

(E) the number of individuals with private insurance who received publicly funded health care for mental health and substance-related disorders;

(F) spending on public services, such as the criminal justice system, special education, and income assistance programs;

(G) the use of medical management of mental health and substance-related disorder benefits and medical necessity determinations by group health plans (and health insurance issuers offering health insurance coverage in connection with such plans) and timely access by participants and beneficiaries to clinically-indicated care for mental health and substance-use disorders; and

(H) other matters as determined appropriate by the Comptroller General.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall prepare and submit to the appropriate committees of the Congress a report containing the results of the study conducted under paragraph (1).

(b) BIANNUAL REPORT ON OBSTACLES IN OBTAINING COVERAGE.—Every two years, the Comptroller General shall submit to each House of the Congress a report on obstacles that individuals face in obtaining mental health and substance-related disorder care under their health plans.

(c) UNIFORM PATIENT PLACEMENT CRITERIA.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit to each House of the Congress a report on availability of uniform patient placement criteria for mental health and substance-related disorders that could be used by group health plans and health insurance issuers to guide determinations of medical necessity and the extent to which health plans utilize such critiera. If such criteria do not exist, the report shall include recommendations on a process for developing such criteria.

The SPEAKER pro tempore. Pursuant to House Resolution 1014, in lieu of the amendments recommended by the Committees on Energy and Commerce, Ways and Means, and Education and Labor printed in the bill, the amendment in the nature of a substitute printed in House report 110–538 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Paul Wellstone Mental Health and Addiction Equity Act of 2007''.

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

Sec. 1. Short title; table of contents.
Sec. 2. Amendments to the Employee Retirement Income Security Act of 1974.
Sec. 3. Amendments to the Public Health Service Act relating to the group market.
Sec. 4. Amendments to the Internal Revenue Code of 1986.
Sec. 5. Medicaid drug rebate.
Sec. 6. Limitation on Medicare exception to the prohibition on certain physician referrals for hospitals.
Sec. 7. Studies and reports.

SEC. 2. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO TREATMENT LIMIT.—If the plan or coverage does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose any treatment limit on mental health or substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan or coverage includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose such a treatment limit on mental health or substance-related disorder benefits for items and services within such category that is more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following five categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished

on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(v) EMERGENCY CARE.—Items and services, whether furnished on an inpatient or outpatient basis or within or outside any network of providers, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan or coverage, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan or coverage.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan or coverage does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified under paragraph (3)(C)), the plan or coverage may not impose such a beneficiary financial requirement on mental health or substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services (as specified in paragraph (3)(C)), the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan or coverage includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan or coverage may not impose such financial requirement on mental health or substance-related disorder benefits for items and services within such category in a way that results in greater out-of-pocket expenses to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan or coverage, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan or coverage, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' each place it appears (other than in any provision amended by paragraph (2)) and inserting ''mental health or substance-related disorder benefits'',

(2) by striking ''mental health benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C) and inserting ''mental health and substance-related disorder benefits'', and

(3) in subsection (e), by striking paragraph (4) and inserting the following new paragraphs:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable law, but does not include substance-related disorder benefits.

''(5) SUBSTANCE-RELATED DISORDER BENEFITS.—The term 'substance-related disorder benefits' means benefits with respect to services for substance-related disorders, as defined under the terms of the plan and in accordance with applicable law.''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary in accordance with regulations.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health or substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health or substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan or coverage in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year to which this paragraph applies; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this subsection shall be made in writing and prepared and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be made available by the plan administrator (or

health insurance issuer, as the case may be) to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with such a plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—An election to modify coverage of mental health and substance-related disorder benefits as permitted under this paragraph shall be treated as a material modification in the terms of the plan as described in section 102(a) and notice of which shall be provided a reasonable period in advance of the change.

''(F) NOTIFICATION OF APPROPRIATE AGENCY.—

''(i) IN GENERAL.—A group health plan that, based on a certification described under subparagraph (C), qualifies for an exemption under this paragraph, and elects to implement the exemption, shall notify the Department of Labor of such election.

''(ii) REQUIREMENT.—A notification under clause (i) shall include—

''(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance-related disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification under clause (i) shall be confidential. The Department of Labor shall make available, upon request to the appropriate committees of Congress and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and any type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(G) NO IMPACT ON APPLICATION OF STATE LAW.—The fact that a plan or coverage is exempt from the provisions of this section under subparagraph (A) shall not affect the application of State law to such plan or coverage.

''(H) CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a group health plan (or health insurance coverage offered in connection with such a plan) from complying with the provisions of this section notwithstanding that the plan or coverage is not required to comply with such provisions due to the application of subparagraph (A).''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1)(B) of such section is amended—

(1) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place it appears; and

(2) by striking ''and who employs at least 2 employees on the first day of the plan year''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking subsection (f).

(h) CLARIFICATION REGARDING PREEMPTION.—Such section is further amended by inserting after subsection (e) the following new subsection:

''(f) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—This part shall not be construed to supersede any provision of State law which establishes, implements, or continues in effect any consumer protections, benefits, methods of access to benefits, rights, external review programs, or remedies solely relating to health insurance issuers in connection with group health insurance coverage (including benefit mandates or regulation of group health plans of 50 or fewer employees) except to the extent that such provision prevents the application of a requirement of this part.

''(2) CONTINUED PREEMPTION WITH RESPECT TO GROUP HEALTH PLANS.—Nothing in this section shall be construed to affect or modify the provisions of section 514 with respect to group health plans.

''(3) OTHER STATE LAWS.—Nothing in this section shall be construed to exempt or relieve any person from any laws of any State not solely related to health insurance issuers in connection with group health coverage insofar as they may now or hereafter relate to insurance, health plans, or health coverage.'''.

(i) CONFORMING AMENDMENTS TO HEADING.—

(1) IN GENERAL.—The heading of such section is amended to read as follows:

''SEC. 712. EQUITY IN MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of such Act is amended by striking the item relating to section 712 and inserting the following new item:

''Sec. 712. Equity in mental health and substance-related disorder benefits.''.

(j) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2009.

(2) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before the date of the enactment of this Act, the amendments made by this section shall not apply to plan years beginning before the later of—

(A) the date on which the last of the collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of the enactment of this Act), or

(B) January 1, 2009.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

(k) DOL ANNUAL SAMPLE COMPLIANCE.—The Secretary of Labor shall annually sample and conduct random audits of group health plans (and health insurance coverage offered in connection with such plans) in order to determine their compliance with the amendments made by this Act and shall submit to the appropriate committees of Congress an annual report on such compliance with such amendments. The Secretary shall share the results of such audits with the Secretaries of Health and Human Services and of the Treasury.

(l) ASSISTANCE TO PARTICIPANTS AND BENEFICIARIES.—The Secretary of Labor shall provide assistance to participants and beneficiaries of group health plans with any questions or problems with compliance with the requirements of this Act. The Secretary shall notify participants and beneficiaries how they can obtain assistance from State consumer and insurance agencies and the Secretary shall coordinate with State agencies to ensure that participants and beneficiaries are protected and afforded the rights provided under this Act.

SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE GROUP MARKET.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 2705 of the Public Health Service Act (42 U.S.C. 300gg–5) is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO TREATMENT LIMIT.—If the plan or coverage does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services (specified in subparagraph (C)), the plan or coverage may not impose any treatment limit on mental health or substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan or coverage includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan or coverage may not impose such a treatment limit on mental health or substance-related disorder benefits for items and services within such category that is more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following five categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and within a network of providers established or recognized under such plan or coverage.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and within a network of providers established or recognized under such plan or coverage.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and outside any network of providers established or recognized under such plan or coverage.

''(v) EMERGENCY CARE.—Items and services, whether furnished on an inpatient or outpatient basis or within or outside any network of providers, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan or coverage, limitation on the frequency of treatment, number of visits or days of coverage,

or other similar limit on the duration or scope of treatment under the plan or coverage.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan or coverage does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified in paragraph (3)(C)), the plan or coverage may not impose such a beneficiary financial requirement on mental health or substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan or coverage includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services, the plan or coverage shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan or coverage includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan or coverage may not impose such financial requirement on mental health or substance-related disorder benefits for items and services within such category in a way that results in greater out-of-pocket expenses to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan or coverage, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan or coverage, but does not include the application of any aggregate lifetime limit or annual limit.''; and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'';

(B) by striking ''; or'' and inserting a period; and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Such section is further amended—

(1) by striking ''mental health benefits'' each place it appears (other than in any provision amended by paragraph (2)) and inserting ''mental health or substance-related disorder benefits'',

(2) by striking ''mental health benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C) and inserting ''mental health and substance-related disorder benefits'', and

(3) in subsection (e), by striking paragraph (4) and inserting the following new paragraphs:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable law, but does not include substance-related disorder benefits.

''(5) SUBSTANCE-RELATED DISORDER BENEFITS.—The term 'substance-related disorder benefits' means benefits with respect to services for substance-related disorders, as defined under the terms of the plan and in accordance with applicable law.''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of such section, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary in accordance with regulations.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of such section is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides any mental health or substance-related disorder benefits, the plan or coverage shall include benefits for any mental health condition or substance-related disorder included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health or substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan or coverage, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan or coverage in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of subsection (c) of such section is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year to which this paragraph applies; and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this subsection shall be made in writing and prepared and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be made available by the plan administrator (or health insurance issuer, as the case may be) to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with such a plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION.—A group health plan under this part shall comply with the notice requirement under section 712(c)(2)(E) of the Employee Retirement Income Security Act of 1974 with respect to a modification of mental health and substance-related disorder benefits as permitted under this paragraph as if such section applied to such plan.

''(F) NOTIFICATION OF APPROPRIATE AGENCY.—

''(i) IN GENERAL.—A group health plan that, based on a certification described under subparagraph (C), qualifies for an exemption

under this paragraph, and elects to implement the exemption, shall notify the Secretary of Health and Human Services of such election.

''(ii) REQUIREMENT.—A notification under clause (i) shall include—

''(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance-related disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification under clause (i) shall be confidential. The Secretary of Health and Human Services shall make available, upon request to the appropriate committees of Congress and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and any type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(G) CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a group health plan (or health insurance coverage offered in connection with such a plan) from complying with the provisions of this section notwithstanding that the plan or coverage is not required to comply with such provisions due to the application of subparagraph (A).''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Subsection (c)(1)(B) of such section is amended—

(1) by inserting ''(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)'' after ''at least 2'' the first place it appears; and

(2) by striking ''and who employs at least 2 employees on the first day of the plan year''.

(g) ELIMINATION OF SUNSET PROVISION.—Such section is amended by striking out subsection (f).

(h) CLARIFICATION REGARDING PREEMPTION.—Such section is further amended by inserting after subsection (e) the following new subsection:

''(f) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law that provides greater consumer protections, benefits, methods of access to benefits, rights or remedies that are greater than the protections, benefits, methods of access to benefits, rights or remedies provided under this section.

''(2) CONSTRUCTION.—Nothing in this section shall be construed to affect or modify the provisions of section 2723 with respect to group health plans.''.

(i) CONFORMING AMENDMENT TO HEADING.—The heading of such section is amended to read as follows:

''SEC. 2705. EQUITY IN MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.''.

(j) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2009.

(2) ELIMINATION OF SUNSET.—The amendment made by subsection (g) shall apply to benefits for services furnished after December 31, 2007.

(3) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before the date of the enactment of this Act, the amendments made by this section shall not apply to plan years beginning before the later of—

(A) the date on which the last of the collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of the enactment of this Act), or

(B) January 1, 2009.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

SEC. 4. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.

(a) EXTENSION OF PARITY TO TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—Section 9812 of the Internal Revenue Code of 1986 is amended—

(1) in subsection (a), by adding at the end the following new paragraphs:

''(3) TREATMENT LIMITS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO TREATMENT LIMIT.—If the plan does not include a treatment limit (as defined in subparagraph (D)) on substantially all medical and surgical benefits in any category of items or services (specified in subparagraph (C)), the plan may not impose any treatment limit on mental health or substance-related disorder benefits that are classified in the same category of items or services.

''(B) TREATMENT LIMIT.—If the plan includes a treatment limit on substantially all medical and surgical benefits in any category of items or services, the plan may not impose such a treatment limit on mental health or substance-related disorder benefits for items and services within such category that is more restrictive than the predominant treatment limit that is applicable to medical and surgical benefits for items and services within such category.

''(C) CATEGORIES OF ITEMS AND SERVICES FOR APPLICATION OF TREATMENT LIMITS AND BENEFICIARY FINANCIAL REQUIREMENTS.—For purposes of this paragraph and paragraph (4), there shall be the following five categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance related benefits shall be classified into one of the following categories:

''(i) INPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and within a network of providers established or recognized under such plan.

''(ii) INPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an inpatient basis and outside any network of providers established or recognized under such plan.

''(iii) OUTPATIENT, IN-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and within a network of providers established or recognized under such plan.

''(iv) OUTPATIENT, OUT-OF-NETWORK.—Items and services not described in clause (v) furnished on an outpatient basis and outside any network of providers established or recognized under such plan.

''(v) EMERGENCY CARE.—Items and services, whether furnished on an inpatient or outpatient basis or within or outside any network of providers, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(D) TREATMENT LIMIT DEFINED.—For purposes of this paragraph, the term 'treatment limit' means, with respect to a plan, limitation on the frequency of treatment, number of visits or days of coverage, or other similar limit on the duration or scope of treatment under the plan.

''(E) PREDOMINANCE.—For purposes of this subsection, a treatment limit or financial requirement with respect to a category of items and services is considered to be predominant if it is the most common or frequent of such type of limit or requirement with respect to such category of items and services.

''(4) BENEFICIARY FINANCIAL REQUIREMENTS.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits—

''(A) NO BENEFICIARY FINANCIAL REQUIREMENT.—If the plan does not include a beneficiary financial requirement (as defined in subparagraph (C)) on substantially all medical and surgical benefits within a category of items and services (specified in paragraph (3)(C)), the plan may not impose such a beneficiary financial requirement on mental health or substance-related disorder benefits for items and services within such category.

''(B) BENEFICIARY FINANCIAL REQUIREMENT.—

''(i) TREATMENT OF DEDUCTIBLES, OUT-OF-POCKET LIMITS, AND SIMILAR FINANCIAL REQUIREMENTS.—If the plan includes a deductible, a limitation on out-of-pocket expenses, or similar beneficiary financial requirement that does not apply separately to individual items and services on substantially all medical and surgical benefits within a category of items and services, the plan shall apply such requirement (or, if there is more than one such requirement for such category of items and services, the predominant requirement for such category) both to medical and surgical benefits within such category and to mental health and substance-related disorder benefits within such category and shall not distinguish in the application of such requirement between such medical and surgical benefits and such mental health and substance-related disorder benefits.

''(ii) OTHER FINANCIAL REQUIREMENTS.—If the plan includes a beneficiary financial requirement not described in clause (i) on substantially all medical and surgical benefits within a category of items and services, the plan may not impose such financial requirement on mental health or substance-related disorder benefits for items and services within such category in a way that results in greater out-of-pocket expenses to the participant or beneficiary than the predominant beneficiary financial requirement applicable to medical and surgical benefits for items and services within such category.

''(C) BENEFICIARY FINANCIAL REQUIREMENT DEFINED.—For purposes of this paragraph, the term 'beneficiary financial requirement' includes, with respect to a plan, any deductible, coinsurance, co-payment, other cost sharing, and limitation on the total amount that may be paid by a participant or beneficiary with respect to benefits under the plan, but does not include the application of any aggregate lifetime limit or annual limit.'', and

(2) in subsection (b)—

(A) by striking ''construed—'' and all that follows through ''(1) as requiring'' and inserting ''construed as requiring'',

(B) by striking ''; or'' and inserting a period, and

(C) by striking paragraph (2).

(b) EXPANSION TO SUBSTANCE-RELATED DISORDER BENEFITS AND REVISION OF DEFINITION.—Section 9812 of such Code is further amended—

(1) by striking ''mental health benefits'' each place it appears (other than in any provision amended by paragraph (2)) and inserting ''mental health or substance-related disorder benefits'',

(2) by striking ''mental health benefits'' each place it appears in subsections (a)(1)(B)(i), (a)(1)(C), (a)(2)(B)(i), and (a)(2)(C) and inserting ''mental health and substance-related disorder benefits'', and

(3) in subsection (e), by striking paragraph (4) and inserting the following new paragraphs:

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable law, but does not include substance-related disorder benefits.

''(5) SUBSTANCE-RELATED DISORDER BENEFITS.—The term 'substance-related disorder benefits' means benefits with respect to services for substance-related disorders, as defined under the terms of the plan and in accordance with applicable law.''.

(c) AVAILABILITY OF PLAN INFORMATION ABOUT CRITERIA FOR MEDICAL NECESSITY.—Subsection (a) of section 9812 of such Code, as amended by subsection (a)(1), is further amended by adding at the end the following new paragraph:

''(5) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health and substance-related disorder benefits shall be made available by the plan administrator in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan of reimbursement or payment for services with respect to mental health and substance-related disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator to the participant or beneficiary in accordance with regulations.''.

(d) MINIMUM BENEFIT REQUIREMENTS.—Subsection (a) of section 9812 of such Code is further amended by adding at the end the following new paragraph:

''(6) MINIMUM SCOPE OF COVERAGE AND EQUITY IN OUT-OF-NETWORK BENEFITS.—

''(A) MINIMUM SCOPE OF MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.—In the case of a group health plan that provides any mental health or substance-related disorder benefits, the plan shall include benefits for any mental health condition or substance-related disorder included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

''(B) EQUITY IN COVERAGE OF OUT-OF-NETWORK BENEFITS.—

''(i) IN GENERAL.—In the case of a group health plan that provides both medical and surgical benefits and mental health or substance-related disorder benefits, if medical and surgical benefits are provided for substantially all items and services in a category specified in clause (ii) furnished outside any network of providers established or recognized under such plan, the mental health and substance-related disorder benefits shall also be provided for items and services in such category furnished outside any network of providers established or recognized under such plan in accordance with the requirements of this section.

''(ii) CATEGORIES OF ITEMS AND SERVICES.—For purposes of clause (i), there shall be the following three categories of items and services for benefits, whether medical and surgical benefits or mental health and substance-related disorder benefits, and all medical and surgical benefits and all mental health and substance-related disorder benefits shall be classified into one of the following categories:

''(I) EMERGENCY.—Items and services, whether furnished on an inpatient or outpatient basis, required for the treatment of an emergency medical condition (as defined in section 1867(e) of the Social Security Act, including an emergency condition relating to mental health or substance-related disorders).

''(II) INPATIENT.—Items and services not described in subclause (I) furnished on an inpatient basis.

''(III) OUTPATIENT.—Items and services not described in subclause (I) furnished on an outpatient basis.''.

(e) REVISION OF INCREASED COST EXEMPTION.—Paragraph (2) of section 9812(c) of such Code is amended to read as follows:

''(2) INCREASED COST EXEMPTION.—

''(A) IN GENERAL.—With respect to a group health plan, if the application of this section to such plan results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan during the following plan year, and such exemption shall apply to the plan for 1 plan year.

''(B) APPLICABLE PERCENTAGE.—With respect to a plan, the applicable percentage described in this paragraph shall be—

''(i) 2 percent in the case of the first plan year to which this paragraph applies, and

''(ii) 1 percent in the case of each subsequent plan year.

''(C) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan for purposes of this subsection shall be made in writing and prepared and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. Such determinations shall be made available by the plan administrator to the general public.

''(D) 6-MONTH DETERMINATIONS.—If a group health plan seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan has complied with this section for the first 6 months of the plan year involved.

''(E) NOTIFICATION OF APPROPRIATE AGENCY.—

''(i) IN GENERAL.—A group health plan that, based on a certification described under subparagraph (C), qualifies for an exemption under this paragraph, and elects to implement the exemption, shall notify the Secretary of the Treasury of such election.

''(ii) REQUIREMENT.—A notification under clause (i) shall include—

''(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

''(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance-related disorder benefits under the plan; and

''(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance-related disorder benefits under the plan.

''(iii) CONFIDENTIALITY.—A notification under clause (i) shall be confidential. The Secretary of the Treasury shall make available, upon request to the appropriate committees of Congress and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(I) a breakdown of States by the size and any type of employers submitting such notification; and

''(II) a summary of the data received under clause (ii).

''(F) CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a group health plan from complying with the provisions of this section notwithstanding that the plan is not required to comply with such provisions due to the application of subparagraph (A).''.

(f) CHANGE IN EXCLUSION FOR SMALLEST EMPLOYERS.—Paragraph (1) of section 9812(c) of such Code is amended to read as follows:

''(1) SMALL EMPLOYER EXEMPTION.—

''(A) IN GENERAL.—This section shall not apply to any group health plan for any plan year of a small employer.

''(B) SMALL EMPLOYER.—For purposes of subparagraph (A), the term 'small employer' means, with respect to a calendar year and a plan year, an employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year. For purposes of the preceding sentence, all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as 1 employer and rules similar to rules of subparagraphs (B) and (C) of section 4980D(d)(2) shall apply.''.

(g) ELIMINATION OF SUNSET PROVISION.—Section 9812 of such Code is amended by striking subsection (f).

(h) CONFORMING AMENDMENTS TO HEADING.—

(1) IN GENERAL.—The heading of section 9812 of such Code is amended to read as follows:

''SEC. 9812. EQUITY IN MENTAL HEALTH AND SUBSTANCE-RELATED DISORDER BENEFITS.''.

(2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of such Code is amended by striking the item relating to section 9812 and inserting the following new item:

''Sec. 9812. Equity in mental health and substance-related disorder benefits.''.

(i) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2009.

(2) ELIMINATION OF SUNSET.—The amendment made by subsection (g) shall apply to benefits for services furnished after December 31, 2007.

(3) SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.—In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before the date of

the enactment of this Act, the amendments made by this section (other than subsection (g)) shall not apply to plan years beginning before the later of—

(A) the date on which the last of the collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of the enactment of this Act), or

(B) January 1, 2009.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement.

SEC. 5. MEDICAID DRUG REBATE.

Paragraph (1)(B)(i) of section 1927(c) of the Social Security Act (42 U.S.C. 1396r–8(c)) is amended—

(1) by striking ''and'' at the end of subclause (IV);

(2) in subclause (V)—

(A) by inserting ''and before January 1, 2009, and after December 31, 2014,'' after ''December 31, 1995,''; and

(B) by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following new subclause:

''(VI) after December 31, 2008, and before January 1, 2015, is 20.1 percent.''.

SEC. 6. LIMITATION ON MEDICARE EXCEPTION TO THE PROHIBITION ON CERTAIN PHYSICIAN REFERRALS FOR HOSPITALS.

(a) IN GENERAL.—Section 1877 of the Social Security Act (42 U.S.C. 1395nn) is amended—

(1) in subsection (d)(2)—

(A) in subparagraph (A), by striking ''and'' at the end;

(B) in subparagraph (B), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new subparagraph:

''(C) in the case where the entity is a hospital, the hospital meets the requirements of paragraph (3)(D).'';

(2) in subsection (d)(3)—

(A) in subparagraph (B), by striking ''and'' at the end;

(B) in subparagraph (C), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new subparagraph:

''(D) the hospital meets the requirements described in subsection (i)(1) not later than 18 months after the date of the enactment of this subparagraph.''; and

(3) by adding at the end the following new subsection:

''(i) REQUIREMENTS FOR HOSPITALS TO QUALIFY FOR HOSPITAL EXCEPTION TO OWNERSHIP OR INVESTMENT PROHIBITION.—

''(1) REQUIREMENTS DESCRIBED.—For purposes of subsection (d)(3)(D), the requirements described in this paragraph for a hospital are as follows:

''(A) PROVIDER AGREEMENT.—The hospital had—

''(i) physician ownership on the date of enactment of this subsection; and

''(ii) a provider agreement under section 1866 in effect on such date of enactment.

''(B) LIMITATION ON EXPANSION OF FACILITY CAPACITY.—Except as provided in paragraph (3), the number of operating rooms and beds of the hospital at any time on or after the date of the enactment of this subsection are no greater than the number of operating rooms and beds as of such date.

''(C) PREVENTING CONFLICTS OF INTEREST.—

''(i) The hospital submits to the Secretary an annual report containing a detailed description of—

''(I) the identity of each physician owner and any other owners of the hospital; and

''(II) the nature and extent of all ownership interests in the hospital.

''(ii) The hospital has procedures in place to require that any referring physician owner discloses to the patient being referred, by a time that permits the patient to make a meaningful decision regarding the receipt of care, as determined by the Secretary—

''(I) the ownership interest of such referring physician in the hospital; and

''(II) if applicable, any such ownership interest of the treating physician.

''(iii) The hospital does not condition any physician ownership interests either directly or indirectly on the physician owner making or influencing referrals to the hospital or otherwise generating business for the hospital.

''(iv) The hospital discloses the fact that the hospital is partially owned by physicians—

''(I) on any public website for the hospital; and

''(II) in any public advertising for the hospital.

''(D) ENSURING BONA FIDE INVESTMENT.—

''(i) Physician owners in the aggregate do not own more than 40 percent of the total value of the investment interests held in the hospital or in an entity whose assets include the hospital.

''(ii) The investment interest of any individual physician owner does not exceed 2 percent of the total value of the investment interests held in the hospital or in an entity whose assets include the hospital.

''(iii) Any ownership or investment interests that the hospital offers to a physician owner are not offered on more favorable terms than the terms offered to a person who is not a physician owner.

''(iv) The hospital (or any investors in the hospital) does not directly or indirectly provide loans or financing for any physician owner investments in the hospital.

''(v) The hospital (or any investors in the hospital) does not directly or indirectly guarantee a loan, make a payment toward a loan, or otherwise subsidize a loan, for any individual physician owner or group of physician owners that is related to acquiring any ownership interest in the hospital.

''(vi) Investment returns are distributed to each investor in the hospital in an amount that is directly proportional to the investment of capital by such investor in the hospital.

''(vii) Physician owners do not receive, directly or indirectly, any guaranteed receipt of or right to purchase other business interests related to the hospital, including the purchase or lease of any property under the control of other investors in the hospital or located near the premises of the hospital.

''(viii) The hospital does not offer a physician owner the opportunity to purchase or lease any property under the control of the hospital or any other investor in the hospital on more favorable terms than the terms offered to an individual who is not a physician owner.

''(E) PATIENT SAFETY.—

''(i) Insofar as the hospital admits a patient and does not have any physician available on the premises to provide services during all hours in which the hospital is providing services to such patient, before admitting the patient—

''(I) the hospital discloses such fact to a patient; and

''(II) following such disclosure, the hospital receives from the patient a signed acknowledgment that the patient understands such fact.

''(ii) The hospital has the capacity to—

''(I) provide assessment and initial treatment for patients; and

''(II) refer and transfer patients to hospitals with the capability to treat the needs of the patient involved.

''(2) PUBLICATION OF INFORMATION REPORTED.—The Secretary shall publish, and update on an annual basis, the information submitted by hospitals under paragraph (1)(C)(i) on the public Internet website of the Centers for Medicare & Medicaid Services.

''(3) EXCEPTION TO PROHIBITION ON EXPANSION OF FACILITY CAPACITY.—

''(A) PROCESS.—

''(i) ESTABLISHMENT.—The Secretary shall establish and implement a process under which an applicable hospital (as defined in subparagraph (E)) may apply for an exception from the requirement under paragraph (1)(B).

''(ii) OPPORTUNITY FOR COMMUNITY INPUT.—The process under clause (i) shall provide individuals and entities in the community that the applicable hospital applying for an exception is located with the opportunity to provide input with respect to the application.

''(iii) TIMING FOR IMPLEMENTATION.—The Secretary shall implement the process under clause (i) on the date that is 18 months after the date of enactment of this subsection.

''(iv) REGULATIONS.—Not later than the date that is 18 months after the date of enactment of this subsection, the Secretary shall promulgate regulations to carry out the process under clause (i).

''(B) FREQUENCY.—The process described in subparagraph (A) shall permit an applicable hospital to apply for an exception up to once every 2 years.

''(C) PERMITTED INCREASE.—

''(i) IN GENERAL.—Subject to clause (ii) and subparagraph (D), an applicable hospital granted an exception under the process described in subparagraph (A) may increase the number of operating rooms and beds of the applicable hospital above the baseline number of operating rooms and beds of the applicable hospital (or, if the applicable hospital has been granted a previous exception under this paragraph, above the number of operating rooms and beds of the hospital after the application of the most recent increase under such an exception) by an amount determined appropriate by the Secretary.

''(ii) LIFETIME 50 PERCENT INCREASE LIMITATION.—The Secretary shall not permit an increase in the number of operating rooms and beds of an applicable hospital under clause (i) to the extent such increase would result in the number of operating rooms and beds of the applicable hospital exceeding 150 percent of the baseline number of operating rooms and beds of the applicable hospital.

''(iii) BASELINE NUMBER OF OPERATING ROOMS AND BEDS.—In this paragraph, the term 'baseline number of operating rooms and beds' means the number of operating rooms and beds of the applicable hospital as of the date of enactment of this subsection.

''(D) INCREASE LIMITED TO FACILITIES ON THE MAIN CAMPUS OF THE HOSPITAL.—Any increase in the number of operating rooms and beds of an applicable hospital pursuant to this paragraph may only occur in facilities on the main campus of the applicable hospital.

''(E) APPLICABLE HOSPITAL.—In this paragraph, the term 'applicable hospital' means a hospital—

''(i) that is located in a county in which the percentage increase in the population during the most recent 5-year period (as of the date of the application under subparagraph (A)) is at least 200 percent of the percentage increase in the population growth of the United States during that period, as estimated by Bureau of the Census;

''(ii) whose annual percent of total inpatient admissions and outpatient visits that

represent inpatient admissions and outpatient visits under the program under title XIX is equal to or greater than the average percent with respect to such admissions and visits for all hospitals located in the State;

''(iii) that does not discriminate against beneficiaries of Federal health care programs and does not permit physicians practicing at the hospital to discriminate against such beneficiaries;

''(iv) that is located in a State in which the average bed capacity in the State is less than the national average bed capacity; and

''(v) in the case of a hospital located—

''(I) in a core-based statistical area, that is located in such an area in which the average bed occupancy rate in such area is greater than 80 percent; or

''(II) outside of a core-based statistical area, that is located in a State in which the average bed occupancy rate is greater than 80 percent.

''(F) PUBLICATION OF FINAL DECISIONS.—The Secretary shall publish final decisions with respect to applications under this paragraph in the Federal Register.

''(G) LIMITATION ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the process under this paragraph (including the establishment of such process).

''(4) COLLECTION OF OWNERSHIP AND INVESTMENT INFORMATION.—For purposes of clauses (i) and (ii) of paragraph (1)(D), the Secretary shall collect physician ownership and investment information for each hospital as it existed on the date of the enactment of this subsection.

''(5) PHYSICIAN OWNER DEFINED.—For purposes of this subsection, the term 'physician owner' means a physician (or an immediate family member of such physician) with a direct or an indirect ownership interest in the hospital.''.

(b) ENFORCEMENT.—

(1) ENSURING COMPLIANCE.—The Secretary of Health and Human Services shall establish policies and procedures to ensure compliance with the requirements described in subsection (i)(1) of section 1877 of the Social Security Act, as added by subsection (a)(3), beginning on the date such requirements first apply. Such policies and procedures may include unannounced site reviews of hospitals.

(2) AUDITS.—Beginning not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall conduct audits to determine if hospitals violate the requirements referred to in paragraph (1).

(c) ADJUSTMENT TO PAQI FUND.—Section 1848(l)(2)(A)(i)(III) of the Social Security Act (42 U.S.C. 1395w-4(l)(2)(A)(i)(III)), as amended by section 101(a)(2) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110-173), is amended by striking ''$4,960,000,000'' and inserting ''$5,120,000,000''.

SEC. 7. STUDIES AND REPORTS.

(a) IMPLEMENTATION OF ACT.—

(1) GAO STUDY.—The Comptroller General of the United States shall conduct a study that evaluates the effect of the implementation of the amendments made by this Act on—

(A) the cost of health insurance coverage;

(B) access to health insurance coverage (including the availability of in-network providers);

(C) the quality of health care;

(D) Medicare, Medicaid, and State and local mental health and substance abuse treatment spending;

(E) the number of individuals with private insurance who received publicly funded health care for mental health and substance-related disorders;

(F) spending on public services, such as the criminal justice system, special education, and income assistance programs;

(G) the use of medical management of mental health and substance-related disorder benefits and medical necessity determinations by group health plans (and health insurance issuers offering health insurance coverage in connection with such plans) and timely access by participants and beneficiaries to clinically-indicated care for mental health and substance-use disorders; and

(H) other matters as determined appropriate by the Comptroller General.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall prepare and submit to the appropriate committees of the Congress a report containing the results of the study conducted under paragraph (1).

(b) GAO REPORT ON UNIFORM PATIENT PLACEMENT CRITERIA.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit to each House of the Congress a report on availability of uniform patient placement criteria for mental health and substance-related disorders that could be used by group health plans and health insurance issuers to guide determinations of medical necessity and the extent to which health plans utilize such criteria. If such criteria do not exist, the report shall include recommendations on a process for developing such criteria.

(c) DOL BIANNUAL REPORT ON ANY OBSTACLES IN OBTAINING COVERAGE.—Every two years, the Secretary of Labor, in consultation with the Secretaries of Health and Human Services and the Treasury, shall submit to the appropriate committees of each House of the Congress a report on obstacles, if any, that individuals face in obtaining mental health and substance-related disorder care under their health plans.

The SPEAKER pro tempore. Debate shall not exceed 2 hours, equally divided and controlled by the chairman and ranking minority member of the Committees on Energy and Commerce, Ways and Means, and Education and Labor.

The gentleman from New Jersey (Mr. PALLONE), the gentleman from Georgia (Mr. DEAL), the gentleman from California (Mr. STARK), the gentleman from Michigan (Mr. CAMP), the gentleman from California (Mr. GEORGE MILLER), and the gentleman from California (Mr. MCKEON) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

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

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

There was no objection.

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

I rise today to support the passage of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, a comprehensive bill which will establish full mental health and addiction care parity. My colleagues, Representative PATRICK KENNEDY and Representative JIM RAMSTAD, have worked exhaustively to complete the mission that Congress embarked upon more than 10 years ago through the passage of the Mental Health Parity Act of 1996. That 1996 act authorized for 5 years partial parity by mandating that the annual and lifetime dollar limit for mental health treatment under group health plans offering mental health coverage be no less than that for physical illnesses.

H.R. 1424, introduced by Representatives KENNEDY and RAMSTAD, will fully ensure equity in coverage for mental illness and substance abuse disorders by requiring that group health plans with mental health coverage offer that coverage without the imposition of discriminatory financial requirements or discriminatory treatment limitations. The bill also protects against discrimination by diagnosis and requires plans to cover all mental health and substance abuse disorders.

Mental illnesses are biologically based disorders, and there is no reason we should affirmatively provide protections to a student with depression or a young adult with schizophrenia, but not a child with autism or an elderly person with dementia. The bill also requires equality in out-of-network coverage. Again, a plan need not offer out-of-network coverage, but if it does for medical conditions, it should for mental illnesses as well. There are many good actors that already offer equity in care. However, some try and create a phantom network of providers, where doctors in the network have long waiting lists or are not appropriate to treat certain illnesses.

Mental disorders are the leading cause of disability in the United States for individuals between the ages of 15 and 44. But many health disorders are very treatable illnesses. H.R. 1424 would allow those individuals and families struggling to cope with the diverse array of illnesses which fall under the category of mental illness to have greater access to affordable care in order to alleviate the tremendous burden that these conditions can cause.

Furthermore, H.R. 1424 will help to allow individuals that have been disabled by mental health and addiction disorders to acquire the treatment that they need in order to once again become productive members of society.

Mr. Speaker, I strongly urge my colleagues to vote in favor of the passage of this important legislation which will ensure the equitable treatment of very serious diseases.

I reserve the balance of my time.

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

Mr. Speaker, I rise today in opposition to this legislation. It is unfortunate that the majority in the House refused to pursue a strategy that our colleagues in the other body found appropriate for this legislation. Legislating, as we know, means compromising, and our colleagues on the other side of the Capitol worked together to craft a consensus piece of mental health parity legislation.

As a supporter of the concept of mental health parity, it is disappointing to me that the House has instead decided to jeopardize the possibility of getting legislation on mental health parity this year by ignoring the broad consensus among Members and stakeholders which was developed in the Senate.

Mental illness affects tens of millions of Americans. According to the Surgeon General, approximately one in five Americans suffers adverse mental conditions during any given year. The impact from such illnesses on families can be devastating, and we must be doing more to improve access to mental health services. However, this bill before us today is not the correct approach.

At a time of climbing premiums and health insurance costs, it is strange to me that we would pursue a path which the CBO acknowledges will raise the price of health insurance. CBO also projected that H.R. 1424 would cause some to lose their health insurance benefits and some employers to terminate mental health benefits altogether. In the face of a growing uninsured population in this country, statements like these from CBO concern me. We must find a more balanced approach to this problem that protects access to health insurance and mental health benefits.

The bill's focus is also overly broad and includes coverage of some conditions that fall well short of diseases under most scientifically accepted definitions. Our legislation should focus on serious biologically based mental disorders like schizophrenia and bipolar disorder, not on jet lag and caffeine addiction, as this bill would include. Employers may be willing to provide coverage for serious mental disorders, but under this bill could decide to drop coverage of mental illness altogether because they cannot afford the scope of the DSM–IV, the Diagnostic and Statistical Manual of Mental Disorders. Surely, this is an unintended consequence we should all want to avoid.

It is also important to note that under the bill, no executive or congressional action would intercede between the decisions of the American Psychiatric Association in the creation of the DSM and future legal requirements with which employers and insurers must comply under penalty of Federal law. I have always been concerned that this represents a likely constitutional conflict under the delegations doctrine. The bill appears to leave any update of what qualifies as mental health conditions and, therefore, coverage under the bill to the American Psychiatric Association. There are no criteria for judicial review, required notice and comment, or congressional review of future decisions made by a nongovernment entity.

I want to be clear that I am not questioning the value of the DSM or the practice of medicine, or the process by which the manual is developed. But I believe giving the future decisions of a nongovernmental body the force of law raises serious constitutional questions. I would support a more balanced approach to mental health parity along the lines of the Senate bill.

I would ask my colleagues to vote ''no'' today so that we can take up the Senate bill and avoid a possible stalemate in a House-Senate conference on an issue that should be signed into law this Congress.

I would reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from Washington (Mr. BAIRD).

Mr. BAIRD. Mr. Speaker, this is indeed a landmark day in the United States of America in the history of health care because the Congress of the United States, the House of Representatives, is going to say that mental illness deserves treatment and people suffering from mental illness deserve to have that treatment covered under their insurance plans.

I want to commend JIM RAMSTAD and PATRICK KENNEDY for decades of work on this project. They are American heroes, in my judgment. They joined me for a field hearing in my congressional district where we heard from families, patients and providers about the toll mental illness takes on their lives.

As a clinical psychologist who spent 23 years providing mental health care, I want to share with my colleagues this simple fact. I have never met, and I am sure you have never met, anyone who has not been touched personally by a family member, a friend, or a coworker whose lives have been disrupted by mental illness. All of us in some way have been touched by mental illness, in our families, our friends, or our coworkers. What this bill does is say that people suffering from such illnesses will be covered under insurance plans.

I want to be clear about one thing. This is research-based, it is effective, it saves lives, and it saves dollars for our economy. Research-based, effective, it saves lives, and it saves dollars. This legislation supports it.

Congratulations, PATRICK KENNEDY and JIM RAMSTAD. I urge a ''yes'' vote on behalf of millions of Americans.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 2 minutes to Mr. FERGUSON from New Jersey.

Mr. FERGUSON. I thank the gentleman from Georgia.

I rise in support of H.R. 1424, the Paul Wellstone Mental Health Addiction and Equity Act of 2007. This legislation brings treatment to individuals that desperately need the help. Addictions and mental illnesses are afflictions that have long been stigmatized and brushed aside by our society and institutions. Most of us have had a loved one or family member touched by mental illness or addictions. We know their painful stories all too well. Many individuals go years without treatment for serious illnesses due to society's stigma on mental illnesses. These individuals need and should receive the same care and treatment as if they had any other illness. However, I do have deep concerns about how this bill will be funded. Funding this legislation comes at the expense of United States medical researchers, which is ironic, since these are the folks who we look to to develop treatments for many of these very health conditions.

One of the offsets included in this legislation is a more than 30 percent increase in the Medicaid prescription drug rebate, which is a punitive and unwarranted move against the same medical researchers that we are relying on to find cures and treatments for illnesses and diseases. By increasing their cost and slapping a new tax on their work, we will be reducing their ability to invest in research and development of new products, new drugs. I believe that is profoundly shortsighted and misguided, and I believe it will set back the cause of research, which would ultimately lead to treatments for many of the diseases and afflictions that we are talking about here today.

Therefore, while I support and am a cosponsor of the underlying legislation, I urge that this particular misguided offset be struck from the bill as we negotiate with our colleagues in the Senate on a final version of this important legislation.

Mr. Speaker, I thank the gentleman, Mr. DEAL, for his leadership. I thank Mr. KENNEDY and Mr. RAMSTAD for their work.

Mr. PALLONE. Mr. Speaker, I would yield 4½ minutes to the gentleman from Rhode Island (Mr. KENNEDY), the sponsor of this legislation, who has been out on the road, and such a champion. I can't imagine what else to say about all his work on this.

Mr. KENNEDY. I thank the chairman for yielding me this time, and I want to thank him for all of his hard work and that of the other chairmen, Chairman DINGELL, Chairman RANGEL, Chairman MILLER, Chairman STARK, and obviously you, Chairman Pallone, for hosting that committee hearing in your district, as well as Chairman ANDREWS for all the work he did on this issue to bring H.R. 1424 to the floor today.

Without all of your markups, this bill would not have made it as far as it did today to come to this floor as one of the most important public health bills that we have seen on this floor in decades. Of course, that would not have happened had it not been for the great support of our Speaker, NANCY PELOSI, and Leader HOYER who without their support this would not have happened as well. I am indebted to them for their support.

Today, this House of Representatives takes up a truly landmark piece of civil rights legislation. Why civil rights? Because just as it would account for the color of your skin, or any other immutable fact about you, you don't choose if you're born with a congenital defect or if you're born with

one characteristic or another, just as you don't choose to have a predisposition to cancer, a predisposition to having asthma, a predisposition to dying early of one disease or another. And that applies true with those with mental illness. Yet when you have health insurance in this country, you expect to buy health insurance and it should cover your whole body.

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But unfortunately, unbelievably, the brain is still relegated to that part of the world where people think of it as something that should be in your control, something that you should take charge of and so forth; that even though you might have a biochemical imbalance in your brain, that it is your fault if you have that biochemical imbalance in your brain.

So if you had diabetes and you don't produce enough insulin and you eat the wrong food and have sugar imbalances, no one holds it against you if you have complications to diabetes. But God forbid you have a dopamine imbalance in your brain that causes you to use alcohol or drugs, or you have a dopamine imbalance that has you in a depression or an imbalance in your brain that has you have a mental illness like schizophrenia. Then you are held to account because someone says that is your fault. And if you wander around the streets or if you are homeless, that must be your fault.

Those are the physical symptoms of a mental illness. Yet an insurance company will hospitalize you for the symptoms of a chemical imbalance called diabetes, but they won't hospitalize you for the physical and chemical imbalances of a brain illness as a result of dopamine imbalances or glutamate imbalances. What sense does that make? It doesn't make any sense. But it is stereotyped in an old dark ages mindset that has people hanging in the shadows because they are afraid someone is going to point someone out and say you should be ashamed of yourself because you have a mental illness.

My friends, I have a mental illness. I am fortunately getting the best care this country has to offer because I am a Member of Congress. If it is good enough for Members of Congress to have full parity, then it ought to be good enough for every American in this country who buys health insurance not to be discriminated against.

If we care about health care in this country, why are we not taking care of health care, rather than sick care? We ought to be taking care of people before they end up sick. We are spending in our emergency rooms too much money taking care of all of the acute cases as a result of mental illnesses, the car accidents, stabbings and intubations. Why not take care of people before they end up ending up in the emergency rooms? Why not take care of the people before they end up in our jails?

Let's pass mental parity, make this country stronger, make our people stronger, and let's make this day a great day for civil rights for all Americans.

I want to say this couldn't have been done without my good friend and colleague JIM RAMSTAD. Let's put this bill on the floor and do it this year and make it a tribute to Congressman JIM RAMSTAD, who has fought for this bill so long and hard.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Pennsylvania (Mr. TIM MURPHY), a member of the committee.

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, I thank the ranking member.

The CBO doesn't score savings. If it did, it would note that drug and alcohol addictions cost $400 billion each year, that depression costs employers $51 billion each year, that depression increases the risk for chronic illness, and that chronic illness and untreated depression doubles the cost of health care. It would also note that caffeine withdrawal and jet lag are not something that insurance companies pay for. In fact, they are not medically necessary. It is not occurring here.

But let's see what really happens with a person with mental illness, and I am saying this as a psychologist, as someone who has seen this time and time again, how the symptom really works. A person with a deadly disease such as anorexia or bulimia withers away until malnutrition and dehydration puts them in the hospital. Once the hospital stabilizes them, they come out. Maybe they will have a visit or two with a counselor or psychiatrist or psychologist. Maybe their primary care physician will put that person on some medication. And 75 percent of psychotropic drugs are prescribed by nonpsychiatrists, by people not trained in the field, because they don't have treatment possibilities under their health care plan.

I oftentimes have a somewhat tongue-in-cheek agreement with obstetricians: I don't deliver babies, and they don't treat mental illness. Unfortunately, that may be all the plan allows for.

But let's look at us as Members of Congress. Out of 435 Members of Congress, out of the 10,000 employees on our side of the Hill, we know that there are hundreds, thousands of people, quite frankly, who at some point in their working career will have some mental illness. What do we do with a well-trained employee? Do we say, you're fired? Do we say, go out and suck it up? Do we send them out into the unemployment system? Do we send them out into the welfare system? Do we take our children and send them out to the educational system and say, let the school take care of it? If it is a family member, do we say, well, be part of the criminal justice system, perhaps go into the emergency room system? No. We have the situation as Members of Congress where we can say, no, you can get help and you can get treatment.

Why not for the rest of the country? Why not look at this as a cost-saving measure? This is more than just a compassionate measure. I speak as someone who has treated the mentally ill all my professional life, for 25 years. I know time and time again, when the people who are trained in this field to do something are told, no, you can't see this patient anymore, what do you say to the autistic child's parents? What do you say to somebody suffering from depression? What do you say to that person with anorexia or bulimia or any host of other problems when you have to say you are not covered, and so they are treated by someone with nothing in terms of experience in that field?

If we really want to save money, if we really are looking at things to help business, let's look at and see what AT&T and Pepsi and PPG and other corporations have said, that it saves them millions of dollars in indirect costs, billions of dollars.

Let's be honest about this. If we leave the system the way it is, we will see more wasted money. We will see more deaths. We will see more people mistreated or lacking treatment. Let's do the right thing.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to our distinguished majority leader, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Mr. Speaker, I thank the gentleman for yielding, and I am pleased to follow my friend Mr. MURPHY who just spoke, with whom I agree entirely. This will be a cost savings. I want to congratulate as well PATRICK KENNEDY and JIM RAMSTAD, one a Democrat and one a Republican.

But this is not a partisan issue. This is not a Republican or Democratic issue. It is an issue of human beings. It is an issue of people that need help and have been denied it, people who are one of us, as Mr. MURPHY so eloquently and correctly pointed out.

I rise in strong support of this legislation. I strongly support this long overdue bipartisan legislation to end discrimination against patients seeking treatment for mental illness. Mr. KENNEDY spoke of that discrimination.

I want to commend Congressman KENNEDY and my friend Congressman RAMSTAD. Congressman RAMSTAD is going to be leaving us, but he has been one of the best Members that has served in this body, who looks at issues on their merits, not on partisanship. We all ought to do that.

This legislation, the Paul Wellstone Mental Health and Addiction Equity Act, now has 274 cosponsors on both sides of the aisle. Under this bill, an insurer or group health plan must ensure that any financial requirements such as deductibles, copayments, coinsurance and out-of-pocket expenses which apply to mental health and addiction treatments are no more restrictive or costly than the financial requirements applied to comparable medical and surgical benefits that the plan confers.

Why does it do that? It does it because in America we want healthy people; not physically healthy people or mentally healthy people, but people who are physically and mentally healthy, because obviously there is an extraordinary relationship between the two. Under this bill, we will accomplish that end.

It also requires equity in treatment limits. This means that the treatment limits, such as the frequency of treatment, number of visits and days of coverage applied to mental health and addiction benefits, are no more restrictive than the treatment limits applied to comparable medical and surgical benefits. Why? Again, because we want to effect the health of the individuals we are serving.

It is important to note that this bill only applies to insurers and group health plans that provide mental health benefits. That is, it does not require plans that do not currently offer mental health benefits to do so. It simply says, if you provide mental health benefits, do so equitably and fairly and equally. That is why PATRICK KENNEDY referred to this as a civil rights bill. It is a civil rights bill.

It also exempts businesses with 50 or fewer employees and businesses that experience an overall premium increase of 2 percent or more in the first year and 1 percent in subsequent years. We believe that perhaps will not happen, but it provides for it.

Research has shown that there has been no significant cost increase attributable to the parity requirement in the Federal Employees Health Benefits Program, which has made parity coverage for mental health care available to more than 8½ million Federal employees for 8 years. So we have had experience at this. This is not a radical departure. This is, however, the provision of equal treatment.

Furthermore, this bill's enforcement mechanisms are real, permitting the IRS to enforce and levy fines and penalties on plans for disallowing employers from deducting health care costs as an expense.

The two offsets in this bill were included in the Children's Health and Medical Protection Act, or the CHAMP Act, which passed the House last August. The first increases the rebate or discount that drug companies are required to provide State Medicaid programs for drugs provided for Medicaid beneficiaries. The second prohibits physicians from referring patients to hospitals in which they have an ownership interest, with the ability to grandfather existing physician-owned hospitals.

It is telling, Mr. Speaker, that this bill is supported by, among others, the American Medical Association, the American Hospital Association, the American Nurses Association, the American Psychiatric Association, and the American Psychological Association.

On the steps of the Capitol in a press conference with the Speaker, with Mrs. Rosalynn Carter, Mr. KENNEDY and Mr. RAMSTAD, as well as David Wellstone, I said that the United Negro College Fund has a wonderful phrase that it uses, and that phrase is that ''a mind is a terrible thing to waste.'' That is so very accurate. And if a mind is a terrible thing to waste, it is a terrible thing not to treat, as we would treat the broken arm or the diabetes or any other physical ailment.

This bill makes America healthier. This bill will save money. This bill makes good sense, morally and economically. Support this vital piece of legislation.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Oklahoma (Mr. SULLIVAN), another member of the committee.

Mr. SULLIVAN. Mr. Speaker, I rise today in support of H.R. 1424, the Mental Health and Addiction Equity Act of 2007. I would like to commend Congressman KENNEDY and Congressman RAMSTAD for the work they have done on this bill.

There is a problem I have with it, though. I am disappointed with the offsets that are in there. I think these offsets do punish the pharmaceutical industry for participating in the Medicaid program, and it places financial limitations on physician-owned hospitals. Unfortunately, these offsets are essentially just a political game, and I hope at the end of the day they are not in this bill.

Mental health illness, if someone has a biologically based mental disorder, it is no fault of their own. They either have it or they don't. It is a chemical imbalance of the brain, and I think it should be treated like any other illness, and it is high time in this country that we do that.

This bill, people are going to say, we are going to score it, it is going to cost all this money. It is not. Some research says we spent $100 billion last year on untreated mental illness in lost productivity in the workforce in this country, and last year we lost $400 billion in lost productivity in the workforce due to substance abuse problems in this country. It is high time that we do not brush this issue aside anymore. We can't do it. It is costing us way too much.

My State of Oklahoma has the highest rate of mental illness in the United States of America. I don't know why, but we do, and we need to address it. That is why I was so glad that Congressman KENNEDY did come to my district to hold a field hearing there.

We heard from businesses. We asked them point-blank, one of the biggest employers in my district, we said, is this going to cost you money? He said, no, it will help us. It will save money. We talked to other people in the district about that as well.

People need this desperately. It is high time that we do treat people that have a mental disorder just like anyone else that has diabetes, a heart illness, or any other illness. I urge my colleagues to support this measure.

□ 1700

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. I thank the gentleman, who is our wonderful chairman of the Health Subcommittee in the House, for yielding. I want to begin by paying tribute to our colleagues, JIM RAMSTAD and PATRICK KENNEDY. They came to my congressional district for a hearing, and there was an outpouring. But, in addition, there was an outpouring across the country and I believe that they carried a candle across the country and that candle has lit the way. They lit the way with their integrity, with their courage, with their patience to listen, and their legislative craft of the bill that is brought before the House today. So to both of you, I salute you and the country thanks you.

America is best when we see where we have not done right, where there is a wrong, and we correct it. Congressman KENNEDY said today that this is civil rights legislation, and it is. Every Member of the House should recognize that, today, we have the opportunity to break down a barrier, one of the last barriers in our country where those that have mental illness are indeed discriminated against in the insurance system of our country.

Now there are some in my congressional district that have led the way. Tony and Fran Hoffman helped to found the National Association of Mental Health. Eve Oliphant has worked for that. And I am really proud that David Wellstone, the late Senator Wellstone's son, is a constituent as well.

There are some very important points that have been made about the bill. There are also many things that have been thrown at it. For those that say that jet lag is going to be paid for by insurance companies, don't insult people that have mental health illnesses in our country. That will not happen. So, my colleagues, let's pass the civil rights legislation today. We will do the country good by doing so.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 4 minutes to the ranking member of the Energy and Commerce Committee, the gentleman from Texas (Mr. BARTON).

Mr. BARTON of Texas. I want to thank Congressman DEAL for his excellent leadership of this issue and floor time and his demeanor and ability to coordinate the effort. I really appreciate that.

Mr. Speaker, I, along with every Member of this body, am very concerned about the almost invisible illness which we call mental illness. There is absolutely no question that it is real. There is no question that we need to do more to alleviate it and treat it and, if possible, make it possible for those that have it to be cured of it. Unfortunately, the bill before us today doesn't do that.

We are in the process of putting together a bill that, if it passes in its current form, does nothing more than bureaucratize, in my opinion, the treatment of mental illness. It goes so far as to put the entire catalog of various diagnoses into Federal statute. I don't think that makes a lot of sense. This Diagnostic and Statistical Manual has numerous categories that are very real abuses, very real problems, but I think it is a debatable proposition whether they constitute mental illness.

For example, code V71.01 of the Diagnostic and Statistical Manual covers professional thieves, racketeers, and dealers in illegal substances. Now in my book, those are thugs and criminals; they are not people suffering from a mental illness. And I don't want, if this bill were to become law and the Diagnostic and Statistical Manual be put into Federal statute, for a criminal defense attorney to stand up in court and cite this law as a reason that their client should be treated for mental illness and not be subject to criminal penalties and hopefully, if proven guilty, put behind bars.

There is a better bill. It is a bill that has come out of the other body. It is a bill that was put together in the other body with bipartisan support. In my opinion, it is a better bill than the bill before us. I would hope that at the appropriate time we might work with the other body and adopt more of that language than the language before us.

Finally, Mr. Speaker, I am concerned that this bill came before us under a closed rule. We did have an open debate in the committee and I want to commend Chairman DINGELL for that. But coming to the floor, we were offered no substitute. We were offered no amendments.

I am also concerned about the offset. The offset is an attack on physician-owned hospitals. And it is kind of odd that the same provision that the CBO now scores as saving hundreds of millions of dollars over 5 years and billions over 10 years, 3 years ago had no savings at all when we looked at a similar provision in the Budget Reconciliation Act.

So I would oppose this on procedural reasons and also policy reasons and hope we would defeat it and then work with the other body on some version of the bill that has already come out of the other body.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, this bill has been a long time coming, and I am sure Senator Wellstone would both be pleased to see us addressing this issue, finally, and also so, so proud of our colleagues, Mr. KENNEDY and Mr. RAMSTAD. The bill will provide countless protections to patients by preventing discrimination and treatment limitations by insurance companies.

All too often I hear stories about children with eating disorders, parents who are substance abusers, individuals with bipolar disorder, or any other number of mental health disorders who have been unable to access coverage for mental health services. These disorders are just as great as any physical malady and, frankly, oftentimes they have a greater impact on an individual's ability to live a healthy, happy life as a productive member of society.

Last year, during our hearing on this bill, for example, we heard from a woman named Marley Prunty-Lara, who was diagnosed with bipolar disease at the age of 15. Her family had to take out a second mortgage on their home and move to another State just to afford care. However, with proper treatment, she is now a fully productive member of society and in fact credits her treatment for saving her life.

What I remember most vividly from her testimony is how lucky she felt that her family was able to afford coverage although they had to make sacrifices to do so. And then I thought, what about all of the other individuals in this country whose insurance companies do not provide them with mental health benefits and cannot afford treatment? What about the individuals whose benefits run out before they have fully recovered? And what about people with chronic conditions? Just like my little 14-year-old daughter has type I diabetes, she will get the treatment she needs for the rest of her life. But what about people with mental health conditions who do not? We know that mental health is fundamental to good health. That is why we need to support this legislation.

I find it interesting that we are addressing the question of how we as a society want to pay for mental health at the same time as we are addressing the same question in the context of the President's budget and health care for children. I honestly hope that we can pass this legislation today and finally put the days of discrimination toward individuals with mental health or substance abuse disorders behind us. It is time to finally pass the Paul Wellstone Mental Health and Addiction Equity Act.

Mr. DEAL of Georgia. I am pleased to yield 2 minutes to another member of the committee, the gentleman from Indiana (Mr. BUYER).

(Mr. BUYER asked and was given permission to revise and extend his remarks.)

Mr. BUYER. I support the Senate-passed version of the mental health parity legislation. It was carefully crafted between mental health groups and business groups. And everyone should note that not all of the mental advocacy groups support this House language. They see some dangers in it.

In particular, in the bill that we are discussing, employers are allowed to drop their mental health benefits, and there is great concern that employers in fact will do that because of the overly broad coverage mandates as specified in the Diagnostics and Statistical Manual which is included in this bill.

The American people must know that the bill before the House today, again, is not supported universally by mental health advocacy groups as the Senate bill is. HEATHER WILSON offered an amendment in the committee; it was defeated. I am very disappointed that no amendments were offered in the Rules Committee. This is, once again, shutting down the democratic process of this House.

I don't know what you have to fear. I am really concerned about that. I am also concerned about the pay-fors for this. To substantially increase the Medicaid prescription drug rebate as one of the offsets, this significant increase could have a detrimental impact, because when you increase these rebates, there is going to be a cost shift, and that cost shift is going to have a depreciative effect. The effect will be you will increase the price on premiums, you will have an increased price of drugs on someone else.

Also, I am very bothered that the second pay-for of the bill would limit Americans' access to the specialty hospitals. These are benefits that so many people are enjoying, these specialized hospitals. They have higher patient satisfaction, lower mortality rates, and lower overall costs for health care. So at a time when our Nation's health care costs are rising and the quality of our care is a top concern, I am very bothered that this provision would cut out that important market innovation.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. I first want to congratulate the sponsors and thank them, Congressman KENNEDY and Congressman RAMSTAD, for their tireless effort on behalf of this bipartisan bill. I also want to pay tribute to Paul Wellstone. He and his wife Sheila were very good friends of me and my family. They were both leaders in ending discrimination and making sure that every person in this country has access to affordable comprehensive care, including comprehensive mental health and substance abuse treatment.

And, if Paul were here today, he would no doubt tell some stories about those he had met throughout the years who would benefit from passing H.R. 1424. And in his absence today, I remember the many, many constituents who I have heard from since first being elected to the Illinois State legislature many years ago who shared with me the need, their desperate need to pass mental health parity legislation.

Every year, about 40 million of us will experience some type of mental disorder; yet one out of every two children and two out of every three adults with diagnosable mental disorders go without treatment.

The good news is that so many mental illnesses are manageable and treatable and curable. The bad news is that, for so many, treatment for mental illness lies far beyond their reach due to high cost sharing and lower caps on services.

Some have said that using the handbook that defines mental health illnesses and is used by the mental health professionals somehow will add to the costs and jeopardize access altogether. But when implemented in the Federal Employee Health Benefit Program, our own program, in 2001, costs did not increase and not one single insurer dropped out. If we are able to benefit from this level of coverage, shouldn't our constituents get at least that much?

Maintaining strong mental health is just as important as maintaining strong physical health, and it is critical that we pass the strongest parity bill we can today.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 1 minute to my colleague from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. I thank the gentleman for yielding.

As a physician, I have been involved in treating mental illnesses and my family has suffered from mental illnesses, and I have a tremendous interest in this area. But this bill is going to actually drive people away from being able to have health insurance coverage.

There are many things about this bill that are wrong and bad. I know it is well-intended, but I highly encourage people to vote against this bill because, though the bill is well-intended, I think it is going to cause disastrous effects and I think employers are going to opt out from giving their employees mental health coverage on their insurance. So I highly encourage my colleagues to vote against this bill.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Mr. Speaker, right now there are millions of patients and families around this country who are too scared to talk about the mental illness they are dealing with. They are too scared to go and seek treatment for that mental illness.

□ 1715

And there are millions more in this country who are living in denial, thinking they can just wish away their debilitating illness.

The legislation that we are passing today, that States like Connecticut and others around the country have been passing for the past 10 years, it is going to do a lot to get treatment to those who have insurance.

But I think just as importantly, it says this, it puts the full power of the United States Congress behind the effort to lift that veil of shame and secrecy that too often visits families and patients who are living with mental illness. Mr. KENNEDY and Mr. RAMSTAD are true heroes to those families dealing with mental illness today, and on their behalf, I thank them.

Mr. DEAL of Georgia. Mr. Speaker, I yield the balance of our time, 2 minutes, to a member of the committee, the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, as a physician, I understand the high cost of treating mental illness and substance abuse. I am also personally familiar with how the cost of this care can keep people from receiving the help that they need. But the bill before us does not solve the problem. In fact, it creates some new ones.

The bill is problematic for a multitude of reasons, and we can visit but a few of them. No insurance plan covers every possible physical diagnosis. Then why are we insisting that insurance plans cover every possible mental health or addiction diagnosis no matter the medical significance?

This bill will cost Americans more money and could cost Americans health benefits. According to the CBO, H.R. 1424 will drive up the cost of health insurance for everyone and lead some employers to drop mental health insurance benefits completely.

Another problem is the codification of the Diagnostic and Statistical Manual of Mental Disorders. The DSM-IV is not designed for legal use. It was designed for clinicians so we can adequately diagnose and adequately measure the response to therapy.

The Senate bill, on the other hand, is reasonable. It has been developed with input from patient advocates, mental health providers, and employers. This bill has offsets, and the offsets are counterproductive, such as limiting physician ownership in specialty hospitals. They are very few in number, but specialty hospitals are strong in quality and performance. Maybe that is why the Democrats feared them: They represent high-quality performance that results from competition.

For example, in my area in Texas, Baylor Health in Dallas was named the recipient of the National Quality Forum's 2008 National Quality Healthcare Award. Baylor has a joint venture, a partnership, with physicians sharing ownership of its facility. The bill before us today jeopardizes the high level of care and patient access to care provided by facilities such as Baylor.

The basis for savings calculated by the Congressional Budget Office is flawed data; and quite frankly, it is not relevant to the delivery of health care in the 21st century. And once again, we have another example of how this House leadership will choose politics over policy to the detriment of the American people.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. ALTMIRE).

Mr. ALTMIRE. Mr. Speaker, last March Congressman KENNEDY came to western Pennsylvania to hold a hearing with me and Congressman TIM MURPHY about the critical need for mental health parity legislation. Now, almost exactly 1 year later, I am proud to rise in support of the Paul Wellstone Mental Health and Addiction Equity Act. This much-needed legislation will eliminate the discrepancies between health insurance coverage for mental and physical illnesses by ensuring that patients seeking mental health services are no longer penalized with higher copayments and coverage restrictions.

Passage of this bill is a key step towards ending the stigma surrounding mental illness. Of the 44 million Americans living with mental illness, two-thirds did not receive the treatment they need. Treating mental illness is not only critical to mental health, but also prevents physical ailments that arise when mental health conditions go untreated.

So, Mr. Speaker, this bill will help improve the mental and physical well-being of millions of Americans, and I ask my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time until the end of the debate.

The SPEAKER pro tempore. The gentleman from California (Mr. GEORGE MILLER) is recognized for 20 minutes.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I rise in very strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, named in honor of the late Paul Wellstone, who fought vigorously for better treatment for mental illness.

We in the Congress have known for many, many years, and so many of our constituents in our communities that we represent have known for so many years, the need for coverage for those individuals who need mental health treatment, whether it is for themselves or members of their family, and the difficulty in not only having coverage, but providing that care and to make sure that some form of that care is reimbursed. This has been a struggle for many years.

Today we address that struggle head-on with the consideration of this legislation, but we would not be standing here today without the efforts of Paul Wellstone and all of his efforts to rule out the discrimination against individuals in need of mental health services. He is joined in that fight, and they have led that fight, by Congressman PATRICK KENNEDY and Congressman JIM RAMSTAD. Again, we would not be here today debating this legislation and hopefully later this evening passing this legislation so that we can, for the first time, offer as a matter of national policy the idea that there would be parity in the coverage between physical illnesses and mental illnesses, to make sure that those people can get that coverage, can get the treatment that is necessary, can get the care that is necessary for them and for their families.

Yes, the fact is that a number of States have laws governing this treatment for mental illness and the reimbursement for those services, but Federal law still hampers the reach of many of those laws. And as a result, many of the people who would be otherwise covered are not covered, and they continue to suffer under those discriminatory practices, and they fail to

get the services that they need so they can live a better life and so their families can live a better life.

Today we get an opportunity because of the hard work, the efforts that Congressman RAMSTAD and Congressman KENNEDY have made to travel this country, to talk in communities all across the country, to inform them and to discuss with them the possibilities of this legislation, what it would mean to individuals, what it would mean to families, what it would mean to the general health care in this country. They have taken on that mission, and they have convinced, I think, the vast majority of the country, and they have certainly enlisted those who understood the problem before their appearances that this is a problem that we need to address and we need to address now and we need to address in the most comprehensive fashion that we can.

This legislation doesn't do all that I would like to see it do. It doesn't do all that Congressman KENNEDY or Congressman RAMSTAD would hope that it would do. And it doesn't do all that Paul Wellstone wanted us to do in terms of eliminating all of those discriminatory provisions. But it is a magnificent start, and we should begin by passing this legislation today.

Mr. Speaker, at this time I yield to the gentlewoman from New York (Mrs. MALONEY) for a unanimous consent request.

(Mrs. MALONEY of New York asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY of New York. Mr. Speaker, I rise in strong support of this bill. It is long overdue.

Mr. Speaker, I rise in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

This bill requires group health plans to cover mental health and substance-related disorders the same way they cover medical and surgical disorders.

It's time we permanently end discrimination on the basis of illness.

We all know that mental illness is just like any physical illness. But we would never think of limiting treatment for cancer, heart disease, or diabetes.

People would be outraged.

So, it's amazing to me that some people still see mental illness as different and separate from physical illness.

In New York City, since 9/11, we have all seen an increase in the number of people seeking mental health services.

No one should feel ashamed for seeking needed healthcare and no one should be denied care simply because they cannot afford it.

More than ever, our returning soldiers, our firefighters, and our police officers, are suffering from traumatic events and need the proper care.

Our soldiers are coming home from Iraq and Afghanistan suffering from Post Traumatic Stress Disorder and other mental health problems.

Too often, the stigma associated with mental health prevents them from seeking the care they so desperately need.

In my own district, our police officers and others are still coping with the horrors they witnessed after the tragedy of 9/11.

Thanks to the New York City Police Foundation's program, Project COPE, civilian and uniform members of the New York City Police Department (NYPD) are able to access mental health services.

Project COPE is an example of an outside group providing mental health services because too many people are going without proper treatment.

I am proud that today, as a bipartisan body, we will pass legislation that will help ease access to treatment and will help millions of people and their families battling mental illness.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 3 minutes to Mr. ANDREWS of New Jersey.

Mr. ANDREWS. Mr. Speaker, I thank my chairman for yielding and commend Congressman KENNEDY and Congressman RAMSTAD for bringing this bill to our attention.

Someone who is struggling with substance abuse addiction or bipolar disorder, they shouldn't be under a different set of rules for getting their bills paid by their insurance company than if they had a knee injury. That is what this is about. If you have a $500 deductible for knee surgery, you ought to have a $500 deductible for your care for alcoholism or drug treatment or bipolar disorder. The insurance industry would be required to do that under this provision.

What would be wrong with that? Why would people be concerned about this? The first argument that we have heard is that there is a defined set of benefits that would have to be offered here to protect people with mental health and substance abuse issues. Well, there is a reason for that, because the insurance industry in this country has made it a practice of telling us what they don't cover. It is a cottage industry for people to find out that procedures are experimental or there is not enough justification. People find out every day that coverage they thought they had is no longer covered.

The second objection we hear from people is that this costs too much. That directly contravenes the evidence. As a matter of fact, the evidence shows over the long haul this saves money. And in the worst case scenario, the premium increase because of mental health parity laws is 0.6 percent per year, a minimal cost that is far outweighed by the benefit.

Finally, we hear concerns about small businesses. This provision exempts small businesses of 50 and fewer employees.

This is simple good sense. It says that a substance abuse problem or mental health issue should be treated under the same rules for getting your bill paid by your insurance company as a knee operation would be. Mental illness and substance abuse reaches across racial lines, class lines, religious lines, and geographic lines. It reaches into many, many families, including families represented in this institution.

This is a reform that is long overdue. It is why it is a reform that has support from both Republicans and Democrats. I would urge my colleagues on both sides of the aisle to take a commonsense step towards helping families across this country and vote ''yes'' on this much-needed piece of legislation.

The SPEAKER pro tempore. The gentleman from California (Mr. MCKEON) is recognized for 20 minutes.

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

Mr. Speaker, I rise in opposition to H.R. 1424. Today we are attempting to enact legislation that achieves ''parity'' in the treatment of employer-sponsored coverage for mental and behavioral illnesses. However, although the House bill is well-intentioned, it does not accomplish the goal of providing parity. Instead, it creates new mandates so onerous that they could do far more harm than good, potentially squeezing employers out of the voluntary health care system altogether or eliminating the very mental health benefits we are trying to provide.

First, this bill would give preferential treatment in our health care system to mental health benefits, affording mental illness a special status that is not given to other similarly severe medical illnesses.

For example, under the House bill we are considering today, virtually every mental illness defined by the mental health profession would be required to be covered by private plans. This, despite the fact that most States currently do not mandate this type of coverage. Also, H.R. 1424 does not place a similar requirement on private health plans to cover other types of medical benefits, including hospital services, physician services, drug benefits, or any other category of benefits. What this bill really accomplishes is not ''parity'' between mental health coverage and the medical and surgical benefits that are offered by plans; it is quite simply preferential treatment for mental health benefits over and above all other categories of medical benefits. The changes that have been made to the floor version of H.R. 1424 fail to address these serious concerns.

Second, we have heard the bill's supporters say that this is a balanced bill. Respectfully, it is not. The bill fails to adequately and explicitly protect the ability of private plans to apply commonsense medical management practices currently being used to help ensure the delivery of high-quality medical care and ensure that coverage for working men and women remains affordable.

□ 1730

Under this bill, plans would likely have to pay a mental health provider's bill without question, which would make it very difficult to control costs.

Third, this bill unnecessarily weakens the preemption requirements in the ERISA law. As a result, States would be free to enact standards greater than the Federal standard. Although the majority may argue that ERISA preemption is maintained, their language,

at a minimum, raises serious questions about the ability of States to enact laws and remedies that preempt ERISA and impact group health plans that currently operate under Federal law.

Litigation to determine the meaning of this provision will result and group health plans could be subjected to possibly 50 different State laws on mental health benefits, making it harder to provide one set of rules that apply to all plans. This violates a fundamental rule of ERISA, which creates efficiencies by preventing plans from having to comply with 50 or more different sets of laws. One set of rules, applied equally to all ERISA plans, makes high-quality coverage affordable and available to millions of Americans. If the majority were truly interested in preserving ERISA, they would have adopted the noncontroversial language contained in the competing Senate mental health parity bill.

Fourth, the bill mandates out-of-network coverage if any other benefit is operated on an out-of-network basis. This mandate will prevent plans from coordinating medical care, which will reduce quality and increase the cost of coverage.

Lastly, this bill will increase litigation against ERISA plans by permitting application of State remedies to federally mandated benefits. There will be absolutely no consistency in State court rulings, and litigation costs could skyrocket.

Mr. Speaker, while the broad issue of mental health parity enjoys widespread support, this bill does not. It is not a negotiated compromise between all parties that have a stake in this debate and, therefore, it is not in the best interest of the country as a whole.

However, a viable alternative to the House bill with broad mainstream support already exists and has passed the Senate. The Senate's bipartisan bill has extensive support from mental health advocates, health care providers and business groups representing virtually all sides of this debate. The Senate bill is the product of years of bipartisan negotiations which accomplishes exactly what it sets out to do, provide parity for mental health benefits. It clearly reflects a more balanced and viable solution, and has a much better chance of becoming law if it were considered and passed by the House. Sadly, the majority has refused to consider that legislation, and instead offers the bill we are debating today, which gives preferential treatment to one particular class of medical benefits and has little or no chance of becoming law. Unfortunately, passage of the House bill will likely make it much more difficult to pass meaningful parity legislation this year.

For the reasons stated, I must oppose this bill and encourage my colleagues to do the same.

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

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey will control the time of the gentleman from California.

There was no objection.

Mr. ANDREWS. Mr. Speaker, at this time I would like to yield 30 seconds to the author of the bill, the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY. I just want to take issue with the point that this is giving some kind of preferential treatment to mental health benefits. If the gentleman would yield for a second on the point, we're having to state that mental health benefits need to be in the bill because no one questions when you get a broken arm, that it's automatically covered. But if it's a mental illness, it's discriminated against. Why we have to put this in the bill is because if we don't, it gets discriminated against. It's as simple as that. That's why we're on the floor today because we have to put it into civil rights law so it's not discriminated against. That's why we're on the floor today. That's not preferential treatment.

Mr. ANDREWS. Mr. Speaker, I am pleased at this time to yield 2 minutes to the gentleman from Iowa (Mr. LOEBSACK) who has been a vigorous advocate for mental health issues since his arrival here.

Mr. LOEBSACK. Mr. Speaker, I rise today in strong support of the Paul Wellstone Mental Health and Addiction Equity Act. This bipartisan bill is the product of many months and even years of thoughtful negotiation, and I congratulate the authors of this legislation, Congressman KENNEDY and Congressman RAMSTAD, on their work to move this bill forward. And I might add that I did know Paul Wellstone, and I knew Sheila very well, too, and I know the both of them were strong advocates on this issue.

I, like many others, have personally felt the effects of mental illness in my family. My mother struggled with mental health issues for as long as I can remember, and I know firsthand how difficult and draining her struggle was.

We have all heard the statistics. One in every five people in our country will experience a mental illness this year. Many of these individuals will seek treatment, and without this legislation many would be denied. This is unacceptable.

I hope today this House will understand the importance of equal access to treatment for those suffering from mental illness. I was elected to this House to do the right thing for the people of the Second District of Iowa and the right thing for the people of America. This is the right thing to do, and I urge my colleagues to support this bill.

Mr. MCKEON. Mr. Speaker, I yield 5 minutes to the gentlelady from Oklahoma (Ms. FALLIN).

Ms. FALLIN. Mr. Speaker, I'm here today to speak in opposition of H.R. 1424. This bill, although well intended, comes with a long series of unintended consequences. And while I fully support the bipartisan efforts to bring parity between mental health and medical benefits and employer-sponsored health care plans, I cannot support this bill as it is currently written. In fact, in my mind, this legislation will diminish care for patients, will increase costs, will restrict access to care, will restrict access to specific hospitals and doctors, along with hurting the financial investments made personally by doctors and specialty hospitals.

Oklahoma has one of the highest concentrations of specialty hospitals in the Nation, and I've had the opportunity to visit a large percentage of them. These specialty hospitals offer very good quality care with physicians who are trained specifically in areas of expertise to deliver to their patients.

These facilities offer specialties anywhere from hip and bone replacement to gynecology, to cardiology, to heart hospitals, spine hospitals, and they do provide some of the best medical care possible in the whole Nation. In fact, some of our hospitals have grown by leaps and bounds because they have people coming from all over the Nation, and they've even been rated as some of the top hospitals in the Nation.

By interfering with the ability of physicians to refer their patients to specialty hospitals, this bill will throw up a legal barrier to good medical treatment. I personally believe that competition is good in a marketplace. It improves the delivery of services. It improves the quality of services and delivery of care. It also offers greater transparency of pricing. We talk a lot in this Congress about patients knowing the price of medical care. It also offers greater transparency in the quality of care, the outcomes of the care so patients can make better choices about their treatment and become more informed about their treatment.

Specialty hospitals and medical specialties also allow doctors new ways for innovation and treatments, new techniques. They bring new techniques and innovations to the marketplace that might not always be there in our regular hospitals. And they've also shown in many cases to have better health outcomes because their doctors specialize in these particular medical practices.

This legislation would restrict patient choice to not be able to choose doctors who would specialize in a heart procedure and a hip replacement or maybe even delivery of babies.

Specialty-owned hospitals have also documented that they can have shorter stays, that they have lower infection rates, sometimes up to 50 percent lower infection rates, lower infection rates of staph infection and lower risk of illness. When you take a person who is going in for a hip replacement and you put them in a hospital with someone who has the flu, you put that person at risk of getting another illness. And when you have a specialty and they're going in for a hip replacement and that's their illness, there's less risk of another illness coming upon that patient.

We also find that a large portion of our medical specialty hospitals take big portions of Medicare patients. I know that that's been a big concern. They are Medicare certified. In fact, many of the hospitals take up to 65 to 70 percent Medicare patients in their facilities. And many of them are required to have the emergency rooms. McBride Hospital, for instance, in Oklahoma City is the third largest hospital in the whole Nation for hip and bone replacement, and people come, as I mentioned, from all over.

They're also required to meet all the procedure requirements of a full-blown hospital. We find that the other hospitals in our community often refer their patient to our specialty hospitals.

If you look at other systems that have rated specialty hospitals and these practices, HHS, MedPac, GAO have studied physician-owned hospitals, specialty hospitals, and found no negative impact on general hospitals. In fact, I heard one speaker say today that 3 percent of our Nation's hospitals are specialty hospitals.

It also has found that there's no evidence of increased utilization by physicians in facilities in which they own, which they have ownership.

And, of course, specialty hospitals have created jobs and investment in our community and have some of the best rated services in our whole Nation.

So today, Mr. Speaker, as we are considering this mental health parity bill, which is an important subject, I find language that I believe will be a disservice to patient choice, patient quality of care in our Nation.

Mr. ANDREWS. Mr. Speaker, may I inquire how much time is remaining on each side.

The SPEAKER pro tempore. The gentleman from New Jersey controls 12½ minutes. The gentleman from California has 9½ minutes remaining.

Mr. ANDREWS. Mr. Speaker, at this time I am pleased to yield 2 minutes to a gentleman who has become expert on both the military and civilian health care system, my friend and neighbor from Pennsylvania (Mr. SESTAK).

Mr. SESTAK. Mr. Speaker, I rise in support of H.R. 1424 for three simple reasons based upon my experience in the U.S. military:

First, today we're seeing 17 percent of those who wear the cloth of our Nation in Iraq and Afghanistan returning with post-traumatic stress disorder. And over one-third are returning with a mental disorder from anxiety to depression. They will feed into our society. How can we not give them the same parity as we do to those who are double amputees and we give prosthetics?

Second, again in the military we put money in in order to prevent a greater crisis. We were the insurance for this Nation. Presently, we spend up to three times the cost, indirect cost of mental illness as it would take for the treatment. How can we not pursue this, both for the good of the individual and the cost-benefit for our society?

And the third simple reason is, I honestly do believe in the ideals that Hubert Humphrey said. The moral test of our government is how well it takes care of those in the dawn of life, the children, those in the twilight of life, the elderly, and those in the shadows of life, the sick, the disabled, the handicapped. I'm sure he would have included in that the mentally disabled, the largest disability in America.

Mr. MCKEON. Mr. Speaker, I'm happy to yield now 4 minutes to the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. Mr. Speaker, I spoke earlier today about my grave concerns about this bill. I noted that I did my very best to offer amendments to this bill that would mitigate some of the damages that this bill will cause, which will include increased health care cost, and an actual decrease of mental health coverage for many Americans.

What my very sincere but misguided colleagues on the other side of the aisle repeatedly forget is that actions have consequences. When Congress chooses to impose billions of Federal Government mandates on the private sector, they somehow seem to believe that the money that it will take to pay for those mandates will just somehow drop out of the sky or grow on trees. I'm here to remind them that it doesn't. Someone must pay for it.

There's a great thing that we call the free market in America. I'm an ardent capitalist, and I believe that the marketplace, unencumbered by government regulation, is the best way to control quality, quantity and cost of all goods and services, including health care.

The reality is when government steps in and tries to improve the marketplace, they impede and harm the efficient delivery of goods and services, and this definitely includes mental health care.

□ 1745

Please understand me. I'm in complete agreement that mental health is an extremely important issue, but we have over 200 years of capitalistic experience in America that proves beyond a shadow of a doubt that heavy-handed government regulations just simply do not work, no matter how well-meaning they are.

We in Congress will harm Americans if this bill passes. We are trampling on the private sector, punishing employers that already offer a mental health coverage to their employees. We're harming Americans that desperately need mental health coverage, and we're trampling on the Constitution which does not give us the right to impose these restrictions and mandates on the American people and American businesses.

It is an undeniable fact that this bill includes private sector mandates in billions of dollars. It's also a fact that one thing this bill does not mandate is that employers provide mental health coverage, but for any employer that does provide that coverage, and many do and they're commended for doing so, Congress is now going to greatly increase their costs and put regulations on them in their doing so.

And in turn, what will they do? Just grin and bear it? Well, some likely will, possibly cutting costs in other areas, but there will be undoubtedly many businesses that cannot afford these burdens and will simply drop mental health coverage. That will be a shame, and it will be Congress' fault.

The real solution to health care costs, and that's all our health care costs, and the coverage is to stop these mandates and get the regulatory burden off of the health care system, including providing mental health care.

Mr. ANDREWS. Mr. Speaker, at this time I'm pleased to yield 1½ minutes to a very powerful voice for the voiceless, the gentlelady from New Hampshire (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. Mr. Speaker, I rise this afternoon to voice my strong support of this bipartisan legislation. I became an original cosponsor of the Paul Wellstone Mental Health and Addiction Equity Act of 2007 because I recognize the inequities in our health insurance system.

As a social worker and administrator, I saw firsthand that insurance companies did not cover mental illnesses the same way they covered other illnesses. This created extra strain on patients, families, and health care providers in the communities they live in. Requiring higher deductibles and copayments also blocked access to health care for many.

H.R. 1424 remedies these problems by requiring mental health parity. There should be no difference between a pain in one's abdomen and mental pain or the pain of addiction, but these patients and their families do not receive the same support and help to stabilize their condition and walk the road to recovery. This is wrong and it's time to remedy this discrimination.

I urge my colleagues to vote ''yes.''

Mr. MCKEON. May I inquire as to the amount of time remaining.

The SPEAKER pro tempore. The gentleman from California (Mr. MCKEON) has 6 minutes remaining. The gentleman from New Jersey (Mr. ANDREWS) has 10 minutes remaining.

Mr. MCKEON. I'm going to be our last speaker.

Mr. ANDREWS. I have others I can yield to.

Mr. MCKEON. I'll reserve.

Mr. ANDREWS. Mr. Speaker, I'm pleased to yield 2 minutes at this time to a gentleman who really understands the interface of insurance and health care law, the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, I rise in strong support of the Wellstone Parity Act. This legislation will move our country forward to a more intelligent,

humane, and cost-effective health care system.

Intelligent because it recognizes a scientific fact, that mental illness and disease can be diagnosed and treated like any physical illness and disease.

Humane because it will provide relief and care for millions who suffer needlessly.

And cost-effective because providing access to primary mental health treatment saves much more expensive catastrophic health care costs and increases productivity of workers suffering from illnesses such as depression and alcoholism.

This is not just a theoretical claim, Mr. Speaker. States like the State of Connecticut, which I come from, have had an operational parity bill for a number of years. It is precisely because of that fact that the carefully crafted language surrounding ERISA by the Education and Labor Committee was designed to protect existing parity laws for State-regulated health care plans. We did not want to have a bill that resulted in States ending up going backwards rather than forwards, and commissioners from States like Wisconsin and Connecticut weighed in and advised our committee to, again, make sure that we design the ERISA language carefully to protect State-regulated plans.

Finally, this legislation adheres to fiscally sound PAYGO rules. And on that note, I would again salute the work that's been done and will work to make sure that these policies in the bill will not stifle research and development for new medical cures and treatments to help those suffering from mental health and addiction problems.

Again, I urge passage of this strong, bipartisan legislation. It is long overdue that our country move in this direction.

Mr. ANDREWS. Mr. Speaker, I'm pleased to yield 2 minutes to my friend and neighbor from the State of New Jersey, Mr. HOLT.

Mr. HOLT. Mr. Speaker, I thank my friend, Mr. ANDREWS.

Mr. Speaker, it will be a landmark day when we realize that health is not just about fixing broken bones. It's about having a healthy, complete individual from head to toe.

Today the House takes an important step to require mental health parity in insurance, and I particularly want to thank and recognize PATRICK KENNEDY and JIM RAMSTAD, and the late Paul and Sheila Wellstone.

Mr. Speaker, millions of Americans suffer from mental illness of some form. Few Americans are untouched and no one is immune.

Some of my colleagues have expressed their concern about the cost of providing mental health parity; yet an analysis of the bill indicates that it would result in an increase of less than 1 percent in premiums and would reduce out-of-pocket costs by about 18 percent. Further, according to a recent article in the Journal of the American Medical Association, employers who actively encourage their employees to use mental health services actually experience better health outcomes and, I want to emphasize this, increases in hours worked and productivity gained.

I include in the RECORD an editorial from the Journal of the American Medical Association from last September of 2007 dealing with the treatment of depression.

REDUCING THE BURDEN OF DEPRESSION—BUILDING VILLAGES FOR COORDINATED CARE

(Kenneth B. Wells and Jeanne Miranda)

In this issue of JAMA, Wang et al provide evidence that implementing depression care programs through employer-sponsored managed behavioral health can improve clinical outcomes, job retention, and effective hours worked compared with usual care. The programs encouraged depressed workers to learn about and use evidence-based depression treatments, supported clinicians in following practice guidelines, and offered telephone counseling and self-help workbooks. The monetary value of the increased work time under the program exceeded the direct intervention costs and likely exceeded or was within the range of cost increases due to greater mental health specialty use under the intervention. While formal estimates of cost-effectiveness and employer return on investment are pending, it appears to be in the business interests of many employers to implement such programs to protect their investments in the retention and productivity of workers they have hired and trained.

These findings should be evaluated within the context of the simple but startling facts about depression. Clinical depressive disorders are among the most prevalent of major medical conditions, affecting about 16% of adults in their lifetime. Owing to high prevalence, early age at onset (unlike other debilitating disorders that occur past the age of parenting and work responsibilities), and strong impact on functional status, depressive disorders are leading contributors to disability worldwide. Depressive disorders are highly treatable yet often remain unrecognized and untreated. While a number of effective programs promote higher use of treatments in service delivery settings, particularly primary care practices, these programs are not yet widely implemented. Thus, technology is available to treat this disabling condition, but US health care systems have failed to take full advantage of the technology to reduce personal or societal consequences of depression.

The intervention approach in the study by Wang et al can be characterized as ''building a village'' of health plans, clinicians, and resources that ''surround'' depressed persons with opportunities to learn about and engage in evidence-based care, attending to a careful fit of intervention requirements and context-specific implementation options. This approach has generally proven effective in primary care, and the substantial outreach efforts mirror those in the WE Care study demonstrating that depression treatments are effective for low-income and minority women. In the study by Wang et al telephone managers from the behavioral health company offered counseling and communicated recommendations to clinicians, an extension of their usual role. In the Partners in Care study, primary care nurses expanded their disease management skills to include assessment, education, and follow-up concerning depression. In both studies, patients and clinicians were free to use or not use study resources according to their preferences. Such interventions have the advantage of preserving the naturalistic context of the delivery systems, potentially facilitating the translation of findings into change by example. Interventions in both studies achieved roughly similar outcomes: a 10 percentage-point gain in use of appropriate treatment and in recovery from depression over a year, as well as roughly 2 more weeks of days worked in a year in the study by Wang et al and a month more of days worked over 2 years in Partners in Care.

Depression interventions have many advantages for individuals, their family and friends, employers and society, over and above relief of individual symptoms. As mothers' depression improves following care, for example, their children also enjoy improvements in mental health. The study by Wang et al demonstrates that treatment of depression increases productivity and may reduce economic losses due to depression for employees and employers. If such gains exceed costs of providing the interventions and treatments, there is ''money on the table'' across stakeholders that could be used to pay for interventions. Why then do many individuals with depression endure their illness without care?

One barrier to care is that depression affects motivation and cognition, making it difficult for many individuals with depression to realize they have a need and obtain care without the outreach provided by nurse/care managers. Family members also may fail to identify depression or have knowledge about appropriate care. This suggests that opportunities to improve access to depression care should be embedded within an infrastructure available to potentially depressed persons, such as primary care settings. However, an awareness of the effects of treatment on social costs such as productivity may not provide a strong incentive for clinicians and health plans to improve care, as they do not necessarily face immediate financial consequences from patients' changes in productivity or may not track this outcome. Yet most private health care in the United States is financed through employer-sponsored insurance. Direct contributions to the bottom line of employers offers them an incentive to promote depression care, independent of policy mandates or other motives such as responding to employee demand.

Other stakeholders, including policy makers and the public, may benefit from improved depression care through an increased tax base from employees who work more or an overall improved economy. Yet it is challenging in the US policy environment to use economic gains from one policy sector such as the labor market as leverage to support improved health care, However some policy changes could be implemented to better align the incentives to implement depression care programs across diverse stakeholders and to avoid undermining the goals of such programs, for example by excluding depression treatment from health insurance coverage when changing jobs or insurance based on a recent history of depression treatment in an employer-based depression program. Under such an ill-advised policy, the risk of losing coverage would serve as a major deterrent to seeking care.

The need to coordinate program implementation and policy suggests an expanded concept of ''a village,'' that includes not only wrap-around interventions but coordinated efforts across affected stakeholders. It may be trite that the stakeholder with the most power to influence services delivery for most Americans is the employer, but broader and deeper change in access to depression care may yet require a concerted effort among affected parties to yield programs that address public and self-stigma and to provide access to depression treatments under policies that

facilitate use of such programs and do not penalize individuals for using them. Studies such as that by Wang et al strongly support such integrated solutions.

Exactly how programs to improve depression care are implemented may affect the distribution of benefits—an important issue given evidence of disparities in quality of depression care and the potential for practice-based programs to overcome disparities in depression outcomes. Developers of interventions and policies should consider implications of their design for inclusion of underserved groups who may not seek behavioral health care. Despite the extensive efforts by Wang et al to reach general employees, the majority of persons had already inquired about outpatient care. Learning how to optimize personal and societal gains by improving access to quality depression care across diverse communities through employer, practice, and community-based programs and policy changes is a next agenda for evidence-based action. As a community participant in the Witness for Wellness program recently stated: ''Depression is everybody's business.''

Now, ultimately, despite the economic arguments in favor of parity, it is not a debate about dollars and cents but about lives saved and people restored. Let's work to ensure that those who need access to mental health will get it.

Mr. ANDREWS. Mr. Speaker, it is my privilege at this time to yield 2 minutes to the gentleman from Chicago (Mr. DAVIS), a member of the committee.

Mr. DAVIS of Illinois. Mr. Speaker, I'm convinced that the most widespread and most impactful health issue and problem which we face today is in the area of mental health and mental illness. The numbers of individuals affected are so great until it is more than difficult to get a handle on them, and that is one of the reasons that I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Mr. Speaker, I commend Representatives KENNEDY and RAMSTAD for their leadership in introducing this legislation and shepherding it to the floor.

When we consider the numbers of people who suffer from drug addiction, whose lives are filled with anxiety, depression, fear, and uncertainty, we can readily see that more attention must be paid to our mental health needs. When we see the numbers of people living in shelters, halfway houses, and in many instances under viaducts, abandoned cars, and in the streets, when we see the numbers of people who make up the criminally ill, who hurt, injure, maim and sometimes kill other people because they've never been able to shake their demons who disrupt and plague their lives because they've had no mental health attention or treatment, Mr. Speaker, it is clear to me that this is an idea whose time has come.

I urge passage of this legislation.

Mr. MCKEON. Mr. Speaker, we do have another speaker.

Mr. ANDREWS. I would reserve my time.

Mr. MCKEON. Mr. Speaker, I'm happy to yield at this time to the gentlelady from Oklahoma (Ms. FALLIN) 2 minutes.

Ms. FALLIN. Mr. Speaker, I support bipartisan efforts to bring parity between mental health and medical benefits, but I have a concern, and it's come to my attention, about the mental health parity bill, H.R. 1424.

A Supreme Court decision, Doe v. Bolton, lists mental health as a reason that abortion is allowed for health exceptions.

This bill, as currently written, could be construed to mandate health care coverage for an abortion as part of treatment for a mental health issue such as depression.

As defined by the Court, in their words, ''health of the mother includes all factors, physical, emotional, physiological, familial, and a woman's age, relevant to the well-being of the patient. All these factors may relate to health.''

And furthermore, in testimony by Dr. James McMahon before the House Judiciary Committee in June 1995, he cited 39 partial birth abortions that were performed because of a mother's depression.

Because this issue is unclear, H.R. 1424 lacks a conscious clause applied to this legislation, and there appears to be no protection for an employer to reject health care coverage for such a procedure if they choose to extend mental health coverage to its employees.

Mr. ANDREWS. Mr. Speaker, I yield myself 15 seconds.

I would say that the manuals referred to in this bill make no reference whatsoever to any abortion services as a covered benefit.

At this time, I'd be pleased to demonstrate bipartisan support for this bill and yield 1 minute to the gentleman, my friend from Connecticut, Mr. SHAYS.

Mr. MCKEON. Mr. Speaker, I will add 1½ minutes to demonstrate also bipartisanship.

Mr. SHAYS. Mr. Speaker, I rise in support of the Paul Wellstone Mental Health and Addiction Equity Act. It is reported 50 million adults, 25 percent of the U.S. adult population, suffer from mental disorders or substance abuse disorders; yet, despite the prevalence of mental illness, there continues to be widespread misinformation and ignorance surrounding the condition.

We need to work to destigmatize this illness and ensure those who need treatment have access to care. At the same time, we need to increase biomedical research into the causes of, and treatments for, mental illness.

It is estimated 98 percent of private health insurance plans discriminate against patients seeking treatment for mental illness by requiring higher copayments, allowing fewer doctor visits or days in the hospital, or requiring larger deductibles than imposed on other medical illnesses.

The National Institutes of Mental Health estimates the annual health care costs of untreated mental illness is $70 billion, and data has shown that instituting equal coverage for treatment of mental illness will result in lower overall health care costs.

By requiring insurers who cover mental illnesses to do so at parity with physical illnesses, we will knock down a tremendous barrier to getting the assistance these individuals require.

While I support the underlying bill, I believe we should temporarily hold off for now increasing the Medicaid drug rebate provisions intended to raise revenue to pay for this legislation. Because the Centers for Medicare and Medicaid Services are in the process of developing new regulations based on the Deficit Reduction Act, it's entirely possible Medicaid rebates will be increased administratively. Since this provision was not in the Senate bill, I'm hopeful we will be able to enact mental health parity legislation without this provision.

With this one reservation, I'm particularly pleased to support this legislation, urge its adoption, and congratulate Congressmen RAMSTAD and KENNEDY for all their efforts to help the mentally ill.

Mr. ANDREWS. Mr. Speaker, if I could inquire of my friend from California if he has any further speakers.

Mr. MCKEON. I'm the last speaker.

Mr. ANDREWS. At this point, Mr. Speaker, I would yield to the gentlelady from California who has worked on this issue for many years on the committee, Mrs. DAVIS, for 2 minutes.

Mrs. DAVIS of California. Mr. Speaker, I worked as a social worker before my career in public office, and I've seen firsthand the results when mental illnesses go untreated. Those who develop a severe mental illness can go from having a career and a family to losing everything.

About half our States now have implemented full mental health parity requirements, and these States have learned a very valuable lesson. They've learned that the benefits of ensuring parity are worthwhile.

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Far too many people's illnesses, mental illnesses, linger without treatment, triggering physical complications that only result in more costs. So, proper diagnosis and treatment greatly offset these costs and save health care dollars over the long term.

This bill will also help our servicemembers fighting in Iraq and Afghanistan as they transition to civilian life because national barriers to mental health care ripple out to everyone. Post-traumatic stress disorder and other combat-related conditions can take months, if not years, to develop after discharge. Many of these veterans will not have access to VA health facilities and will rely upon private health insurance to obtain treatment.

Finally, and most importantly, this legislation also addresses the stigma

attached to mental health care. It loudly communicates that mental health care is on an equal footing with physical health care.

Mr. Speaker, I give my enthusiastic support to the Paul Wellstone Mental Health and Addiction Equity Act. I thank the sponsors and encourage my colleagues to join me in voting for it today.

Mr. ANDREWS. Mr. Speaker, I would just represent that I am the last speaker on our side for this portion of the debate.

Mr. MCKEON. Mr. Speaker, I yield myself the balance of my time.

I agree with much of what has been said here, because achieving parity between mental health and medical/surgical benefits is a goal that enjoys widespread support, and I support that. Had this bill been negotiated in an inclusive, cooperative fashion, I believe a parity law could quickly be enacted this year, ensuring access to coverage for those who need it.

There was a road map that would have allowed us to forge a consensus bill. On the other side of the Capitol, stakeholders were brought together and given the opportunity to find agreement on these difficult issues. There was give and take by everyone involved, which is how the Senate was able to produce a bill that achieves parity without undue burden on our employer-based health care system. Unfortunately, we're not following that road map. Instead, we're considering a bill that overreaches and in the process puts at risk many fundamental elements of private health insurance plans.

The majority argues that the latest variation of their proposal addresses key concerns. I wish that were true. Unfortunately, the bill we're considering today contains only modest changes that fail to fully resolve concerns about ERISA preemption, costly litigation, coverage mandates, and a host of other concerns.

By giving preferential treatment to mental health benefits over other types of medical coverage, the bill creates a lopsided system that may actually be biased against mental health coverage because some employers may choose to drop their mental health coverage or, worse, all health coverage rather than comply with more burdensome mandates.

Moreover, the list of conditions that would receive mandatory coverage under this bill would be laughable were it not posing such a serious risk to health care coverage for hardworking families. At a time when health care costs are rising, this bill threatens key management tools that have helped keep costs down. And by weakening ERISA preemption, the bill opens the door to increased litigation and a patchwork of confusing requirements and inefficiencies.

Mr. Speaker, there is a better way to provide parity for mental health benefits. The bill that passed the Senate provides a thoughtful, reasonable and a balanced approach that reflects the deliberations of all relevant stakeholders. Representatives HEATHER WILSON, JOHN KLINE and DAVE CAMP sought to offer that proposal today in the hopes that we would move quickly on a consensus proposal that could be signed into law. Their amendment also used a noncontroversial payment offset, unlike H.R. 1424. Unfortunately, as has become the hallmark of the 110th Congress, we were shut out of meaningful debate, and that amendment, along with a number of other improvements to the bill, will not be considered.

I support a balanced approach to mental health parity and, therefore, I cannot support this bill in its current form. I urge my colleagues to vote ''no'' on this bill so that we can take up the consensus legislation that enjoys community and other key stakeholders' support, those who share our commitment to provide equitable benefits that support mental health without jeopardizing our health care system as a whole. I urge a ''no'' vote.

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

Mr. ANDREWS. Mr. Speaker, I yield myself the balance of the Education and Labor Committee's time.

My friend from California says that mental health parity is a goal that he lauds. Well, it's a goal that we should achieve right here, right now, today, by passing this bill.

We've heard the argument that the bill establishes preferential treatment for people with mental health and substance abuse issues, exactly the opposite of the truth. The bill establishes parity and equal treatment between mental health and substance abuse and physical and surgical benefits.

We've heard the concern that medical management practices that control costs have been taken out of the bill. What is also true, however, is that nothing in present law, nothing in the status quo precludes medical management practices that are useful in offsetting costs. There is nothing that prohibits that.

Finally, we hear that there is a concern that employers confronted with the defined benefit package, with the guaranteed rights of the insured under this will drop coverage. In States that have similar provisions, there is not a shred of empirical evidence that that is the case. Where State laws extend robust protections to mental health and substance abuse benefits, employers have not dropped mental health coverage; in fact, it has expanded.

This is the right time for the right bill. Its cost is minimal, its benefit is great, its support is bipartisan, and its time for passage is now.

I would urge each of our colleagues, Republican and Democrat, to join this bipartisan coalition and vote ''yes'' on the legislation offered by Mr. KENNEDY and Mr. RAMSTAD.

Mr. Speaker, I yield back the balance of the Education and Labor Committee's time.

The SPEAKER pro tempore. The Chair recognizes the gentleman from California.

Mr. STARK. Mr. Speaker, I yield myself 2 minutes.

It's an important day, and we've been working to achieve mental health parity for decades. We finally have a bill before us to achieve that goal for more than 160 million Americans. And as my colleagues know, this bill is named for one of its chief proponents, the late Senator Paul Wellstone of Minnesota, a true champion for all people, especially those suffering from mental illness and addiction disorders.

I would like to recognize the efforts of Paul's son, David Wellstone, who has been commuting from California to lobby Members of Congress to help get this bill enacted. His dad would be proud. Wellstone Action is one of the hundreds of groups supporting this legislation.

Here in the House, our colleague from Minnesota, JIM RAMSTAD, and our colleague from Rhode Island, PATRICK KENNEDY, have been lead advocates. They've done a stunning job getting 273 cosponsors, including 41 Republicans, a real bipartisan feat in this day and age.

Enough of the accolades. The real reason we're bringing forth this bill is to end discrimination in health insurance for people with mental illnesses and addiction disorders. It's not a new concept. We took a baby step back in '96, but it wasn't enough.

This bill does for our constituents what we already receive through the Federal Employees Health Benefit Plan. We also passed the Children's Health and Medicare Protection Act last summer which would extend mental health parity to Medicare beneficiaries. That bill is still pending in the Senate.

Last year, this legislation went through multiple hearings, five markups in three major committees, and the issues are straightforward. Those who oppose true parity may engage in scare tactics or offer red herrings to distract from the underlying issues, but one thing is clear, the bill is better for patients than the Senate bill, yet the cost is almost exactly the same.

The passage of the Paul Wellstone Mental Health and Addiction Equity Act simply finishes the work we have begun. I look forward to negotiating with the Senate so we can get a bill to the President's desk soon. Tens of millions of Americans are counting on us.

I urge support for this overdue legislation.

Mr. CAMP of Michigan. Mr. Speaker, I yield myself such time as I may consume.

We all support the goal of improving patients' access to treatment for mental illnesses. However, this bill represents a flawed approach that will ultimately do more harm for these patients by driving up costs and resulting in few employers actually offering any health care coverage to their employees.

This bill will place an unprecedented number of mandates on insurers and employers, which will increase the costs of health insurance for working Americans. Whether large or small, these costs get passed along to the purchasers of health insurance, employers and employees alike.

Dramatic increases in health care costs have already forced many employers to drop or limit health care coverage. This in turn makes it more difficult for their employees to obtain any health insurance, let alone mental health and substance abuse benefits. The mandates in this bill will only make the situation worse, making health insurance unaffordable for increasing numbers of Americans. This is why employer groups like the Chamber of Commerce, the National Restaurant Association and the National Retail Federation are all strongly opposed to the bill before us today.

There is a better way to achieve the goals of protecting patients and ensuring they get access to the mental health care they need. Senators DOMENICI and KENNEDY have crafted a bipartisan bill that is supported by mental health advocates, employers and insurers, and if that bill were on the floor today, I would vote for it. The Senate bill adopts a more targeted approach to defining covered conditions.

The bill also allows plans to determine the network of providers while maintaining parity for treatment limits and cost sharing. The Senate approach may significantly reduce the potential cost that could be imposed upon employers while still achieving the goal of mental health parity.

The Senate has worked with the mental health community to balance the needs of patients with the ability to provide quality, affordable and accessible health insurance. These compromises led the Senate to unanimously pass their legislation last September. Unfortunately, in order to pay for the costs associated with this bill the majority has also decided to shift costs to every American by increasing Medicaid rebates from pharmaceutical companies and limiting physician ownership in hospitals. Both of these proposals represent the view that bureaucrats, rather than markets, can better govern health care. At the end of the day, price controls and more government regulation increase health care spending and deny patients access to high-quality care.

Whether they want to admit it or not, the majority is increasing health care on every American twice under this bill. As more and more Americans are having difficulty affording health care, we should be looking to expand affordable health care options, not placing more mandates on employers.

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

Mr. STARK. Mr. Speaker, at this time, I am proud to yield 2 minutes to the distinguished gentleman from Pennsylvania (Mr. CARNEY).

Mr. CARNEY. Mr. Speaker, I rise today in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

In recent years, many brave Americans serving in the National Guard and Reserves returned home after fighting for our freedom in Iraq and Afghanistan. They return to their civilian jobs and are subject to their private health insurance. The all-too-common tale, however, is that our veterans have witnessed horrors that many cannot even imagine. One in six of these veterans will experience symptoms of post-traumatic stress disorder, or PTSD, that can impair them for many years beyond their homecoming.

Many of these veterans choose to seek treatment at their local VA hospital or clinic. But for some of our veterans in rural areas of our country, like mine, it is far easier to use their private insurance and seek treatment from their local private doctor. Unfortunately, some of these veterans quickly find that PTSD is not covered in their health insurance plan.

Our veterans shouldn't have to travel for hours simply to meet with a qualified mental health professional. H.R. 1424 fixes this injustice and ensures that our veterans have the choice to seek treatment for PTSD through their private insurance plan.

Mr. CAMP of Michigan. Mr. Speaker, at this time I yield 5 minutes to the distinguished gentleman from Minnesota (Mr. RAMSTAD), a distinguished member of the Health Subcommittee.

Mr. RAMSTAD. I thank my friend for yielding.

Mr. Speaker, the issue before us is not just another public policy issue, it's a matter of life or death for 54 million Americans suffering the ravages of mental health and for 22 million Americans suffering from chemical addiction.

Last year alone, 300,000 people were denied access to addiction treatment, most had health insurance, and 33,000 people committed suicide from untreated depression. Over 150,000 of our fellow Americans died as a direct result of chemical addiction.

On top of the tragic loss of lives, Mr. Speaker, untreated addiction and mental illness cost our economy over $550 billion last year. According to the Wall Street Journal, untreated depression alone cost our businesses $70 billion in lost productivity last year.

So it's ludicrous for the opponents to come here and argue that parity will cost businesses $1.5 billion, as my friend from Washington, member of the Rules Committee, did. If you don't believe the Wall Street Journal, certainly those on our side of the aisle, what do you believe? Cost businesses $70 billion, just depression, untreated depression alone.

Mr. Speaker, all the empirical data, including all the actuarial studies, show that equity for mental health and addiction treatment will save literally billions of dollars nationally. At the same time, it will not raise premiums more than two-tenths of 1 percent, according to the Congressional Budget Office. That's our own CBO numbers. So, I don't know where these people are getting these numbers, these inflated cost figures. Pulling them out of thin air is the only thing I can surmise.

The CBO says it will not raise premiums more than two-tenths of 1 percent. In other words, for the price of a cheap cup of coffee per month, several million Americans in health plans can receive treatment for chemical addiction and mental illness. And it's unfortunate, Mr. Speaker, that some opponents of this legislation have misrepresented the costs of enacting parity.

□ 1815

Mr. Speaker, I'm alive and sober today only because of the access I had to treatment back on July 31, 1981, when I woke up in a jail cell in Sioux Falls, South Dakota. I'm living proof that treatment works and recovery is real.

But far too many people in our country don't have the same access to treatment that I had and other Members of Congress have also had. A major barrier for thousands of Americans is insurance discrimination against people in health plans who need treatment for mental illness or chemical addiction.

The legislation that my friend from Rhode Island, PATRICK KENNEDY, who has worked tirelessly on this legislation, who arranged for all 14 field hearings, who has been a real champion, this legislation that we have authored will end the discrimination by prohibiting health insurers from placing discriminatory restrictions on treatment for people with mental illness or addiction. In other words, no more inflatable deductibles or copayments that don't apply to physical diseases. No more limited treatment stays that don't apply to physical diseases. No more discrimination against people with mental illness or chemical addiction.

The Paul Wellstone Mental Health and Addiction Equity Act simply provides equal treatment for diseases of the brain and the body. This legislation provides people in health plans with the same exact coverage that we as Members of Congress have and other Federal employees as well.

By the way, some of the exaggeration, some of the red herrings as to the use of the Diagnostic and Statistical Manual IV are just beyond belief. The red herrings presented by opponents, caffeine addiction, sibling rivalry, jet lag, would not be subject to treatment because insurance plans can use ''medical necessity'' requirements. So let's not use bogus red herring arguments. Let's come with intellectually honest arguments if you're against this legislation.

Also, the DSM-IV is used for Medicare, Medicaid, and veterans health care. I wonder how many of you can go home and say, look, it's good enough

for Members of Congress but it's not good enough for you, constituents. I don't think anybody in this body would dare do that nor should we. If it's good enough for Members of Congress, it's good enough for the American people.

Mr. Speaker, PATRICK KENNEDY and I have traveled the country from one end to the other, holding 14 field hearings. We've heard literally hundreds of stories of human suffering, broken families, tragic deaths, shattered dreams all because of insurance companies not providing access to adequate treatment for mental illness and addiction. I don't have time, Mr. Speaker, to recite some of these horror stories, but PATRICK and I could share hundreds and hundreds of horror stories caused by discrimination in treatment for mentally ill and addicted people that we heard in these 14 States.

Mr. Speaker, it's time to end the discrimination against people who need treatment for mental illness and addiction. It's time to prohibit health insurers from placing discriminatory barriers to treatment. It's time to pass the Paul Wellstone Mental Health and Addiction Equity Act. The American people, Mr. Speaker, cannot wait any longer.

Mr. STARK. Mr. Speaker, I am pleased to yield 2½ minutes to the distinguished gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, this day has been many years in the making. This mental health parity will be a signature jewel in the crown of the 110th Congress. This legislation reflects our deepest values as Americans.

I want to thank Congressman KENNEDY and Congressman RAMSTAD for your long labors in making real mental health parity a reality. Families all over America will be forever indebted to you.

I have long been a supporter of affordable, accessible, quality health care for every American for both physical and mental illnesses. As a member of the Jersey legislature, I worked for parity legislation that finally came to fruition in 1999. Like the 1996 Federal parity law, the coverage was not complete. Advocates in Jersey continue the fight to ensure real and complete coverage parity.

Today, at long last, this House will take one step closer to making that a reality by passing H.R. 1424, the Mental Health and Addiction Equity Act. Thank you, both of you.

For the first time, this legislation will eliminate inequitable treatment limits and end the imposition of financial requirements on mental health benefits which are not similarly imposed on comparable physical ailments. These two policies are considered to be essential steps toward ending coverage discrimination against individuals with mental illness.

To be clear, this legislation does not mandate insurers or group health plans to provide any mental health coverage at all. This legislation will ensure coverage of the same mental illnesses and addiction disorders available to Members of Congress and 8.5 million other Federal employees. Isn't that a breakthrough.

While opponents of this insist that parity will bankrupt the health care system, research has shown that there's no significant cost increase whatsoever. The Congressional Budget Office has estimated a minuscule impact on premiums for the mental health parity bill, just two-tenths of 1 percent.

This must be passed, both sides of the aisle, and America will benefit.

Mr. CAMP of Michigan. Mr. Speaker, at this time I yield 4 minutes to the distinguished gentleman from Texas (Mr. SAM JOHNSON), a member of the Ways and Means Committee and the Health Subcommittee.

(Mr. SAM JOHNSON of Texas asked and was given permission to revise and extend his remarks.)

Mr. SAM JOHNSON of Texas. Mr. Speaker, I come to the floor today proud to say I've been looking to the issue of mental health parity since 2002. In March of that year, I chaired the subcommittee that held the very first House hearing on that topic. I heard back then and have continued to hear over the years the concerns from mental health advocates, employers, and benefit managers about what effect parity may have on everyone's goal of providing quality health care to more Americans. So I come to the floor today disappointed that we are debating a bill that I cannot support.

Unfortunately, the majority has decided that politics should trump policy; that instead of bringing a bill to the floor that has the support of all the stakeholders in this debate, a bill the President has said he would sign into law, and a bill the Senate passed by unanimous consent, we're debating a bill that will only delay action on this very important issue.

There are real problems with the bill before us today. The first is the heavy-handed list of mandates. This bill would say to employers and insurance companies, if you decide to include mental health benefits in your health insurance package, you are forced to cover anything and everything related to mental health.

This is a requirement that doesn't exist in any other sector of the insurance industry, and I believe it would have the unintended consequence, in spite of what our opposition says, of forcing employers and companies to decide not to offer mental health benefits at all. This, of course, is not the goal we're striving to achieve today.

This bill also pays for mental health parity with a provision that would have a devastating effect on communities across the Nation. This provision would hurt every physician-owned hospital in this country, and that includes specialty hospitals, long-term acute care facilities, physician-owned full service hospitals, and patient rehabilitation facilities and others.

Physician-owned hospitals serve as an integral part of the health care system in this country. They deliver efficient, high-quality care to their patients and are a benefit to any community. These facilities across the country routinely are recognized nationally for their superior care.

In fact, just last month a hospital in my district, Baylor Health Care System, received the National Quality Award from the National Quality Forum. This award recognizes exemplary health care organizations who are role models for achieving meaningful and sustainable quality improvement in health care.

However, if this provision becomes law, this exemplary hospital would be forced to suffer serious consequences, like reducing patient care.

We all support the goal of equal access to mental health benefits; however, it should not be paid for by sacrificing facilities that bring quality health care to more Americans. Physician-owned hospitals are on the front lines of reforming our health care system, and they shouldn't be punished for the inroads they are making.

This provision will prohibit any new facility from being built as well as deny Medicare provider numbers to any facility currently under construction. It also caps the percentage of physician ownership in existing hospitals. No one facility can have more than 40 percent physician ownership, and no one doctor can own more than 2 percent of a facility. It puts the Federal Government in charge of deciding whether or not these facilities need to expand and help respond to the needs of the community.

There have been a number of studies that have shown specialty hospitals have an overall positive effect over general acute care hospitals.

Today is the day to stand up for innovation and stop taking the funding from the specialty hospitals, Mr. STARK.

Mr. STARK. Mr. Speaker, at this time I am pleased to yield 1 minute to the distinguished gentleman from Minnesota (Mr. WALZ).

Mr. WALZ of Minnesota. I thank the chairman for yielding.

Mr. Speaker, I rise in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

I'd like to thank and recognize my two colleagues and friends who have led this fight with tenaciousness and with integrity for so many years, Congressman KENNEDY, and my friend and fellow Minnesotan, Congressman RAMSTAD. The two of you represent the best that this institution has to offer, and I thank you. You carried on the fight that was started so many years ago by our late Senator from Minnesota, Paul Wellstone, and you've done so in such an admirable fashion. I can't tell you how proud I am to see this come to the floor.

One of Senator Wellstone's qualities was one that you've exemplified. He

stood up and he fought for what he believed in. It didn't matter what the political implications were. It didn't matter what others said. He steadfastly believed that discrimination against people because of mental illness or addiction was absolutely wrong and the antithesis of what America stood for.

Senator Wellstone represented our State of Minnesota, and due to his work, Congressman RAMSTAD's work, Congressman KENNEDY's work, Minnesota has one of the strongest parity acts in the Nation, and it works. If we can do it there, we can do it in this Congress.

I would urge my colleagues to vote for this bill, not accept anything less, not the Senate version, not something from the White House, not a motion to recommit, not a smokescreen. This is the time to get this right the first time. Do the right thing. Pass this piece of legislation. This country will be better for it.

□ 1830

Mr. CAMP of Michigan. At this time I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time I am happy to yield 2 minutes to the distinguished gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. Mr. Speaker, I thank the distinguished Chair, and rise to associate myself with his remarks.

What a remarkable afternoon this has been. What a remarkable journey of two of our colleagues. I rise today to support them for what they have done in the old-fashioned democratic way, reaching out across this country, holding hearings, and bringing back to this body a piece of legislation long overdue. I commend Representative RAMSTAD and Representative KENNEDY. Their work has been extraordinary.

President Kennedy once said that communities reveal an awful lot about themselves in the memorials they create, the people that they honor. This body is about to reveal an awful lot about itself on the legislation we are about to vote on. Two of our colleagues revealed so much about themselves in an effort to bring forth the plight of others less fortunate than they, and unable to be here on this floor to speak. That is the crowning glory of this great democracy that we all participate in.

Patrick Kennedy had it right. This is a certain right. This is a civil right. This is something that goes beyond parity and speaks to the very essence of equality in what we stand for. And two of our colleagues have demonstrated the way to do that beyond the Chambers, beyond the Beltway, and out to the people where it really matters. Thank you so much for bringing their cause here today.

Mr. CAMP of Michigan. I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time I am pleased to yield 2 minutes to the distinguished gentleman from Georgia (Mr. LEWIS).

Mr. LEWIS of Georgia. Mr. Speaker, I want to thank my friend, Chairman STARK, for yielding.

Mr. Speaker, I rise today to give my full support to H.R. 1424, the Paul Wellstone Mental Health Parity Act. I want to thank my colleagues, my very good friends, Mr. KENNEDY and Mr. RAMSTAD, for their leadership on this important issue, for having the courage to stand up, to speak up, to speak out to take the leadership and bring this bill before us today.

Today, we win a battle in the ongoing struggle against discrimination. Discrimination against mental illness and addiction is wrong. It is dead wrong. Today, we end that discrimination in health insurance. I believe that health care is a right and not a privilege. Until we can provide real and meaningful health coverage to all Americans, we must take each step as it comes to expand coverage. So, today we take an important step, a necessary step in that direction by requiring parity in insurance coverage.

I have fought long and hard to end discrimination in this Nation, and we have made some real progress. But people suffering from mental illness and addiction have been left out and left behind, and it's time for us to do what is right when they are told that their illness is not covered by their insurance. That discrimination must end, and it must end now.

Mental health parity is a matter of fairness, of equality, and it is the right thing to do. The time is always right to do right.

Mr. CAMP of Michigan. I reserve the balance of my time.

Mr. STARK. Mr. Speaker, could I find out how much time remains on both sides.

The SPEAKER pro tempore. Both sides have 8½ minutes remaining.

Mr. STARK. Mr. Speaker, at this time I am happy to recognize the distinguished gentleman from Maryland (Mr. VAN HOLLEN) for 2 minutes, a member of the Ways and Means Committee.

Mr. VAN HOLLEN. I thank my colleague.

Mr. Speaker, I rise in strong support of this long overdue bipartisan legislation, and I want to commend and thank our colleagues, PATRICK KENNEDY and JIM RAMSTAD, for their leadership, their passion, and their perseverance on this very important issue that is so important to millions of Americans around this country.

Last year, they traveled across this great land, holding a series of field hearings, listening to Americans in communities across the Nation, people from every walk of life. I had the privilege of hosting one of those hearings in my congressional district. The message from that hearing, as with the other hearings from around the country, was very clear, Congress needs to end insurance discrimination in mental health care. Both common sense and simple fairness require that mental health diseases be treated on an equal footing with other health conditions.

According to the National Institute of Mental Health, an estimated 26 percent of Americans suffer from a diagnosable mental disorder in any given year, and approximately 6 percent of our fellow Americans suffer from serious mental illness. Mental disorders are the leading cause of disability for individuals between the ages of 15 and 44. The good news is the science tells us that treatment works. The sad truth is that, for most Americans, health insurance coverage does not now cover the full range of their needs.

We know that for years, for years, employer-provided health care set stricter treatment limits and imposed higher out-of-pocket costs for mental health care. Congress took an important step in 1996 to correct that inequity through the Mental Health Parity Act. But problems remain, and that is the reason we have this very important legislation before us, because insurance companies were setting rigid, arbitrary caps on how they cover mental health. This legislation will finally stop those practices.

Mr. Speaker, Members of Congress have good health care coverage and mental health coverage. Let's give the same thing to the American people.

Mr. CAMP of Michigan. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. HERGER), a member of the Ways and Means Committee.

Mr. HERGER. Mr. Speaker, I would like to encourage every Member of Congress to ask their constituents one simple question: Are your health insurance premiums high enough yet? Because this bill will make them even higher. We all want to improve access to mental health treatment. But the legislation before us could force some employers to drop mental health benefits altogether. Under this bill, plans are actually prohibited from covering treatment for depression, or potentially even a program to help someone quit smoking, unless they agree to cover literally everything in the book.

I am especially concerned by the offset that effectively bans physician investment in hospitals. I am concerned that this provision could have a devastating impact on access to high quality health care. For example, there are just two hospitals in the city of Redding, California, in my northern California district. One of them nearly shut down a few years ago. It was bought by a company that specializes in turning around failing hospitals.

Part of their strategy was to give the physicians who work at the hospital a partial ownership stake. They were successful. As a result, a vital community hospital is still open in a largely underserved area. This so-called ''offset'' would subject it to crippling new regulations, and it could doom other struggling hospitals to closure.

Vote ''no'' on this legislation.

Mr. STARK. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. EMANUEL). Pending that, I yield myself 15 seconds to remind the distinguished gentleman from California that the hospital that closed in Redding was the one that killed 167 people by unnecessary cardiac procedures, and we were glad to be rid of it.

Mr. EMANUEL. I thank my friend from California for the time.

When I worked in the White House in 1996, we took two important steps on dealing with mental health parity. The first was signing the mental health parity legislation in 1996. That was referred to earlier. The second was also signing the executive order that ensured that government workers, Members of Congress and their staff, as well as other government workers, also had mental health parity in their health care. Some would think we are a little crazy for being in this job, but now we have got health care coverage for it.

The fact of what this legislation does is provide for the taxpayers in America and make sure that they have the same access to the same type of health care that we have. It's that simple. When we did the first bill, the same people that were opposed to this bill, the insurance companies, said it would ruin the health care system. It didn't happen. The same insurance companies that are in the Federal employee system said they couldn't do what the executive order told them they had to do. They did it.

Every time you try to make a little more reform to have a little more coverage, the insurance companies tell you that you can't do it. We accomplished it, and we accomplished it by doing right by the American people.

The prior speaker mentioned that everybody is for covering mental health coverage, or for having mental health coverage, except for when it comes to covering mental health coverage. You can't be for it and then against it. Everybody was for an increase in the minimum wage, except for when you wanted to vote for it, they weren't voting for it. Everybody thought it was a good idea to increase Pell Grants, except for when it came to vote to increase Pell Grants.

Well, here we are going to do this. You can't just say you're for mental health parity and then vote against it. This is the legislation. It builds on what we did in 1996 and 1999, and brings the type of reforms that are necessary. This is an illness, and these illnesses affect everybody's families, everybody's families, and it makes sure that there is one set of rules to the road when it comes to health care coverage.

I appreciate the time, and it's time that we have this type of legislation on the floor.

Mr. CAMP of Michigan. At this time we have no further speakers, so I reserve my time, except to close.

Mr. STARK. Mr. Speaker, at this time I am happy to yield 1 minute to the distinguished gentleman from Pennsylvania (Mr. PATRICK J. MURPHY).

Mr. PATRICK J. MURPHY of Pennsylvania. I thank my colleagues for taking the fight and leading the fight here.

Mr. Speaker, I rise today on behalf of a teenager from Bensalem, Pennsylvania, for whom mental health care came too late. I rise in favor of a health care system that works for those in need. This legislation not only promotes fairness for those with mental illness, it also will not preempt stronger State laws, laws such as Pennsylvania's Act 106, which has saved countless lives.

I stand with the Republican State Representative from my district, Gene DiGirolamo, as we fight together to preserve these critical laws in conference. Mr. DiGirolamo of Bensalem is a leading advocate for mental health parity, and has worked tirelessly for health care laws that are fair and just.

Mr. Speaker, this bill is bipartisan and long overdue. I urge my colleagues to join us in voting for it.

Mr. CAMP of Michigan. I continue to reserve.

Mr. STARK. Mr. Speaker, do I have the right to close this section?

Then I would reserve the balance of my time.

The SPEAKER pro tempore. Mr. PALLONE had reserved 2 minutes, and he will be the final speaker. But in this section, the gentleman from California has the right to close.

Mr. CAMP of Michigan. I will be our final speaker on this side, Mr. Speaker.

This debate is not really about who's for or against mental health parity, it's about doing mental health parity in the right way. The Senate unanimously passed a mental health parity bill last year, and there, Senators KENNEDY, DOMENICI and ENZI worked in a bipartisan way and brought all affected parties together to reach a compromise that mental health groups, employers and health plans fully support.

What has really not been answered in the debate today, and I don't fully understand, is why put the entire DSM-IV manual in statute. It's a diagnostic code. It's not for coverage decisions on health benefits. That question has never really been fully answered.

Let's do the sensible thing. Let's vote this bill down and adopt the Senate bill. We can have a mental health parity bill on the President's desk by the end of the month if we followed this procedure. So I urge my colleagues to vote ''no'' on this bill.

I yield back the balance of my time.

□ 1845

Mr. STARK. Mr. Speaker, I yield myself the balance of my time just to suggest that while costs have been an issue, basically the Senate bill, as I understand it, would be the preferred vehicle for the opposition to this bill, and I would like to just remind my colleagues that the Senate bill and the House bill cost the taxpayers the same amount of money. There is no cost difference between the Senate bill and the House bill.

We are talking about a cost to employers, if they pay the entire cost of insurance, of 2 cents out of every $10, hardly a phenomenal cost when you think that the savings in productivity, human lives, and the billions of dollars that we would save in lost time and additional costs from the results of addiction and mental illness would be a bonus for which we don't get scored under our scoring procedures.

This is a bill that was first introduced in the Ways and Means Committee, as I recall, almost 20 years ago. I wasn't able to do much with it in 20 years, but my distinguished friends PATRICK KENNEDY and JIM RAMSTAD have been able to do it, and I just want to repeat how proud I am of their tireless work.

I hope that we will end the day today for the under-65 population of this country with mental health parity, and that we could come back again later this year or next year to finish this for us older guys in Medicare, so that we can also extend parity for the rest of the Americans.

I want to thank all the staffs who have worked so hard, my colleagues on the Health Subcommittee of Ways and Means, my colleagues on Energy and Commerce, my colleagues on Education and Labor. This went through three committees, a feat in itself in this Congress. I think it is a bill that the time has come. We can set aside what minor differences there are, go and negotiate with the Senate for the final bill, and I look forward to its passage.

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

The SPEAKER pro tempore. The gentleman from New Jersey, Mr. PALLONE, controls the remaining 2 minutes.

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

Mr. Speaker, I just want to also thank the two sponsors of this legislation, Mr. KENNEDY and Mr. RAMSTAD. If any of you had been in Trenton, New Jersey, the day when Mr. KENNEDY held a hearing, to see the compassion that he brought to the hearing, to hear him tell his personal story, to see those who are advocates for the bill in my State to show up and basically explain why the type of discrimination that exists now with regard to mental health coverage should not continue.

I think Mr. KENNEDY said on the floor today that this is a civil rights issue, and that is true. People may doubt that a lot of discrimination continues to exist about mental illness, and certainly we have come a long way, there is no question about that, but the fact of the matter is that the discrimination continues. And although we have made some progress in terms of the Federal law, and even different States have passed legislation that is somewhat similar to this, the bottom line is

that we don't have absolute equality or equity at this point, and we need to make sure that if there is going to be mental health coverage, it covers all types of mental health illnesses as well as substance addiction. In addition to that, we want to make sure that the same is true, whether you are in or out of the health care network.

These two gentlemen, my colleagues Mr. RAMSTAD and Mr. KENNEDY, have been working on this bill for such a long time, and it really is a tribute to them and to Paul Wellstone that we are about to pass this bill. We commit, myself and the other chairmen of our respective committees, that we will not only pass this, but we will make sure that we do a bill that we can conference between the two Houses and get it to the President and hopefully get him to sign it before the end of this session.

Mr. ELLSWORTH. Mr. Speaker, I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. The passage of this bill today is an important step forward in the effort to ensure every American has access to quality mental health care services.

Access to quality, affordable mental health care is just as important as access to traditional health care for Americans struggling with psychological problems. For decades, America has led the world in developing and implementing mental health diagnosis and treatment methods. Unfortunately, while American hospitals, doctors, and counselors provide the best mental health care in the world, many Americans are left without access to the benefits of that system. Too often, cost prohibits people from obtaining adequate coverage and seeking care when they need it.

This bill makes important advances in addressing this problem for Americans with private health insurance. H.R. 1424 will expand access to mental health care and services for Americans with private health insurance, requiring plans to make mental health copayments, deductibles, and other benefits equal to benefits offered for traditional, physical health care. I believe this bill is an important step in breaking down the barrier to treatment many Americans with mental health problems face when they try to improve their lives, and I urge my colleagues to support it.

While I am a strong supporter of the underlying legislation, I would like to express my concern with one of the offsets used to pay for the bill's costs. The Medicaid prescription drug rebate has proven to be an important tool in ensuring access to the best pharmaceutical drugs for low-income Americans. Currently, prescription drug producers already pay a significant rebate in order to participate in Medicaid, and this bill would increase that rebate by almost one third. I am concerned that further expanding this rebate could have a negative impact on research and development of the next generation of treatments. Congress needs to ensure it provides increased access to mental health services without jeopardizing future pharmaceutical breakthroughs.

I will continue to support this bill and encourage my colleagues to do the same. However, as this bill advances to conference with the Senate, I hope that the final product we send to the President will not contain an overly burdensome increase in the Medicaid rebate.

MR. BACA. Mr. Speaker, I rise today in strong support of civil rights and the passage of H.R. 1484, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

This bill is aimed at eliminating discriminatory provisions in mental health. With this bill addiction treatments are provided on par with treatment for other medical illnesses and conditions, such as diabetes, asthma and high blood pressure.

Currently, many families are facing hurdles and obstacles in obtaining quality care for mental illness and addiction disorders.

Over 57 million Americans suffer from a form of a mental health disorder and more than 26 million from a chemical addition. Our early intervention services for mental health and addiction are behind other medical conditions.

This is discrimination; this is not the American way.

In my District alone, we are facing an alarming methamphetamine-use crisis, these patients often require professional help.

Mental health must be recognized as equal to other health conditions and illnesses. The stigma must be removed so more people will be able to seek professional help and our loved ones will be able to live healthy and productive lives.

These are real diseases, and those affected by them deserve coverage. We are living in different times now and we need to pay closer attention to the mental health needs of our families.

For example, the recent school shootings are evidence of where counseling and treatment may have prevented these tragedies, yet stigma and lack affordability of mental health services stood in the way.

I urge my colleagues to support mental health parity and vote in favor of H.R. 1424.

Mr. UDALL of Colorado. Mr. Speaker, I rise today in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007. This bill moves forward the important principles that mental health deserves fair and equal recognition in our health care financing system and that individuals afflicted with mental health disorders deserve no less a chance at recovery than those afflicted with physical disorders.

These principles do not exist for their own sake, and there are plenty of practical reasons that mental health coverage should be equal to that of other types of health coverage. For example, the Journal of the American Medical Association estimates that employers lose as much as $31 billion per year in productivity costs associated with having depressed workers. The story is much the same for alcohol-related illnesses and certainly for suicide. Even if these economic realities did not exist, there remains no scientific justification for treating mental health as separate and inferior to physical health.

Many attribute the historical disparities between the treatment of mental health and physical health to stigmas about the realness of mental health disorders and the credibility of those who claim to have them. If this is true, surely our scientific and health care communities have moved us beyond those stigmas and shown that mental health not only exists, but is as important to one's day to day life as any physical condition. It is time that our laws and our health care financing system caught up to our scientific knowledge in this important respect.

H.R. 1424 will move us in that direction. If passed, it will bring this aspect of our private health insurance system in line with what has worked for Medicare, Medicaid, the Veterans Administration, and the Federal Employees Health Benefits Program—the very same health program available to members of Congress. This is not a mandate. Employer-based health care plans will not be required to offer mental health benefits, but those group plans with 51 or more employees who do offer mental health benefits will be required to provide coverage that is no less substantial than the coverage provided for physical health. This is sound policy, and ensures that those afflicted with mental health disorders can afford the care they need to lead productive, happy, healthy lives.

I am aware that there are some differences between this bill and the similar bill that passed the Senate last year. Some opponents of the House version, I think, have legitimate concerns about the effects of basing coverage on the Diagnostic and Statistical Manual of Mental Disorders (DSM–IV). The instances in which plans and states have adhered to the DSM–IV have not yielded the problems with overuse and treatment for the "worried well" that opponents predict, but the possibility that these problems could occur, I think, is strong enough that these differences should be addressed before the bill becomes law. I am hopeful that ongoing discussions between the House and the Senate will produce a bill that addresses these concerns and finds a suitable compromise.

I will vote for this bill because I believe that moving it forward in the legislative process is one more important step toward the final goal of instituting equity between physical and mental health coverage, a goal I hope can be achieved this year.

Mr. HULSHOF. Mr. Speaker, I am very glad that we are taking up mental health parity today. I support mental health and substance abuse parity, as does most of this body. But there are a few details of this bill I would like to change to ensure that true parity be the final result of the legislation before us.

But because this is brought up under a closed rule, these vital changes cannot be made, thus I will oppose this bill.

Let me add at the outset that I have only the utmost respect for my friend and fellow Health Subcommittee member JIM RAMSTAD. He is a champion on this issue, and the tenants of mental health parity that most here support are in no-small-part thanks to his intelligent, passionate advocacy. I thank the gentleman for that example and his service to this institution.

September 18, the Senate voice voted S. 558, legislation that was the product of input and agreement between mental health advocates, policy experts, health providers, employers, and authoring legislators.

I am concerned that in passing the language in this bill, this House will be marginalizing itself—that in passing a bill with no real hopes of adoption by the other body this body will be seen as out-of-touch, a secondary player, and at worst could hold up much needed mental health legislation.

I would like to highlight two key differences between the House and Senate bills, using the

language from the Senate compromise bill—the codification of the DSM–IV, Diagnostic Statistical Manual, and protection of Medical Management.

DSM

I proposed two amendments at the Ways and Means Committee that would have won my vote there and here on the floor and would move this bill more quickly through a House-Senate conference and to the President's desk for signing.

The first issue, this legislation creates a broad new mandate by codifying usage of the DSM–4 (DSM–IV).

H.R. 1424 imposes a broad mandate to cover all mental illnesses listed in the DSM–IV Manual. DSM is the Diagnostic Statistical Manual that provides diagnostic criteria and codes for billing health plans.

Health Plans will be required to provide coverage for all the conditions listed in DSM–IV—conditions such as caffeine withdrawal and jet lag are included, as other speakers have and will discuss. This is simply a benefits mandate.

The bill exceeds the stated objective of achieving ''parity'' by requiring coverage of all conditions in the diagnostic manual for mental health and substance abuse disorders if a plan decides to cover any mental health or substance abuse conditions at all. No similar Federal requirement applies to any other category of benefits.

Currently, there is no Federal definition of the scope of medical/surgical benefits that plans must offer. Therefore, this is NOT true parity.

MEDICAL MANAGEMENT

The House bill contains no provision to protect medical management practices. These can include such things as coordinated disease management, care management initiatives, health coaching, and patient support tools to improve the quality and accessibility of mental health benefits.

The use of medical management allows plans to provide the right course of treatment and avoid expending resources on ineffective or unproven treatments.

The Senate bill would protect plans ability to manage mental health benefits in this way, even if such management is more intensive than the management of other types of medical services.

The reason FEHB plans have been able to keep their costs down is because they are allowed to offer medical management programs to determine whether a treatment is medically necessary or not.

In fact, the principal investigator who evaluated parity for Federal employees stated in his testimony to the Energy and Commerce Committee that ''these findings suggest that parity of coverage of mental health and substance abuse services, when coupled with management of care, is feasible . . .''

If enacted, H.R. 1424 will limit the ability of group health plans to apply a full range of medical management tools—including the use of provider networks and contracting—tools essential in controlling costs and ensuring quality.

GENETIC INFORMATION NON-DISCRIMINATION ACT

I would like to make one other point on the attachment of the Genetic Information Non-Discrimination Act to H.R. 1424, legislation I supported out of Committee.

But at Ways and Means we fixed language protecting those who donate their time and selves for clinical research, but this final language is not comprehensive.

I am concerned with the definitions of genetic testing/services, that they fully include protection for those going into clinical research. An example: John's employer learns that John is signing up for clinical research and fires him or his insurer drops his policy. The bill now says ''genetic services received pursuant to clinical research.'' So, John isn't protected because he has not had a genetic test or service, he's only signed up to do it. Or maybe the employer discovered that John is interested in participating and fires him.

The services themselves are protected, which is good. However, the definition is missing the protection of the ability to participate in clinical research. The Ways and Means Committee passed language protecting this, and I hope that this language can be perfected at conference with the Senate to protect all clinical research participants.

Mr. SMITH of Texas. Mr. Speaker, I support better health care being made available for the mentally ill. Americans should have the freedom to choose health care plans that offer mental health benefits.

I also support the passage of H.R. 1424, the ''Paul Wellstone Mental Health and Addiction Equity Act of 2007,'' because this legislation represents a step forward in the mental health care debate.

However, I believe the House bill goes too far by limiting physicians' ability to refer patients to physician-owned hospitals. Physician-owned hospitals play an important role in providing high quality care to patients. These facilities should not be penalized for offering accessible health care to so many individuals.

In addition, this legislation requires any plan that provides mental health or substance-related disorder benefits to offer coverage for all disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM–IV). The list of disorders encompassed by this legislation is too broad and could be used by some individuals to take advantage of the health care system.

H.R. 1424 also will not allow employers to have discretion over the benefit coverage decisions for their employees. It instead imposes a mandate that requires employers to cover all conditions listed in the DSM–IV. This mandate likely will increase health insurance costs.

I am hopeful that if this legislation goes to a Conference Committee, the House will adopt much of the language contained in the Senate version of the bill, S. 558, the ''Mental Health Parity Act.'' The Senate bill represents a compromise between the mental health and business communities.

The Senate legislation provides employer discretion by allowing employers to determine which mental health conditions should be covered under their plan and does not include language that penalizes physician-owned hospitals.

I look forward to continuing to work with my colleagues on this important issue and to making sure we have an improved bill at the end of the process.

Mrs. BACHMANN. Mr. Speaker, today we are debating a bill which addresses an issue that is near and dear to my heart: helping those with mental health disorders.

As the wife of a clinical therapist, I have seen the many challenges that people who have mental health disorders face day after day.

These are very real impairments—but through counseling and appropriate treatments, real breakthroughs can be made.

We can help those individuals who suffer, as well as their families and our overall society.

But I have serious concerns about the scope of this legislation and the impact it will have on the affordability of health insurance for all Americans.

By mandating that group health plans offer the same financial benefit structure for both mental and physical disorders, the cost of insurance will increase across the board—and with accessibility of health care services and the affordability of health care coverage so paramount a concern for families across the country.

The Congressional Budget Office has estimated that the cost of these mandates in the private insurance market will total $3 billion annually by 2012.

This will inevitably set up a cycle of increasing costs on employers offering health insurance and thus increasing costs for employees seeking to obtain coverage.

These mandates may even have an adverse affect on access to mental health coverage at all.

My colleagues in support of the bill have stressed that it does nothing to require employers to offer coverage of mental health services—it only mandates what this coverage must include on those who choose to offer mental health coverage.

But it is not hard to imagine that many employers who are frustrated with the increased costs the bill will impose on them will simply drop mental health coverage altogether.

That, of course, would be counterproductive to the intent of the bill.

In fact, it would hurt the very people the bill purports to help.

Mr. Speaker, the cost of health care is at perhaps an all time high.

Between 2000 and 2006, premiums for family coverage have increased by 87 percent, making the average premium families' paid last year $12,106.

This is not the time to make coverage less affordable.

Though I appreciate my colleagues' good intentions, the negative impact this bill would have on our overall health care market is too serious to ignore and I must oppose it.

Mr. CONYERS. Mr. Speaker, I rise to voice my strong support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which requires equity in the provision of mental health and substance-related disorder benefits under group health plans. This much needed legislation would finally provide for true mental health insurance parity, offering mental health and substance-abuse benefits on par with medical and surgical benefits, ending discrimination against patients seeking treatment for psychiatric disorders.

Mental illnesses have a devastating affect on our nation. According to a 2005 Harvard study, over 35 million Americans suffer from a moderate or serious mental disorder in any given year. Societal costs, such as loss of productivity and the burden on family caregivers, total $113 billion annually. As well, the President's New Freedom Commission on Mental Health reported in 2003 that mental illnesses constitute the leading cause of disability in the United States; the Commission noted that half

of those who need mental health treatment in this country do not receive it.

The treatment of mental illness works. Unfortunately, only those who are able to access care can benefit from it. Most mental disorders are chronic, ongoing illnesses that require consistent and persistent treatment in order to achieve remission. It would seem unconscionable to limit the number of times a cancer patient sees their oncologist for treatment; those suffering from severe psychiatric illness should not be held to a lesser standard of care.

Despite disinformation put forth by some of my colleagues today, the concept of mental health insurance parity is not a new one. In fact, as members of Congress, we all enjoy the benefits of mental health parity that our constituents are deprived of. The Federal Employees Health Benefits (FEHB) Program has offered mental health and substance-abuse benefits on a par with general medical benefits since 2001. A convincing study of the FEHB program published by the New England Journal of Medicine in 2006 proves that the implementation of parity in insurance benefits for behavioral health care can improve insurance protection without increasing total costs.

Mr. Speaker, the inequity of coverage with regard to mental health and substance abuse treatment benefits is tantamount to discrimination against the mentally ill, and it reinforces the strategy of insurance companies to deny care rather than provide care. It is our duty to end this intolerable discrimination against the mentally ill, and pass H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Mr. HOLT. Mr. Speaker, it will be a landmark day when we realize that health is not just about fixing broken bones. It's about having a healthy, complete individual from head to toe. Millions of Americans suffer from mental illness of some form, conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Mental illnesses strain families and can contribute to lost productivity, unemployment, substance abuse, homelessness, or suicide. Few Americans are untouched by it. No one is immune.

Prompt and comprehensive treatment can reduce enormously these effects, but insurance companies—including government plans like Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP)—frequently impose limits on coverage for mental health that are not imposed on traditional medical and surgical care. Already this year, Congress has worked to address these inequalities in the federal health programs.

Today, the House of Representatives is taking a significant step toward finally ending the insurance discrimination that has existed for decades against people with mental illness.

Representative PATRICK KENNEDY and Representative JIM RAMSTAD deserve credit for their strong leadership on the Paul Wellstone Mental Health and Addiction Equity Act, H.R. 1424, which I am proud to cosponsor along with more than 270 of my colleagues. This much needed legislation would require insurance companies to provide benefits for mental health and substance abuse treatment equal to those provided for physical medical treatment.

The Paul Wellstone Mental Health and Addiction Equity Act would require that all Diagnostic and Statistical Manual of Mental Disorders, DSM–IV, illnesses be covered, rather than letting insurance companies determine their own scope of coverage. This is the same coverage requirements that we as Members of Congress receive under our federal employee health plan, and our constituents deserve no less coverage.

The American Psychological Association, which publishes DSM–IV, reports that lack of insurance coverage (87 percent) and cost (81 percent) are the leading factors for individuals not seeking mental health services. The Paul Wellstone Mental Health and Addiction Equity Act would solve both of these problems.

Additionally, unlike the bill working through the Senate, H.R. 1424 would not preempt state law. This is very important for the residents of my home state of New Jersey and others who already have mental health parity laws on the books. For good reason these states worry that they might be forced to reduce their coverage requirements.

We know that mental illness is treatable, yet because one third of the people affected do not receive needed treatments, mental illness remains a leading cause of disability and premature death. According to the World Health Organization, the costs related to untreated mental illness are $147 billion each year in the United States. Those who oppose the legislation thinking it is too expensive should note this cost.

Yet, an analysis of the Paul Wellstone Mental Health and Addiction Equity Act indicates it would result in an increase of less than one percent premiums and would reduce out-of-pocket costs by 18 percent. Further, a recent article in the Journal of American Medical Association, JAMA, indicates that employers who actively encourage their employees to use mental health services actually experienced an increase in hours worked and productivity gains.

Ultimately, despite the economic arguments in favor of parity, it is not a debate about dollars and cents, but about lives saved and people restored. I recently received a letter from a constituent who is a corporate human resource director. She did not write me in that capacity, however. Instead, she wrote me ''as the sister of a beloved brother who committed suicide one day after his in-patient mental health care benefit 'ran-out'.'' She understood and related to me not only the human resources concerns, but also and especially, the true cost of mental health and the failure to enact mental health parity. Let's work to ensure that those who need access to mental health care, get it.

Mr. TERRY. Mr. Speaker, today the House is considering H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. I strongly support the mental health community and believe that millions of Americans living with mental health illness and addiction need access to treatment. Screening and early treatment remains an important and cost-effective way of combating mental health illness and addiction.

Unfortunately, the bill before us today seeks to extend mental health treatment by stifling innovation, increasing health insurance cost to employers and employees and mandates that ALL diagnoses, such as 'jet lag' and 'caffeine intoxication' listed in the DSM–IV be covered.

A provision in H.R. 1424 also seeks to limit physician ownership in hospitals, regardless of whether those hospitals are in rural or small communities. Physician owned hospitals strive to eliminate preventable complications and errors in order to improve patient care. Specialty care hospitals are an integral part of our community in Nebraska. They provide quality care and help keep costs down. A February article in Forbes highlighted a University of Iowa study which found that tens of thousands of Medicare patients' complication rates for hip and knee surgeries were 40 percent lower at specialty hospitals than at other hospitals.

Mr. Speaker, unlike the Senate bill which requires that insurance companies consider all mental ailments listed in the Diagnostic and Statistical Manual of Mental Disorders, the legislation before us goes one step further by requiring groups which offer mental health benefits to cover all diagnoses under the DSM–IV, this includes disorders such as 'jet lag' and 'caffeine intoxication.' Furthermore, groups would be required to extend current mental health benefits regardless of religious or moral objections they may have to paying for the treatment of psycho-sexual disorders or dubious complaints of less serious problems.

Finally, the bill would increase health insurance costs. The CBO estimates that by 2012, H.R. 1424 would cost $3 billion annually, a cost which would be passed on to employers and employees.

I am concerned that the government mandate currently proposed by H.R. 1424, though well-intentioned, could actually reduce access to mental health care. Many health plans are already responding to customer demand by gradually implementing greater coverage of mental health treatments. Mandating that such coverage would be immediately equal with medical and surgical benefits could force some plans to drop mental health benefits altogether leaving Americans in need of coverage with none at all.

Mr. Speaker, I wanted to come to this floor and vote for a Mental Health Parity bill like the one I supported in the Energy and Commerce Committee last fall. Unfortunately, this is not the same legislation, and therefore I must reluctantly oppose it.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, introduced by my distinguished colleague from Rhode Island, Representative PATRICK J. KENNEDY, but ask for a closer at Section 6, and its effect on physician-owned general hospitals.

I have opposed H. Res. 1014, the rule which provided for consideration of H.R. 1424; however, I am in support of the bill itself.

This bill permanently reauthorizes and expands the Mental Health Parity Act of 1996 to provide for equity in the coverage of mental health and substance disorders as compared to medical and surgical disorders. This legislation ensures that group health plans do not charge higher co-payments, coinsurance, deductibles, and impose maximum out-of-pocket limits and lower day and visit limits on mental health and addiction care than for medical and surgical benefits.

Although this legislation does not mandate group health plans, if a plan does offer mental health coverage, then this legislation would require it to offer equity in its: (1) financial requirements applied to mental health and substance-related disorders, (2) equity in treatment limitations, (3) prohibit discrimination by diagnosis, and (4) equality in out-of-network coverage.

This legislation provides for greater transparency in medical management, and strict enforcement by the Internal Revenue Service, something we all want to see more of in the health care industry.

Over the past several decades, America's health care system has been a leader in innovation. This innovation has given patients unprecedented access to specialized care in all different fields of medicine. Whether it's in cancer centers, children's hospitals, or ambulatory surgical centers, patients now have the ability to receive quality care in a hospital of their choice.

Unfortunately, this bill stifles the very innovation and choice that has laid the groundwork to real transformation in our health care system. A provision in H.R. 1424 would severely restrict the ability and capacity of physician owned hospitals to provide quality healthcare to their patients. It does not matter if the hospital is rural, inner city, big or small this legislation will punish these hospitals, the doctors and the nurses that serve their community every day by restricting them from providing high quality care to their patients. Physician owned hospitals serve as an integral part in the future of patient care and should not be dismissed just because they have physician investment.

In Texas, we have inpatient rehabilitation hospitals, long-term acute care hospitals, general care hospitals, and community hospitals that are nationally recognized as the best in the industry and each and every one of them has physician investment. Patients across the great state of Texas have greatly benefited from the safety, quality, and innovation that physician owned hospitals bring.

In an era when hospital deaths from infections, medical errors, and other problems approach 100,000 a year, physician owned hospitals have placed a very large emphasis on eliminating preventable complications and errors in order to improve patient care.

Just this month in a Forbes article, a University of Iowa study found that tens of thousands of Medicare patients' complication rates for hip and knee surgeries were 40 percent lower at specialty hospitals than at other hospitals. These hospitals provide a needed service and they must be allowed to continue their good work now and in the future.

Before Senator Paul Wellstone's untimely death and that of his wife and daughter, I had the opportunity to meet with him and work with him on these very issues. His dedication to creating affordable healthcare for all Americans is what is at the root of this legislation. Having a provision that actually seeks to restrict physicians and hospitals seems to obliterate the bipartisanship and purpose of this bill.

We all support the goal of equal access to mental health benefits. However, we should not believe that it should be paid for by sacrificing facilities that bring quality, efficient and accessible healthcare to all patients.

I urge my colleagues to take a closer look at the effect this legislation will have on physician-owned hospitals. Despite my reservations regarding the disproportionate impact on physician-owned hospitals, ultimately patients benefit from this legislation and therefore I ask each of you to join me in supporting H.R. 1424.

Mr. CONYERS. Mr. Speaker, I rise to voice my strong support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which requires equity in the provision of mental health and substance-related disorder benefits under group health plans. This much needed legislation would finally provide for true mental health insurance parity, offering mental health and substance-abuse benefits on par with medical and surgical benefits, ending discrimination against patients seeking treatment for psychiatric disorders.

Mental illnesses have a devastating effect on our nation. According to a 2005 Harvard study, over 35 million Americans suffer from a moderate or serious mental disorder in any given year. Societal costs, such as loss of productivity and the burden on family caregivers, total $113 billion annually. As well, the President's New Freedom Commission on Mental Health reported in 2003 that mental illnesses constitute the leading cause of disability in the United States; the Commission noted that half of those who need mental health treatment in this country do not receive it.

The treatment of mental illness works. Unfortunately, only those who are able to access care can benefit from it. Most mental disorders are chronic, ongoing illnesses that require consistent and persistent treatment in order to achieve remission. It would seem unconscionable to limit the number of times a cancer patient sees their oncologist for treatment; those suffering from severe psychiatric illness should not be held to a lesser standard of care.

Despite disinformation put forth by some of my colleagues today, the concept of mental health insurance parity is not a new one. In fact, as members of Congress, we all enjoy the benefits of mental health parity that our constituents are deprived of. The Federal Employees Health Benefits (FEHB) Program has offered mental health and substance-abuse benefits on a par with general medical benefits since 2001. A convincing study of the FEHB program published by the New England Journal of Medicine in 2006 proves that the implementation of parity in insurance benefits for behavioral health care can improve insurance protection without increasing total costs.

Mr. Speaker, the inequity of coverage with regard to mental health and substance abuse treatment benefits is tantamount to discrimination against the mentally ill, and it reinforces the strategy of insurance companies to deny care rather than provide care. It is our duty to end this intolerable discrimination against the mentally ill, and pass H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Mr. SHULER. Mr. Speaker, I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. The passage of this bill is an important step for those suffering from mental health problems in this country.

I believe it should not be an uphill battle to get treatment for millions of Americans living with mental illness and addiction. Thanks to my colleagues Mr. KENNEDY and Mr. RAMSTAD we are moving towards achieving parity between mental and physical conditions.

While I support the underlying legislation, I oppose the closed rule under which it is being introduced, because it does not provide for an opportunity to address the revenue raisers included in the bill. I am particularly concerned with the offset used to pay for the legislation, specifically the Medicaid prescription drug rebate.

Increasing these rebate rates could have a chilling effect on pharmaceutical research and development for the next generation of treatments, including those that aid patients with mental health conditions that we are attempting to help today.

I urge the passage of this bill. However, as this bill advances to conference, I hope that the final product that returns to the House will not contain an increased Medicaid rebate or any other provision that will deter the innovation of new treatments for the diseases that affect American families.

Mr. ETHERIDGE. Mr. Speaker, I rise today in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. As a cosponsor of this important legislation, I applaud your leadership in bringing this bill to the floor and addressing the issue of mental health panty.

According to the National Institute of Mental Health (NIMH), approximately 26.2 percent of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder. Unfortunately, the U.S. Surgeon General reports that only one in three of these people receive treatment for their disabilities. A significant reason that people fail to seek medical help for debilitating mental health issues is the lack of insurance.

The Paul Wellstone Mental Health and Addiction Equity Act would help address this problem. By requiring health plans to consider mental health issues on an equal basis with other health problems, this bill ensures that those in need can get the treatment that is medically necessary. We must expand access to mental health to ensure a strong and productive America that provides for its most vulnerable citizens.

Untreated and mistreated mental illness costs the United States $105 billion in lost productivity, a figure that has been increasing every year. According to a study funded by NIMH, treating mental health in the workplace significantly improves employee health and productivity, likely leading to overall lower costs for the employer. Mental health also has a high cost to society—for example, 20 percent of youths in juvenile justice facilities have a serious emotional disturbance and most have a diagnosable mental disorder. This bill will improve our economy and ensure those in need get the help they need before their illness turns into something worse.

My home state of North Carolina was one of the first states to adopt a mental health parity law back in 1991, and last year the State Legislature expanded and strengthened its mental health parity provisions. I support the efforts of North Carolina's mental health professionals in bringing this issue to the forefront of our State's agenda.

Mr. Speaker, while I strongly support this bill, I disagree with part of the bill's funding mechanism. We must be fiscally responsible, but we should not allow cost offsets to undermine the basic goals of this bill. I am concerned that the large increase in the Medicaid prescription drug rebate will reduce the ability of patients, including those with mental health conditions, to get the prescription medicines they need.

H.R. 1424 calls for a 33 percent increase in the rebate that brand pharmaceutical companies pay to the Medicaid program. Innovator drug companies already provide deep discounts to Federal and State Governments for

the prescription drugs covered by the Medicaid program. I am concerned that a huge increase in costs will have a chilling effect on pharmaceutical research and development for the next generation of treatments, including those that aid the very patients with mental health conditions that we are attempting to help today. Mr. Speaker, I hope that you and the House conferees will work to address this issue in conference negotiations with the Senate.

After careful consideration, I urge my colleagues to join me in voting for H.R. 1424.

Mr. LANGEVIN. Mr. Speaker, I rise in strong support of the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which I am proud to cosponsor. I know many people have worked hard to bring this important measure to the floor, including my friend from Minnesota, the co-chair of the Bipartisan Disabilities Caucus, Mr. RAMSTAD. Most of all, I would like to recognize the commitment and perseverance of my good friend and colleague from Rhode Island, PATRICK KENNEDY. PATRICK has been my good friend for many years, and I have watched him harness his passion and his knowledge to address the challenges faced by those with mental illness. He has raised awareness about a topic that had previously been considered taboo by the American people, using his own personal experiences to humanize the issue of mental health. I know that the people of Rhode Island admire his leadership, and I thank him for his tireless efforts.

Mental illnesses and substance abuse problems are at epidemic levels in this country. According to recent estimates, more than 35 million Americans experience the disabling symptoms of mental illness. Depression alone costs employers over $35 billion dollars a year in lost productivity, and that figure does not even factor in the multitude of other behavioral and psychological disorders that challenge our society on a daily basis. Substance abuse also directly affects an estimated 25 million Americans. An additional 40 million are indirectly affected once family members of abusers and the injured victims of intoxicated drivers are considered. Put simply, the social and monetary costs of these problems are astounding.

This bipartisan legislation makes tremendous strides in ending the inherent discrimination in our insurance system against patients seeking treatment for these illnesses. It permanently reauthorizes and expands the Mental Health Parity Act of 1996 to provide for equity in the coverage of mental health and substance-related disorders. It does not achieve equity by mandating that group health plans provide mental health coverage. However, if a plan chooses to offer coverage—as it rightfully should—then the coverage it offers must be no more restrictive in the financial requirements or treatment limits that are provided for medical or surgical disorders. This will mean equity in deductibles and co-pays, as well as in the frequency and number of visits. It will also establish parity for out-of-network coverage. In short, it will vastly expand coverage and access for those seeking treatment for their mental health.

Mental health parity is already available to members of Congress and over 8 million Federal employees under the Federal Employee Health Benefits Program, FEHBP, at minimal additional cost to the program. It is time that we extend this benefit to all Americans, and this legislation takes us considerably closer to that goal. I strongly urge my colleagues to vote in favor of this bill.

Mr. MCDERMOTT. Mr. Speaker, today is an historic day. Along with others, I have labored for a very long time to produce a comprehensive mental health parity bill. Without a doubt, our actions today will benefit real people in real ways. Many times we come to the floor to debate and vote on legislation that many Americans may wonder what is the relevance or the purpose? No one who has suffered a mental illness or has watched a family member suffer a mental illness will ask what is the relevance?

As a doctor and psychiatrist, I want to emphasize to my colleagues that this bill will make a genuine difference in the lives of the American people we serve. I know the suffering of mental illness. Not only do many patients still face the stigma of mental illness, but they also face discrimination in coverage.

Most Americans would be outraged if they heard that health plans charged higher copayments for cancer treatments or limited hospitals stays for those with heart diseases or denied care for diabetes. We would all be outraged. But, that is what we allow for mental illness.

We have heard a great deal about the costs of requiring mental health parity. What we hear very little about is the cost of not providing mental health parity. Many untreated mental illnesses can metastasize into serious physical and costly illnesses. Untreated depressions can result in heart disease. An untreated eating disorder can result in kidney failure. Yet, had we treated the mental illness we could have saved millions of dollars in costly care.

The issue of increasing costs of insurance is simply and categorically false. We know from the FEHBP experience that mental health parity has not resulted in significant costs. In fact, CBO has reported that H.R. 1424 would increase premiums by just two tenths of one percent. I would argue the longer term savings would offset any increase in premiums and that we will see a savings.

Access to mental health is simply access to quality primary care. It's key to preventing disease and improving outcomes. It simply makes no sense to treat the brain differently than the kidney or lungs or heart.

We have also heard a great deal about the use of the DSM–IV and scope of coverage. The use of DSM–IV is a tool for diagnosing mental illness and ensures that doctors, not insurance companies, define a mental illness. Some of my colleagues have argued that the use of DSM–IV will mean that plans must cover jet lag. These are not DSM diagnoses and refer to V Codes and not developed for the DSM.

My colleagues also argue that the use of the DSM–IV will prohibit plans from medical management. Again, my colleagues are wrong. As a practitioner, let me assure you that diagnosing and treating illness are very different things. Treatments can and will still be subject to medical necessity, like any other illness.

I think it is important for me to correct the record. Many of the speakers who addressed the House today are not health care professionals and have little understanding of mental illness. Yet, they claim to be experts on diagnosing and treating mental illness.

Finally, let me say a few words about the physician ownership offset. Just a couple of weeks ago, the administration sent to the Congress the Medicare 45 percent trigger recommendations. We have heard over and over again that Medicare spending is not sustainable and we need radical reforms. Yet, when we offer a small reform measure that will save more than $2 billion over 10 years, and protect patients from unnecessary care, some Members come to the floor to oppose. In fact, they argue that this physician ownership issue reduces choice or access. Who chooses to spend $2 billion more?

I understand that there may be some clinics that are providing quality care and we need to work to ensure that Medicare beneficiaries are not denied access. But, let's remember what we are doing. This is about closing a loophole to limit physician ownership of medical facilities to reduce over utilization and protect full service community hospitals. Many of these physician owned facilities do not staff an emergency department or an ICU. This is about protecting the integrity of the Medicare program. This is about controlling Medicare spending.

I strongly support H.R. 1424. Let's end this inhumane practice of discriminating against those with a mental illness. Let's make sure that when families pay premiums for health insurance coverage that they have the right to medically necessary coverage.

Mr. KIND. Mr. Speaker, I rise today in strong support of long overdue legislation that would equalize care for the millions of Americans suffering from mental health and substance-related disorders. More than 10 years after passing the Mental Health Parity Act, Congress now has the chance to finish the job it began and ensure that no Americans face discrimination in insurance coverage of mental health care.

Patients throughout the country struggle with the enormous financial costs of mental health and substance abuse treatments not covered by insurance. Many go without treatment, creating a burden on families, communities, and even our economy. Over 1.3 billion work days are lost annually due to mental disorders, more than stroke, heart attack, and cancer combined. In addition, employers face $135 billion in lost productivity each year due to untreated alcoholism and $31 billion due to untreated depression.

Enacting H.R. 1424 is important not only as a way to remove barriers to mental health and substance abuse care, however, but also as a way to remove the stigma long associated with these disorders. Equalizing care would send a strong message that the 57 million Americans suffering from mental health disorders and 26 million from chemical addiction should be treated no differently than individuals suffering from other medical conditions. I applaud the leadership and work of Representatives KENNEDY and RAMSTAD for their tireless efforts to bring this important legislation forward, and I am proud to give them my strong support.

In moving forward, it is my hope that the House and Senate can work together to find common ground so that mental health parity can be enacted. as part of this process, I would encourage negotiators to review the offsets used to pay for H.R. 1424, particularly the increase in the base Medicaid drug rebate level. I encourage Congress to consider the

effect this increase would have on small businesses that provide drugs and biologics to the Medicaid program, as well as possible disincentives this increase could create for companies to innovate and develop important new medicines. Although I am not opposed to raising the base rebate amount on principle, I am concerned that it may not be a prudent step to take without a thoughtful and complete review of its possible impacts.

Ms. BALDWIN. Mr. Speaker, I rise in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

All Americans deserve access to affordable, comprehensive health care—to meet both their physical and mental needs. I believe that Americans should be provided comprehensive coverage for mental health services. Mental illness and substance abuse are real and treatable health problems—just like hypertension, cancer and heart disease; yet millions of hard-working men and women still find that their health plans place strict limits on coverage for mental health benefits.

I am proud to be an original cosponsor of H.R. 1424. This bill will finally provide for equity in coverage of mental health and substance-related disorders.

We know all too well the inequities that currently exist for those seeking mental health care and substance-related care. They are subjected to higher co-payments, higher deductibles, and more restrictive treatment limits.

I have heard hundreds of heart-wrenching stories from my constituents in Wisconsin about the effects that these inequities have had on their families.

One woman's story was especially poignant about the inequities of the current system. In the same year, both her husband and her daughter required major medical care because of life-threatening conditions. One had a disease of the kidneys, and one suffered from severe clinical depression. Both patients required emergency visits and extended treatment. Both patients were compliant and followed their doctor's treatment instructions. Both patients were covered under the same family policy.

But the insurance paid for twice as much of the costs associated with the kidney disease than they did for the severe depression, because depression is a mental illness.

And while her husband underwent multiple treatments for his kidney disease, her daughter was told after a few psychiatric visits that her insurance would not pay anything toward further visits because she had used up her allotted number of visits for the year.

These higher patient costs and treatment limits are unconscionable. I am delighted that H.R. 1424 will require equity in financial commitments and equity in treatment limits for mental health and substance-related disorders as compared to medical and surgical benefits. In addition, it will prohibit discrimination by diagnosis and provide Americans with the same mental health coverage that Members of Congress have.

Mr. Speaker, I urge my colleagues to join me in voting in favor of H.R. 1424.

Mr. BUTTERFIELD. Mr. Speaker, I rise today in strong support of the H.R. 1424—Paul Wellstone Mental Health and Addiction Equity Act of 2007. This legislation is a great step in ensuring that group health plans are discouraged from charging higher co-payments, coinsurance, deductibles, and imposing the maximum out-of-pocket limits on mental health and addiction care than those imposed for medical and surgical benefits.

Although I fully support the intent of this measure, Mr. Speaker, I have slight reservation over one of the offsets used to pay for the legislation, specifically the large increase in the Medical prescription drug rebate.

Innovative drug companies already provide deep discounts to Federal and state governments for prescription drugs covered by the Medicaid program. H.R. 1424 calls for a 33 percent increase in the rebate that brand pharmaceutical companies pay to the Medicaid program at a time when many drug companies are facing big financial challenges.

As a member of the North Carolina delegation, I realize the economic impact that this innovative industry has on my State, employing over 25,000 North Carolinians with many coming from my congressional district. I also understand the threat that this rebate poses to research, development, and access to drugs for the Medicaid beneficiaries of my poverty stricken district. We need these companies to continue investing in the United States, creating good jobs, and developing the new drugs our patients need.

Mr. Speaker, it is my hope that the House will come together and support this progressive piece of legislation. I am pleased that we did not give up on this bill and have moved forward despite the President's veto of the Children's Health and Medicare Protection Act of 2007. Further, I would also like to encourage my colleagues who will be engaged in the conference negotiations to bring to us a final product that will not deter innovation of new treatments for the diseases and ailments that affect American families.

Mr. SESSIONS. Mr. Speaker, today on the floor of the House of Representatives we are considering the issue of mental health parity. Unfortunately, some of my colleagues have clouded this important issue with extensive and over-burdensome regulations. As a supporter of mental health parity it is regrettable that I can not support the bill at hand. With over 50 million adults suffering from mental disorders it is necessary that there is access to mental health services. The Senate has passed legislation on parity that will allow access to these needed services, and I applaud and support their efforts.

As a long time supporter of the Genetic Information Non-Discrimination Act, it is disappointing that this legislation was coupled in with the over regulated mental health parity bill. Congress has taken great strides over the last few years towards adequately protecting an individual's genetic information an encouraging lifesaving genetic testing. Attaching this legislation to the flawed parity bill puts those efforts to shame. Congress should take up the Genetic Information Nondiscrimination Act on its own and allow those, like myself, to vote in favor of the bill.

Mrs. BEAN. Mr. Speaker, I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. The passage of this bill is an important step for those suffering from mental health and substance-related disorders in this country.

I believe it should not be an uphill battle for the millions of Americans living with mental illness and addiction to receive quality care. Thanks to my colleagues, Mr. KENNEDY and Mr. RAMSTAD, we are taking strides to achieve parity between mental and medical conditions.

While I support achieving mental health parity, I am concerned about using the Medicaid prescription drug rebate as an offset to pay for this legislation.

Innovator drug companies already pay significant rebates to Federal and state governments for their prescription drugs to be covered by the Medicaid program. As a result of this "best price" policy, Medicaid programs already obtain drugs at a below-market price. I am concerned that further increasing this rebate will have a chilling effect on pharmaceutical research and development for the next generation of treatments, including those that aid the patients with mental health conditions we are helping today.

As the economy weakens and our manufacturers are courted with large subsidies to move their operations and jobs overseas, we must not stifle innovation. We need our pharmaceutical companies to continue investing in the United States, creating good jobs, and inventing new drugs our patients need.

I urge the passage of H.R. 1424. However, as this bill advances to conference, I hope the final product that returns to the House will not contain an increased Medicaid rebate, or any other provision that will deter the innovation of new treatments for the diseases that affect American families.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, as a psychiatric nurse with 15 years of hands-on patient care experience, I strongly support mental health parity. All health insurers should provide coverage for mental and behavioral care.

An overwhelming body of evidence links mental- and emotional well-being to physical well-being. Simply put, the two go hand-in-hand.

For too long, too many health insurance companies have cut corners, when it comes to providing mental health benefits. Left to the "free market system," many insurers have opted not to cover mental health care, claiming that it is not medically necessary, or simply ignoring the issue and forcing patients to absorb the costs.

For too long, patients have suffered unfair expenses or delayed getting care, and the economic impact to our society has been large. Suicides, missed work due to depression, and other mental health issues have been the result of private industry's refusal to offer mental health benefits.

It is time that we put this harmful practice to a stop. I want to commend Representatives PATRICK KENNEDY, JIM RAMSTAD, and Senators TED KENNEDY and PETE DOMENICI for their tireless work to develop this legislation.

While I strongly support mental health parity, I believe that the Senate bill has been better tested by the stakeholder and business communities. The House version contains a provision, intended to help pay for the mental health benefit, that would result in reduced spending for physician-owned hospitals.

Baylor cardiovascular hospital, in my district in Dallas, would be affected by the provision. In order to collect future Medicaid reimbursements, the hospital would need to reduce its percentage of physician ownership; and growth of the hospital could be severely restricted.

It is my belief that Dallas residents are best served with as many options of affordable

health care as possible—including mental health care. I hope that the House and Senate can resolve differences in the final legislation that will not harm local hospitals, yet pay for the benefits without increasing the Federal deficit.

For me, the bottom line is this: mental health parity should have existed from the onset of our modern health insurance system. Mental wellness is just as important as physical wellness. The two are the foundation for a life of wholeness and satisfaction.

Again, I thank my colleagues, stakeholder groups, and members of the Other Body for their hard work on such a critical issue.

Mr. TANNER. Mr. Speaker, I rise today to express my concern with one of the proposals being used to fund this legislation. I agree that improving coverage of mental health services is a laudable goal, and long over due, I might add. However, the proposal to help fund this increased coverage through increasing the Medicaid drug rebate is troubling to me. Drug companies already provide deep discounts to Federal and State governments for the prescription drugs covered by the Medicaid program. This legislation calls for a 33 percent increase in that rebate. I hope that a substantial increase in the rebate will not have a chilling effect on research and development for the next generation of treatments for those very patients with mental health conditions we are trying to help today.

As everyone knows, I am a strong supporter of pay go provisions. So I want to commend our leadership for their efforts to continue to address these funding issues. The other funding provision being used for the improved coverage in this bill is designed to ensure that any potential conflict of interest created by physician ownership interests in specialty hospitals is limited. I think this provision goes a long way toward creating a more equitable situation for all hospitals.

I plan to support final passage of this legislation. However, I hope that we can work together as this process goes forward to negotiate a conference agreement that offers a more balanced approach.

Mr. DINGELL. Mr. Speaker, today we are voting on the passage of H.R. 1424, the ''Paul Wellstone Mental Health and Addiction Equity Act of 2007'', which will permanently reauthorize and improve the Mental Health Parity Act of 1996. I commend my distinguished colleagues, Representatives KENNEDY and RAMSTAD, for their efforts in crafting this important piece of legislation.

H.R. 1424 will create true parity of coverage for mental health and substance abuse disorders. It will ensure that healthcare plans that provide mental health coverage do not charge higher co-payments, coinsurance, or deductibles for mental health or substance abuse care. It will also ensure that care for mental health and addiction disorders is no more restrictive than medical or surgical care.

Mental illness and addiction disorders have long been recognized by the healthcare community as actual and legitimate health afflictions which may have a significant affect on an individual's life and well-being. It has long been accepted that these afflictions deserve treatment by professionally trained healthcare providers.

As I think of all of the different diseases and afflictions recognized by our scientific and healthcare communities, I struggle to find a reason why someone who has healthcare coverage should confront discriminatory barriers to treatment simply because of the nature of the disease. Mental health and addiction disorders can be just as painful and debilitating as medical and surgical disorders. The strains of these illnesses affect individuals, families, and society as a whole.

I urge my colleagues to vote to pass H.R. 1424 to achieve comprehensive mental health and substance abuse parity.

Mrs. JONES of Ohio. Mr. Speaker, today I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007. I am honored to support one of the many noble causes of the late Senator Paul Wellstone and strongly believe that this bill will address and improve our Nation's need for enhanced mental health services.

The plight of families suffering from mental illness is immense due to an absence of adequate social services and the unwarranted stigma surrounding mental health issues. Due to the unwarranted social stigma and a systemic failure to ensure health care coverage, over two-thirds of the people who suffer from mental illness go untreated according to the Department of Health and Human Services. Within minority communities, even greater needs exist for mental health services.

According to the National Institute on Mental Health, 20 percent of our children and 26.2 percent of American adults suffer from a diagnosable mental disorder in a given year. As the leading cause of disability in the U.S., many people suffer from more than one mental disorder at a given time. Thus, the need for mental health services is immense, and we cannot allow discriminatory practices by insurance companies to be an impediment to accessing available services.

Last year, I introduced H. Con. Res. 86 to express the sense of Congress that an appropriate month should be recognized as Bebe Moore Campbell National Minority Mental Health Awareness Month. Bebe Moore Campbell was a premier journalist who, before her untimely death, authored a children's book titled, Sometimes My Mommy Gets Angry, winner of the National Alliance for the Mentally Ill Outstanding Literature Award. Through this story of how a little girl copes with being reared by her mentally ill mother, Moore Campbell was able to raise public awareness of mental health issues and heighten the consciousness of this topic within minority communities.

In conclusion, I would like to affirm my support for H.R. 1424. This legislation is necessary to assist families who are struggling through the effects of mental illness and will contribute greatly to our Nation's overall wellness.

Mr. MORAN of Virginia. Mr. Speaker, I rise today in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. I want to congratulate Congressmen KENNEDY and RAMSTAD for their excellent work on this bill. Their effort to secure parity for all Americans suffering from mental heath conditions has truly been an historic one, and I am proud to stand here today and support the House's comprehensive mental health parity bill.

Mental health conditions are the leading cause of disability for Americans aged 15–44, and are implicated in 90 percent of the more than 30,000 suicides that occur here annually. Productivity loss due to depression costs employers an additional $31 billion per year before disability claims are even taken into account. Every day, patients suffering from these debilitating conditions are denied treatment by insurers who do not provide mental health coverage—patients who could be treated safely and effectively thanks to new advances in medicine.

Mental illness is, according to nearly all medical experts, a biologically-based illness just like getting cancer, or diabetes, or the flu. But in addition to the horrendous costs that untreated and unchecked mental illness imposes on patients and society as a whole, failure to provide parity in coverage for mental illness stigmatizes patients suffering from mental health conditions and decreases the likelihood that they will seek treatment that could aid their suffering and enable them to be more productive members of society. This unjust stigmatization has no biological or medical basis, and yet it threatens promising American lives every day. We do not blame cancer patients for having cancer—why should we treat patients suffering from mental health conditions any differently?

H.R. 1424 is a comprehensive mental health parity bill that will ensure access to vitally needed treatment for countless Americans currently suffering from mental health conditions. Again, I applaud my good friends on their efforts on this bill, and I am proud to support this historic legislation here today.

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

The SPEAKER pro tempore. All time for debate has expired. Pursuant to House Resolution 1014, the previous question is ordered.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MR. HOEKSTRA

Mr. HOEKSTRA. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. HOEKSTRA. Yes, in its present form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

Mr. PALLONE. Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Hoekstra of Michigan moves to recommit the bill, H.R. 1424, to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the text of the bill H.R. 3773 as passed by the Senate on February 12, 2008.

The SPEAKER pro tempore. Does the gentleman from New Jersey continue to reserve his point of order?

Mr. PALLONE. Yes, I continue to reserve my point of order.

The SPEAKER pro tempore. The gentleman from Michigan is recognized for 5 minutes to speak in support of his motion.

Mr. HOEKSTRA. Mr. Speaker, this bill is intended to ensure the mental health of Americans; yet, no American's health can be fully secured if they are under attack by a terrorist or facing the potential threat of terrorist attack.

It has now been 18 days since the Protect America Act expired, taking with it the full array of enhanced tools for the intelligence community to aggressively investigate potential attacks and detect and prevent potential terrorist attacks. This motion to recommit would ensure the health of Americans by inserting the text of the Senate bill to modernize FISA.

Eighteen days is long enough; yet, the leadership of the House still has done nothing to appoint conferees on the Senate bill to modernize FISA.

The SPEAKER pro tempore. The gentleman will suspend.

Mr. PALLONE. Mr. Speaker, I insist on my point of order. The gentleman is not confining his remarks to the point of order.

The SPEAKER pro tempore. The point of order was reserved and the gentleman from Michigan was recognized on his motion to recommit.

Mr. HOEKSTRA. Thank you, Mr. Speaker. May I continue?

The SPEAKER pro tempore. The gentleman from Michigan may continue.

Mr. HOEKSTRA. As I said, as we deal with this bill, 18 days is a long time, yet the leadership of this House still has done nothing to appoint conferees on the Senate bill to modernize the Foreign Intelligence Surveillance Act, which passed the Senate with overwhelming bipartisan support and is supported by a majority of the House. The Democratic leadership continues to block this bill, even though a number of responsible Democrats support it and the bill will pass if brought to the floor.

It was 18 days ago, it was 3 weeks ago that it was brought to the floor to have a 3-week extension, on top of a 2-week extension, on top of a 6-month extension. It is time to move this bill forward and to again give our intelligence community the tools that they need, the enhanced tools that many recognized after 9/11 that the intelligence community needed to keep America safe. It is time to bring up the Senate-passed FISA bill.

In the 18 days since the expiration of the Protect America Act, we have already seen multiple examples where our country's ability to follow up on potential threats has been significantly impaired.

In Tampa, the Transportation Security Administration stopped a man trying to board a plane with a box cutter in his backpack. Officers also found books in the backpack titled ''Muhammad in the Bible,'' ''The Prophet's Prayer,'' and ''The Noble Qur'an.'' There may be instances in that situation where there may be intelligence clues that we would want to follow up. We want to know whether there are any connections to foreign terrorists and whether at that very moment there may be other people in other airports trying to board planes with box cutters.

We don't want our intelligence officials to have to wait for lawyers to fill out voluminous paperwork in order to obtain permission from a Federal judge to follow up on those leads. Precious time could have been lost while an attack was in progress.

Last Friday, authorities found toxic ricin, or perhaps toxic ricin, in a hotel room in Las Vegas. Absent any evidence in the hotel room to prove probable cause that the ricin was tied to international terrorists, it may have been impossible for the intelligence community to follow up on any evidence that may have pointed to a suspected tie with foreign terrorists.

These are the things that happen in the United States. When you take a look at other things that are happening around the world, our troops in harm's way in both Iraq and Afghanistan, our brave men and women who are serving in the embassies in the Foreign Service around the world today, it is important that our intelligence community be given the tools and the techniques to keep Americans, our servicemen, our embassies, and our foreign personnel safe.

It has now been 18 days. The majority promised us that they could deal with this issue, first they said in 6 months, then they said in 2 weeks, then they said in 3 weeks. It has clearly been much more time than that, and every day that we delay, we lose a little bit of our capability to track the threats that face this country.

The chairman of the Senate Intelligence Committee has said the same thing. The Director of National Intelligence has said the same thing. So now for 18 days our capabilities have slowly been eroding, but each day piles on to the loss that we had from the day before.

There are real threats out there. There are real threats to Americans, to our troops, and to other individuals serving overseas. It is time to make sure that our intelligence community has all of the tools that it needs to keep America safe. We need to join with the Senate. We need to join with the 68 in the other body who overwhelmingly passed a bipartisan FISA modernization bill that gives the intelligence community the tools that they need to keep America safe.

I call on my colleagues and the leadership on the other side of the aisle to support this motion to recommit, to send a clear signal, and then to move forward on an overall bill. Because if this passes today, what it will do is send a clear signal.

POINT OF ORDER

Mr. PALLONE. Mr. Speaker, I insist on my point of order.

I raise a point of order that the motion to recommit contains nongermane instructions in violation of clause 7 of Rule XVI. The instructions in the motion to recommit address an unrelated matter within the jurisdiction of a committee not represented in the underlying bill.

The SPEAKER pro tempore. Does any other Member wish to be heard on the point of order?

PARLIAMENTARY INQUIRIES

Mr. HOEKSTRA. Yes, I do.

Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state it.

Mr. HOEKSTRA. Under the rule, the text of H.R. 493, as passed by the House, is added at the end of this bill. H.R. 493 deals with genetic information discrimination. The title of the bill is ''genetic information'' and not mental health.

Mr. Speaker, how is it that a genetic information discrimination bill can be added to a mental health bill but the FISA bill to protect us from terrorist attack cannot?

The SPEAKER pro tempore. That additional text will be added by operation of House Resolution 1014 upon passage of the bill.

Mr. HOEKSTRA. Mr. Speaker, further parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. HOEKSTRA. If I understand the Speaker and if you have just answered my question correctly, the majority has the tools at its disposal to include the FISA bill in any legislation that passes the House but is refusing to do so?

The SPEAKER pro tempore. That is not an appropriate parliamentary inquiry.

Does any Member wish to speak further on the point of order? If not, the Chair is prepared to rule.

The Chair will rely on the precedents of February 26 and February 27, 2008. The instructions in the motion to recommit address foreign intelligence surveillance, a matter unrelated to issues of health and mental health and within the jurisdiction of committees not represented in the underlying bill. The instructions are therefore not germane and the point of order is sustained. The motion is not in order.

Mr. HOEKSTRA. Mr. Speaker, I appeal the ruling of the Chair.

The SPEAKER pro tempore. The question is, Shall the decision of the Chair stand as the judgment of the House?

MOTION TO TABLE OFFERED BY MR. PALLONE

Mr. PALLONE. Mr. Speaker, I move to table the appeal.

The SPEAKER pro tempore. The question is on the motion to table.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

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

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 223, nays 186, answered ''present'' 1, not voting 18, as follows:

[Roll No. 99]

YEAS—223

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McIntyre
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Paul
Payne
Perlmutter
Peterson (MN)
Pomeroy
Price (NC)
Rahall
Ramstad
Reyes
Richardson
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Yarmuth

NAYS—186

Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson, Sam
Jones (NC)
Jordan
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Porter
Price (GA)
Pryce (OH)
Putnam
Radanovich
Regula
Rehberg
Reichert
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

ANSWERED ''PRESENT''—1

Johnson (IL)

NOT VOTING—18

Blunt
Boehner
Brown-Waite, Ginny
Conyers
Cuellar
DeFazio
Diaz-Balart, L.
Gerlach
Gonzalez
Johnson, E. B.
Keller
Poe
Rangel
Renzi
Rush
Saxton
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised 2 minutes remain in the vote.

□ 1922

Messrs. JORDAN of Ohio, HALL of Texas, MCCOTTER, and PLATTS changed their vote from ''yea'' to ''nay.''

Mr. LYNCH changed his vote from ''nay'' to ''yea.''

So the motion to table was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 289. Concurrent resolution honoring and praising the National Association for the Advancement of Colored People on the occasion of its 99th anniversary.

The message also announced that pursuant to the provisions of S. Con. Res. 67 (110th Congress), the Chair, on behalf of the Vice President, appoints the following Senators to the Joint Congressional Committee on Inaugural Ceremonies:

The Senator from Nevada (Mr. REID).

The Senator from California (Mrs. FEINSTEIN).

The Senator from Utah (Mr. BENNETT).

PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007—Continued

MOTION TO RECOMMIT OFFERED BY MR. KLINE OF MINNESOTA

Mr. KLINE of Minnesota. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. KLINE of Minnesota. In its current form I am.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Kline of Minnesota moves to recommit the bill, H.R. 1424, to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SEC. 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Mental Health Parity Act of 2008''.

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

Sec. 1. Short title; table of contents.
Sec. 2. Mental health parity.
Sec. 3. Effective date.
Sec. 4. Federal administrative responsibilities.
Sec. 5. Asset verification through access to information held by financial institutions.

SEC. 2. MENTAL HEALTH PARITY.

(a) AMENDMENTS OF ERISA.—Subpart B of part 7 of title I of the Employee Retirement Income Security Act of 1974 is amended by inserting after section 712 (29 U.S.C. 1185a) the following:

''SEC. 712A. MENTAL HEALTH PARITY.

''(a) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, such plan or coverage shall ensure that—

''(1) the financial requirements applicable to such mental health benefits are no more restrictive than the financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), including deductibles, copayments, coinsurance, out-of-pocket expenses, and annual and lifetime limits, except that the plan (or coverage) may not establish separate cost sharing requirements that are applicable only with respect to mental health benefits; and

''(2) the treatment limitations applicable to such mental health benefits are no more restrictive than the treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage), including limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

''(b) CLARIFICATIONS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan)

that provides both medical and surgical benefits and mental health benefits, and complies with the requirements of subsection (a), such plan or coverage shall not be prohibited from—

''(1) negotiating separate reimbursement or provider payment rates and service delivery systems for different benefits consistent with subsection (a);

''(2) managing the provision of mental health benefits in order to provide medically necessary services for covered benefits, including through the use of any utilization review, authorization or management practices, the application of medical necessity and appropriateness criteria applicable to behavioral health, and the contracting with and use of a network of providers; and

''(3) applying the provisions of this section in a manner that takes into consideration similar treatment settings or similar treatments.

''(c) IN- AND OUT-OF-NETWORK.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and that provides such benefits on both an in- and out-of-network basis pursuant to the terms of the plan (or coverage), such plan (or coverage) shall ensure that the requirements of this section are applied to both in- and out-of-network services by comparing in-network medical and surgical benefits to in-network mental health benefits and out-of-network medical and surgical benefits to out-of-network mental health benefits.

''(d) SMALL EMPLOYER EXEMPTION.—

''(1) IN GENERAL.—Except as provided in paragraph (2), this section shall not apply to any group health plan (or group health insurance coverage offered in connection with a group health plan) for any plan year of any employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

''(2) NO PREEMPTION OF CERTAIN STATE LAWS.—Nothing in paragraph (1) shall be construed to preempt any State insurance law relating to employers in the State who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

''(3) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of this subsection:

''(A) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—Rules similar to the rules under subsections (b), (c), (m), and (o) of section 414 of the Internal Revenue Code of 1986 shall apply for purposes of treating persons as a single employer.

''(B) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

''(C) PREDECESSORS.—Any reference in this paragraph to an employer shall include a reference to any predecessor of such employer.

''(e) COST EXEMPTION.—

''(1) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connections with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan (as determined and certified under paragraph (3)) by an amount that exceeds the applicable percentage described in paragraph (2) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

''(2) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(A) 2 percent in the case of the first plan year in which this section is applied; and

''(B) 1 percent in the case of each subsequent plan year.

''(3) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under paragraph (6).

''(4) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this subsection, determinations under paragraph (1) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(5) NOTIFICATION.—An election to modify coverage of mental health benefits as permitted under this subsection shall be treated as a material modification in the terms of the plan as described in section 102(a) and shall be subject to the applicable notice requirements under section 104(b)(1).

''(6) NOTIFICATION TO APPROPRIATE AGENCY.—

''(A) IN GENERAL.—A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under paragraph (3), qualifies for an exemption under this subsection, and elects to implement the exemption, shall notify the Department of Labor or the Department of Health and Human Services, as appropriate, of such election.

''(B) REQUIREMENT.—A notification under subparagraph (A) shall include—

''(i) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this subsection by such plan (or coverage);

''(ii) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan; and

''(iii) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health benefits under the plan.

''(C) CONFIDENTIALITY.—A notification under subparagraph (A) shall be confidential. The Department of Labor and the Department of Health and Human Services shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(i) a breakdown of States by the size and type of employers submitting such notification; and

''(ii) a summary of the data received under subparagraph (B).

''(7) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this subsection, the Department of Labor and the Department of Health and Human Services, as appropriate, may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to paragraph (3), during the 6 year period following the notification of such exemption under paragraph (6). A State agency receiving a notification under paragraph (6) may also conduct such an audit with respect to an exemption covered by such notification.

''(f) MENTAL HEALTH BENEFITS.—In this section, the term 'mental health benefits' means benefits with respect to mental health services (including substance use disorder treatment) as defined under the terms of the group health plan or coverage, and when applicable as may be defined under State law when applicable to health insurance coverage offered in connection with a group health plan.

''(g) ABORTION CLARIFICATION.—Nothing in this section shall require a group health plan (or health insurance coverage offered in connection with such a plan) to cover abortion as a treatment.''.

(b) PUBLIC HEALTH SERVICE ACT.—Subpart 2 of part A of title XXVII of the Public Health Service Act is amended by inserting after section 2705 (42 U.S.C. 300gg–5) the following:

''SEC. 2705A. MENTAL HEALTH PARITY.

''(a) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, such plan or coverage shall ensure that—

''(1) the financial requirements applicable to such mental health benefits are no more restrictive than the financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), including deductibles, copayments, coinsurance, out-of-pocket expenses, and annual and lifetime limits, except that the plan (or coverage) may not establish separate cost sharing requirements that are applicable only with respect to mental health benefits; and

''(2) the treatment limitations applicable to such mental health benefits are no more restrictive than the treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage), including limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

''(b) CLARIFICATIONS.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and complies with the requirements of subsection (a), such plan or coverage shall not be prohibited from—

''(1) negotiating separate reimbursement or provider payment rates and service delivery systems for different benefits consistent with subsection (a);

''(2) managing the provision of mental health benefits in order to provide medically necessary services for covered benefits, including through the use of any utilization review, authorization or management practices, the application of medical necessity

and appropriateness criteria applicable to behavioral health, and the contracting with and use of a network of providers; and

''(3) applying the provisions of this section in a manner that takes into consideration similar treatment settings or similar treatments.

''(c) IN- AND OUT-OF-NETWORK.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health benefits, and that provides such benefits on both an in- and out-of-network basis pursuant to the terms of the plan (or coverage), such plan (or coverage) shall ensure that the requirements of this section are applied to both in- and out-of-network services by comparing in-network medical and surgical benefits to in-network mental health benefits and out-of-network medical and surgical benefits to out-of-network mental health benefits.

''(d) SMALL EMPLOYER EXEMPTION.—

''(1) IN GENERAL.—Except as provided in paragraph (2), this section shall not apply to any group health plan (or group health insurance coverage offered in connection with a group health plan) for any plan year of any employer who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

''(2) NO PREEMPTION OF CERTAIN STATE LAWS.—Nothing in paragraph (1) shall be construed to preempt any State insurance law relating to employers in the State who employed an average of at least 2 (or 1 in the case of an employer residing in a State that permits small groups to include a single individual) but not more than 50 employees on business days during the preceding calendar year.

''(3) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of this subsection:

''(A) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—Rules similar to the rules under subsections (b), (c), (m), and (o) of section 414 of the Internal Revenue Code of 1986 shall apply for purposes of treating persons as a single employer.

''(B) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

''(C) PREDECESSORS.—Any reference in this paragraph to an employer shall include a reference to any predecessor of such employer.

''(e) COST EXEMPTION.—

''(1) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan (as determined and certified under paragraph (3)) by an amount that exceeds the applicable percentage described in paragraph (2) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

''(2) APPLICABLE PERCENTAGE.—With respect to a plan (or coverage), the applicable percentage described in this paragraph shall be—

''(A) 2 percent in the case of the first plan year in which this section is applied; and

''(B) 1 percent in the case of each subsequent plan year.

''(3) DETERMINATIONS BY ACTUARIES.—Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under paragraph (6).

''(4) 6-MONTH DETERMINATIONS.—If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this subsection, determinations under paragraph (1) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

''(5) NOTIFICATION.—An election to modify coverage of mental health benefits as permitted under this subsection shall be treated as a material modification in the terms of the plan as described in section 102(a) of the Employee Retirement Income Security Act of 1974 and shall be subject to the applicable notice requirements under section 104(b)(1) of such Act.

''(6) NOTIFICATION TO APPROPRIATE AGENCY.—

''(A) IN GENERAL.—A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under paragraph (3), qualifies for an exemption under this subsection, and elects to implement the exemption, shall notify the Department of Labor or the Department of Health and Human Services, as appropriate, of such election. A health insurance issuer providing health insurance coverage in connection with a group health plan shall provide a copy of such notice to the State insurance department or other State agency responsible for regulating the terms of such coverage.

''(B) REQUIREMENT.—A notification under subparagraph (A) shall include—

''(i) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this subsection by such plan (or coverage);

''(ii) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health benefits under the plan; and

''(iii) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health benefits under the plan.

''(C) CONFIDENTIALITY.—A notification under subparagraph (A) shall be confidential. The Department of Labor and the Department of Health and Human Services shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes—

''(i) a breakdown of States by the size and type of employers submitting such notification; and

''(ii) a summary of the data received under subparagraph (B).

''(7) AUDITS BY APPROPRIATE AGENCIES.—To determine compliance with this subsection, the Department of Labor and the Department of Health and Human Services, as appropriate, may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to paragraph (3), during the 6 year period following the notification of such exemption under paragraph (6). A State agency receiving a notification under paragraph (6) may also conduct such an audit with respect to an exemption covered by such notification.

''(f) MENTAL HEALTH BENEFITS.—In this section, the term 'mental health benefits' means benefits with respect to mental health services (including substance use disorder treatment) as defined under the terms of the group health plan or coverage, and when applicable as may be defined under State law when applicable to health insurance coverage offered in connection with a group health plan.

''(g) ABORTION CLARIFICATION.—Nothing in this section shall require a group health plan (or health insurance coverage offered in connection with such a plan) to cover abortion as a treatment.''.

SEC. 3. EFFECTIVE DATE.

(a) IN GENERAL.—The provisions of this Act shall apply to group health plans (or health insurance coverage offered in connection with such plans) beginning in the first plan year that begins on or after January 1 of the first calendar year that begins more than 1 year after the date of the enactment of this Act.

(b) TERMINATION OF CERTAIN PROVISIONS.—

(1) ERISA.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended by striking subsection (f) and inserting the following:

''(f) Sunset—This section shall not apply to benefits for services furnished after the effective date described in section 3(a) of the Mental Health Parity Act of 2008.''.

(2) PHSA.—Section 2705 of the Public Health Service Act (42 U.S.C. 300gg-5) is amended by striking subsection (f) and inserting the following:

''(f) Sunset—This section shall not apply to benefits for services furnished after the effective date described in section 3(a) of the Mental Health Parity Act of 2008.''.

SEC. 4. FEDERAL ADMINISTRATIVE RESPONSIBILITIES.

(a) GROUP HEALTH PLAN OMBUDSMAN.—

(1) DEPARTMENT OF LABOR.—The Secretary of Labor shall designate an individual within the Department of Labor to serve as the group health plan ombudsman for the Department. Such ombudsman shall serve as an initial point of contact to permit individuals to obtain information and provide assistance concerning coverage of mental health services under group health plans in accordance with this Act.

(2) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Secretary of Health and Human Services shall designate an individual within the Department of Health and Human Services to serve as the group health plan ombudsman for the Department. Such ombudsman shall serve as an initial point of contact to permit individuals to obtain information and provide assistance concerning coverage of mental health services under health insurance coverage issued in connection with group health plans in accordance with this Act.

(b) AUDITS.—The Secretary of Labor and the Secretary of Health and Human Services shall each provide for the conduct of random audits of group health plans (and health insurance coverage offered in connection with such plans) to ensure that such plans are in

compliance with this Act (and the amendments made by this Act).

(c) GOVERNMENT ACCOUNTABILITY OFFICE STUDY.—

(1) STUDY.—The Comptroller General shall conduct a study that evaluates the effect of the implementation of the amendments made by this Act on the cost of health insurance coverage, access to health insurance coverage (including the availability of in-network providers), the quality of health care, the impact on benefits and coverage for mental health and substance use disorders, the impact of any additional cost or savings to the plan, the impact on out-of-network coverage for mental health benefits (including substance use disorder treatment), the impact on State mental health benefit mandate laws, other impact on the business community and the Federal Government, and other issues as determined appropriate by the Comptroller General.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall prepare and submit to the appropriate committees of Congress a report containing the results of the study conducted under paragraph (1).

(d) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor and the Secretary of Health and Human Services shall jointly promulgate final regulations to carry out this Act.

SEC. 5. ASSET VERIFICATION THROUGH ACCESS TO INFORMATION HELD BY FINANCIAL INSTITUTIONS.

(a) ADDITION OF AUTHORITY.—Title XIX of the Social Security Act is amended by inserting after section 1939 the following new section:

''ASSET VERIFICATION THROUGH ACCESS TO INFORMATION HELD BY FINANCIAL INSTITUTIONS

''SEC. 1940. (a) IN GENERAL.—Subject to the provisions of this section, each State shall implement an asset verification program described in subsection (b), for purposes of determining or redetermining the eligibility of an individual for medical assistance under the State plan under this title.

''(b) ASSET VERIFICATION PROGRAM.—

''(1) IN GENERAL.—For purposes of this section, an asset verification program means a program described in paragraph (2) under which—

''(A) a State requires each applicant for, or recipient of, medical assistance under the State plan under this title to provide authorization by such applicant or recipient (and any other person whose income or resources are material to the determination of the eligibility of the applicant or recipient for such assistance) for the State to obtain (subject to the cost reimbursement requirements of section 1115(a) of the Right to Financial Privacy Act) from any financial institution (within the meaning of section 1101(1) of such Act) any financial record (within the meaning of section 1101(2) of such Act) held by the institution with respect to the applicant or recipient (and such other person, as applicable), whenever the State determines the record is needed in connection with a determination with respect to such eligibility for (or the amount or extent of) such medical assistance;

''(B) each such applicant or recipient (or other person) shall provide such authorization directly to the financial institution involved as a condition of eligibility for such medical assistance; and

''(C) the State uses such authorization to verify the financial resources of such applicant or recipient (and such other person, as applicable), in order to determine or redetermine the eligibility of such applicant or recipient for medical assistance under the State plan.

''(2) PROGRAM DESCRIBED.—A program described in this paragraph is a program for verifying individual assets in a manner consistent with the approach used by the Commissioner of Social Security under section 1631(e)(1)(B)(ii).

''(c) DURATION OF AUTHORIZATION.—An authorization provided to a State under subsection (b)(1) shall remain effective until the earliest of—

''(1) the rendering of a final adverse decision on the applicant's application for medical assistance under the State's plan under this title;

''(2) the cessation of the recipient's eligibility for such medical assistance; or

''(3) the express revocation by the applicant or recipient (or such other person described in subsection (b)(1), as applicable) of the authorization, in a written notification to the State.

''(d) REQUIRED DISCLOSURE.—The State shall inform any person who provides authorization pursuant to subsection (b)(1) of the duration and scope of the authorization.

''(e) REFUSAL OR REVOCATION OF AUTHORIZATION.—If an applicant for, or recipient of, medical assistance under the State plan under this title (or such other person described in subsection (b)(1), as applicable) refuses to provide, or revokes, any authorization made by the applicant or recipient (or such other person, as applicable) under subsection (a)(1)(B) for the State to obtain from any financial institution any financial record, the State may, on that basis, determine that the applicant or recipient is ineligible for medical assistance.

''(f) USE OF CONTRACTOR.—For purposes of implementing an asset verification program under this section, a State may select and enter into a contract with a public or private entity meeting such criteria and qualifications as the State determines appropriate.

''(g) TECHNICAL ASSISTANCE.—The Secretary shall provide States with technical assistance to aid in implementation of an asset verification program under this section.

''(h) REPORTS.—A State implementing an asset verification program under this section shall furnish to the Secretary such reports concerning the program, at such times, in such format, and containing such information as the Secretary determines appropriate.''.

(b) STATE PLAN REQUIREMENTS.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (69) by striking ''and'' at the end;

(2) in paragraph (70) by striking the period at the end and inserting ''; and''; and

(3) by inserting after paragraph (70), as so amended, the following new paragraph:

''(71) provide that the State will implement an asset verification program under such section.''.

(c) WITHHOLDING OF FEDERAL MATCHING PAYMENTS FOR NONCOMPLIANT STATES.—Section 1903(i) (42 U.S.C. 1396b(i)) is amended—

(1) in paragraph (21) by striking ''or'' at the end;

(2) in paragraph (22) by striking the period at the end and inserting ''; or''; and

(3) by adding after paragraph (22) the following new paragraph:

''(23) if a State is required to implement an asset verification program under section 1940 and fails to comply with the requirements of such section, with respect to amounts expended by such State for medical assistance for individuals subject to asset verification under such section.''.

(d) REPEAL.—Section 4 of Public Law 110–90 is repealed.

(e) ADJUSTMENT TO PAQI FUND.—Section 1848(l)(2) of the Social Security Act (42 U.S.C. 1395w–4(l)(2)), as amended by section 101(a)(2) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–73), is amended—

(1) in subparagraph (A)(i)—

(A) in subclause (III), by striking ''$4,960,000,000'' and inserting ''$4,360,000,000''; and

(B) by adding at the end the following new subclause:

''(IV) For expenditures during 2014, an amount equal to $1,000,000,000.'';

(2) in subparagraph (A)(ii), by adding at the end the following new subclause:

''(IV) 2014.—The amount available for expenditures during 2014 shall only be available for an adjustment to the update of the conversion factor under subsection (d) for that year.''; and

(3) in subparagraph (B)—

(A) in clause (ii), by striking ''and'' at the end;

(B) in clause (iii), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new clause:

''(iv) 2014 for payment with respect to physicians' services furnished during 2014.''.

Mr. KLINE of Minnesota (during the reading). Mr. Speaker, I ask unanimous consent to waive the reading of the amendment.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Minnesota is recognized for 5 minutes.

Mr. KLINE of Minnesota. Mr. Speaker, I rise today to offer this motion to recommit on H.R. 1424 with instructions forthwith, to substitute the Kline amendment for the underlying bill.

Last night the Rules Committee issued its 50th closed rule of this Congress and did not allow consideration of the Wilson-Kline-Camp substitute amendment. This motion to recommit gives us the opportunity to pass a mental health parity bill that has both bipartisan and bicameral support, and it does so immediately, allowing the House to approve a real mental health parity bill this very night.

My motion is a viable, commonsense alternative that, contrary to H.R. 1424, achieves real parity in the treatment of employer-sponsored coverage for mental and behavioral illnesses. The motion to recommit substitutes H.R. 1424 with the version similar to the mental health parity legislation S. 558 that passed the U.S. Senate last year under unanimous consent.

During the markup of H.R. 1424 before the Committee on Education and Labor, I offered a version of the compromise Senate bill as an amendment, believing that if Congress intends to move forward with mental health parity legislation, this compromise language is the most sensible alternative and our best chance of enacting legislation on this issue this year.

Unlike H.R. 1424, this motion is a product of over 2 years of bipartisan negotiations between mental health advocates, health care providers, and business groups representing virtually all sides in this debate. The motion accomplishes what it sets out to do. It

provides parity for mental health and substance abuse benefits. It provides parity while preserving the foundation of the ERISA benefit structure, protecting the ability of group health plans to medically manage their claims and providing plans with the flexibility to determine and administer on a voluntary basis the benefits provided to working men and women and their families. By steering clear of the benefit mandates and litigation traps contained in H.R. 1424, this motion makes it possible for employers to continue to provide high-quality affordable benefits, and it does so while responsibly offsetting the cost.

This motion to recommit includes an important provision that will save the American taxpayers billions of dollars by reducing the fraud in the Medicaid system by requiring all States to implement an electronic asset verification program within their Medicaid eligibility systems. Many States have balanced budget requirements and thus have limited dollars to allocate for the Medicaid programs. These new State-level Medicaid asset verification systems would ensure that Medicaid applicants are not intentionally hiding significant amounts of funds in undisclosed bank accounts in order to fraudulently enroll in a State's Medicaid program. This is a responsible way to pay for mental health parity benefits.

Finally, this motion to recommit includes language to clarify that the bill does not require a group health plan to cover abortion as a treatment. For these reasons, I strongly urge my colleagues to support this motion to recommit and vote in favor of this commonsense alternative.

I yield to the gentlewoman from New Mexico (Mrs. WILSON).

□ 1930

Mrs. WILSON of New Mexico. Mr. Speaker, I would ask my colleagues to remember only three things about this motion to recommit:

First, it happens immediately. This is ''forthwith'' so we can do this tonight. Don't send it back to committee. We can do it right now.

Second, it substitutes the Senate bill that is supported by 245 different organizations, including the National Alliance for the Mentally Ill, the American Psychological Association and numerous others. It's a bipartisan bill that passed unanimously in the United States Senate. It has the parity provisions very similar to the ones that Mr. KENNEDY and Mr. RAMSTAD have brought forward, but an important policy difference. The Ramstad-Kennedy bill does not require employers to cover mental health care. It says, if they do offer it, it must include every diagnosis in the DSM-IV manual, everything. No other, including the Federal employees health plan, goes that far. I think that the likely result of that will be what we all don't want to see, which is employers drop mental health coverage completely. That's why organizations like the National Alliance on Mental Illness support the Senate bill and not the House bill. They want to see an expansion of coverage for the mentally ill, not a loss of coverage for 18 million seriously ill Americans.

The third thing that I want you to remember is this: There's been a lot of discussion about the pay-for in the bill we're asked to vote on here on the floor tonight. This motion to recommit would defeat the provision that will close physician-owned hospitals, including a lot of them in rural areas of America as a different pay-for that extends a successful pilot project for electronic verification of assets for Medicaid eligibility.

So three things. We can do it tonight, it doesn't go back to committee. It is better policy which will extend greater coverage for those who are mentally ill. And the pay-for doesn't hurt our rural, physician-owned hospitals.

Mr. PALLONE. Mr. Speaker, I rise in opposition to the motion.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, I would yield initially to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of the Paul Wellstone Mental Health and Addiction Equity Act and against this motion to recommit.

My friends, this is a cynical attempt by the Republican leadership to kill a bill that they never liked from the start. Too many people worked too hard and for too long on this legislation to let it be derailed now.

274 Members have cosponsored the bill. Three committees have passed it. And my two good friends, PATRICK KENNEDY and JIM RAMSTAD, have worked for years to reach this vote today. I will not let their hard work be for nothing.

Mr. Speaker, I know what it's like to live every day with a disability and how important it is to have the care and the resources that allow me to live a normal life. See, you can see my disability. It's obvious. But with a wheelchair, with adaptive equipment, it really levels the playing field. With other support I can live a very fulfilling and normal life.

But, Mr. Speaker, there are millions of people across this country who live with a silent disability, a hidden disability, struggling day in and day out with substance abuse, mental illness, chemical imbalance, other mental illness challenges, and they don't have the support that they need, and they struggle day in and day out. They don't have the support they need because they don't have mental health parity. We have the opportunity to change that and give them the care and the support that they need to live a normal life.

PATRICK KENNEDY, my good friend, has had the courage to speak for all those suffering from the hidden disability of mental illness. He's been a champion and a leader, and millions of people across this country are looking to him right now and they will be looking at all of us to pass this bill and allow them the access and the care and the treatment that they deserve. We can't let them down.

I urge my colleagues to support this bill and reject this cynical attempt and specious motion to recommit.

Mr. PALLONE. Mr. Speaker, I reclaim my time and I want to thank the gentleman from Rhode Island for what he said.

I yield the balance of my time to the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I thank the gentleman for yielding.

Mr. Speaker, I urge my colleagues, and I ask them to vote ''no'' on this motion to recommit.

The House bill is stronger than the Senate bill. The House bill provides stronger parity protections than the Senate bill for the same cost. The House bill requires parity in out-of-network benefits. The Senate bill does not. Out-of-network care is important where plans cover a limited number of providers and there are long waiting lists to access the care.

The House bill requires coverage for all clinically significant disorders if the insurer chooses to provide coverage for mental illness. The Senate bill lets health plans pick and choose which diseases they will cover, so they could deny care for autism, eating disorders, alcoholism and more.

And also, on this motion to recommit, when it comes to protecting human life, I stand with my colleagues on both sides of the aisle. But this abortion provision in this legislation is a red herring. If this abortion provision was a problem, why would my colleagues, our colleagues, our friends in the Senate like Senator COBURN, Senator BROWNBACK, Senator DEMINT vote for it?

I sit on the Energy and Commerce Committee where this bill came from. The abortion issue never was raised.

Under the House bill, health care plans retain the right to make decisions about medical necessity, and nothing in this bill would overturn the ability of health care plans to impose a conscience clause and not cover certain services due to religious or moral objections. This was made part of Federal law in 2005 under the Abortion Nondiscrimination Act authored by Congressman DAVE WELDON. That is the law today. Nothing in this bill would affect the Weldon amendment as we know it. Nothing in this bill would affect the ability of a plan to prohibit coverage of abortion either on medically necessary grounds or on a conscience clause.

The bill provides for treating mental health services and physical services with parity. It doesn't address how plans cover physical, i.e., abortion

services. The bill addresses the diagnoses plans must cover, but does not tell plans what specific benefits they have to provide for those diagnoses.

The SPEAKER pro tempore. All time has expired.

Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. KLINE of Minnesota. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of the bill, if ordered, and suspending the rules with regard to H.R. 5400.

The vote was taken by electronic device, and there were—ayes 196, noes 221, not voting 11, as follows:

[Roll No. 100]

AYES—196

Aderholt
Akin
Alexander
Altmire
Bachmann
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Bonner
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Cubin
Cuellar
Culberson
Davis (KY)
Davis, David
Davis, Lincoln
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Donnelly
Doolittle
Drake
Dreier
Duncan
Ehlers
Ellsworth
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Gallegly
Garrett (NJ)
Gerlach
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Green, Gene
Hall (TX)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hinojosa
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
King (IA)
King (NY)
Kingston
Kline (MN)
Knollenberg
Kuhl (NY)
Lamborn
Lampson
Latham
LaTourette
Latta
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
Matheson
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Musgrave
Myrick
Neugebauer
Nunes
Ortiz
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Porter
Price (GA)
Pryce (OH)
Putnam
Radanovich
Regula
Rehberg
Reichert
Reyes
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (AK)
Young (FL)

NOES—221

Abercrombie
Ackerman
Allen
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Bono Mack
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Castle
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Edwards
Ellison
Emanuel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Frank (MA)
Frelinghuysen
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Kirk
Klein (FL)
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Pallone
Pascrell
Pastor
Payne
Perlmutter
Peterson (MN)
Platts
Pomeroy
Price (NC)
Rahall
Ramstad
Richardson
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shays
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (OH)
Wu
Yarmuth

NOT VOTING—11

Boehner
Brown-Waite, Ginny
Gonzalez
Johnson, E. B.
Keller
Poe
Rangel
Renzi
Rush
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on the vote.

□ 1956

Mr. SESTAK changed his vote from ''aye'' to ''no.''

So the motion was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 268, nays 148, not voting 13, as follows:

[Roll No. 101]

YEAS—268

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bishop (GA)
Bishop (NY)
Blumenauer
Bono Mack
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Buchanan
Butterfield
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Castle
Castor
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
Davis, Tom
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Farr
Fattah
Ferguson
Filner
Fossella
Frank (MA)
Frelinghuysen
Gallegly
Gerlach
Giffords
Gilchrest
Gillibrand
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Hayes
Herseth Sandlin
Higgins
Hill
Hinchey
Hirono
Hobson
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (NY)
Kirk
Klein (FL)
Knollenberg
Kucinich
LaHood
Langevin
Larsen (WA)
Larson (CT)
LaTourette
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McHugh
McIntyre
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (MI)
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Payne
Pelosi
Perlmutter
Peterson (MN)
Pickering
Platts
Pomeroy
Price (NC)
Pryce (OH)
Rahall
Ramstad
Regula
Reyes
Richardson
Rodriguez
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Ruppersberger
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta

Sarbanes
Saxton
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sestak
Shays
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (TX)
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tiahrt
Tierney
Towns
Tsongas
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Weller
Wexler
Wilson (OH)
Wu
Yarmuth
Young (AK)

NAYS—148

Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Boozman
Brady (TX)
Broun (GA)
Brown (SC)
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Carter
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Cubin
Culberson
Davis (KY)
Davis, David
Deal (GA)
Doolittle
Drake
Dreier
Duncan
Ehlers
Everett
Fallin
Feeney
Flake
Forbes
Fortenberry
Foxx
Franks (AZ)
Garrett (NJ)
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastings (WA)
Heller
Hensarling
Herger
Hinojosa
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson, Sam
Jones (NC)
Jordan
King (IA)
Kingston
Kline (MN)
Kuhl (NY)
Lamborn
Lampson
Latham
Latta
Lewis (CA)
Lewis (KY)
Linder
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller, Gary
Moran (KS)
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Peterson (PA)
Petri
Pitts
Porter
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Roskam
Royce
Ryan (WI)
Sali
Schmidt
Sessions
Shadegg
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Souder
Stearns
Tancredo
Terry
Thornberry
Tiberi
Turner
Walden (OR)
Weldon (FL)
Westmoreland
Whitfield (KY)
Wilson (NM)
Wilson (SC)
Wittman (VA)
Wolf
Young (FL)

NOT VOTING—13

Brown-Waite, Ginny
Gonzalez
Johnson, E. B.
Keller
Musgrave
Poe
Rangel
Renzi
Rush
Walberg
Welch (VT)
Woolsey
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on the vote.

□ 2003

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore. Pursuant to section 2 of House Resolution 1014, the text of H.R. 493, as passed by the House, will be appended to the engrossment of H.R. 1424.

SGT. MICHAEL M. KASHKOUSH POST OFFICE BUILDING

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 5400, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and pass the bill, H.R. 5400.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 402, nays 0, not voting 26, as follows:

[Roll No. 102]

YEAS—402

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cubin
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dingell
Doggett
Donnelly
Doolittle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCotter
McCrery
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Musgrave
Myrick
Nadler
Napolitano
Neugebauer
Nunes
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Regula
Rehberg
Reichert
Reyes
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tanner
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Tsongas
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield (KY)
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wittman (VA)
Wolf
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—26

Arcuri
Berkley
Brown-Waite, Ginny
Cardoza
Cleaver
Dicks
Doyle
Emanuel
Feeney
Gonzalez
Holden
Johnson, E. B.
Keller
McCollum (MN)
McDermott
Murtha
Neal (MA)
Poe
Rangel
Renzi
Rush
Sessions
Wasserman Schultz
Woolsey
Wu
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining.

□ 2011

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PAUL WELLSTONE BILL

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I wanted to take an opportunity during this 1-minute to again congratulate my good friend and colleague, Representative PATRICK KENNEDY, and to pay tribute to the late Senator Paul Wellstone.

Any of us who represent people know that there are millions who are languishing in the darkness of mental health and mental health disease. And for once now we are moving a bill that deals with the idea that no one can be discriminated against in any health policy, whether it is increased financial cost, whether it is that they deny you the equal treatment that you would get if you had a broken leg, or whether or not it is a discrimination in the diagnosis.

This bill, H.R. 1424, gives you a new lease on life. It is the civil rights of mental health. And so, Mr. Speaker, I am hoping that we will eliminate from this bill the dastardly provision that does not allow our hospitals that may be owned by physicians in urban and rural areas serving the poorest of people to be eliminated through this bill.

Let us go forth with the Paul Wellstone bill and eliminate the distraction that undermines good health in America.

WE NEED AMERICAN TANKERS

(Mr. TIAHRT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TIAHRT. Mr. Speaker, I am outraged tonight that we are outsourcing our national security.

Today, in the House Appropriations Subcommittee on Defense, we heard testimony that the Department of Defense has modified the Buy American Act with a memorandum of understanding that exempts our allies in Europe from the same requirements we demand of U.S. manufacturers.

The results are that in the last three major contracts, we've lost them all to European manufacturers. Marine One, the replacement of the President's helicopter, went to a foreign manufacturer. The Light Utility Helicopter went to a foreign manufacturer. Last Friday, the Air Force announced that we are going to send the air refueling tanker to a foreign manufacturer.

Today, in testimony on the other side of the Capitol, Air Force Secretary Michael Wynne said in a subcommittee that, according to the news, the European-made A330 airframe selected for the new refueling airplane could be used to replace a fleet of air control surveillance and other special mission aircraft. That would mean 200 more aircraft and 40,000 more jobs going to Europe overseas.

Mr. Speaker, we've got to stop this today. Rebid the tanker contract because we need American tankers made by American companies with American workers.

□ 2015

SUPPORT THE COLOMBIA TRADE PROMOTION AGREEMENT

(Mr. BRADY of Texas asked and was given permission to address the House for 1 minute.)

Mr. BRADY of Texas. Mr. Speaker, U.S. relations with Latin America stand at a critical juncture.

Just last weekend after a successful attack by Colombian troops against the terrorist FARC, Venezuelan President Hugo Chavez expressed his outrage and ordered his troops to the Colombian border. He convinced Ecuador to do the same. There is evidence that Chavez has colluded with these terrorists and seeks to destroy the democratic government of Colombia.

The U.S. must support our ally at this critical time. And Congress has a unique opportunity to do just that by passing the Colombia Free Trade Agreement.

Colombia is our ally. They are committed to democracy. They are reducing violence in our country. They are fighting the terrorists in our backyard. This is not the time for America to turn our back on Colombia. We need a ''yes'' or ''no'' vote this year on this important free trade agreement.

RAISING CONCERN OVER THE AIR FORCE'S CONTRACT FOR TANKER AIRCRAFT FROM A FOREIGN MANUFACTURER

(Mr. SHIMKUS asked and was given permission to address the House for 1 minute.)

Mr. SHIMKUS. Mr. Speaker, I too want to join my colleague from the State of Kansas to raise concern about the recent announcement by the United States Air Force on the tanker contract.

National security is always a big concern. Having airplanes built by U.S. manufacturers and paid for by U.S. tax dollars is critically important. We want to continue to make sure that as we look at this contracting and bid-letting that everything was done according to our current rule of law and the processes designed by this House in legislation passed over this year. I promise to commit myself to the work of my colleague from Kansas to make sure that that all was done.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. WELCH of Vermont). Under the Speaker's announced policy of January 18, 2007, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

THE HOUSE ALSO SHOULD CONDEMN THE HUMANITARIAN CRISIS IN GAZA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. ELLISON) is recognized for 5 minutes.

Mr. ELLISON. Mr. Speaker, today I voted in favor of House Resolution 951 to condemn rocket attacks from Gaza into Israel and the death and fear those attacks have caused. These rocket attacks must be condemned, and they must be stopped. I've been to Sderot, and I have seen how these rocket attacks cause fear and suffering among the people there, where it is extremely difficult to carry on anything approaching a normal life. The residents of Sderot and now Ashkelon face a daily barrage of rockets, and that is intolerable. Terrorists are bombing citizens, not soldiers. There is nothing in Islam to justify hurting innocent civilians. Bombers cannot use religion to justify what they're doing, and I condemn it.

But this resolution is not enough. If we want to be morally consistent, we must condemn rocket attacks on Israel and also condemn the humanitarian crisis in Gaza too. The 1.4 million inhabitants of the Gaza Strip exist in a state of dreadful isolation, quite literally cut off from the world. Basic supplies and necessities are at a minimum. Ninety percent of the industry has closed down. Unemployment is rampant, and poverty and disease are endemic. Only a few weeks ago, the people of Gaza broke through walls to buy groceries in Egypt. I regret the resolution we voted on today did not devote adequate attention, in my view, to the plight of the people of Gaza.

To suggest that this is the Gazans' just desserts for voting the wrong way in the Palestinian legislative elections in January 2006 does nothing to improve the quality or alleviate the human suffering on either side of the border. We in Congress need to show compassion for the people of Gaza, Sderot, and Ashkelon and the tremendous human suffering they are undergoing. Israeli Prime Minister Ehud Olmert says he does not want the humanitarian crisis in Gaza to continue, and the Bush administration should do all it can to help him meet that commitment.

This resolution criticizes one of the leading advocates for stability and peace in the region: Egypt. The Egyptian Government has made it clear that it is doing all it can to close off smuggling. What's needed is a greater degree of cooperation with Egypt. This resolution does nothing to advance that cooperation. We need to engage Egypt, not pass resolutions that publicly offend or diminish our relations with them. Absent strong evidence that Egypt is complicit in allowing weapons smuggling to occur, I am not in favor of Egypt bashing.

I understand Egypt is doing what it can to control the border despite restrictions on its security forces imposed by Egypt's peace treaty with Israel. If Egypt had direct contact or diplomatic channels with all parties involved in the conflict, the United

States should prevail upon Egypt to help effect a prisoner exchange, stop the rocket attacks on Israeli citizens, and improve the humanitarian conditions for citizens of Gaza.

It's a fortunate coincidence that the Secretary of State is in the region right now, and I am supportive of her taking an active role in resolving this conflict. Beyond resolutions and expressions of sympathy, we need real actions from the Bush administration to solidify and advance the commitments of leaders in the Middle East to a lasting peace through the two-state solution envisioned well before Annapolis. I ask my colleagues here in the House to join me in urging the Secretary of State to highlight the humanitarian needs of ordinary citizens of Gaza alongside the fear and death among ordinary Israelis as she seeks to mediate the situation so tragic for all involved.

Finally, as a Member of Congress, I am concerned about the resolution's references to Iran. Now, I agree that Iran is playing a negative role in the region, but we have seen what the Bush administration has done with past congressional resolutions. I want to repeat that there is nothing in the resolution that should be construed as a justification for military action. I remain opposed to military action against Iran. We need to start a bilateral dialogue. That has been and will continue to be my position. The most effective way to stop Iran's harmful activities is to engage them directly.

Mr. Speaker, though I wholeheartedly condemn the rocket attacks on Israel, I urge my colleagues to consider the suffering of all of the people, including the people of Sderot, Ashkelon, and Gaza.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE GROWING U.S. NATIONAL DEBT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES of North Carolina. Mr. Speaker, last night I spoke on the floor about my concern that allied countries have only paid $2.5 billion of the $15.8 billion they pledged to help rebuild Iraq. While many of Iraq's oil-rich neighbors are not making good on their promises, the United States has already spent $29 billion to help rebuild Iraq, and Congress has approved an additional $16.5 billion.

Unlike the United States, which is borrowing money from foreign governments to pay its bills, many of Iraq's neighbors are running record surpluses. While oil is at a record high of nearly $104 a barrel, American taxpayers are facing prices of more than $3 at the pump. Last night on the floor, I heard Congresswoman MARCY KAPTUR talk about the possibility of gas going to $4 a gallon. And Congressman TODD TIAHRT spoke about the Air Force's recent decision to award a multibillion contract for a new tanker aircraft to a foreign firm. He made the point that our government is putting the United States at an economic disadvantage by awarding contracts for a French tanker built by Europeans rather than an American tanker built by an American company with American workers.

Mr. Speaker, all of these issues tie into my concern over America's economic future. Our national debt is growing by $1.4 billion a day and nearly $1 million by the minute. The total current debt is more than $9 trillion, which means almost $30,000 in debt for each man, woman, child, and infant in the United States. And as our debt climbs, we are borrowing money from foreign governments to pay our bills.

It is obvious that our current fiscal policies are not sustainable. On February 26, 2008, during a hearing of the Financial Services Committee, I had an opportunity to question a panel of top economists about when our country's current financial practices will get beyond a point of no return. Dr. Mark Zandi, chief economist for Moody's Economy.com, responded that this point of no return will come ''once we get into the next President's term.'' He continued to say that if we're not successful in addressing the economic questions currently facing our Nation, ''we've got a significant problem.''

I've read a lot of history books, and most recently I read Pat Buchanan's book ''Day of Reckoning.'' I agree with his assessment that ''no world power has long survived the levels of debt and dependency America is incurring.''

If America does not get its priorities straight and get a handle on its spending, we will not be able to survive as a great Nation.

Mr. Speaker, because it is urgent that we turn our economic situation around, I hope that the Congress and the next President will take this issue seriously. Out of fairness to the American taxpayers and future generations, we can no longer delay the need to pay down our debt and work towards sounder economic policies.

With that, Mr. Speaker, I will ask God to continue to bless our men and women in uniform and ask God to please bless their families and ask God to please continue to bless America.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

SUNSET MEMORIAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

Mr. FRANKS of Arizona. Mr. Speaker, it is March 5, 2008, in the land of the free and the home of the brave, and before the sun set today in America, almost 4,000 more defenseless unborn children were killed by abortion on demand—just today. That is more than the number of innocent American lives that were lost on September 11th, only it happens every day.

It has now been exactly 12,826 days since the travesty called Roe v. Wade was handed down. Since then, the very foundation of this Nation has been stained by the blood of almost 50 million children. And all of them had at least four things in common.

They were each just little babies who had done nothing wrong to anyone. And each one of them died a nameless and lonely death. And each of their mothers, whether she realizes it immediately or not, will never be the same.

All the gifts that these children might have brought to humanity are now lost forever.

Mr. Speaker, those noble heroes lying in frozen silence out in Arlington National Cemetery did not die so America could shred her own Constitution, as well as her own children, by the millions. It seems that we are never quite so eloquent as when we condemn the genocidal crimes of past generations, those who allowed their courts to strip the black man and the Jew of their constitutional personhood, and then proceeded to murderously desecrate millions of these, God's own children.

Yet even in the full glare of such tragedy, this generation clings to a blind, invincible ignorance while history repeats itself and our own genocide mercilessly annihilates the most helpless of all victims to date, those yet unborn.

Perhaps it is important for those of us in this Chamber to remind ourselves again of why we are really all here.

Thomas Jefferson said, ''The care of human life and its happiness and not its destruction is the chief and only object of good government.''

The phrase in the 14th amendment capsulizes our entire Constitution. It says: ''No state shall deprive any person of life, liberty or property without due process of law.'' Mr. Speaker, protecting the lives of our innocent citizens and their constitutional rights is why we are all here. It is our sworn oath.

The bedrock foundation of this Republic is that clarion Declaration of the self-evident truth that all human beings are created equal and endowed by their creator with the unalienable rights of life, liberty and the pursuit of happiness. Every conflict and battle our Nation has ever faced can be traced to our commitment to this core self-evident truth. It has made us the beacon of hope for the entire world. It is who we are.

And yet another day has passed, Mr. Speaker, and we in this body have failed again to honor that foundational commitment. We failed our sworn oath and our God-given responsibility as we broke faith with nearly 4,000 more innocent American babies who died today without the protection we should have given them.

Mr. Speaker, I believe that this discussion presents this Congress and the American people with two destiny questions.

The first that all of us must ask ourselves is very simple: Does abortion really kill a baby? If the answer is "yes," there is a second destiny question that inevitably follows.

And it is this, Mr. Speaker: Will we allow ourselves to be dragged by those who have lost their way into a darkness where the light of human compassion has gone out and the predatory survival of the fittest prevails over humanity? Or will America embrace her destiny to lead the world to cherish and honor the God-given miracle of each human life?

Mr. Speaker, it has been said that every baby comes with a message, that God has not yet despaired of mankind. And I mourn that those 4,000 messages sent to us today will never be heard. Mr. Speaker, I also have not yet despaired. Because tonight maybe someone new, maybe even someone in this Congress, who hears this sunset memorial will finally realize that abortion really does kill little babies, that it hurts mothers in ways that we can never express, and that 12,826 days spent legally killing nearly 50 million children in America is enough, and that the America that rejected human slavery and marched into Europe to arrest the Nazi Holocaust, is still courageous and compassionate enough to find a better way for mothers and their babies than abortion on demand.

So tonight, Mr. Speaker, may we each remind ourselves that our own days in this sunshine of life are also numbered and that all too soon each of us will walk from these Chambers for the very last time.

And if it should be that this Congress is allowed to convene on yet another day to come, may that be the day when we finally hear the cries of the innocent unborn. May that be the day we find the humanity, the courage, and the will to embrace together our human and our constitutional duty to protect the least of these, our tiny American brothers and sisters, from this murderous scourge upon our Nation called abortion on demand.

It is March 5, 2008—12,826 days since Roe v. Wade—in the land of free and the home of the brave.

□ 2030

HONORING THE LIFE OF FRANCES BARHAM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, I rise today in honor of a life well lived. Last week a great American and a good friend of mine Mrs. Frances Barham of Mayodan, North Carolina, passed away.

My friend Frances was a lifelong North Carolinian, a woman dedicated to her community, her State, and her country. She was renowned for her unflagging attention to community issues both large and small. Her example of service is perhaps best exemplified by her receiving the distinguished North Carolina Long Leaf Pine Award, a high honor bestowed on only the finest of North Carolina citizens.

Over the course of her remarkable life, Frances positively influenced countless students in her three-decade-long service in Rockingham County schools. She was an active member of her church for more than 70 years, and was a fixture of community involvement and service.

Everywhere Frances invested her time, she made a difference, whether as a Girl Scout leader, as a member of the Mayodan Historical Society, or as a board member of the John Motley Morehead School of the Blind. In 1990, her long record of service was recognized by the people of Mayodan when she was named the town's Citizen of the Year.

She was also actively involved in the political process, because she knew that freedom meant exercising her political rights as an American. A reflection of her involvement and commitment to the realm of public service is that she was the first woman to chair the Board of Elections of Rockingham County.

While I was not able to attend her funeral on Monday, I know that her life was celebrated by many, and her passing leaves a hole in many, many people's lives. To all she left behind, I extend my sincere condolences. She was a great woman, and we will miss her ready smile and sharp wit.

REVISIONS TO BUDGET ALLOCATIONS AND AGGREGATES FOR HOUSE COMMITTEES FOR FISCAL YEAR 2008 AND THE PERIOD OF 2008 THROUGH 2012

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. SPRATT) is recognized for 5 minutes.

Mr. SPRATT. Madam Speaker, under section 314(d) of S. Con. Res. 21, the Concurrent Resolution on the Budget for fiscal year 2008, I hereby submit for printing in the CONGRESSIONAL RECORD a revision to the budget allocations and aggregates for certain House committees for fiscal year 2008 and the period of 2008 through 2012. This revision represents an adjustment to certain House committee budget allocation and aggregates for the purposes of sections 302 and 311 of the Congressional Budget Act of 1974, as amended, and in response to consideration of H.R. 1424 (Paul Wellstone Mental Health and Addiction Equity Act). Corresponding tables are attached.

Under section 211 of S. Con. Res. 21, this adjustment to the budget allocations and aggregates applies while the measure is under consideration. The adjustments will take effect upon enactment of the measure. For purposes of the Congressional Budget Act of 1974, as amended, a revised allocation made under section 211 of S. Con. Res. 21 is to be considered as an allocation included in the resolution.

DIRECT SPENDING LEGISLATION—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR RESOLUTION CHANGES

[Fiscal years, in millions of dollars]

House Committee	2007		2008		2008–2012 total	
	BA	Outlays	BA	Outlays	BA	Outlays
Current allocation:						
Energy and Commerce	−1	−1	1,571	1,567	2,285	2,272
Ways and Means	0	0	2,830	4,029	−1,814	−1,814
Change in Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424):						
Energy and Commerce	0	0	0	0	−840	−840
Ways and Means	0	0	0	0	−360	−360
Total	0	0	0	0	−1,200	−1,200
Revised allocation:						
Energy and Commerce	−1	−1	1,571	1,567	1,445	1,432
Ways and Means	0	0	2,830	4,029	−2,174	−2,174

BUDGET AGGREGATES

[On-budget amounts, in millions of dollars]

	Fiscal year 2007	Fiscal year 2008 [1]	Fiscal Years 2008–2012
Current Aggregates: [2]			
Budget Authority	2,250,680	2,354,721	(3)
Outlays	2,263,759	2,358,831	(3)
Revenues	1,900,340	2,016,859	11,141,734
Change in Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424):			
Budget Authority	0	0	(3)
Outlays	0	0	(3)
Revenues	0	0	−675
Revised Aggregates:			
Budget Authority	2,250,680	2,354,721	(3)
Outlays	2,263,759	2,358,831	(3)
Revenues	1,900,340	2,016,859	11,141,059

[1] Current aggregates do not include spending covered by section 207(d)(1)(E) (overseas deployments and related activities). The section has not been triggered to date in Appropriations action.

[2] Excludes emergency amounts exempt from enforcement in the budget resolution.

[3] Not applicable because annual appropriations Acts for fiscal years 2009 through 2012 will not be considered until future sessions of Congress.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DREIER) is recognized for 5 minutes.

(Mr. DREIER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. MCCOTTER) is recognized for 5 minutes.

(Mr. MCCOTTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.

30-SOMETHING WORKING GROUP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Florida (Mr. MEEK) is recognized for 60 minutes as the designee of the majority leader.

Mr. MEEK of Florida. Mr. Speaker, it is an honor to come before the House once again. As you know, the 30-Something Working Group comes to the floor every week to discuss issues that are at the forefront of what is going on in the country, and there are a lot of good things that are happening here under the Capitol dome on behalf of the American people.

As you know, many times we focus on the issue of Iraq, and just to continue to keep the Congress focused on that very issue, and also to keep the American people tuned in on what is happening, as of March 4, 2008, total deaths in Iraq, U.S. casualties, are 3,973; total number of wounded in action and returned to duty is 16,211; and the total number of wounded in action when not returning to duty is 13,109.

As we look at these issues and continue to focus on trying to get out of Iraq more sooner than later, I definitely want the Members to continue to focus on the sacrifice that many of our men and women are carrying out on a daily basis, and their families, I must add.

Just a case in point, Mr. Speaker, just yesterday I returned. I went to the opening of the Florida legislature. Because of bad weather, I ended up finding myself traveling through Atlanta, and I ended up getting here late yesterday evening. There was a soldier on the plane with us, and I noticed him sitting a couple of seats up ahead of me. I didn't have the opportunity to have a discussion with him. As a member of the Armed Services Committee, I always enjoy talking to our men and women in uniform.

He was ahead of me. When he came out of the gate there at the Delta terminal, there were about 30 of his family members there that were just happy to see him. Tears and prayers being answered for this young man coming back home. I understand he is from Virginia.

I did have the opportunity, I had one of my congressional coins in my computer bag, and I had the opportunity to shake his hand after 5 minutes of celebration from his family. Many of them were thanking God for his return. This kind of love is really, if one was to use biblical terms, almost close to agape love, the fact that family members had an opportunity to see their son, nephew and father and husband return back.

I think we should have the resolve every day, even on weekends, to figure out how we can bring our men and women home. I personally don't have a close relative or family member that is in theater right now, be it in Iraq or Afghanistan, but I want the Members to keep the conscience of those that do have individuals that are in harm's way.

There are a number of families on military bases, a number of families that are in subdivisions and communities. There are young people that their fathers and mothers were members of the Army Reserve and members of the National Guard that have their family or their father that is serving in Iraq.

Even though we see more peaceful days in Iraq and we don't see the political achievement that the Iraqi Government was supposed to make, I still want to share with the Members of how long can we keep that peace, and at what cost, not only in life but in U.S. taxpayer dollars.

As we talk about infrastructure issues here in this country, as we talk about the economy in this country, in Iraq we are financing new infrastructure for the Iraqi people. Here, in the United States, we still have crumbling bridges, projects that are still on the drawing board to be carried out, and they are not being carried out.

So as we get into this big discussion with the White House over the budget, as we have the debates in committees, I just want every Member, Democrat and Republican, to think about those that are living in the real world that are looking forward to a celebration that I witnessed last night.

With that, Mr. Speaker, I would like to talk a little bit about rebuilding our economy and the economic forum on Wednesday that the House Democratic leaders hosted, our second economic forum, the forum which convened national experts on economic and financial issues. It will address the state of America's economy. I think as we look at this whole New Direction Congress, it's important that we look at that we have already passed a bipartisan stimulus package that wasn't all that it should have been or all that it could have been, if I can say that, but it was something. I know that we are going to be working very hard to do even more. It will help create 500,000 American jobs. The plan was targeted as a temporary fix to allow rebates for those families that are most at risk in this bad economy, in this bad economic turndown. I think later this spring, the recovery rebates put hundreds of dollars, up to $600 per individual and $1,200 per married couple, plus a $300 tax credit in the hands of more than 30 million Americans. That is a bipartisan piece of legislation, and I think that it's very, very important that we continue to march in that direction.

I also think that it's important that when we look at these record oil prices and we look at some of the things that we are pushing for here on the House floor, and as we work on the Senate side, I think it's important that the Bush administration works with us as we continue to rebuild this economy. Many of the Presidential candidates are out there talking about different proposals, different packages. But I can tell you right now, there's a lot of work to be done, Mr. Speaker and Members, until that actually takes place.

I know that the American people are building a lot of hope and enthusiasm around this very issue of the economy, and there are many States that are voting now that are looking at this as a primary action that they would like to see take place.

As we also start looking at the economy, we have to also pay attention to what some U.S. families are going through these days. For many of them, it used to be an unaccepted practice to even purchase a car if you couldn't pay for it in cash. It was almost an unaccepted practice to use your credit card to pay your light bill or to buy food at the grocery store. We are having more Americans that are doing that now.

More credit card companies are sending many of our constituents credit cards at very, very low interest rates at the beginning, and then 6 months later, kicking in a number of penalties that they are going to have to pay. I think it's important that we keep our eyes on this very issue.

This bipartisan feeling and structure that we have here on the floor that we built with the economic stimulus package will also help us offer a new long-

term vision to not only lower fuel prices but to lower health care costs and increase health care quality. That is something that we tried to do, Mr. Speaker, before the closing of the first session of the 110th Congress, and something that we are going to continue to work on.

We have made several attempts to be able to lower energy prices and create thousands of new green jobs, providing incentives for clean and renewable energy. I think that it's very, very important that we do that because OPEC knows that we are forever more dependent on them. I encourage those cities and counties and States that are moving more towards clean burning fuel and flex vehicles and hybrids.

I was recently in New York and I was very excited to see many of the taxicabs are now transferring over to hybrid vehicles made by Ford. I personally purchased a Ford Escape, and it's a hybrid. Things have gotten better in the Meek family. I think that it's important that we all embrace this concept because it is a national security issue, Mr. Speaker. I think it's also important that we empower American ingenuity and also business tools to win in this global economy.

Also, I talked a little earlier about the issues of Iraq getting a big part of the dollars. But the dollars are not necessarily coming to our country and not coming to benefit U.S. families. Just to paint a picture so folks don't feel that I am just talking about energy or talking about it just for the sake of talking about it, Americans are paying more than double for gas than they did when President Bush first took office.

You look at January 22, 2001, it was $1.47. I remember those days when I used to fill up the tank. Now, on average, a price of a gallon today is $3.13, and some of my constituents would say, That is a low number, Congressman. I am paying a lot more than that.

I think it's important we pay attention. This information is from the Energy Information Administration. Again, these are not charts that someone made up in the back room and said, This looks good, let's put it on the floor. As it relates to gas and oil and home heating costs, they have skyrocketed, and so have oil companies' profits. When you look at the price of gas here, like I pointed out in 2001, at $1.47, you look at 113 percent as relates to the profit line. You look at the oil companies, what they have done over the years goes all the way over to 2008 and the 310 percent profit, in the billions. I think it's important that everyone understand what is happening here as it relates to who's paying and who's benefiting. Profits are not a bad word. But greed is.

Mr. Speaker, I don't blame the oil companies, I blame the Republican minority that was once the majority, and also I blame the White House for giving these oil companies an unfair advantage over the U.S. taxpayer. As we start to balance the playing field in a bipartisan way, I am encouraging my colleagues, especially on the Republican side, to think about the price that their constituents are paying at the pleasure of many of these oil companies that are celebrating not only record-breaking profits in the billions, but it is really sad for what is happening, especially right now in the economy.

This data was compiled by the Center for American Progress. I think that it's important that we look at and also note that there was a meeting that I had in my folder, and I need to pull that information out, in 2001, with Vice President CHENEY and many of the oil executives there at the White House, which is the best public housing in the United States of America and has the most famous office on the face of the Earth, that there was a meeting, and that happened in 2001.

□ 2045

Well, I can tell you, it must have been a great meeting, because there was an energy bill that was passed shortly thereafter that gave many of our oil companies an unfair advantage over the U.S. taxpayer and what they pay at the pumps.

These are the facts here: $30 billion in 2002 as it relates to profits. If a small business saw this kind of jump, it would no longer be a small business. I don't know of a small business outside of probably a dot.com company or some sort of search engine that picked up a niche and ended up really shooting through the roof as it relates to profits. But they are few and far between. But it seems like all of the oil companies hit the jackpot after this meeting and the endorsement of the Republican Congress.

In 2002, $30 billion in profits; 2003, $59 billion in profits; 2004, $82 billion in profits. Meanwhile, we are paying more at the tank, and it is inching up. In 2005, $109 billion in profits; 2006, $118 billion in profits; and 2007, $123.3 billion in profits that many of these oil companies have earned.

So when we start talking about turning green, when we start talking about making sure that the U.S. taxpayer gets their fair share and has a balanced playing field, then we have to talk about investing in the Midwest versus the Middle East. We have to talk about creating more green opportunities through biofuels and clean burning fuel here in the United States that will put people to work here in the United States and will maybe turn these companies into investing in the U.S. versus the Middle East. I think it is safer. I think it will get us more out of the conflicts that we find ourselves in in the Middle East, and I believe that it will help our economy beyond what we have seen thus far.

The economy right now is based on how much you can borrow. As you can see, the Fed has cut interest rates by half a percentage point, and then they cut it again by half a percentage point. So it really has been built on how much you can borrow, or how much can you take out of the home, which is your financial security.

Many U.S. taxpayers and many U.S. citizens have found themselves in the situation where they have to rob Peter to pay Paul and not have those dollars to be able to assist their families in receiving a higher education, or being able to assist their families or young people in their family, assisting them in starting a new business.

I think that, Mr. Speaker, when we look at that, we have to look at the way that we are digging ourselves out of this hole. Unless we get out of Iraq more sooner than later, we will find ourselves continuing to see the image of the United States of America financially deteriorate in international markets. I think it is important that every American pays attention to this.

I hope I can get my chart that talks about the deficit, because I think that it is important that we focus on that, because even when we look at the economic stimulus package, it was based on borrowed money. It wasn't money because of good financial controls. It wasn't because the President and the Office of Budget and Management have done such a great job. It is not because we had discipline with the Republican Congress that was the Congress before this Congress as it relates to fiscal discipline. We now owe foreign nations more than we have ever owed them in the history of the Republic.

I would couch it this way: You have a neighbor that comes over to you and knocks on your door and says, can I borrow $40? And you say, well, this is my neighbor, I believe he is pretty good for it. I will give him the $40. Well, every time you see that neighbor, you are going to think about that $40. I don't care if it is the next day. And when they are talking to you and they don't necessarily mention anything about the $40 that they owe you, now you become a little bitter. Now you don't even want to listen to what that person has to say, unless they are saying they are going to give you your money back.

That is the position we are in now in the United States of America. We owe China money. We owe them. We owe OPEC countries money. We owe them. We owe Iran money. Even though folks run around here talking about Iran is a threat, Iran, we owe them money. So when we start to think about these issues, we have to think about them as it relates to making sure that we move in a way that is fiscally sound, and I think that it is important that every Member of Congress pays very close attention to that.

When you look at this war, because it is the 800 pound gorilla that is in the room, you have to look at it from the standpoint of saying the money that we are spending there, and I have been there three times in Iraq, the money we are spending there, what is the return? They say, well, who is winning?

Well, I know that my district is not winning, because I am not able to even bring the dollars home I need.

We have Members running around here on the floor on the Republican side saying, oh, we need earmark reform, or we need Member project reform, when Republicans ran rampant when they were in charge with all kind of projects, bridges-to-nowhere and all kind of meaningless projects that are out there.

Meanwhile, I have a community back in South Florida, they are concerned about road money. They are concerned about mass transit. They are concerned about health care. They are concerned about education. And they want the Federal dollar to be able to make it down there so that we can educate the next generation. Not only in what you may call a pre-K through 12th grade experience, but also higher education. They are concerned about that.

Meanwhile, here in Washington, D.C. there is a spending spree on how much money can we send to Iraq? The last $70 billion I voted against going into Iraq. It didn't have any strings attached, it didn't have any accountability measures attached to it.

I remember when I first got here about 6 years ago, there was a discussion about we are doing this on the backs of future generations. Now the discussion is we are doing it on our own backs right now. We are weighing ourselves down and our chin is hitting the ground because we have so much weight on it. How much weight? Let me just point it out here. Hopefully the chart will make it here before I finish this segment of what I have to say.

When you look at it, and I have a smaller chart right here, hopefully we will have the bigger one, 224 years, 1776 up until 2000, 42 presidents, 42 presidents were only able to borrow $1.01 trillion from foreign nations. That is $1.01 trillion from foreign nations.

In 7 years, 6 years of a Republican Congress that was rubber-stamping everything that the President brought to this Chamber, President Bush and that Republican Congress were able to run up $1.33 trillion. That is in 7 years, versus what U.S. presidents in 224 years were able to accomplish.

Why do I point that out? I point that out to shed light on this deficit issue. When you pass tax cuts that you can't afford for the very super-wealthy when they are not asking for it, you have two wars going on and you really don't have a plan to take yourself out of the first war in Iraq, I think former President Bill Clinton says it best when you talk about Iraq. I will go back to the neighbor scenario, Mr. Speaker.

If there is a fire and your neighbor's house burns, it is the neighborly thing to do for you to accept that individual into your home, and probably their family. All of us would do it. We are all people of goodwill. You will probably let them stay. If you didn't have an extra room, you would let them stay in the living room on the couch, pull the sleeper couch out and let them stay there. Maybe a month will pass and they will still be there. Maybe some will even allow them to stay 6 months. Maybe even a really nice person would let them stay a year-and-a-half. But 5 years later, it is no longer about the fire.

So I think it is important that we look at this issue of getting out of Iraq more sooner than later, because it is no longer about the fire, it is about something else.

So when we look at this, as I just pointed this out and I want to make sure Members can see it, $1.01 trillion, $1.33 trillion. Seven years, this is what happened under not only the leadership of the Bush administration, but also the Republican Congress. Where did this come from? The U.S. Department of Treasury, which the Secretary of the Treasury is appointed by the President of the United States and confirmed by the Senate. I think it is important that people understand that I am not on the floor sharing fiction, that I am actually sharing fact.

As we look to make these hard decisions, I think it is important that Americans understand that we are paying more on the debt service on the money that we owe these foreign nations and that we owe overall on the debt, we are paying more on that than we are putting into homeland security. So when you have folks coming here waiving arms and carrying on saying that, well, you know, we have got to protect America. I am more standing for protecting America. Oh, I am with the troops. No, I am with the troops. I got a tattoo on my chest saying I am with the troops. When they come here and make these bold statements and giving these great floor statements, I think folks really need to understand what is really going on.

Here is a picture, Mr. Speaker. You talk about the 110th Congress and the boldness of Democrats when we came here. With some few Republicans voting with us, we voted to stop the President on the surge. When you look at the surge, it is costing the U.S. taxpayers billions and billions and billions of dollars that, again, from the first chart, that we borrowed.

This is the President and some of our Republican colleagues on the other side, as a matter fact, a supermajority of them that were there saying, Mr. President, we are going to be with you. We are 40-plus. They cannot override you, because we are going to stand with you in harmony.

Here is a picture to make that point, to make it visual for you, because I just want to make sure that Members don't feel that there is anything that is being shared here that is not true.

This is the chart, again, talking about the dollars. Look at Japan. This is actually in the billions of dollars, $644.3 billion that we owe Japan. China has a double margin here. They are up there at $349.6 billion. I think it is important that everyone understands what is happening there. Then it goes on to the U.K., $239.1 billion. These numbers are actually higher now. But these are the numbers that I just wanted to make sure going across.

You see this other red bar here that talks about OPEC nations? Those are nations that are oil producing nations. They sit in a room and talk about what a barrel of oil will cost, and it will affect our neighborhoods and heating oil prices and all.

So when we start talking about the management of the country and start talking about how we are going to move in the right direction, I think it is important that everyone pays attention to who is getting what they want and who is not getting what they need.

Here is another example. The President proposed deep cuts in key priorities, in the COPS Program, which is Community Oriented Policing. I used to be a state trooper. I can tell you that many of my colleagues in law enforcement, there are a number of sheriffs, the National Association of Sheriffs, the National Association of Chiefs, they all fight for this Community Oriented Policing.

What does it do? Well, it actually makes communities safer, and it allows them to be able to put bike patrols and foot patrols in neighborhoods where usually you will have crime. It allows them also, Mr. Speaker, to be able to go and create after-school programs for young people that are at risk. But that has received a 100 percent cut.

Talk about weatherization assistance. When we look at the whole issue of heating oil prices and what it costs to heat a home right now, Mr. Speaker, I think it is important for everyone to understand that those individuals that are financially challenged, especially those receiving Social Security benefits, are not able to receive any assistance whatsoever. A 100 percent cut in that program.

When we look at the Department of Homeland Security, First Responder Grants, they took a 78 percent cut. What does that mean back in the hometown or the parish or what have you? It means that 78 percent of what the Federal Government would have given to your local government to protect the homeland has now been cut, and those dollars are hard to find.

When you look at EPA Clean Water Grants, that has been cut by 21 percent. When you look at Community Development Block Grants, that has been cut by 20 percent. When you look at the Low Income Energy Assistance Program, that has been cut by 17 percent.

I give those examples and I am making those points, Mr. Speaker, to say that when you look at $70 billion in Iraq and you look at no-strings-attached, they seem to be able to get away with what U.S. taxpayers and U.S. cities and U.S. mayors and governors cannot get away with.

□ 2100

This past Tuesday, and I mentioned earlier at the top of this hour, I had

the opportunity to go to the opening session of the Florida legislature. I heard the House Speaker talk about the deficit in the State of Florida, some 4 billion plus dollars that they have to be able to fill the gap, because they are not like those of us that are here that can be able to take out a high interest credit card and say, let's put it on that card, whatever it costs. We will worry about it later, but we just need to do it now whatever we feel like doing.

In the States, they actually have to balance. Constitutionally, they have to balance their budget. So that means something has to be taken from someone else to fill that gap. And so when you start filling that gap, I want to make sure that everyone in America understands that you are talking about cutting assistance to seniors, you are talking about higher tuition rates in colleges. Even though we cut student loan rates here on the Federal end as relates to interest rates, they are going to end up seeing higher tuition because they have got to make ends meet. You are going to end up seeing many of our youth programs cut. You are going to end up seeing many assistance for small businesses at the State level cut. They are going to have to find that $4 billion in Florida from somewhere.

So I think it is very, very important, we started looking at this whole issue of Iraq and accountability and all of the things that we talk about here on the floor. You have got to think about how these decisions trickle down to local government. When you start looking at the Bush tax cuts for those that are the connected and the wealthy, we start looking at that as devolution of taxation. We've cut your taxes up here in Washington, blah, blah, blah. You look at the previous Republican Congress, oh, this is what we've done. Apparently the American people caught on to it and that's why the Democrats are in the majority now. It's devolution of taxation.

What does devolution of taxation mean? It means once you cut something here, you're going to have to balance in the local government area. So the State government has to cut what it gives to local governments and school boards and parishes. And then, when it gets to the local government, they're going to have to make cuts to be able to fill the gaps, the obligation that the State is not making.

So when you look at those gaps being filled, I can guarantee you that many of my constituents and many of us who know what it means to punch in and punch out and have a 15-minute break in the morning and a solid half-hour for lunch and if you get a 15-minute break in the afternoon. But those individuals that know what that means, then they know that they're going to end up getting the short end of the stick, or the messy end of the stick as we may say down in Florida.

I think it is important that people understand what is happening here and what is not happening here. What is not happening here is that the President is not moving in a responsible way to get us out of Iraq. There is great debate as it relates to the Presidential candidates. The picture that I showed you of a number of my colleagues on the other side of the aisle who stood with the President and said that they will not allow him to be overridden and there they are there standing in the picture, are standing in the schoolhouse door as it relates to the kind of reform that should be happening.

What is happening here, to give you a report on that, is that there is a great attempt to be able to try to bring ourselves back into fiscal control as it relates to the budget and start working on knocking down this deficit. We are paying more on the debt service than we pay on Homeland Security. That is a problem. If the debt service is in competition with what we invest in education, that is a problem.

So when you look at these issues and you look at 2010 and the sunset of these Bush tax cuts, when you look at what first responders are not getting, 100 percent cut as relates to the COPS program, community-oriented policing program that many law enforcement officials called for and endorse 110 percent; when you look at these issues and you say that there is no money, when you have crumbling bridges here in the U.S. and you have bridges that are being built in Iraq by U.S. contractors and Middle Eastern contractors, you can't help but question who is doing the right thing and who is doing the wrong thing. Because, I am going to tell you right now, it is not happening. In all of the Congressional districts that you look around, I don't see any Congressional district saying, Oh, we're happy with what we have. We don't need anything else. We don't care about infrastructure and making and creating U.S. jobs. We don't care about investment and green collar jobs to where if we wanted to put sod on the top of the Capitol building, that won't be an overseas job. If someone dropped out of high school, they have an opportunity to take part in that. If someone went on to college, if someone went on to post-education and became an architect and they would have a part in that. Will it build our economy? Truck drivers will make money. You will have individuals in the agriculture field that will make money and will be able to stimulate our economy for real jobs. We would no longer have the discussion that took place in Ohio just last night as relates to the Presidential primary on who is shipping jobs overseas and who is creating jobs on land here in the United States.

So as we look at that, Mr. Speaker, I think that we should look at it from the standpoint that we have to win. The U.S. taxpayer must win. We are here to represent that individual. I didn't come to represent anybody else on another continent; I came here to represent, not only my constituents, but by them voting for me to be here, Mr. Speaker, they federalized me to be able to deal with the issues of the United States of America and be a part of board of directors of the greatest country on the face of the Earth. We want that to continue to be the case.

What we don't want is what we are seeing, the downward spiral, irresponsible spending, and the cuts that the Bush White House has said that has to be made to be able to carry out a mission in Iraq that has no end in sight as far as they are concerned. I think that the American people will rise up once again in the upcoming election in saying that we are willing to put in the people who are going to put an end to this practice.

I beg my colleagues on the other side of the aisle to please join us, those of us on the Democratic side that are trying to find a way to not only bring about accountability in Iraq, but bring our men and women home so that they can be reunited with their families; so that they can actually go to some of the programs that I go to of my kids. I get an opportunity to see them. I had an opportunity to have dinner with my family this afternoon earlier. I just want them to have that opportunity. I want the men and women that serve in uniform to have that opportunity. I want that State Department worker that has had to volunteer to go to Iraq to have that opportunity. I want that church or that synagogue or that mosque to be able to spend that spare time in trying to build families versus trying to comfort families of what is going on with their loved ones in harm's way. I want that kind of America that we are used to seeing.

Like I said earlier, it is no longer about the fire, it is about something else. And I think that it is important that the Members, their number one priority should be every day that they hit this floor is how they can reunite these families and to be able at the same time save the U.S. taxpayer money or their investment. If we can come to the floor and put $70 billion like that, and that is without my vote, over into Iraq to continue what the President would like to see carried out in Iraq, then we should be able to do the same in stimulating our economy here domestically and making U.S. families stronger and making Americans stronger.

With that, Mr. Speaker, as usual, the 30–Something Working Group, we do want to hear from the Members. I want to make sure that the Members share information with us and staff share information with us. You can e-mail us at the 30SomethingDems@mail.house.gov. That is 30SomethingDems@mail.house.gov. Also, we encourage the Members, and all of the charts that we have here are also on www.speaker.gov/30something.

I think it is also important to note, Mr. Speaker, that we look forward to the coming days as we start to tackle

these issues every month of this year, I think, leading up until maybe about 4 or 5 more months, the Members will have an opportunity to go back to their districts for a week and have these district work weeks. I encourage all of our constituents to engage us on these issues and to continue to keep the pressure on so that we make the right decisions here in Washington, DC.

Mr. Speaker, it was an honor to address the House once again. I yield back the balance of my time.

PROTECT AMERICA ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. MCCAUL) is recognized for 60 minutes as the designee of the minority leader.

Mr. MCCAUL of Texas. Mr. Speaker, I rise today in support of the Protect America Act, and I urge the Democratic leadership in the House to bring to the floor the bipartisan bill that was passed in the Senate overwhelmingly which brought this act to permanency.

Unfortunately, last month what we saw was, on February 15, this act did not come to the floor; rather, it expired. The Democratic leadership failed to bring that to the House floor. And with the expiration of the Protect America Act, our intelligence communities went dark in many parts of the world.

This is a game of dangerous politics. It is putting the American people at great risk as every day passes. I urge again the Democratic leadership to bring the bipartisan Senate bill to the floor so that democracy can operate, because the American people support this bipartisan legislation that the Senate passed and we need to pass it now to protect American lives. If I can just step back and give this some context.

The Foreign Intelligence Surveillance Act actually passed in 1978, during the Cold War. It was a time, again, during the Cold War, not the threat that we face today, a very different threat. The FISA Act, because the technology now has outdated the law, needs to be modernized. And that is exactly what the Protect America Act does.

The Director of National Intelligence came to the Congress last year to tell us that we needed this modernization because there are dangerous loopholes and intelligence gaps in our collection capability, and that needed to be fixed. Many of us here in the House listened to that warning, answered that call, and voted in a very bipartisan way last August for the Protect America Act. Unfortunately, as I stated, last month, on February 15, the Democratic leadership allowed that act to expire, again placing Americans in grave jeopardy.

And what did we hear from the Democratic leadership at that time? Majority Leader STENY HOYER said, there really is no urgency here; the intelligence agencies have all the tools that they need. Chairman SILVESTRE REYES at the time said, Things will be just fine. Things will be just fine.

But things aren't fine. And all you have to do is look at a letter that we received in the Congress from the Director of National Intelligence and the Attorney General pointing out the grave risk that this expiration is giving to the American people. They said: The expiration of the authorities in the Protect America Act would plunge critical intelligence programs into a state of uncertainty, which could cause us to delay the gathering of, or simply miss, critical foreign intelligence information. And then, they say, that is exactly what has happened since the Protect America Act expired days ago without the enactment of the bipartisan Senate bill.

This is the Director of National Intelligence, a man who served under Democrats and Republicans. This is the Attorney General of the United States. They said we have lost intelligence information this past week as a direct result of the uncertainty created by Congress' failure to act. I submit that this is not only a failure to act; it is a dereliction of duty to the American people. We have the most solemn obligation first and foremost to protect the American people. Mr. Speaker, we are failing in that obligation in the House today.

Intelligence is the best weapon we have in the war on terror. Intelligence is the first line of defense in the war on terror. And, if I could step back to 1993 and tell a story.

I used to work in the Justice Department. I worked on FISAs. In 1993, an individual named Ramzi Yousef came in the country with a fake Iraqi passport, and he plotted to bring down the World Trade Center. Fortunately, he wasn't successful that day, although he did kill people. Innocent lives were lost, and he caused great damage to these buildings. He fled, ended up eventually in Islamabad in Pakistan, where he met up with his uncle, Khalid Shaikh Mohammad. Khalid Shaikh Mohammad of course is the mastermind of September 11. There, they talked about the idea of flying airplanes into buildings.

Eventually, Ramzi Yousef was caught in Islamabad and brought back to justice. But the intelligence that we missed back then because some of the flaws in the system, the 9/11 Commission studied this and they made several recommendations. And, of course, at the time they analyzed what we passed in the PATRIOT Act to fix this problem, that being the fact that a wall separated the criminal division from the foreign counterintelligence. The left hand literally didn't know what the right hand was doing. This caused great consternation within the Justice Department and within the intelligence community. I remember working before the PATRIOT Act passed and I remember some of these frustrations myself.

There is a great quote from an FBI agent who was frustrated with this. He said: You know, someday someone will die and, wall or not, the public will not understand why we were not more effective at throwing every resource we had at certain problems. Let's hope the national security law unit will stand behind their decisions then, especially since the biggest threat to us now, Osama bin Laden, is getting the most protection.

I draw this analogy because the same principle applies to the FISA modernization, and that is that if we fail to pass this act, someday someone will die.

□ 2115

The biggest threat to us is Osama bin Laden and al Qaeda; and they are, unfortunately, now getting great protections. They are getting constitutional protections that they don't deserve. We are required to go to this FISA Court any time we want to listen to overseas intelligence. Foreign communications from a foreign terrorist to a foreign terrorist, we are required to go to a court in the United States with a showing of probable cause, giving a terrorist constitutional protections they do not deserve and putting not only Americans in the United States at great risk, but the war fighter abroad at great risk.

There is a great example last year. Three American soldiers were kidnapped. Because of the FISA restrictions, we had to get lawyered up, go to the FISA Court, apply for a warrant, and show probable cause for an emergency FISA warrant. Many hours expired. In the meantime, one of those soldiers was killed, and two we haven't heard from since. This is a tragic outcome. Again, this is putting Americans at great risk.

We talk a lot in the 9/11 Commission about connecting the dots. And the fact of the matter is, if we can't gather and collect those dots, there is no way we can connect the dots. And the gentlelady from New Mexico has stated so eloquently so many times that very point. I want to yield to her. The gentlewoman from New Mexico (Mrs. WILSON) has been the leader in the House on this issue. She was the one who really brought this issue to the attention of the Congress, and I believe America owes her a great deal of gratitude, so we can fix this intelligence gap we currently have in the law and ultimately save lives.

Mrs. WILSON of New Mexico. I thank my colleague from Texas, and I also thank him for his leadership on this issue. It has been a tremendous help to this body to have people who have actually worked and tried to enact and implement the provisions of the Foreign Intelligence Surveillance Act to come and be able to explain why it doesn't work in the way it is intended to work in a time of terror.

I think it is important for people to understand, what is the Foreign Intelligence Surveillance Act and why do we

have it. In the 1950s and the 1960s, there were abuses by our intelligence agencies where they were wiretapping Americans without warrants. In fact, a friend of mine gave me a copy once of a declassified memorandum signed by Robert Kennedy and J. Edgar Hoover that authorized the wiretapping of Martin Luther King. So there were abuses in the 1950s and 1960s, and the 1978 Foreign Intelligence Surveillance Act was put in place. The intention of it was to say if you want to collect foreign intelligence in the United States, and there are reasons to do so, you go to a special court called the FISA Court and get a warrant.

There are folks we suspect of being spies who are here in the United States, people working for the Soviet Union, at that time, or Cuba or China, and you want to be able to go to a court and get a warrant to listen to someone in the United States. And the Foreign Surveillance Intelligence Court was set up for that purpose. But it was written in a way that was technology specific.

In 1978, that was the year I graduated from high school. The telephone was on the wall in the kitchen, and it still had a dialy-thing in the middle. It wasn't even a push-button phone at my house. The Internet didn't exist. Cell phones were Buck Rogers stuff. So the law was written in a technology-specific way that said over-the-air communications you can listen to, you don't need a warrant for that. And at the time, almost all international calls were over the air. They were bounced over a satellite. But to touch a wire in the United States, it is presumed to be a local call and you need a warrant.

Of course today, the situation is reversed. There are over 200 million cell phones in America, and all of that communication is bouncing over the air. But that is not what we need for foreign intelligence and to prevent another terrorist attack.

So, ironically, we now have a law written specific to 1978 technology which does not protect local calls and does protect international calls. Why, because today almost all international calls are over a wire or a fiberoptic cable. And because of the way that global telecommunications is now routed, telecommunications now follow the path of least resistance, and it is entirely probable that a phone call from northern Spain to southern Spain may transit the United States because that might be the path of least resistance. Likewise, a call from Afghanistan to Pakistan or a call from the Horn of Africa to Saudi Arabia may well transit the United States. But in order to listen to that communication, if you touch a wire in the United States, our courts were saying you have to have a warrant.

So we now have the situation that was building up last year where we had intelligence agencies trying to develop statements of probable cause to get a warrant to touch a wire in the United States to listen to foreigners in foreign countries principally for the issue of preventing terrorism because terrorists use commercial communications. And so we had this huge backlog of requests. And it is worse than just the time it takes to develop a case for probable cause or to go to the courts and the time it takes our experts to be able to take time away from actually listening to terrorists to explain to other lawyers and judges why they believe someone is affiliated with a terrorist group. Sometimes you can't meet that high standard of probable cause.

Think about this for a second. If we are trying to get a warrant on someone here in the United States because we believe they are involved with organized crime, you have all of law enforcement to go out and look at what they are doing and talk to their neighbors and so on. If you have someone who is a suspected terrorist living in the Horn of Africa, you can't send the FBI out to talk to their neighbors. Sometimes the probable cause standard is too high to meet; and as a result, by the middle of last year, we had lost two-thirds of our intelligence collection on terrorism. The law had to be changed.

In the first week of August we changed it with the Protect America Act. Eighteen days ago that act expired. Now, to their credit, they worked through the backlog in that 6 months and they were able to get collections started on that whole backlog of intelligence collection related to terrorism. Those won't expire for a year. But here's the problem. New tips come in every day.

I sometimes go out and visit our intelligence agencies in my role as the ranking member of the Technical and Tactical Intelligence Subcommittee. Sometimes the director of that particular agency will say, Congresswoman, I know you are here to get a briefing on such and such a program, but I want you to know the threats we are following today. This is who we are looking for today. This is the tip we got yesterday that we are trying to track down. We have 12 terrorists who transited Madrid who just finished training in Pakistan. We are trying to figure out where they are going. We think we know the throw-away cell phone numbers that they picked up in the rail station in Bonn. We need to listen to them to figure out their plans, capabilities, and intentions. Are they going to kill Americans tomorrow?

That's why this is so important. We have to match the terrorists stride for stride, and we can't afford to have delays in intelligence collection when we are trying to prevent another terrorist attack.

Mr. MCCAUL of Texas. Mr. Speaker, as so eloquently stated by the gentlelady, this is about saving American lives, first and foremost. That is the issue at stake here. And it is also about protecting our war fighters so we don't have to go through a court in the United States to get a warrant to hear what al Qaeda is saying overseas about the threats to our military.

Mrs. WILSON of New Mexico. If the gentleman would yield for a question, is it true that if we have soldiers in a war zone, whether it is Iraq or Afghanistan, if we have soldiers in a war zone, that they may actually be authorized to shoot an insurgent, but they have to go back to talk to lawyers in Washington in order to listen to them? Is that true?

Mr. MCCAUL of Texas. That is the absurd result of us failing to pass the Protect America Act in this body. It is putting our soldiers at grave risk.

These constitutional protections, to extend them to foreign terrorists, the FISA when it was enacted was not enacted to give foreign terrorists constitutional protections. It was enacted, if you are an agent of a foreign power in the United States, to give some protection.

I have quoted before Admiral Bobby Inman who is one of the principal architects of the FISA statute. Again, it was designed to, when we want to monitor an agent of a foreign power in the United States, go to a special court and get a warrant. It was not designed to apply to foreign terrorists overseas talking to terrorists overseas. And these constitutional protections that I suppose our friends on the other side of the aisle would like to extend to the terrorists turns the statute on its head.

What Admiral Inman says is to apply FISA to ''monitoring foreign communications of suspected terrorists operating overseas such as Osama bin Laden and other key al Qaeda leaders turns the original intent of FISA on its head.'' This is the man who was principally responsible for writing the statute.

He says, contrary to some of the rhetoric coming from the Democrats, it is the members of al Qaeda, not American citizens, as our colleagues will say, it is al Qaeda who is the target of these intelligence-gathering activities.

I think the majority of the American people support the idea that we should be able to hear what al Qaeda is saying overseas without getting lawyered up and going to a court to get a warrant. We know this agenda is driven by many on their side of the aisle, the special interests, the ACLU, the trial lawyers, and it is such a dangerous policy.

Mrs. WILSON of New Mexico. If the gentleman would yield for a question, is it true that under the Protect America Act, in the Senate bill, the bipartisan Senate bill that we should vote here on this floor on as soon as possible, is it true that it is still against the law to listen to an American in the United States? Do you still need a warrant to listen?

Mr. MCCAUL of Texas. You still need a warrant because the fourth amendment of the Constitution applies to persons in the United States. But the fourth amendment of the Constitution

does not apply to foreign terrorists overseas not in the United States.

That is the sort of root of this problem is that we are applying constitutional protections to overseas terrorists. Now how absurd is that?

I think if the American people really knew what was going on up here and really knew what this debate was all about, and I do think that they are rising by the day. We are getting letters and phone calls by the day, and I believe they are not going to stand for this kind of nonsense that puts the American people and the war fighter at risk.

Mrs. WILSON of New Mexico. If the gentleman would yield, there are some fallacies about the Foreign Intelligence Surveillance Act that I think we need to put to rest.

One is there is an emergency provision, you can just listen to this stuff and go to the court 72 hours from now. You have an emergency provision. It is true there is an emergency provision, but you have to develop the whole case for probable cause and present it to the Attorney General who has to stand in the shoes of the judge. So you have to get all of the work done; you just don't have the final signoff for a judge. And the time problem occurs before you get to that point. It is to develop the whole case for probable cause.

I have seen one of these packets. It is sometimes close to 2 inches thick of paper that explains how you meet all of the requirements of the act. When it really matters, when we had three soldiers who were kidnapped in Iraq, it took over 24 hours to get an emergency warrant.

I don't know whether that would have saved our soldiers or not. We thought we had a tip on who it was that had kidnapped them. I don't know if it would have been fast enough even if we would have been able to turn it on immediately. But I know if they were my kids, a 24-hour delay is not good enough, and we should expect more from our Government.

Mr. MCCAUL of Texas. Reclaiming my time, I would like to add to that, having worked on FISA applications, as the gentlelady has seen, it is a very cumbersome, paperwork-intensive process to establish probable cause and to get a court-ordered warrant. In many cases, it took us 6 to 9 months to get these warrants.

Now, it has been a little streamlined since 9/11, but it is still a very, very cumbersome process. And again, the statute was never intended to apply to this type of situation. That is why we need to fix this now.

Again, the majority leader, STENY HOYER, says there is no urgency. There is no urgency. Tell al Qaeda that.

Chairman SILVESTRE REYES, things will be just fine. Tell al Qaeda that. They must be celebrating. When they look at what we are doing with this statute, they must be saying to themselves, How naive. We are playing right into their hands, and this needs to stop.

I yield now to the gentleman from Georgia (Mr. GINGREY).

□ 2130

Mr. GINGREY. Well, I thank my colleague for yielding. I thank all of my colleagues for bringing this important issue to the floor tonight to make sure that each and every Member on both sides of the aisle has a good understanding of this issue. And anybody who might be listening or tuned in, but mainly for our colleagues here to understand.

The gentlewoman from New Mexico clearly understands the issue. The gentleman from Texas, having worked in the Justice Department, clearly understands the issue. Our colleague from Pennsylvania (Mr. DENT) who was here last week with us, I know that he clearly understands.

But it can be confusing. And you know, you listen to this, and I think sometimes eyes glass over pretty quickly when you get into the weeds of it.

But I think the bottom line is what my colleagues have already said. This law originally passed for the reasons Representative WILSON outlined back in the late 1970s. And it was very much based on the technology of the time.

And here we are in 2008, and I don't even have a hard line at my apartment here in Washington. We have a cell phone. And we have a cell phone that has a yearly contract. But, of course, the bad guys, what they do, in regard to cell phone technology, is they buy these throwaway cell phones and these burn cards and it's very difficult to track them.

So in the modernization of FISA in the Protect America Act, and indeed in the PATRIOT Act, we tried to bring that law into the 21st century. And I'll tell you this; I trust the three Michaels on this. I trust the Attorney General, Michael Mukasey; I trust Michael McConnell, the Director of National Intelligence. I trust Michael Hayden, the Director of the CIA. And I think they would tell us what they are telling us no matter who was in the White House, no matter who the Commander in Chief was. This is not political. They're basically saying to the Congress, we need these tools. We need these new tools. We need to grant immunity to the telecommunications companies so they can provide phone records to us, so that our intelligence experts can look at this data, if you want to call it data mining. I don't know exactly how it's done. But you have to have that ability.

And indeed, the telecommunications companies in this country are required by Federal law under the penalty of both civil and criminal if they don't provide this data. So they're darned if they do and they're darned if they don't. And the Democrats seem to want to insist that this liability persist. I don't know. Maybe it's a sop to the trial lawyers. But it's absolutely essential that we pass this bill.

And as my colleagues pointed out, here we are 18 days since the FISA law expired. I heard Mr. REYES say on television this weekend on one of the Sunday morning TV shows, well, you know, we've talked to the telecommunications companies. He, of course, I'm referring to the gentleman from Texas, who is the chairman of the Select House Committee on Intelligence basically saying it's time, now that we understand, he understands the need that let's go ahead and pass this law.

And here we are this week and what happens? You know, this is the 18th day. It just goes on and on and on.

So clearly, I think when you strike right to the bottom line, it's exactly what my colleagues have said. You don't have to understand it any more than that. We need this renewal. We need this modern technology of this law to continue to protect our citizens.

I'm honored to be here with my colleagues and to share my thoughts, although I don't have the depth of knowledge that they do. I don't need to have that. I just have a little faith in what my colleagues are telling me and the need to protect our citizens.

So with that I will yield back to the gentleman from Texas, and be glad to be with my colleagues for the rest of the hour and continue to dialogue with them.

Mr. MCCAUL of Texas. I thank the gentleman for his comments. And reclaiming my time, there is an urgency here. We need to act in real time with real time intelligence. We can't afford to wait 6 to 9 months for a FISA Court to issue a warrant to a foreign terrorist overseas who has no constitutional protections.

Let's look at what the Director of National Intelligence said about this issue just recently since the expiration of the Protect America Act. He says, ''Our experience in the past few days since the expiration of the act demonstrates that these concerns are neither speculative nor theoretical. Allowing the act to expire without passing the bipartisan Senate bill has had real and negative consequences for our national security. Indeed, this has led directly to a degraded intelligence capability.''

I don't know of any American who can read these words from our Director of National Intelligence, the man who heads up our intelligence communities, the man who served under both Democrats and Republican, and not have a chill run up your spine when you read this quote. The threat, the risk, the grave risk that the majority is putting this country in by allowing this act to expire. There is an urgency and we need to get it passed.

With that I am going to yield to the gentleman from Pennsylvania (Mr. DENT).

Mr. DENT. I would like to thank the gentleman from Texas (Mr. MCCAUL) and the gentlelady from New Mexico, Congresswoman WILSON, for their leadership on this critical issue. I'm also pleased to be joined by my colleague from Georgia (Mr. GINGREY).

But after looking at that graphic, I think all of us should take note. It was not only Attorney General Mukasey and National Intelligence Director McConnell who have talked about the degradation of our intelligence and the intelligence product. But it's also the chairman of the Senate Intelligence Committee, a Democrat, JAY ROCKEFELLER, who also talked about how our intelligence capacity has been degraded because of the failure to enact the Protect America Act. He said, and I quote, ''What people have to understand around here,'' and that's the Senate, ''is the quality of the intelligence we are going to be receiving is going to be degraded. It is going to be degraded. It is already going to be degraded as telecommunications companies lose interest.''

He said three times, this capacity will be degraded. And I do want to applaud the gentleman from Texas for bringing up that e-mail that was cited in the 9/11 Commission report from the FBI agent who was so frustrated in August of 2001 about the failure of our law enforcement intelligence officers being able to collaborate effectively because of the wall that existed pre-PATRIOT Act. And he talked about that frustration. And he wanted to make sure those barriers were removed. And he also talked about how so many protections were being provided to Osama Bin Laden and al Qaeda at the expense of the security of the American people.

When we came to this Congress, the 110th Congress, when it first convened, we were told by the new leadership under Speaker PELOSI that fulfilling the recommendations of the 9/11 Commission report was a top priority. Well, it's time to equate those words with action. It's absolutely essential that we do so.

And many of our friends on the other side of the aisle, and this shouldn't be a partisan issue because we have bipartisan support for this bill. We have more than a two-thirds majority in the Senate, and there are over 20 members of the Democratic Caucus who have said that they're going to vote for this bill. It shouldn't be a partisan issue. We all know that.

And they've often talked about that we should be allowing our law enforcement officials to deal with these terrorists more effectively and that we shouldn't be using our military as much. That is what they say.

I have a letter here from the Fraternal Order of Police asking us to pass this law. We need to give law enforcement the tools they need to do their job. We can't simply say on the one hand we shouldn't be using the military but we should be using law enforcement, and then tie the hands of those very law enforcement officials we need to help us.

Mr. Speaker I will be happy to submit this letter for the RECORD so that people can see what the Pennsylvania Fraternal Order of Police police have said or, actually it's the National Fraternal Order of Police, what they have said, why we need to enact the Protect America act.

GRAND LODGE,
FRATERNAL ORDER OF POLICE,
December 4, 2007.

Hon. HARRY REID,
Majority Leader, U.S. Senate,
Washington. DC.
Hon. MITCH MCCONNELL,
Minority Leader, U.S. Senate,
Washington, DC.

DEAR SENATORS REID AND MCCONNELL: I am writing to you on behalf of the members of the Fraternal Order of Police to advise you of our position as the Senate prepares to consider legislation amending the Foreign Intelligence Surveillance Act.

The FOP does support the inclusion of language that would adequately protect telecommunications companies which cooperated with the Federal government and law enforcement investigators from any liability as a result of that cooperation. It is important that such a provision strike the right balance between the need to investigate and gather intelligence about our nation's enemies—those actively plotting to attack and kill our fellow citizens—and the genuine expectation of privacy of the customers of these firms. It is important to emphasize that these records were voluntarily turned over because these companies were trying to assist the Federal government and law enforcement protect the United States and investigate terrorists, and we do not believe they should be punished for providing this assistance. In the view of the FOP, this is no different from a citizen helping to protect their streets by participating in a Neighborhood Watch program and reporting suspicious activity to the police.

The attacks on the United States in 2001 were a turning point in our nation's history and, like any turning point, it demands that we change and adapt without yielding our essential liberties or compromising our American values. One of these values is that of compromise, of working together to find common ground and solving problems. The defense of the United States against our terrorist enemies is not the sole province of any entity. If we are to be victorious in this struggle, we must work together. I am proud that law enforcement agencies at every level of government, Federal, State, and local, have changed the way they work so as to foster greater cooperation in the war on terror. I am pleased that our nation's corporate citizens worked with law enforcement and Federal investigators in the wake of September 11th. And now I implore our executive and legislative branch to put aside political considerations, to seek the common ground and to do the right thing those who acted in the best interests of their nation and its citizens.

Law enforcement officers must make decisions every day weighing the safety of the public against the individual's expectations of privacy—occasionally these decisions have to be made in seconds—because a law enforcement officer may not have the luxury of having months to deliberate the matter. It is time for all parties—the Administration, Congress and interest groups from both sides of this issue—to stop the hyperbole and work together to reach a solution that will protect those companies that came to the aid of their country in our war against terrorism.

I urge both of you, as leaders of your respective parties, to bring the compromise version of this legislation to the floor and work together to see it pass. I thank you in advance for your thoughtful consideration of the views of the more than 325,000 members of the Fraternal Order of Police. If I can be of any additional assistance on this or any other matter, please do not hesitate to contact me or Executive Director Jim Pasco in my Washington office.

Sincerely,

CHUCK CANTERBURY,
National President.

Moreover, my own Attorney General from the Commonwealth of Pennsylvania, Tom Corbett, visited me today. He's down here with the Attorneys General. He also talked about the need to enact the Protect America Act. And it is absolutely essential that we do so.

People are often frustrated by what they consider the mindless partisanship, the inability of people to get things done in Washington. That's why they're upset with Washington. They believe that Washington is broken. They're angry because Congress just fails to get commonsense legislation accomplished. And I think they want us to put the national interest ahead of special interests.

I think great points have been made here tonight about why we should pass this law, and I think we have to recognize what's holding this up. There are people in this body who are more interested in protecting the concerns of the most litigious among us in our society at the expense of the security of the American people. We all know a bipartisan accord has been reached on this FISA Act, on the Protect America Act. There really should be no more excuses. It's time to take yes for an answer. It's time to get the job done. I look forward to working with all of you to make sure we accomplish this before our intelligence is degraded further than it is today.

With that I would yield back to my friend from Texas.

Mr. MCCAUL of Texas. I thank the gentleman for his comments. Reclaiming my time, the gentleman is absolutely correct. This is a bipartisan piece of legislation. The Senate passed it overwhelmingly in a bipartisan way. In fact, the Chairman of the Intelligence Committee, Senator ROCKEFELLER, a Democrat, said this is the right way to go in terms of security of the Nation.

The gentlelady serves on the Intelligence Committee. We serve on the Homeland Security Committee, Mr. DENT and I. When you talk about the security of the Nation, you've got to leave your partisan politics and your special interests behind because protecting the American people deserves better than that. It doesn't deserve the partisan rhetoric.

Twenty-five attorneys general signed a letter, Democrat and Republican, please pass this act. So I do believe the time is now.

And the sad thing is, the most tragic thing is, we know good and well if this was brought to the floor today or tomorrow, that it would pass overwhelmingly. And yet the American people are denied that opportunity to vote on this bill, through their representatives, because special interests are holding this up.

Again, I point to the ACLU and the trial lawyers who want to take a shot at the companies, the private sector, who have carried out their patriotic duties, when the government asked them in a time of war to do their duty, to help the United States Government listen to terrorists overseas and somehow we should subject them to liability. I think that's crazy. If the government did something wrong then, of course, the government should be held accountable.

When companies are acting on behalf and certified on behalf of the Attorney General to do this, essentially a mandate to do it, they should not be held liable for those actions. So I think that is the real issue here, what's holding up this bill that would protect Americans.

I yield to the gentlelady from New Mexico.

Mrs. WILSON of New Mexico. I thank my colleague.

In fact, one of the reasons that attorney generals and the Fraternal Order of Police are so strongly in support of this legislation is that they worry that what's happening to our telecommunication companies because of their cooperation with the government on terrorism will also extend and poison the relationship between law enforcement and our telephone companies.

There are at least 15 States where we have over 25 lawsuits, some of them against telephone companies that weren't even involved, and those who are involved can't defend themselves in civil court without revealing to the terrorists how we're collecting intelligence on them and compromising our national security. I'm convinced, having looked at this, that they actually have immunity. They just can't prove it. And it is up to this Congress to clarify that companies that cooperated with the U.S. Government in helping us prevent terrorism through electronic surveillance are immune from civil liability lawsuits. I think the law is clear. It's up to the Congress to step up and reaffirm it quite clearly.

My colleague from Georgia says, and he's right, that this is kind of a difficult-to-understand technical subject in some respects. But there are some things that aren't difficult to understand. I mean, we all remember where we were the morning of 9/11. We remember who we were with, what we had for breakfast, what we were wearing, who we called first to check to see if they were okay.

Very few Americans remember where they were in August of 2006 when the British government arrested 16 people who were within 48 hours of walking onto airliners at Heathrow and blowing them up simultaneously over the Atlantic. One of the terrorists that was involved intended to bring his wife and his 6-month-old baby with him so that they'd all die together. Comprehend that evil for a moment. You're willing to kill your own 6-month-old child in order to blow up an airliner. If that had happened, more people would have died that day than died on the morning of 9/11. But you don't remember it because it didn't happen. And it didn't happen because of cooperation between the British, American and Pakistani intelligence services. Forty-eight hours. They were within 48 hours.

How much time should we wait while lawyers gather in Washington to develop cases for probable cause to get a warrant on a foreigner in a foreign country?

I yield back to my colleague from Texas.

□ 2145

Mr. MCCAUL of Texas. I thank the gentlelady for her insight, and she's absolutely right that this terrorist surveillance program has protected Americans from the very scenario that you mentioned.

We all remember this day. It's etched in our memory forever. I will never forget this day, and every patriotic American will never forget what they did to us that day. But yet, every day this Act, since it has expired, with every day there's greater risk to this happening again.

There's a reason why this hasn't happened again. It's because we have been able to thwart and to stop plots against the United States to kill us. That's what this program does. That's what the Protect America Act did until the Democrats allowed it to expire almost 3 weeks ago.

Alluding back to Ramzi Yousef, very interestingly, and I know the FBI agents when they arrested him, when they busted down his door to talk about what the gentlelady talked about in terms of a sinister evilness about the terrorist, to get in the mind of the terrorist, what they found were about a dozen baby dolls, and those baby dolls were stuffed with chemical explosives. They were going to carry those on the airplanes and blow them up.

Now, chemical weapons we saw with the London arrest. They always go back to their old tricks. They attempted to sneak chemical explosives onto these airplanes. Fortunately, we had good intelligence. Without good intelligence, people die. Without good intelligence, we cannot fight this war on terror. Without good intelligence, we cannot protect the American people, and as we stated before, we put the war fighter at tremendous risk.

So, with that, I will yield again to the gentleman from Pennsylvania.

Mr. DENT. That graphic you just showed from 9/11 in New York vividly reminds me of that day, and my cousin was on the 91st floor of the north tower. He was one of the lucky ones. He got out. Everybody above him was killed, and all 11 people on his floor made it out, and it was a harrowing experience which I won't go through here tonight.

But we should also remember an article that was written by a woman named Debra Burlingame. She wrote this editorial in The Wall Street Journal a few years ago, and she talked about the fact that there were two individuals in this country before 9/11 that FBI agent you referred to earlier was concerned about. He was concerned about those individuals, and for whatever reason, nobody in the FBI was prepared to go to the FISA Court to go on a nationwide manhunt for these two individuals. Didn't happen until the afternoon of September 11, 2001.

And those two individuals that Debra Burlingame wrote about, who we were so concerned about, who were operating out of San Diego, who were making phone calls to Yemen into a switchboard run by the brother-in-law of one of those two individuals, bin Laden would call into that switchboard himself.

The point is those two individuals were the ones who crashed the plane into the Pentagon, and the pilot of that plane was a man named Burlingame, Captain Burlingame, the brother of Debra, and it really speaks to the issue that we should be surveiling and monitoring calls of people who are not American citizens and who we suspect that are engaged in serious terrorist activities.

We had a sense that those two people were bad actors, but we failed to act. We can't let that happen again. Heaven forbid if there's another terror attack like that of 9/11 or something worse, and heaven forbid if, for whatever reason, we failed in our duty to provide our law enforcement officials, our counterterrorism officials the tools they needed to connect the dots. And as you so eloquently stated, we cannot connect the dots if we can't find the dots. That's precisely the point.

Mr. MCCAUL of Texas. I thank the gentleman, again, for his insight.

Because of the wall back then and because of the intelligence gap, people did die, 3,000 Americans. Haven't we learned our lesson? How many times do the terrorists have to hit us? We know before September 11 there were many attacks against American interests, whether it was Beirut, the Khobar Towers, the USS *Cole*, the 1993 World Trade Center, they went back to it again. When are we going to learn the lesson?

The 9/11 Commission came out with its recommendations, and yet I don't believe we're heeding the warnings from the 9/11 Commission today. When are we going to learn the lesson that we need the dots to connect them in the first place?

And I think it's worth repeating, for those who have just tuned in, again the FBI agent's frustration that Mr. DENT has referred to, and I can see this. Having worked with the FBI, I can see an agent who is pounding his head against the wall because some bureaucratic rule prevents him from coordinating with the intelligence side of the house and he can't get the intelligence he needs to protect Americans because the intelligence community knows that

two of these terrorists are in the United States but they can't tell the FBI about it. It is an absurd result, and he says, very, very frustrating, sending a letter to FBI headquarters, which could be a career-breaking act to do, very dangerous thing for an FBI agent to do, but he voices his frustration, saying someday someone will die. This is before 9/11. And law or not, the public will not understand why we were not more effective at throwing every resource we had at certain problems. They don't seem to understand the biggest threat to us now is Osama bin Laden.

That fell on deaf ears, and I'm afraid that this message is now falling on deaf ears again. It's certainly falling on deaf ears in this House when the majority fails and it's a dereliction of duty not to bring this bill that will protect American lives to the floor of this House.

Mrs. WILSON of New Mexico. It's not even the majority. The majority of this House, a bipartisan majority of this House, would pass this bill tonight if the liberal Democratic leadership would allow a vote. That's the thing that's so frustrating to me. This is a bill that passed with 68 votes in the Senate. It's pending on the floor of this House. The liberal Democratic leadership who, to a person, opposed the Protect America Act in August is blocking the will of the majority of the House of Representatives that wants to protect this country. They're standing in the way of protecting this country and letting the majority work its will.

Why? Because they're concerned about lawsuits against telephone companies and the deep pockets of the telecommunications industry, with trial lawyers saying, hey, aren't you with us.

Well, this majority in this House, led by the Republicans in this House, know that national security is the priority of the country, not protecting the trial lawyers.

Mr. McCAUL of Texas. I thank the gentlelady, and I couldn't agree more.

If, God forbid, we are hit again while we have this act expiring, while we're dark in many parts of the world, while we're losing intelligence all over the world, if we could have stopped it when it happens here again and the American people wake up and realize who is responsible for this, and if American blood is spilled once again, that blood will be on the hands of Congress, and I feel very passionately, and I yield to the gentleman from Georgia.

Mr. GINGREY. I thank the gentleman from Texas for yielding.

It's just like I said earlier about the chairman of the House Select Committee on Intelligence, the gentleman from Texas (Mr. REYES), who I have tremendous respect for, and I think on both sides of the aisle, my colleagues would agree with me, a good man, a good Member.

And what he said Sunday morning, this past Sunday morning, was, look, we have now had the opportunity to talk with the telecommunication companies and understand what it is they need to provide under the law and why they did that, why they did it in a patriotic way, and yes, Mr. Moderator, we are ready to move forward and modernize this bill. And I'm reading his lips. I'm listening to what he says, and I believe him and I sincerely believe that he wanted this bill to be brought to this floor this week.

As my colleagues have already said, it would pass overwhelmingly, but unfortunately, I can't help but believe that a good man, Mr. REYES, is being trumped by his leadership. And as the gentlewoman from New Mexico just said, why? Why would they do that unless, again, it's more concern for this special narrow interest group of trial attorneys that want to bring more lawsuits against telecommunications companies who were just obeying the law that they were required to obey.

I just want to point out, too, that as my colleagues have said, the 9/11 Commission, which was insisted upon by the 9/11 families, led by a distinguished Democrat, Lee Hamilton, former Republican Governor of New Jersey, Governor Kean, they clearly understood that we had a stovepipe system pre-9/11 in regard to intelligence gathering, as my colleague from Texas said, not really finding the dots, much less connecting them.

And it was a clear outline, a clear blueprint that that commission asked us to do. That, indeed, is what ultimately led to creation of a directorship of national intelligence so that those 16 or 18 communities of intelligence, many of which are within the Department of Defense, could talk to one another so that we could win this war. This global war on terrorism is not going to be won with air superiority, sea superiority, greater weapons systems. It's going to be won with greater intelligence, and that's what this is all about. And I yield back to my friend from Texas and I thank him for the time.

Mr. McCAUL of Texas. I thank my colleague, and he points out so eloquently how important good and accurate intelligence is.

Because we had an intelligence gap, September 11 occurred. What we're trying to do is to stop that from ever happening again. Without that, we fail, and it's the best weapon we have, the first line of defense in the war on terror. And yet, for some reason, the majority in the Congress are being denied the right to vote on this and pass it and, in turn, denying the will of the American people, who we know support it. They want us to know what al Qaeda is saying overseas, and yet what we're doing is we're extending protection, giving the trial lawyers authority and extending constitutional protections to foreign terrorists.

The Constitution does not apply to a terrorist in a foreign country, and that is the absurd result that we find ourselves in today. And with that, I will yield to Mr. DENT from Pennsylvania.

Mr. DENT. Mr. Speaker, I'd like to just say that I think the American people hear our frustration here tonight. People of all ideological stripes in this body support the Protect America Act, and I think the people of the United States expect an answer as to why the leadership of this body under Speaker PELOSI will not allow this legislation to be considered.

And I believe very respectfully that Speaker PELOSI and the far left are driven by an extreme agenda on this critical national security issue, and it appears that there are a very small number of people in this body, in this country, who don't want to enact these important reforms.

It's time to stop pandering to trial lawyers or to the ACLU or moveon.org and get on with the business of this country, and it seems that in too many cases there are some people who are misguided, who seem to think that the FBI and the CIA and the NSA and other intelligence agencies that support this government are a greater threat to us than is al Qaeda, led by Osama bin Laden.

And that is what is so frustrating to me, that our law enforcement officials, our counterterrorism officials, our intelligence officials want us to get the job done. Intelligence officials are taking out personal liability insurance to protect themselves against lawsuits or a congressional inquiry, not protect themselves against al Qaeda but to protect themselves against people in this town, Washington, DC. And again, it's really time for us to get on with the business of this Nation.

The bipartisan compromise that we have all talked about has been reached. Many of us try to work in a very bipartisan manner on a number of issues. This is one clear case where we've done so, and it's time for the leadership to allow us to get the job done, and we call on Speaker PELOSI to do just that.

Mr. McCAUL of Texas. I thank the gentleman, and I have to make the analogy that prior to 9/11 it's almost like before Pearl Harbor; we as a country were a sleeping giant and alarms went off at various times, the flags went up, that the majority of people here in the United States really, we didn't understand it. We didn't heed the warning. We didn't listen to those alarms before they went off.

And then, of course, on September 11, the sleeping giant awoke, and we wanted to do everything we could possibly do to secure and protect this Nation. And I think the most tragic thing that could happen is for the sleeping giant to go back to sleep, and I believe that if we fail to pass this important national security legislation, that's exactly what's going to happen. And I yield to the gentlelady from New Mexico.

Mrs. WILSON of New Mexico. I thank the gentleman for yielding.

I think there are two points that haven't been made tonight that I do

think are worth making concerning the Protect America Act, which we hope to make permanent in the bill that's come over here from the Senate to fix the Foreign Intelligence Surveillance Act.

□ 2200

But one of the points that hasn't been made is that the Senate bill that has passed, that's pending on this floor, actually has stronger civil liberties protections for Americans than in the original 1978 law. In fact, Admiral McConnell and Attorney General Mukasey said in a letter on the 22nd of February, ''We note that the privacy protections for Americans in the Senate bill exceed the protections contained in both the Protect America Act and the House bill.''

So, in fact, one of the things that has changed under this new piece of Senate legislation is that if you are an American, wherever you are in the world, if you're known to be an American, you have the protections of the American Constitution. That's not the case under the 1978 FISA law. So, there is actually more civil liberties protections for Americans on the bill that is on the floor of the House than there is under existing statute.

And the second thing that I think is worth pointing out is that after 9/11 the President turned to his advisers and everyone in all the intelligence agencies and said, you know, what tools do we have? How can we prevent another terrorist attack? How can we find out what their plans and capabilities and intentions are? The fact is that the terrorist threat is much different than the threat that we faced in the height of the Cold War. I was an Air Force officer in Europe during the Cold War. And the Soviets were a very convenient enemy from an intelligence point of view. They had a very big footprint. We knew where they were. We knew what they had. They had exercises the same time every year out of the same barracks using the same radio frequencies. They would have been very difficult to defeat, but we knew where they were.

With the terrorist threat, the problem is completely reversed. If we can find them, we can stop them. The problem is finding them. And, in general, they are using commercial communications. So, instead of being one ugly monster in the forest where you know where they are like the Soviets were, it's more like a ''Where's Waldo'' problem. Can you find the person in the clutter of everything else? That puts the premium on good intelligence.

And particularly, in the case of terrorism, electronic surveillance has been one of our most important tools because they are hiding and using commercial communications. That has been one of our strongest tools in preventing terrorist attacks for the last 6 years. And I must say that I believe that the greatest accomplishment of the last 6½ years has been what has not happened. We have not had another terrorist attack on our soil since the morning of 9/11. And they have tried. It has been good intelligence that has kept this country safe. And for the last 18 days, we have been building another intelligence gap, and this body must act to close it.

Mr. MCCAUL of Texas. I thank the gentlelady for her eloquence, as always.

I would like to just add that, certainly during the Cold War at least, the principle of mutually shared destruction applied; we valued our lives and so did the Soviets. In this war against terrorism, in the day of suicide bombers, we can't say that. So real-time intelligence is absolutely critical to protecting the Nation.

I want to state again, from the DNI, the Director of National Intelligence, he says, ''Expiration of this act will result in a degradation of critical tools necessary to carry out our national security mission. And without these authorities, there is significant doubt surrounding the future aspects of our operations.'' Again, that is a warning to the United States Congress that if you don't do your job, I can't do my job. Do your job.

With that, I yield to the gentleman from Pennsylvania.

Mr. DENT. Mr. Speaker, I want to thank the gentleman from Texas and the gentlelady from New Mexico and the gentleman from Georgia for engaging in this colloquy tonight.

I think just about everything has been said. We have a job to do. The American people expect us to get it done. We've heard from the attorney generals, we've heard from the U.S. Attorney General, Michael Mukasey. We've heard from the Director of National Intelligence, Michael McConnell. We have heard from everyone. And the fact that this intelligence product is being degraded should be alarming to every single American. The fact that we're debating this this evening, knowing that we may not be getting vital intelligence or information I think should be cause for alarm.

There are going to be those who say that we're doing this fear-mongering. That is absolute nonsense. We're simply stating facts. And the facts are that our intelligence personnel today don't have the tools that they had just a few weeks ago to deal with the threats that we face as a Nation.

With that, I want to thank you again for your leadership. As a member of the Homeland Security Committee, you and I are deeply engaged in these issues, along with Mrs. WILSON, who has been a great leader on the House Permanent Select Committee on Intelligence. Again, we need to keep pounding this point home. I am prepared to come to the floor of the House every single night until this law is enacted.

With that, I yield back to the gentleman from Texas.

Mr. MCCAUL of Texas. Thank you, Mr. DENT, for your leadership as well. I see we just have a few minutes left.

I yield 2 minutes to the gentlelady from New Mexico.

Mrs. WILSON of New Mexico. I want to thank the gentleman from Texas, and I won't take the 2 minutes, but I wanted to thank him for his leadership and persistence. This is going to get fixed because we will not rest until it's fixed, and it is critical to the country that it be fixed.

It is now up to the liberal Democrat leadership to listen to the will of this body and pass the Senate bill that will close the intelligence gap.

I yield back to my colleague.

Mr. MCCAUL of Texas. I thank the gentlelady.

I would like to close with a quote. Why is this debate so important? I think it's important to understand the threat and to understand who the enemy really is. Who is the enemy? Let's get inside the mind of the enemy. And our enemy says, ''The confrontation that we are calling for with the apostate regimes does not know Socratic debates, Platonic ideals, nor Aristotle diplomacy. But it knows the dialogue of bullets, the ideals of assassination, bombing and destruction, and the diplomacy of the cannon and machine gun. Islamic governments have never and will never be established through peaceful solutions and cooperative councils. They are established as they always have been, by pen and gun, by word and bullet, and by tongue and teeth.''

The words I just read to you are the preface of the al Qaeda training manual. That is how it begins. That's in their words, not mine. That is the enemy. That is the threat. That is why it's so important we pass the Protect America Act on the House floor, and pass it now.

DEMOCRATIC FRESHMEN HOUR

The SPEAKER pro tempore (Mr. BRALEY of Iowa). Under the Speaker's announced policy of January 18, 2007, the gentleman from Kentucky (Mr. YARMUTH) is recognized for 60 minutes.

Mr. YARMUTH. Mr. Speaker, it's a great honor for me to be here tonight representing the class of 2006, the freshmen Democrats who were responsible for returning the majority to the Democrats in the last election. I'm particularly proud to be here to talk about the whole area of intelligence and surveillance, which our colleagues from across the aisle spent the last hour talking about.

I don't have props tonight because I look down at the dais and I see engraved in the side of the dais two words that serve as the only props I need in discussing this very important topic. I see the word ''justice,'' and I see the word ''freedom.'' Because that's really what we're talking about when we're talking about the FISA controversy. We're talking about whether the incredibly important principles of justice will apply to the way we treat corporations in this country that choose not to

obey the law. And we're also talking about freedom. We're talking about the freedom of individuals to pursue their private lives free of the worry that they're being listened to for no good reason.

You know, it's interesting to listen to my colleagues from across the aisle. And I don't want to impugn their motives at all. I believe that they, just as we on the majority side of the aisle, firmly believe in patriotism. We firmly believe in securing this country. We believe this is one of our sworn duties.

There is no question that all of us take an oath to secure this country and to protect it, and one of our primary responsibilities is to defend the people of this great country. But the first thing that we swear to when we take the oath of office is to protect the Constitution of the United States. That is our solemn oath. And the Constitution was written primarily to protect the rights of the American citizens. And that's really what this controversy is all about. All of us, every one of us, Democrat and Republican, is primarily concerned about making sure that our citizens are safe. And we want to do everything in our power to make sure that we use every tool that we have at our disposal to make sure that our citizens are safe. But we also want to make sure that every tool in our power is not used to violate the Bill of Rights, the amendments which guarantee fundamental freedoms to our citizens. And that's really what we're talking about when we talk about the FISA reauthorization.

You know, it's interesting; we passed, last fall, a reauthorization of the FISA Act, the Protect America Act, and we passed it willingly. We thought it was a good bill. And here comes the President saying, I'm not going to allow this bill to go forward. I'm not going to allow these important protections for the American citizens to go forward unless we give immunity to the phone companies because the phone companies did what we ordered them to do, essentially, starting with 9/11. We asked them to help us provide surveillance of American citizens even though we knew it was against the law, even though they knew it was against the law. We asked them to do that, and, therefore, they shouldn't be held accountable for that.

Well, that's an interesting attitude. And I know that my colleagues across the aisle said all they're trying to do is to protect the trial lawyers, all they're trying to do is protect the trial lawyers. Well, I have another question because there is another side to that point. And I'll address the trial lawyer controversy, or issue, but the other side of that is, why are they trying to protect the phone companies? Why are they trying to protect American corporations that knowingly violated the law of the United States?

Now I don't think that it's really because they care whether the phone companies have to pay millions of dollars in damages. I don't think it's really because they care whether trial lawyers might make a contingent fee. I think the only reason that they are concerned about granting immunity to the phone companies for ostensibly violating the law of the United States is because they don't want the American people to know what the phone companies were doing and what the administration has ordered them to do because in a legal procedure, a lot of that information may come out.

Now they will say, on the other hand, if they get to that, well, this is a matter of national security. And all the legal experts say no, the courts have a way of making sure that no classified information is divulged to the public. But what the administration is really afraid of is not that AT&T might have to pay $100 million. They're concerned about AT&T having to go under oath and say here's what we did, and that somebody will understand that this administration asked them to violate the law, and they knowingly did that. That's what the immunity issue is all about.

Now in terms of the trial lawyers. I know, and I know our leadership has told us, the trial lawyers have never said a word about this issue. This isn't a big deal. You're not talking about a vast number of lawyers who are going to benefit from this. There are only a few companies that did it. As a matter of fact, there are a couple of companies that were reputable enough and honest enough to say no to the government, we're not going to do that, we're not going to violate the law.

□ 2015

So they didn't need immunity because they didn't do anything wrong, and I don't know how many lawyers could actually, and I don't want to use the metaphor I was thinking of, but try to exploit that situation for their benefit, but there are not that many involved. And trial lawyers really have not lobbied this issue at all.

What we are talking about, plain and simple, is the issue of who violated the law. Is there accountability? Is there justice in this country? And this administration, in spite of their protestations of saying Osama bin Laden is out there, he's making phone calls, they're all making phone calls, that that's what we want to protect ourselves from, that has nothing to do with the immunity issue. The immunity issue is history. That's the past. We're concerned about what we do going forward. We're concerned about protecting the American people. We enacted legislation last fall that would do that. The President won't sign it.

So we have a very, very different perspective on this issue. And it's funny because they throw up their hands on the other side and say, I just can't imagine why the leadership of the Democrats is not allowing this to come to a vote, why they won't pass this bill. We need to do it. It's a perfect bill. We need to do it.

Well, I have three answers for them. I think I have already mentioned a couple of them. One is the Constitution. That's the solemn oath that we take when we enter this office. And we are not willing to pass a bill that basically eliminates part of the Constitution.

Secondly is the rule of law. I think we all agree that the rule of law is sacrosanct, that this country would fall if it weren't for the rule of law. And we are trying to make sure here that the rule of law is observed and respected.

And, finally, we're talking about individual liberty, the freedom I talked about at the outset of the remarks, that we need to make sure that if we allow individual liberties to be abridged in this country that it is done pursuant to legal authority, that it is done pursuant to warrants, that it is done pursuant to the government's going to a court and providing reasonable cause to assume that there is some reason to surveil an individual American citizen. That's what this dispute is all about. That's what this issue is on both sides.

And it's interesting. As I listened to the President not too long ago when he was once again trying to use scare tactics to intimidate this body into doing what he wants to do, to protecting him and to essentially helping him engage in a coverup of the activities of the administration and the phone companies, he made the statement that right now terrorists are plotting activities against the United States that would make 9/11 pale in comparison. That's what he said.

And when I heard him say that, my thought was, well, wait a minute. If he actually knows that, that they are plotting something that's worse than 9/11, then I guess he's getting all the information he needs. Somehow, some way he's hearing information. If he can make a claim with that specificity that it's going to be worse than 9/11 and they are planning it now, then maybe he's listening to something. Maybe the intelligence authority that he was using works and he doesn't need this additional authority.

But I don't think that's the case, of course. I think basically what he was trying to say is do this or you die because that's been the strategy of this administration in many cases. Do what we want or you will be in trouble. You will be harmed. Your family will be harmed.

I don't think the American people are buying it anymore. I think they've cried wolf far too often. But that's what we have been dealing with in trying to have a very reasonable approach to providing the type of authority that we agree is necessary to allow us to wage this struggle against terrorist activity. So that's sort of, in an introductory way, what we are dealing with.

And it gives me great pleasure now to welcome another Member of the class of 2006, my good friend, the gentleman from Wisconsin, Dr. KAGEN.

Mr. KAGEN. Thank you, Congressman YARMUTH. I really appreciate your words of wisdom and your counsel. And I would like to engage you in some conversation this evening.

Earlier this evening we heard our colleagues on the Republican side raise some interesting issues, and one of the questions that someone raised was, almost facetiously, I hope, ''Where's Waldo?'' If security, if international security depends upon finding anybody, it's not Waldo. We took our eye off the ball. Where is Osama bin Laden, and what are we doing about him and his violent extremists and the people that follow his way of thinking?

So, may I ask you a question? Congressman YARMUTH, is it really true that our intelligence community went dark? Are we no longer listening in on conversations? Is some of this fear mongering actually real? Is there any truth in there at all? Are we going dark? Are we not listening to people who want to do us harm?

Mr. YARMUTH. Well, I think the answer to anyone who thinks about it is obvious. No, of course we are listening. And what's more, we're listening pursuant to authority that exists in the law. And when the current law expired recently, the authority to surveil under the prior act did not expire. And, in fact, there have been numerous people who have said we have all the authority we need to protect this country.

Mr. KAGEN. But, sir, there have been telephone calls going out. There have been radio conversations. There have been television commercials in districts around America trying to indicate that, in fact, we have gone dark, that we've suddenly stopped listening. Are you telling me here tonight that that just isn't true?

Mr. YARMUTH. You don't have to take my word for it. Experts in the field have testified to the fact that this is not the case. Richard Clarke, who is the former Chief NSC Counterterrorism Adviser under both Presidents Clinton and George W. Bush said, ''Let me be clear. Our ability to track and monitor terrorists overseas would not cease should the Protect America Act expire. If this were true, the President would not threaten to terminate any temporary extension with his veto pen. All surveillance currently occurring would continue even after legislative provisions lapsed because authorizations issued under the act are under effect up to a full year.''

So, of course, there is no reason to believe the ads and the scare tactics that have been perpetrated against Members in the Congress.

Mr. KAGEN. Well, then the question has to be asked, what's really going on here? What is it that our Republican colleagues disagree with us about with regard to protecting not only America, using FISA, but also protecting our constitutional rights? Can we not protect America and our Constitution at the same time?

Mr. YARMUTH. Well, obviously we can. And obviously this body did last fall. We passed a very, very reasonable reauthorization of the Protect America Act which did virtually everything that the President wanted, and it provided authority to surveil under reasonable circumstances. It didn't grant the NSC or any other institution the ability to go on a fishing expedition. It retains some oversight, some court control. Again, this is a secret court. But this is the way the law was set up in 1978. It's worked very well since then. There are some tweaks that are needed in this law. We recognize that. We did what the administration requested. All of a sudden, this issue of immunity comes up. And, again, I can't believe that this has anything to do with worrying about whether AT&T pays out millions of dollars. This is not what they are concerned about. I don't think the gentleman believes that either.

Mr. KAGEN. I appreciate what you just said, but it raises another question.

When you indicate that there is a question of immunity, is that not another word for ''amnesty''? Is it correct to say that the current President, President Bush, is seeking amnesty? And if we are going to give amnesty to someone, isn't it a natural thing to ask what are we forgiving somebody for? Don't you think we should understand exactly what someone did before we forgive them and give them amnesty? Isn't that a reasonable thing to ask?

Mr. YARMUTH. I think it's not only reasonable; I think it's our duty to require that because it would be a frivolous act if we just said, well, whatever you did, whether it was legal or not, then we're going to grant you immunity or amnesty for doing that. No, we have to know, in order to grant immunity, whether or not there is a reason to grant immunity. Why would we want to do that if there were no reason to do it?

Mr. KAGEN. Isn't that also one of the reasons why we were sent here to Washington to try to fix this situation where the 109th Congress failed to ask questions, failed to ask the pertinent questions, failed to hold hearings to find out what it is we are fighting for, why we really invaded Iraq, where's our money being spent? I've been told that 20 percent of the money we spent in Iraq is simply unaccounted for. And 20 percent of over a trillion dollars is a lot of billions of dollars. So I think the 110th Congress has a duty, a responsibility, and, yes, a constitutional responsibility to balance the balance of power, to reset the balance, and to also investigate wherever possible and ask questions.

So the questions I would pose to my Republican friends is, what is it you're afraid of? What is it that someone has done wrong? And whom is it we are trying to protect? Are we trying to protect America, or are we trying to protect special interests, either the telephone industry or the people that ask them to break the law in the White House?

Do you think it's possible that what they are really concerned about is their own immunity in the White House? Is that a possibility?

Mr. YARMUTH. Well, I think that's exactly the case.

And I don't blame the telephone companies. I think they were in a very difficult spot. When your government asks you to do something and says that the security of this country is at stake, then I suspect that most corporations would comply with the government's request.

Now, these corporations, being the major corporations that they are, with lots of money, with lots of legal advice, lawyers everywhere, would understand that what they were being asked to do might run afoul of the law. And I would suspect that they did make a decision, being in a very difficult spot, I can see, that I either comply with the government, do what they ask me to do, understanding that the government is regulating me; so they would say, okay, I'm really between a rock and a hard place. I can do what the government asks, knowing it's a violation of the law, or I can refuse and knowing that they are regulating me, that my business might be affected some way or another.

But that's all a different dynamic from what we're dealing with. We are dealing with the question of does the Congress have the responsibility to hold anyone, corporation or individual, accountable if they violate the law? And that's what I think we're talking about today and talking about in this long debate.

Mr. KAGEN. But isn't it also true that not every telephone company bent over and yielded information that was constitutionally protected under the fourth amendment? Isn't it true that Quest in Colorado said, no, not without a court order? And isn't it true that what we are trying to obtain is judicial oversight of the executive branch? And isn't it also a fact that the telephone companies didn't just volunteer the information, that they were being paid to do so, and at one point when they weren't being paid, they stopped turning over the information and stopped the wiretaps?

So I don't think it's just out of a patriotic duty that the companies had. There was a monetary compensation that went along with it. So I think that we have a constitutional duty and the right as representatives of the people that we have the honor of serving to ask these questions and to bring out the reality and the truth of this situation.

Mr. YARMUTH. We have to do this. And I agree with my colleague that what we're talking about here is the oath we took. We took an oath to uphold the Constitution. And the Constitution says that we have to obey the laws of the land and we have to, within

our area of authority, make sure the laws of the land are upheld. And we have to provide oversight for that.

We have been joined by another one of our distinguished colleagues, a freshman Member, one of our most passionate Members from New Hampshire, CAROL SHEA-PORTER, and I yield to her.

□ 2230

Ms. SHEA-PORTER. I am happy to be here. I am standing here tonight at 10:30 for the same reason that we are all here, because we believe that it's our obligation, our duty to defend the Constitution. This Constitution is a gift that has been handed to us through the centuries, and it's the envy of the world. This is what differentiates us from other nations.

To give you an idea of our Founding Fathers and what they thought about this, at the conclusion of the Constitutional Convention, Benjamin Franklin was asked, What have you wrought? And he said, A Republic, if you can keep it.

So they understood even then that we would have to defend this Constitution against well-meaning people who believed that they had to give up some liberty in order to make themselves safe. This is not the first time in our history that we have faced peril, as you know. This has been an ongoing issue for us through the centuries. There are always countries that wish to do us harm, and it is our obligation to keep ourselves safe and to keep the American public safe. But that is not what this argument is about, as you know, because we have FISA, and FISA is in effect.

Now the President more than suggested that the intelligence community went dark and that they would be unable to do any surveillance. But the reality is, and the President and the Justice Department had to admit recently, that the wiretaps could still go on.

I would just like to read this so people understand what we are talking about here. This is from Reuters: ''White House Says Phone Wiretaps Back on For Now.'' Here's the quote, the statement from the Justice Department, the Office of the Director of National Intelligence: ''Although our private partners are cooperating for the time being, they have expressed understandable misgivings about doing so in light of the ongoing uncertainty, and have indicated they may well discontinue cooperation if the uncertainty persists.'' Well, first of all, where is the patriotism there? If they believed this was for the good of the country, they should stay with this program, and will stay with this program.

Also, as my fellow Congressmen indicated, when they failed to pay the bills for the wiretap, these companies pulled the wiretaps, and we lost some critical information. So you have to wonder about that commitment there.

But there's a larger issue. First of all, we do have all the national security that we need right now. You're right that we need to tweak it, and we tried to. We tried to extend this for 3 weeks so that we could work it out. If it were so critical, why did the President and his supporters vote to let it go? We voted to extend it for 3 weeks.

So there's something that is counterintuitive and actually bizarre, that the President and his supporters would argue on one hand that we were allowing something to drop that was so critical and, on the other hand, refuse to vote to extend it for 3 weeks. So they didn't give us the time that we needed to do two things. We have to do all we can to protect Americans, and tweak this, but we also have an obligation to protect the Constitution while we do this.

So what have we done here? The intelligence community has not gone dark and the authority under this act allows the administration to conduct surveillance here in the United States of any foreign target. I am now reading from the House majority staff of the House Permanent Select Committee on Intelligence. It's important that we cite these sources so that we know. ''In the event that a new phone number or e-mail address is identified, the NSA can add to the existing orders.'' They can begin surveillance immediately, without a court warrant. Within 72 hours they have to get one. That sounds perfectly reasonable to have judicial oversight and review.

So it's not true that people can't do surveillance. They can do surveillance. They must do surveillance. If we think that there are terrorists talking on the phone, I want them to be able to listen in, and so do you. We have families here. We want the same protection that other Americans want. And they can listen in.

But there's something else happening here, and this is called the retroactive immunity for the phone companies. What do we mean by retroactive immunity. What is immunity about? If you don't do anything wrong, you don't need immunity. Immunity suggests that something happened, and you're asking for this protection. And how can we say, sure we'll give it to you until we know what they did? Why won't they tell us what they did?

I liken it to somebody, a defendant showing up in court and saying to the judge, Well, judge, I may or may not have done something wrong. I am not going to tell you. But I want you to say maybe you did and maybe you didn't, but whatever it is, you're forgiven right away.

We would not accept that from an individual, and we must not accept it for any businesses either. We are, as John Adams said, a government of laws, not men. Nobody is above the law. Not you, not I, not any individual, not any company. They knew what they were supposed to do.

I would like to point out that Qwest knew that, another telecom company, and did not follow the President's request there. The President is not the one who sets the Constitution. He is not the one who decides. We have three branches of government. We must have judicial review and oversight. And it's our obligation, as it has been on every Congressman and Congresswoman's shoulders, to watch out for this incredibly brilliant document that is the envy of the world.

Mr. YARMUTH. If the gentlelady will yield, I would like to reinforce one statement you made. You talked about the fact that we wanted to extend the act for 21 days so that we could make these corrections. It wasn't just that the President threatened to veto the bill and we voted to extend it. All 202 Republicans voted against the extension.

I actually was mystified to watch a news show right around that time, on which they said the Democrats refused to extend the act. I said, boy, is that ridiculous spin. Because we proposed the extension. Every one of the Republicans opposed it, the President threatened to veto it and demagogued it, and yet we were blamed for something we tried to do.

I yield back.

Ms. SHEA-PORTER. We were looking for a bipartisan agreement. If it's that critical, then we should have had the extension. But they know what we know, which is that FISA is still in effect, that they can eavesdrop without a warrant. That they simply, if there's an American involvement, they have to go get a court warrant within 72 hours.

By the way, that is not difficult to do. Over the period of years, there have been thousands and thousands of requests. I think only five have been refused. So this is not a problem. If they consider having to get a warrant a problem, I am sorry, but something stands between the President and this, and it's called the Constitution.

I come from a Republican family. My father was an attorney, and he was a very conservative Republican. I worked in his law office. And he taught me this great love for the Constitution. So the reason I point that out is because this is not a political issue. This has to do with the Constitution. And so regardless of whether people are Republicans or Democrats, what we saw here when they didn't extend it was a political maneuver. But it should not be. It is our first and foremost obligation to protect our freedoms while we protect our Constitution.

Mr. YARMUTH. I want to yield again to my colleague from Wisconsin, but one of the things that intrigued me earlier was the notion that somehow we were not interested in security, that we were not interested in fighting the most effective fight that we could against 9/11, and that we were playing politics with the security of this country. That seems to me to be kind of standard rhetoric when we are talking about these matters, when in fact we tend not to deal with what is in the actual law, what the facts of the situation are.

I would like to yield again to my colleague from Wisconsin. We have been joined by another distinguished colleague, Mr. PERLMUTTER, from Colorado. I would like you all to engage in a colloquy about the issue of politics and just who might be playing politics with a very important matter of national security.

Mr. KAGEN. Well, I thank you for yielding.

There were two very valuable lessons that I learned during my campaign and election to Congress. The first lesson was that people will believe a lie if it's represented to them with great skill on television repeatedly. People will believe something that just simply isn't true.

Here, the kind way of putting it is misrepresentation of reality. I am continuously amazed at how people are misrepresenting reality. We have never gone dark in our intelligence community. We have continued to survey those who seek to attack us and do us harm. We must stand strong behind our Constitution, and most especially our fourth amendment rights, which reads, ''The right of the people to be secure in their persons, houses, papers and effects against unreasonable searches and seizures shall not be violated, and no warrants shall issue but upon probable cause, supported by oath or affirmation and particularly describing the place to be searched and the persons and things to be seized.''

Now if someone in the United States is seeking immunity, I ask my colleague, Mr. PERLMUTTER, what could be the reasons for seeking amnesty or immunity?

Mr. PERLMUTTER. The reason you seek amnesty or immunity or some sort of protection from being sued or charged is that there may have been wrongdoing. There may have been some violation of a law or potentially a constitutional provision like the fourth amendment, which you just read.

I think really the issue here, and you may all have been over this a dozen times, but it bears repeating, that there is a provision in our wiretapping law, and everybody calls it FISA. This is about wiretapping. This is about eavesdropping. There are times when you need to wiretap. There are times when you need to eavesdrop if somebody you have probable cause or you have general belief that somebody is going to do you harm. It could be a criminal enterprise or it could be a foreigner who wants to attack the United States. There was a glitch in our law which needed to be fixed. There was a technical glitch which said if there was a wiretap on U.S. soil, then you had to get a warrant.

Now the way that telecommunication works these days is somebody could be calling from Pakistan to Germany, two people, foreigners who aren't entitled to the protection of the fourth amendment, but that telecommunication, that phone call is routed through the United States. We changed the law, we, the Congress, to take care of a technical telecommunication glitch and said in that instance that you don't have to get a warrant. So if it's between a foreign individual and another foreign individual, there's no need for a warrant on foreign property.

Now we fixed this. But the President asked for more. He wants to get rid of the courts who are there to protect us as citizens, as Americans, and the Constitution of the United States. He says, I don't want those courts. I don't think they need to be present. Well, we needed them when Richard Nixon was President. We needed to make sure that before the government, before the White House, before anybody looks in on my house or your house, or any American's house, there has to be a reason. And the courts were that stop. That was that objective branch. So yes, we are going to keep the courts involved.

Secondly, the President or the White House or somebody had asked the phone companies to do these taps. Well, the phone companies knew how to do taps. They got a warrant. The law said, You get a warrant, you're protected, Mr. Phone Company, or Mrs. Phone Company. You can wiretap somebody's phone call. Well, it appears that in this instance they didn't get warrants. They circumvented the courts.

Now we don't know that for sure. We haven't been given all the information that we in the Congress or the people of America deserve. Now the phone companies are asking for amnesty. They are saying, look, if we didn't follow the law, we are sorry. Just forgive us. We know at least one phone company that said, Wait a second, this doesn't make sense. You're not giving us the warrants that the law requires. We are not going to do it. That, I am glad to say, is my local phone company, Qwest.

So it isn't like everybody did this. At least one phone company said we want to follow the law. So, you know, this is about amnesty for other phone companies and this is about avoiding the courts. That is what this administration wants and, quite frankly, I am not going to shirk my responsibility to the Constitution and to the people of this country by caving in to those particular requests.

Mr. KAGEN. Before I yield to my colleague from Iowa (Mr. BRALEY), I have got a question. Millions of people are thinking to themselves right now, and have been, gee, I haven't done anything wrong. What have I got to be worried about?

What have they got to be worried about?

Mr. PERLMUTTER. We each in this country, one of the very first principles that we have and one of the very first values that we hold dearly is our privacy. Now it may not be that I don't have anything to hide, but I might not want the world to know that my daughter has epilepsy, which she does. Somebody else might not want to have somebody know that their child is failing in school, or that they are having marital problems. Who knows what it is?

We in this country enjoy our privacy. It's something that is protected by the Constitution. And it may be that we haven't committed a crime, that what we have done isn't something that is going to be brought before a court, but it's something that is personal to us.

□ 2245

We in this country enjoy that right. We enjoy that freedom not to have the government snoop into our lives unless there is really a reason. And that is why the courts are present.

I turn to my friends from Kentucky and Iowa.

Mr. YARMUTH. I am going to yield to the gentleman from Iowa in just a second, but I want to ask one question about that, and it is a rhetorical question.

But can you imagine, I want every American to imagine how their lives would change and how their conversations would change if they thought that every phone call they made was being monitored? Just imagine the chilling effect that that would have on every word you say, on your very thought process. You have to be able to put yourself in that situation to understand what is at stake when we talk about this issue. This is not just about nasty people trying to do people wrong. This is about every American having their very being altered by the threat that they are being listened to.

Now I will yield to the gentleman from Iowa, Mr. BRALEY.

Mr. BRALEY of Iowa. I would like to thank my friend. I would also like to thank my friend from New Hampshire, who mentioned earlier the great American patriot and trial lawyer, John Adams, my ancestor.

One of the real thrills of serving in this body is the ability to experience special events. We got that opportunity here tonight when out in Statuary Hall there was a reception and later a special viewing of an incredible new series on HBO dedicated to examining the life of John Adams and the enormous impact he had on this country.

I think it is very significant to take a moment and realize that 238 years ago today the Boston Massacre occurred, one of the pivotal events in our country's founding, and John Adams, a noted trial lawyer of his day, was given the dubious distinction of defending the British soldiers who made the first attack on those patriots, those brave patriots like Crispus Attucks. Like many trial lawyers, he was faced with the responsibility of doing his duty to perform an unpleasant task, and he did it because he knew that it was an important part of maintaining a system of laws, not of men.

I also think it is important to note that of those people like John Adams

who were present at the signing of the Declaration of Independence, 24 of them were lawyers who understood the importance of the very issues we are talking about today.

Why do I know that? Because if you read the Declaration of Independence, you will see the stated grievances against King George and that the amazing parallels in those grievances that they were discussing at the founding of our Nation and the same things we are talking about today is stark.

Let me remind you of what is in the Declaration. These are the grievances they identified against King George III.

For depriving us in many cases of the right to trial by jury, which is why the Seventh Amendment of the Constitution and the Bill of Rights guarantees the trial by jury in all civil cases where the monetary value is in excess of $15.

Also the grievance for taking and abolishing our most valuable laws and altering fundamentally the forms of our government.

Third, for suspending our own legislatures and declaring themselves, the king, vested with the powers to legislate for us.

That is why these are fundamental civil rights that have been part of this country's history since its founding that we are talking about.

My friend from Colorado made a great point. What we are talking about with the setting up of the FISA courts was setting up retroactive warranties that gave the government the extraordinary ability to do wiretapping without a court order, which had never been before tolerated in this country, with the understanding that the terrorism risk justified that sacrifice, and setting up the FISA courts for an orderly form of due process to look backwards and guarantee that human rights were not being violated. So we are talking here about retroactive immunity, when we have already got retroactive warranties and a process in place to take care of these concerns.

One of the things that nobody has talked about on the floor during the debate over this issue is the fact that retroactive immunity only benefits wrongdoers. If you have done nothing wrong under the law or the Constitution, you don't need immunity.

My friends have been talking about the underlying basis for the violation of laws by the telecoms, and I think we need to state what that is. It goes back to 1934. The Federal Communications Act, Section 222, this Congress imposed on telecommunication carriers, such as all these companies we are talking about, the duty under law to protect sensitive personal customer information from disclosure. That is the basic statutory right that is at stake by allowing retroactive immunity to companies who violate that law.

So when people complain about us arguing the merits of standing up for defense of the Constitution and the laws passed by this Congress, I am at a loss to understand why we should be subject to all of this angst for simply doing our jobs and standing up for the oath we took when we were sworn in to uphold and defend the Constitution and the laws of this country.

With that, I yield back to my friend.

Mr. KAGEN. If I may ask a question, because I really appreciate your legal acumen, it is good to have roommates that are attorneys. So what you are explaining to us is that I have a right to my own phone records. That the records the phone company might have are not their records. They really are my personal files, and they are entrusted with that information on my behalf and cannot release that information to anyone without my permission or a court order. Did I hear you correctly?

Mr. BRALEY of Iowa. That is the very essence of the authority given to these telecommunications carriers, to use that public trust of allowing them to monitor and handle communications through a system of phone lines, which is what we had back in 1934, and in exchange for that trust, imposing on them the duty to protect that sensitive information. That is why we have the Fourth Amendment. That is why we have a system in place to guarantee the privacy of those customers.

Mr. KAGEN. Just to follow up, if I understand what you are saying, what we are really talking about is everybody's personal individual liberty and their rights as guaranteed under the Constitution, and that giving blanket immunity without asking any questions would be giving away individual liberties and rights. Is that correct, Mr. PERLMUTTER?

Mr. PERLMUTTER. Yes. To my good friend from Wisconsin, this is about the rights we enjoy as Americans, and this is about the responsibility that we have as Members of Congress to make sure that there isn't some violation of the rights that we enjoy as Americans, we as Members of Congress and everybody we represent. Really what has been troubling I think to everybody is that the President says ''Trust me. Just give them amnesty. Just give them immunity.'' The phone companies are saying, ''We really can't talk to you because we are sworn to secrecy. Just trust us.''

You know, I don't know about any of you and your constituents, but I know that my constituents expect good representation, good oversight of these kinds of things. And if the telecommunications are entitled to some protection, we have given them protection in the law. If you get a warrant, you are immune. You are doing your national duty by wiretapping or using your surveillance powers. But you got to go through the right process to protect those rights that we are so fortunate to enjoy as Americans.

Mr. BRALEY of Iowa. If the gentleman would yield for a question, I know that my friend from Colorado happens to represent a district where the headquarters for one of the telecommunications carriers is located, Denver, Colorado, where Quest has one of its primary business centers.

What I would like to ask my friend is, why didn't Quest go along with this request from the government? A lot of these other telecoms did. What was it that prompted them to say this doesn't sound right?

Mr. PERLMUTTER. Well, I don't know. I wasn't an attorney for Quest. Just in terms of what I have read and the individuals I have spoken to, I think Quest would respond by saying we wanted to follow the law. It isn't as if Quest has a spotless record everyplace, but in this instance they did the right thing and they have got to be given credit for it. Others chose to maybe take the path of least resistance.

Mr. BRALEY of Iowa. If you would yield for another question, I am going to pose this to all of my friends here on the floor.

When somebody comes to me and asks me to ignore my duties to make sure that the laws and the Constitution are followed, which is what they are asking us to do by granting immunity to these phone companies, I think the average American citizen would expect at a minimum that I would be aware of what was in these documents that are at the subject of this request for immunity.

I don't know about the rest of you, but I haven't seen a single document that has been produced in order to supposedly justify a claim for immunity. I am just curious whether any of my friends have seen them in their capacity as a Member of Congress?

Mr. KAGEN. I appreciate the question. I am not very good with analogies, but it kind of sounds like a blind umpire, doesn't it? If we don't know what we are looking at, how can we judge if it is fair or foul or a strike or a ball, in baseball parlance.

But let me come back to this idea about cherry picking our laws and cherry picking it apart to the point where the law doesn't mean anything. Earlier today in this Chamber we had the distinct privilege of passing a law about mental health care, about mental health care insurance. We laid the foundation, the foundation that would establish our constitutional rights in health care, so that people will not be discriminated against on the basis of a preexisting condition, albeit mental health care or a heart condition or otherwise.

But the idea of cherry picking our Constitution and our laws, are the signing statements, the many hundreds of signing statements by this administration or by this President, is that a sign or a symptom of cherry picking our laws? Is this a situation we are in now, where we finally have found a President that doesn't believe in the Constitution, that won't enforce the laws, either immigration or our constitutional rights? Mr. PERLMUTTER?

Mr. PERLMUTTER. Well, I want to step back for a second and just talk

about what I think our responsibility is with respect to this wiretapping surveillance stuff and our responsibility as Members of Congress, and really as citizens of this country, because we each have an obligation as citizens to do these same things, to uphold the Constitution and the rights that we all enjoy under the Constitution and to make our citizenry safe, to help make our families safe, our neighborhoods safe, our communities safe.

There is a way under the law as we have revised this surveillance law to do both of those things. We have fixed this technical problem that existed where foreigners were given certain rights under our Fourth Amendment that they weren't entitled to. We have corrected that in this law. But we have maintained the Fourth Amendment and the First Amendment and the Third Amendment and everything else within the Constitution for each and every American by including the courts to oversee this and supervise when the government says we want to eavesdrop on a citizen, and we are demanding of the President and the telecommunications companies, we want to see what it is you are asking us to let you off the hook about.

That is what is being asked. And they are saying sorry, we are not going to let you look at that. Therefore, we are going to say, then we are not doing our job. We are not going to just let you go get a get-our-of-jail-for-free or go scot-free without information. We are not doing our job then. We are not being accountable and responsible to our constituents.

As the President has laid this out, he is just trying to stir up fear in the American populace, which is wrong. He is trying to avoid the courts as being a check and balance on the awesome power of the Federal Government to invade our privacies. He doesn't want that, and he is asking us to give this carte blanche amnesty without really giving us the basis for that, and I object to all of those things. With that, I yield back to my friend.

Mr. YARMUTH. There is some other history we haven't talked about tonight yet, and that is the background of this controversy. Because what we fail to remember as we debate this issue, and obviously I think we want to deal with this prospectively, we want to make sure that this country has the power, the government has the power and authority and tools it needs to provide legitimate security for this country.

□ 2300

But this program started right after September 11, 2001, and continued for 4 years before it was exposed by the New York Times. So this was a longstanding violation of the law, a deliberate avoidance of the law by the administration. They could at any time after 9/11 have come to Congress and said, we want some additional authority. But they didn't do that. They knew that it would be tough. Even a Republican Congress at that time might have looked askance at requests to do warrantless wiretapping, so they just did it by themselves for 4 years. Then, when it was uncovered, this Congress under Republican leadership rushed to pass the Protect America Act, a stopgap measure because, obviously, it was embarrassing and they needed to do that.

But this is a longstanding deliberate ignoring of the law, and this is something that it doesn't matter whether the government sanctioned it; if companies did it and violated the law, as I said at the outset of my remarks standing right behind you, Mr. KAGEN, the words described in that dais, justice. And that is what this country has been built on. And this is a longstanding violation that needs to be redressed, and we shouldn't just say, because the government asked them to do something, that it is okay, that they broke the law. Because if that is the precedent we are setting, there is no end to the imagination of horrors that could happen if the government were able to immunize anyone for any violation of the law.

With that, I would like to yield again to CAROL SHEA-PORTER from New Hampshire who has joined us.

Ms. SHEA-PORTER. I would like to point out that if the President and his supporters managed to cut out the judicial branch, then the authority for this would go to the Attorney General and the Director of National Intelligence. Our most recent former Attorney General was Alberto Gonzalez, and I think that we do not wish to put that kind of power into the hands of people who may not see the government's role the way that we do. So I have deep concerns about that. But, again, this is not an issue of what party you are in. This is an issue of whether you are an American and you believe in our Constitution or not.

I wanted to quote Andrew Napolitano, who was a New Jersey Superior Court Judge from 1987 to 1995, and is the senior judicial analyst at Fox News. He is upset about this as well, and he said: Those who believe the Constitution means what it says should tremble at every effort to weaken any of its protections. The Constitution protects all persons and all people. And, he said, if we lower constitutional protections for foreigners and their American correspondents, for whom will we lower them next?

And that really is the question. We stand our ground now, and we protect at least our American citizens from this eavesdropping.

The question earlier was, well, what do you have to hide? And I would say that even though you may not be placing phone calls that have anything to do with any government business, you may be having a conversation about your boss's wife or husband. You may be having a conversation about your husband's problem at work. You may be having a conversation about your neighbor. And any of those conversations, if they were overheard, could be used against you. So it is not simply the kind of setting that we are talking about right now, not a grander setting, a setting where it is national security, but simply your right to privacy and for your neighbors not to know the kinds of thoughts and the kinds of words that you share with people in private phone conversations. So we have this obligation to stand here and protect all of us.

FISA

The SPEAKER pro tempore (Mr. BRALEY of Iowa). Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. BURGESS) is recognized for 55 minutes.

Mr. BURGESS. I thank the Speaker for the recognition.

It has been an interesting and entertaining hour that we have just been through. I came to the floor tonight to talk a little bit about the Middle East, but after hearing the comments for the last hour I would just remind my friends that the Senate passed a bill that passed with a fairly significant majority over in the Senate. And if the Senate-passed bill were brought to the floor of the House, we would have our FISA legislation reestablished. There are enough Members on their side combined with the Members on my side where the bill would pass without any difficulty. But it has been the lack of the will of the House leadership to bring this very important bill to the House and once again establish a modicum of protection for America, because, after all, despite all the lofty rhetoric we just heard in the last hour, it is not surveillance of American citizens on American soil, it is surveillance of individuals who are outside of America, outside the shores of America who are communicating with each other. But because of the nuances of the telecommunications system, those wires may pass through the United States, a server may exist in the United States, and therein the problem lies.

And it is important, because as I talk about the Middle East I am going to come back to this issue on the Foreign Intelligence Surveillance Act, because the lack of a functioning Foreign Intelligence Surveillance Act is actually hampering some of our progress in the Middle East and I think it is important to draw that distinction.

Again, as I said, Mr. Speaker, I just returned a little over a week ago from a trip to Afghanistan, Pakistan, and Iraq. As a consequence, I was also in Kuwait briefly. But it is significant, and probably the first time where I have been in those three countries in that short a period of time. It is instructive to visit those countries in that condensed time period, because you really get a sense of how interconnected the successes and/or failures

in each of those areas, how interconnected those facts are. All of those regions have their differences. They are significantly different. But certainly the progress in one area helps progress in another, and lack of progress in one signals lack of progress in the other. And I certainly saw evidence of this in all three places where I visited. And, as the saying goes, a picture is worth a thousand words and I do have several pictures that I would like to share with the House this evening and I will be doing that.

First, in Afghanistan. The battle in Afghanistan is clearly interconnected in so many ways with our relationships with our NATO allies. In fact, in Afghanistan, probably in early 2004, just as the NATO handover was beginning, there was a lot of optimism that our NATO partners were engaging in this and NATO is going to function as an alliance. After 9/11, NATO activated article 5 for the first time in its history: An attack on one country was equivalent to an attack on all countries, and we would all respond in kind. So America had been attacked, and here in early 2004 with the arrival of the German troops, we saw the beginnings of the NATO alliance coming and bringing its full weight to bear in Afghanistan. Now it hasn't worked out quite the way we had all hoped it would have, because some of our NATO allies are somewhat recalcitrant, and they really need to begin thinking long term about the stability and the impact of stability in the Middle East and how that impacts the security of the world at large. It is not just for that one narrow area of the world; it is much more widespread.

Now, no question about it, American, British, Canadian, Dutch, and Polish soldiers are doing great work and they are fighting against the Taliban in southern Afghanistan. Other areas with other components of the NATO alliance, it is not working quite the same way. In many ways it is regarded as a humanitarian mission rather than a military exercise. But I must stress, this is not a humanitarian mission, it is still a military exercise. Until the Taliban and the resurgent elements of al Qaeda are repulsed and removed, it will remain a military exercise. And the future of NATO depends on how well each of those individual countries could work together through this admittedly very difficult period. If we act together in strength, if we act as an alliance, I don't think there is any doubt that ultimately success will come. But if the activity continues to be fractured, the work becomes much more difficult; and the results will be fractured, the alliance is at risk and, as a consequence, the enemy will be emboldened. That's a shame. Because, remember, the Taliban in Afghanistan is not a popular insurgency. These are individuals who have been seen as oppressive and repressive. When they were thrown off, it was great jubilation by the people in Afghanistan, and there is no joy in bringing the Taliban back into people's lives. The Taliban does employ military age males more or less as day laborers, puts a gun in their hand and gives them a charge to do something. But the reality is, if there were other work available, these individuals would just as soon be doing other work and feeding their families in other ways because, again, the Taliban is not a popular insurgency.

One of the things that of course was stressed a great deal in our visit in Afghanistan, our visits with General Rodriguez at the Bagram Air Base was all of the activity that takes place along the border. And certainly, when we went into Pakistan, those same themes were played out again. Not surprisingly, the perspective of the individuals, military generals in Afghanistan, was a little bit different from the political leaders in Pakistan. Suffice it to say there is a lot of activity going on along the Pakistan-Afghanistan border, and we see reports of this in our newspapers from time to time. There has been an increase in military activity on our part in some of those areas, and I think that is a good thing. I think they have removed some people who were continuing to cause great harm in the area. But at the same time, as we saw in the trip in Pakistan, it creates some difficulties in other areas.

Now Pakistan had just completed a rather large and historic election when we arrived there on February 22. President Musharraf, who had been the leader of Afghanistan, was a military general. Of course in 1999 he was responsible for a coup and deposed the prime minister, Sharif. President Musharraf has pretty much been the single and solitary ruler in Pakistan now for the last 7 or 8 years. His party lost a majority of seats in the parliament in the last parliamentary election. We did meet with President Musharraf. He was quick to point out that he had won his election the October before, so it wasn't about him not winning an election, it was about the elections in parliament. And Mr. Musharraf I think correctly pointed out, as did other leaders that we talked with, that the good news out of the election was it certainly was a repudiation of the more radical Islamist elements, that there was some concern that they were going to gain a greater foothold in the Pakistani parliament. And, in fact, the party of Benazir Bhutto, now under the hands of her husband, Mr. Zardari, had won the majority of seats, the People's Party of Pakistan had won the greatest number of seats in parliament and it appeared very likely at the time we were there that he would indeed put together a coalition government with Mr. Sharif, the former prime minister, and that would then be the ruling coalition in Pakistan.

The fate of Mr. Musharraf was at that time still pretty much in the balance. There had been a Senatorial delegation in just a few days before we were through who had suggested, I think it was in the newspapers phrased as a graceful exit. Mr. Musharraf recognized and there was acceptance and recognition that his role of necessity was going to change, but at the same time this is an individual who does care a great deal about his country and, of course, he has been a good ally and friend to the United States. And Mr. Musharraf did feel very strongly that he wanted to continue to play a role in the stability of his country. Mr. Musharraf's perspective of the border areas, the federally administered tribal areas between Afghanistan and Pakistan was again a little bit different from General Rodriguez's over in Pakistan. From Mr. Musharraf's perspective, they had been pursuing a good deal of military options. Not all of those had been successful and there was a concern on the part of the Pakistani military whether or not they were in fact actually trained and equipped to follow through with those missions, and certainly training and equipping the Pakistani army is something where the United States may continue to play a role for some time, though I would stress that the actual military presence in Pakistan is very, very minimal.

□ 2315

But the federally administered tribal area has become very problematic from the standpoint of terrorism. It is where the Taliban exists and where the remnants of al Qaeda are hiding out, and there are attempts to regroup and retake territory within the country of Afghanistan, and clearly it is an area that deserves a great deal of attention.

Mr. Speaker, I did promise to show some pictures. This is a picture of myself and Senator HUTCHISON from Texas meeting with Mr. Zardari. This is Benazir Bhutto's widower. We were that day in Pakistan discussing the role his coalition government would play in the future.

At the time we were there, it was not settled who the new prime minister would be. Obviously it would be someone who was elected in the People's Party of Pakistan because they held the largest number of seats in the Parliament. Mr. Zardari is someone I had never met before. In our discussions, he said all of the right things and in the right way. Obviously, in any situation like this, the follow-through is what is critical, so the next several weeks and months are critical for the stability of the country of Pakistan.

But Mr. Zardari was very gracious to have us into his home and meet with us. Remember, just a few short weeks before he had undergone a fairly wrenching personal episode with the loss of his wife after the assassination of Benazir Bhutto, and they appeared to be doing their best to recover as a family. And now, given the additional responsibilities of the governance of Pakistan, but he did seem to be growing into that role, and I will tell you that was reassuring to watch that.

Of course we were not able to meet with Mr. Sharif that day. We did meet with President Musharraf on that trip, but we were not able to meet with Mr. Sharif. Again, this is an area that will bear close scrutiny and watching over the next weeks and months because, again, as I will stress, each of these areas are so interrelated and so tied together.

Clearly the Afghanistan-Pakistan border area is one issue, but there are other links to other areas where terrorism is problematic that come out of that federally administered tribal area. The Spanish have discovered recently a link between some of their home-grown terrorists and the federally administered tribal area of Pakistan. Likewise, the Germans have discovered some terrorist links to Pakistan via Turkey.

In Britain, several of the terrorist groups within Great Britain can be traced to the federally administered tribal area, that border area between Afghanistan and Pakistan. So it is clear that terrorist activities taking place in that region of Pakistan are having a direct and profound effect on the security of European countries and certainly our NATO allies.

The terrorist activity has direct and dire consequences on foreign elections. We saw that happen in Spain several years ago when the March 11 bombings obviously or significantly influenced the outcome of the elections in that country. That behavior in turn led to a new government that then subsequently withdrew its troops from Afghanistan. And subsequently I think the mission was certainly not strengthened by that exercise.

But all in all, I would say it was a very informative trip, and I am grateful to President Musharraf and grateful to Mr. Zardari for meeting with us on relatively short notice during that trip. And there is no question, it was very informative to have that level of discussion.

I also made my seventh trip into the country of Iraq during that congressional delegation. I had last been in July of this past year, July of 2007. At that point I wasn't quite sure what I was going to find when I returned to Iraq that time. I found the situation to be much better than I expected it to be, and I will say that in the intervening 6 or 7 months since I was last there, the situation has improved even more.

No question about it, troop morale has always been good. I have never seen a problem with troop morale in any of the trips I have taken into Iraq. And in this past trip, it was nothing short of spectacular.

One of the things that was perhaps a little different about this trip and something that I really had not been able to do on previous trips was venture directly into some of the neighborhoods in and around Baghdad. The reason we were able to do that was because of the establishment of the joint security stations. These are the areas where American troops are embedded with Iraq security forces and Iraqi policemen. They are there side by side day in and day out. This was the concept that General David Petraeus brought to Iraq a year ago when the famous surge or reinforcements were brought into that country. It was a strategy not without some risk and certainly many of us were justifiably concerned about that.

I know in my trip into Iraq in July in the C–130 sitting with troops as we were going from Kuwait City into Baghdad, several voiced real concern that, you know, we are going to be living side by side with the Iraqis. If there is an interruption of fuel or material or food, then certainly we could be at risk in these situations because no longer will we be going back to the base every night. You could sense there was some concern.

The situation has been one that has been enormously successful. And as a consequence, the Iraqis have gained a great deal more confidence in the American troops that are there and their ability to provide security and to react quickly. And Iraqi citizens are coming forward with much more information, information about the location of IEDs, information about the bomb-making factories, and information about people who may be doing things that are harmful to a neighborhood. So it has been an overall improvement in the relationship between regular Iraqis and the American soldiers and an improvement in our ability to gather that all-important intelligence to be able to fight this war in the way it should be fought.

Again, I would stress that it is our men and the Iraqis living side by side.

Here we are just arriving at the joint security station. We are getting a briefing there just after arrival. At that point I think they were going over the briefing on the number of IED attacks, and there was basically a Google Earth map with all of the IED explosions plotted out on the map. Red ones were where people were hurt, and blue ones where a bomb went off and no one was hurt, and yellow was where the bomb was discovered after it went off.

July and August, those photographs were literally covered with dots of one color or another. And then going through month by month, August, September, October, the numbers diminished rapidly such that in December and January, there were very few dots on the map of any sort at all. And certainly you could see in a very graphical fashion the effect of having our troops embedded on the ground and living side by side with the Iraqis.

We had seen this in the summer, in the trip in July in the city of Ramadi out in Anbar province, and now that has been fairly widely reported that there has been the Anbar awakening and the Sunnis who previously would have perhaps partnered with al Qaeda to work against the Americans had changed allegiance and changed sides and saw now the Americans as their helpers and their friends, and the city of Ramadi was markedly different in July of 2007 from July of 2006. And as a consequence then, this same sort of activity now going on in the area of Baghdad that would have been just absolutely impassable 6 months before in the month of July, and we were now able to walk around on the streets.

This is within the living quarters that the soldiers have there. The Minnesota National Guard had done some refurbishing and furnishing of the barracks there. They had tried to make it a little more homey. You can see the ubiquitous widescreen television at the top. This is a bench that had been fashioned out of some scrap wood that was around. And they had done a wonderful job as far as making the living conditions as good as could be expected.

Again, the morale of our soldiers was unlike anything I have ever seen. Clearly they understand what they are doing, and clearly they understand that they are very close to achieving success. It is something that I wish almost every Member of Congress could go over there and see in these joint security stations because it really is a moving experience.

As a consequence of these activities, al Qaeda that was so prevalent in Anbar province and along the Euphrates River Valley have been diminished to a minimum amount. Al Qaeda in Baghdad is significantly diminished as well. There are still some problems in the area around Sadr City, but with some of these embedded areas moving into that area, we will perhaps see some improvement there as well.

The former Sunni insurgents have turned their back on the insurgency. They are cooperating with coalition forces. That cooperation again is yielding good intelligence. In fact, in another part of this particular base where we were, this police station we were in, we got to see some of the surveillance activity as it was going on, and remarkable, remarkable efforts by our soldiers, by our men.

At one point a device had gone off and caused some injuries in the marketplace, and one of our young men painstakingly went back through the photos and tapes and actually discovered some physical characteristics of the individual that looked as if he may have planted the device. And then partly by luck but partly by good detective work, found that same man in a marketplace later on, brought him in for questioning, and certainly we were able to make the case of the connection between that individual and the bomb that had gone off.

One of the great things was that although the detective work was done by our soldiers with their equipment, when it came time to apprehend this individual, he was actually apprehended by the Iraqi police and brought in by the Iraqi police so the citizenry could see that their police force was up and running and functioning.

A good news story all along. But one disturbing note was on further study of

some of those surveillance photos, apparently this individual who had planted the explosive device had actually had his 3-year-old daughter carry the device to the area and place it in a trash receptacle and that is how the device came to be where it was.

Clearly we are dealing with a type of evil that most of us don't understand and can't understand. But this is the type of individual, this is the type of evil that is present in some of these areas, and this is the work that our soldiers are doing to combat that.

Again, this is a police station in inner city Baghdad. Six months ago I couldn't have gone there. Certainly 2 years ago there is no way. But now the Iraqi police are taking over. People feel safe. They feel safe to approach local law enforcement. In fact, when we left the building from this police station, out on the street a group of Iraqi men came up and was eager to talk with us. One of the soldiers found a translator for us, and we engaged in quite a lively conversation. To be perfectly honest, it was gratitude that was expressed on the part of the Iraqis who were there, gratitude for helping get their neighborhood back, and gratitude for helping get their country back. Again, it is the type of progress that you almost can't believe if you can't go there and see it yourself.

Mr. Speaker, one of the funny things is if this had been a year ago and we were here talking about Iraq, we would be talking about having yet another vote to get us out of Iraq. It seemed like every week we had that type of vote here on the floor of the House. And we are not doing that so much any more. I wonder why. Perhaps because things have gotten so much better there.

The news stories a year ago, day in and day out, a bad news story out of Iraq. Well, now you don't see those stories every day. You see odd stories like Ahmadinejad from Iran coming in to visit in Iraq, which I think is problematic. I wish it hadn't happened. But on the other hand, Iraq is a sovereign country and if Prime Minister Maliki wants to meet with Ahmadinejad, I guess. In fact, we have a Presidential candidate who said he will sit down with his enemies. Maybe Mr. Maliki had been listening to that Presidential candidate. I didn't think it was perhaps the wisest and best use of his time. After all, Mr. Speaker, a lot of the explosively formed projectiles that are so deadly, a lot of the IEDs and improvised explosive devices are made with materials that clearly come from the country of Iran.

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And that has been problematic for many, many months. And Iran's activity as far as continuing some of the disruption in this area, Iran's activity, has indeed, I think, been problematic.

We hear a lot about the lack of political progress, and those talking points probably need to be updated. The Iraqi parliament recently passed four major pieces of legislation. They passed the de-Ba'athification reform, they passed an amnesty bill, they passed a provisional powers law, and a national budget. No question about it, there's still a lot of work to be done and that budget execution is one of those things that I watch very carefully because I don't know, you know, quite honestly, with the infrastructure that is there with their banking system, it's very, very difficult to distribute money to the local areas where it is so desperately needed.

But nevertheless, they are making the efforts. In fact, there are four things that the Iraqi parliament did this past year. I don't know what our track record is. I think we banned the incandescent light. I don't know that we've done much more in the past year, and there's four things that they've done.

One of the biggest changes that I saw last July and one of the things that really gave me great optimism, that one day we would have in Iraq a stable country that was able to govern itself, provide for its own security, provide for its own people and be a partner for peace in the Middle East.

Last summer visiting the city of Ramadi where the local political leaders, the local political shift that had gone on in that country; to be sure, the central government in Baghdad has some problems and they're going to have to work through those problems; they're going to have to find solutions to those problems, as any country would. But the fact that local leaders, like a county commissioner, like a mayor, like a county administrator, these are the guys and ladies on the front line. These are the ones the citizens turn to for help when things don't work right, when things go wrong. These are the individuals that should be the first line of contact. And indeed, in the city of Ramadi last summer and then again in this neighborhood, the al Hamandiyah neighborhood in Baghdad, the local political shift was very much in evidence. The local leaders were stepping up and doing the work that is required of local leaders. Still some difficulty getting the funding from the central government, but my understanding on this last trip was that that had improved even from 6 or 7 months before. Obviously, again, that's going to bear watching. And there are lots of areas in need of improvement. But all in all, the progress is going in the right direction.

You see that in other things, too. The national electricity hours are up. Some small water projects that were so desperately needed have now been completed. Some primary health care centers have been constructed and more are to open, all signs of progress. That was work you just couldn't do a couple of years ago because the security situation just would not permit it.

Again, Mr. Speaker, I remember very well the arguments and discussions and debate we had on the floor of this House just a little over a year ago in regards to what General Petraeus saw, what General Petraeus wanted to do, and giving him the ability, the tools to do that job consumed a lot of our discussion a year ago. But I've got to tell you, I'm glad we found the right man for the job. I'm glad we gave him the tools that he needs. And he certainly seems to be pursuing success with all due dispatch.

It's hard to know what the next steps are. You hear a lot of people talk about the troop drawdown that was essentially the surge, and as those numbers come back down are we going to come down below that. We're going to have to have a wait-and-see period. Obviously, in my mind, my opinion, those decisions should not be made by those of us here in the House. Those are decisions that should be made by the military generals on the ground.

We did have an opportunity in this trip, as we did last summer, to meet with David Petraeus at some length. We met with the general. We also met with Ambassador Ryan Crocker, a true patriot who's given now a year of his life to be in that country and to provide stability in that country. Things have not always gone to his liking, I'm sure, but nevertheless, I think he can point to a great deal of success.

I remember a year ago so clearly, you know, you could take data points almost and make whatever kind of case you wanted to make in Iraq. And General Petraeus stressed to us a year ago that it would be important to look at trend lines over time, that you just simply couldn't look at a collection of data points and make a decision.

When we visited with General Petraeus at the American embassy in Iraq, we kind of saw a preview of what he's likely to present to Congress when he comes back in March or April to give his interim report to Congress. He had a variety of charts up. You could see that the trend lines again were all moving in the right direction as far as number of attacks, as far as attacks on citizens, attacks on soldiers. The trend lines for things like electricity and water were going in the right direction, which was up. All in all, the story coming out was very positive. At the time we were there, something had just occurred which was a point of not some insignificant concern, the activity of the Turkish troops on the northern border which had the potential to be very destabilizing because, of course, the Kurdish regiments in that area have been functioning very well, and the fact now that they were being faced with some Turkish soldiers who had come across the border to deal with some terrorism aspects that they thought were going on along the border, clearly that needed to be managed and managed very quickly and apparently has been. But it did have the potential to become much more serious than it was.

I stated early on in the hour that there might be a place to draw the

FISA, Foreign Intelligence Surveillance Act, back into the discussion. And certainly that came up during our discussion with the general and the ambassador at the American embassy, or at the embassy in Baghdad that night.

Again, remember, we're talking about not surveillance on someone who's in Dallas calling someone who's in Washington. We're talking about surveillance on someone who is in perhaps one of those federally administered tribal areas in Pakistan or someone who's in Afghanistan communicating with someone in Iraq, because that method of communication may be putting up a Web site. There may be an embedded message on a Web site. But because that Web site may be carried on wires that go through the United States of America, then suddenly it becomes something that is under the jurisdiction, in some people's mind, of the Foreign Intelligence Surveillance Act. And in order to find out who put the Web site up, you'd have to go through the FISA Court to get that information. But these Web sites tend to be rather ephemeral. They don't stay up that long. But it's problematic because you can't know who put up the Web site. You can't know who visited the Web site. And if you need to, you can't take it down without going through a 72-hour process in the FISA Court.

A little less than a year ago, when some of our soldiers were kidnapped in Iraq, we gave their captors a 10-hour head start because of issues with the Foreign Intelligence Surveillance Act and having to go through the courts to get permission. You can't fight a war that way. We're either serious or we're not serious. And I think because of the concern that I heard over being able to protect not just our troops over there, but protect American citizens here at home, I think this is a critical piece of legislation.

Again, if we would just simply take up the legislation as passed by the Senate, passed overwhelmingly in the Senate, there are enough Members on my side, there are enough Members on the other side that this bill would be passed and America's protection could once again be more secure. In the meantime, we're playing a very dangerous, dangerous game, not only with our homeland security here in the United States but also as it turns out with our soldiers who are doing so much for us over in Iraq, Afghanistan and Pakistan.

We talk about a war on terror, but the reality is we're fighting a war against radical Islam. Terror is one of the tactics that's used in that fight. I don't think there's any question that we need to keep our focus on each of those countries, Iraq, Afghanistan and Pakistan, certainly redouble our efforts in Afghanistan and really begin thinking long term. You know, we hear people who want to have an 8-month time line. They want to talk about, between here and November, the election day in November.

The enemy doesn't have a time line that's that short. The enemy has a time line that's years, decades or longer. And you almost have to think in those terms to be able to satisfactorily prepare and satisfactorily protect our country, because if you're just short-term focused on what happens between now and election day in November, that's probably not going to be sufficient for protecting America. Our enemies are thinking in terms of 100 years. Maybe we need to think in terms of 100 years. Certainly, our America and our allies have to be able to match and keep up with them every step of the way.

Each of these battles is winnable. There's no question. From a tactical and strategic standpoint there is no one who can stand up against the United States, so the battles are winnable, but they're not yet won.

Again, success in one conflict means success in the other. Failure in one means failure elsewhere. You know, in fact that's not just the Middle East. That's in the United States and possibly extending to other freedom-loving nations in the world.

It is not time for us to pull our forces down and just think about coming home. We are very close to, again, establishing on the ground in the country of Iraq a country that is responsible to its people, provides for their benefit and their welfare, is a stable partner for peace in the Middle East. Those are worthwhile goals and we need to continue to pursue those.

It is a time that calls for statesmen and not politicians. It does require a vision that does encompass a time line that is longer than just the next 8 months.

I can't say it often enough. You're going to have to look to the next generation. You can't just focus on the next election because that's the wrong perspective to have.

I want to thank our troops who are working over there day and night in our behalf. It is sometimes seemingly thankless work, but again, I would stress, well, let me just show you one more picture, Mr. Speaker. And although these individuals are dressed in military uniforms, they're actually Department of Defense civilians. They work on the mine resistant ambush protected vehicle facility near Camp Victory just outside of Baghdad. These vehicles, and you can see one in the background, a very heavily armored vehicle. They are built to withstand the mine blasts and the IED blasts. And you see a group of very, very dedicated individuals standing there around that vehicle, very proud of the work they do. Most of these individuals, again, the men and women are civilians from my home State of Texas, not in my district, but up in northeast Texas, the Red River Army depot near Texarkana. In fact, most of the people that we see in the picture are very likely constituents of my neighbor and good friend RALPH HALL. But again clearly proud of the work they are doing. They understand the value that they bring, the benefit that they bring to our soldiers by providing this type of vehicle. They don't have the best shock absorbers in the world, but they are certainly functional and certainly are providing a great deal of protection for our troops. I can't say enough about the wonderful people that are defending us in all three countries. Also in Kuwait and the United Arab Emirates. We had a brief refueling stop in the United Arab Emirates and got to meet with some soldiers there, a wonderful group of people who are working their hearts out on behalf of their country. The least we can do here in the United States Congress is offer them our faithful support until their mission is complete.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CONYERS (at the request of Mr. HOYER) for today until 7:30 p.m. on account of weather delays.

Mr. ORTIZ (at the request of Mr. HOYER) for today until 5 p.m.

Mr. TANNER (at the request of Mr. HOYER) for today until 12:30 p.m.

Mr. POE (at the request of Mr. BOEHNER) for today after 12:30 p.m. and March 6 on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. ELLISON) to revise and extend their remarks and include extraneous material:)

Mr. ELLISON, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

(The following Members (at the request of Ms. FOXX) to revise and extend their remarks and include extraneous material:)

Mr. BURGESS, for 5 minutes, March 12.

Mr. POE, for 5 minutes, March 12.

Mr. JONES of North Carolina, for 5 minutes, March 12.

Mr. DREIER, for 5 minutes, today and March 6.

Ms. FOXX, for 5 minutes, today.

Mr. MCCOTTER, for 5 minutes, today and March 6.

Mr. BRADY of Texas, for 5 minutes, today.

ADJOURNMENT

Mr. BURGESS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 44 minutes p.m.), the House adjourned until tomorrow, Thursday, March 6, 2008, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

5614. A letter from the Administrator, Risk Management Agency, Department of Agriculture, transmitting the Department's final rule — Common Crop Insurance Regulations; Florida Citrus Fruit Crop Provisions (RIN: 0563-AC01) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5615. A letter from the Congressional Review Coordinator, Department of Agriculture, transmitting the Department's final rule — Mexican Fruit Fly; Designation of Portion of San Diego County, CA as a Quarantined Area [Docket No. APHIS-2008-0005] received February 20, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5616. A letter from the Under Secretary for Acquisition, Technology, and Logistics, Department of Defense, transmitting the Department's certification that the survivability testing of the KC-135 Replacement Aircraft (KC-X), pursuant to 10 U.S.C. 2366(c)(2); to the Committee on Armed Services.

5617. A letter from the Under Secretary for Acquisitions, Technology and Logistics, Department of Defense, transmitting notification of the review and certification of the C-5 Reliability Enhancement and Re-engining Program (RERP), pursuant to 10 U.S.C. 2433; to the Committee on Armed Services.

5618. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule—Defense Federal Acquisition Regulation Supplement; Mandatory Use of Wide Area Workflow [DFARS Case 2006-D049] (RIN: 0750-AF63) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

5619. A letter from the Acting Chairman of the Joint Chiefs of Staff, Department of Defense, transmitting a report required by Section 361 of the Fiscal Year 2008 National Defense Authorization Act; to the Committee on Armed Services.

5620. A letter from the Director, Defense Security Cooperation Agency, transmitting reports in accordance with Section 36(a) of the Arms Export Control Act, pursuant to 22 U.S.C. 2776(a); to the Committee on Foreign Affairs.

5621. A letter from the Secretary, Department of the Treasury, transmitting as required by Executive Order 13313 of July 31, 2003, a 6-month periodic report on the national emergency with respect to Iran that was declared in Executive Order 12957 on March 15, 1995, pursuant to 50 U.S.C. 1641(c); to the Committee on Foreign Affairs.

5622. A letter from the Chairman, Broadcasting Board of Governors, transmitting a copy of proposed legislation to clarify the authority of the Broadcasting Board of Governors to hire non-citizens in its efforts to produce and broadcast programming in 44 languages to audiences around the world; to the Committee on Foreign Affairs.

5623. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting pursuant to section 36(c) and (d) of the Arms Export Control Act, certification regarding a proposed agreement for the export of defense articles or defense services to the Government of Japan (Transmittal No. DDTC 011-08); to the Committee on Foreign Affairs.

5624. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting consistent with the Authorization for Use of Military Force Against Iraq Resolution of 2002 (Pub. L. 107-243), the Authorization for the Use of Force Against Iraq Resolution (Pub. L. 102-1), and in order to keep the Congress fully informed, a report prepared by the Department of State for the December 12, 2006 — February 13, 2007 reporting period including matters relating to post-liberation Iraq under Section 7 of the Iraq Liberation Act of 1998 (Pub. L. 105-338); to the Committee on Foreign Affairs.

5625. A letter from the Director, Strategic Issues, Government Accountability Office, transmitting the Office's report entitled, ''The Judgement Fund: Status of Reimbursements Required by the No Fear Act and Contract Disputes Act (GAO-08-295R),'' as mandated by Section 206 of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Oversight and Government Reform.

5626. A letter from the Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Atka Mackerel Lottery in Areas 542 and 543 [Docket No. 070213033-7033-01] (RIN: 0648-XF05) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5627. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Inseason Adjustment to the 2008 Gulf of Alaska Pollock Total Allowable Catch Amount [Docket No. 070213032-7032-01] (RIN: 0648-XE84) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5628. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Catcher Vessels Greater Than or Equal to 60 Feet (18.3 Meters) Length Overall and Using Pot Gear in the Bering Sea and Aleutian Islands Management Area [Docket No. 070213033-7033-01] (RIN: 0648-XF06) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5629. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Atka Mackerel by Vessels in the Amendment 80 Limited Access Fishery in the Eastern Aleutian District and Bering Sea Subarea of the Bering Sea and Aleutian Islands Management Area [Docket No. 070213033-7033-01] (RIN: 0648-XF52) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5630. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Vessels in the Amendment 80 Limited Access Fishery in the Bering Sea and Aleutian Islands Management Area [Docket No. 070213033-7033-01] (RIN: 0648-XF25) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5631. A letter from the Deputy Assistant Administrator For Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Fishery Conservation and Management Act Provisions; Fisheries of the Northeastern United States; Northeast Region Standardized Bycatch Reporting Methodology Omnibus Amendment [Docket No. 070627217-7523-02] (RIN: 0648-AV70) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5632. A letter from the Deputy Assistant Administrator For Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Fishery Conservation and Management Act Provisions; Fisheries of the Northeastern United States; Extension of Emergency Fishery Closure Due to the Presence of the Toxin that Causes Paralytic Shellfish Poisoning [Docket No. 050613158-5262-03] (RIN: 0648-AT48) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5633. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 630 in the Gulf of Alaska [Docket No. 070213032-7032-01] (RIN: 0648-XF20) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5634. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 610 in the Gulf of Alaska [Docket No. 070213032-7032-01] (RIN: 0648-XF20) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5635. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 630 in the Gulf of Alaska [Docket No. 070213032-7032-01] (RIN: 0648-XF21) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5636. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Fishery Conservation and Management Act Provisions; Fisheries of the Northeastern United States; Northeast Multispecies Fishery; Prohibition on the Possession of Yellowtail Flounder in the U.S./Canada Management Area [Docket No. 070227048-7091-02] (RIN: 0648-XF04) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5637. A letter from the Acting Director Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Shallow-Water Species Fishery by Amendment 80 Vessels Subject to Sideboard Limits in the Gulf of Alaska [Docket No. 070213033-7033-01] (RIN: 0648-XF25) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5638. A letter from the Deputy Assistant Administrator For Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries off West Coast States; Pacific Coast Groundfish Fishery; Vessel Monitoring System; Open Access Fishery; Correction [Docket No. 070703215-

7530-02] (RIN: 0648-AU08) received February 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5639. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the designation as ''foreign terrorist organization'' pursuant to Section 219 of the Immigration and Nationality Act, pursuant to 8 U.S.C. 1189; to the Committee on the Judiciary.

5640. A letter from the Chairman, Defense Nuclear Facilities Safety Board, transmitting the Board's Fourth Quarterly Report on the Status of Significant Unresolved Issues with the Department of Energy's Design and Construction Projects, as required in House Conference Report 109-702, Section 3201; jointly to the Committees on Armed Services and Appropriations.

5641. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's ''Major'' final rule — Medicaid Program; Health Care-Related Taxes [CMS 2275-F] (RIN: 0938-AO80) received February 25, 2008, pursuant to 5 U.S.C. 801(a)(1)(A); jointly to the Committees on Energy and Commerce and Ways and Means.

5642. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting Notification of the intention to waive the prohibition on the use of FY 2007 Economic Support Funds provided with respect to Bolivia, Costa Rica, Cyprus, Ecuador, Kenya, Mali, Mexico, Namibia, Niger, Paraguay, Peru, Samoa, South Africa, and Tanzania, pursuant to Public Law 109-102, section 574; jointly to the Committees on Foreign Affairs and Appropriations.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. KING of New York (for himself and Mr. MCCAUL of Texas):

H.R. 5531. A bill to amend the Homeland Security Act of 2002 to clarify criteria for certification relating to advanced spectroscopic portal monitors, and for other purposes; to the Committee on Homeland Security.

By Mr. KIND (for himself and Mr. CANNON):

H.R. 5532. A bill to improve Federal land management, resource conservation, environmental protection, and use of Federal real property, by requiring the Secretary of the Interior to develop a multipurpose cadastre of Federal real property and identifying inaccurate, duplicate, and out-of-date Federal land inventories, and for other purposes; to the Committee on Natural Resources.

By Mr. WYNN:

H.R. 5533. A bill to revise and extend the chemical-facility security program under Public Law 109-295, and for other purposes; to the Committee on Energy and Commerce.

By Mr. GRIJALVA:

H.R. 5534. A bill to amend the Lacey Act Amendments of 1981 to extend its protections to bears illegally harvested for their viscera in the same manner as with respect to prohibited wildlife species, and for other purposes; to the Committee on Natural Resources.

By Mr. FARR (for himself, Mr. SHAYS, Mr. HONDA, Mr. WALSH of New York, Mr. PETRI, and Ms. MCCOLLUM of Minnesota):

H.R. 5535. A bill to amend the Peace Corps Act to provide continued funding for the Peace Corps, to increase the readjustment allowance for returning Peace Corps volunteers, and for other purposes; to the Committee on Foreign Affairs.

By Mr. ALLEN (for himself and Mr. GONZALEZ):

H.R. 5536. A bill to require the Secretary of Commerce to prescribe regulations to reduce the incidence of vessels colliding with North Atlantic right whales by limiting the speed of vessels, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. MURPHY of Connecticut:

H.R. 5537. A bill to amend the Juvenile Justice and Delinquency Prevention Act of 1974 with respect to juveniles who have committed offenses, and for other purposes; to the Committee on Energy and Commerce.

By Mr. NUNES:

H.R. 5538. A bill to suspend temporarily the duty on certain sleeping bags; to the Committee on Ways and Means.

By Mr. NUNES:

H.R. 5539. A bill to suspend temporarily the duty on certain sleeping bags; to the Committee on Ways and Means.

By Mr. SARBANES (for himself, Mr. WITTMAN of Virginia, Mr. HOYER, Mr. GILCHREST, Mr. WYNN, Mr. MORAN of Virginia, Mr. SCOTT of Virginia, Mr. CUMMINGS, Mr. RUPPERSBERGER, and Mr. VAN HOLLEN):

H.R. 5540. A bill to amend the Chesapeake Bay Initiative Act of 1998 to provide for the continuing authorization of the Chesapeake Bay Gateways and Watertrails Network; to the Committee on Natural Resources.

By Mr. CUMMINGS (for himself, Mr. MEEK of Florida, Mr. LEWIS of Georgia, Mr. NADLER, Mr. TOWNS, Mr. JEFFERSON, Mr. WYNN, Mr. BISHOP of Georgia, Ms. MATSUI, Mr. GRIJALVA, Mr. FILNER, Ms. BORDALLO, Mr. RANGEL, Mr. ELLISON, Mr. MOORE of Kansas, Ms. MOORE of Wisconsin, Mr. COHEN, Mrs. CHRISTENSEN, Mr. BARROW, Mrs. MALONEY of New York, Mrs. JONES of Ohio, Mr. DAVIS of Illinois, Mr. JOHNSON of Georgia, Mr. HINCHEY, Mr. HALL of New York, Mr. BUTTERFIELD, Mr. KUCINICH, Mr. ARCURI, Mr. SCOTT of Virginia, Mr. BRADY of Pennsylvania, Mr. MARKEY, Mr. PAYNE, Ms. LEE, Mr. SERRANO, Ms. SUTTON, Ms. HIRONO, Mr. AL GREEN of Texas, Ms. WOOLSEY, Mr. CLEAVER, Mr. SARBANES, Mr. MORAN of Virginia, Mr. HIGGINS, Mr. VAN HOLLEN, Ms. CORRINE BROWN of Florida, Mr. RUPPERSBERGER, Mr. ROTHMAN, Mr. HOYER, Mr. CONYERS, Mr. BOSWELL, Mr. MCGOVERN, Mr. HARE, Mr. HASTINGS of Florida, Mr. GILCHREST, Mr. HONDA, Mr. FATTAH, Ms. MCCOLLUM of Minnesota, Ms. ROYBAL-ALLARD, Mr. BARTLETT of Maryland, Mr. LYNCH, Ms. WASSERMAN SCHULTZ, Mr. MEEKS of New York, Ms. JACKSON-LEE of Texas, Mr. THOMPSON of Mississippi, Mr. BRALEY of Iowa, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. WATERS, and Ms. KILPATRICK):

H. Con. Res. 310. Concurrent resolution expressing support for a national day of remembrance for Harriet Ross Tubman; to the Committee on Oversight and Government Reform.

By Mrs. CAPPS (for herself, Mrs. MCMORRIS RODGERS, Ms. BALDWIN, Ms. GINNY BROWN-WAITE of Florida, Mrs. CHRISTENSEN, Ms. DEGETTE, Ms. DELAURO, Mrs. MALONEY of New York, Ms. MATSUI, Ms. MCCOLLUM of Minnesota, Mr. MCGOVERN, Ms. MOORE of Wisconsin, Ms. NORTON, Ms. SCHAKOWSKY, Ms. SLAUGHTER, and Ms. SOLIS):

H. Res. 1022. A resolution reducing maternal mortality both at home and abroad; to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. BONO MACK:

H. Res. 1023. A resolution supporting the We Don't Serve Teens campaign; to the Committee on Energy and Commerce.

ADDITIONAL SPONSORS TO PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 78: Mr. ENGLISH of Pennsylvania.
H.R. 241: Mr. GALLEGLY.
H.R. 471: Mrs. DRAKE.
H.R. 598: Mr. LAMPSON.
H.R. 758: Mr. CUELLAR, Ms. BEAN, and Ms. TSONGAS.
H.R. 882: Mrs. CUBIN.
H.R. 1092: Mr. ANDREWS.
H.R. 1102: Mrs. MYRICK.
H.R. 1188: Ms. BERKLEY.
H.R. 1237: Mr. DENT, Ms. SUTTON, Mrs. JONES of Ohio, Mr. SHAYS, and Mr. FATTAH.
H.R. 1264: Ms. FOXX and Mr. ROTHMAN.
H.R. 1293: Mr. NEAL of Massachusetts.
H.R. 1343: Mr. DONNELLY.
H.R. 1359: Mr. BILBRAY, Mr. PRICE of Georgia, Mrs. CUBIN, and Mr. DOOLITTLE.
H.R. 1439: Ms. TSONGAS.
H.R. 1532: Ms. ESHOO.
H.R. 1621: Mr. MOORE of Kansas.
H.R. 1655: Mr. PLATTS and Mr. MCCOTTER.
H.R. 1665: Ms. LORETTA SANCHEZ of California and Mr. TANCREDO.
H.R. 1687: Mr. TIM MURPHY of Pennsylvania.
H.R. 1726: Mr. LEWIS of Georgia and Mr. ROTHMAN.
H.R. 1809: Mr. FRANK of Massachusetts.
H.R. 1889: Mr. AL GREEN of Texas.
H.R. 1890: Mr. AL GREEN of Texas.
H.R. 1957: Mrs. CAPPS.
H.R. 1983: Mr. BARROW.
H.R. 2015: Mr. BECERRA.
H.R. 2054: Mr. BROWN of South Carolina and Ms. HOOLEY.
H.R. 2063: Mr. FOSSELLA.
H.R. 2123: Ms. BERKLEY and Mr. MCGOVERN.
H.R. 2267: Mr. CARNEY.
H.R. 2303: Mr. UDALL of Colorado, Mr. ROTHMAN, Ms. GINNY BROWN-WAITE of Florida and Mr. UDALL of New Mexico.
H.R. 2329: Ms. BERKLEY and Ms. SCHWARTZ.
H.R. 2552: Mr. GRIJALVA.
H.R. 2702: Mr. WALZ of Minnesota, Mr. HOLT, Ms. TSONGAS, Mr. OBERSTAR and Mrs. CAPITO.
H.R. 2712: Mr. WITTMAN of Virginia.
H.R. 2744: Mr. HODES, Mr. HOLT, Mrs. BOYDA of Kansas, Mr. PASCRELL, Mrs. MUSGRAVE, Mr. HINOJOSA, and Mr. ANDREWS.
H.R. 2833: Ms. SOLIS.
H.R. 2925: Mr. GORDON.
H.R. 2965: Mr. MCDERMOTT.
H.R. 3001: Mr. VAN HOLLEN.
H.R. 3010: Ms. MATSUI, Mr. UDALL of New Mexico, and Mr. SKELTON.
H.R. 3014: Ms. DEGETTE.
H.R. 3049: Mr. PAUL and Mr. YOUNG of Alaska.
H.R. 3223: Mr. BOYD of Florida.
H.R. 3229: Mr. FILNER.
H.R. 3282: Mr. MARKEY and Mr. TOWNS.
H.R. 3359: Mr. MCCAUL of Texas.
H.R. 3396: Mr. JOHNSON of Georgia.
H.R. 3546: Mr. PASTOR and Ms. WASSERMAN SCHULTZ.
H.R. 3609: Mr. MCGOVERN, Mrs. NAPOLITANO, and Mr. CLAY.

H.R. 3622: Mr. BURTON of Indiana, Mr. SHULER, Mr. BERRY, Mr. BILIRAKIS, Mrs. BACHMANN, and Mr. MAHONEY of Florida.

H.R. 3646: Mr. ROGERS of Michigan and Mr. PEARCE.

H.R. 3650: Mr. WITTMAN of Virginia.

H.R. 3686: Ms. SCHAKOWSKY.

H.R. 3750: Mr. BUTTERFIELD, Mr. PASTOR, and Mr. GRIJALVA.

H.R. 3819: Mr. COSTELLO.

H.R. 3842: Mr. SIRES.

H.R. 3934: Mr. MCNULTY, Mr. ROGERS of Michigan, Mr. HENSARLING, Mr. MCCARTHY of California, Mr. WAXMAN, Mr. TOM DAVIS of Virginia, and Mr. CAMPBELL of California.

H.R. 3995: Mr. POE and Mr. COHEN.

H.R. 4054: Mr. PASTOR, Mr. BRADY of Pennsylvania, and Mr. BOSWELL.

H.R. 4091: Mrs. SCHMIDT, Mr. WELCH of Vermont, and Mr. CONYERS.

H.R. 4102: Ms. ZOE LOFGREN of California.

H.R. 4116: Ms. ZOE LOFGREN of California, Mr. DAVID DAVIS of Tennessee, and Mr. PLATTS.

H.R. 4133: Ms. FALLIN.

H.R. 4157: Mr. BOOZMAN and Mr. TIAHRT.

H.R. 4185: Mr. DREIER, Mr. DANIEL E. LUNGREN of California, Mr. STARK, and Mr. WAXMAN.

H.R. 4279: Mrs. BONO MACK.

H.R. 4304: Mr. DEAL of Georgia.

H.R. 4344: Mr. DAVID DAVIS of Tennessee.

H.R. 4449: Mr. JOHNSON of Georgia, Mr. LYNCH, Mr. WELCH of Vermont, and Mr. MAHONEY of Florida.

H.R. 4662: Mr. BLUMENAUER.

H.R. 4690: Ms. EDDIE BERNICE JOHNSON of Texas.

H.R. 4879: Mr. WILSON of Ohio.

H.R. 4930: Mr. KLINE of Minnesota, Mr. BOOZMAN, Mr. MORAN of Kansas, Mrs. DRAKE, Mr. FORTENBERRY, and Mr. POE.

H.R. 5032: Mr. PENCE, Mr. AKIN, Mr. KING of Iowa, Mr. TERRY, and Mr. NEUGEBAUER.

H.R. 5109: Mrs. DRAKE.

H.R. 5110: Mr. BISHOP of New York, Mr. BOSWELL, and Mr. HINOJOSA.

H.R. 5131: Mr. PITTS.

H.R. 5143: Mr. KAGEN, Mr. THOMPSON of California, and Ms. SOLIS.

H.R. 5173: Ms. BALDWIN, Mr. BLUMENAUER, Mr. BISHOP of Georgia, Mr. CLAY, Mr. CLEAVER, Mr. DAVIS of Alabama, Mr. DAVIS of Illinois, Mr. FATTAH, Mr. JACKSON of Illinois, Mr. JEFFERSON, Mr. PAYNE, Mr. THOMPSON of Mississippi, and Ms. WATSON.

H.R. 5176: Mr. HINOJOSA.

H.R. 5229: Mr. ENGLISH of Pennsylvania, Mr. MCINTYRE, and Mr. ACKERMAN.

H.R. 5232: Mr. SENSENBRENNER.

H.R. 5233: Mr. BISHOP of New York.

H.R. 5315: Mrs. WILSON of New Mexico.

H.R. 5395: Mr. DAVIS of Alabama, Mrs. MALONEY of New York, Ms. WATSON, Mr. BRALEY of Iowa, Mr. RANGEL, and Mr. AL GREEN of Texas.

H.R. 5435: Mr. CUELLAR.

H.R. 5443: Mr. KIRK, Mr. GALLEGLY, Mr. CROWLEY, and Mr. ENGLISH of Pennsylvania.

H.R. 5461: Mr. BERMAN.

H.R. 5464: Ms. BORDALLO.

H.R. 5468: Mr. CARNEY and Mr. PORTER.

H.R. 5496: Mr. GRIJALVA.

H.R. 5498: Ms. BALDWIN.

H.R. 5505: Mr. LAHOOD.

H.R. 5509: Mr. LAMBORN.

H.J. Res. 12: Mr. WITTMAN of Virginia.

H.J. Res. 39: Mr. ISSA.

H. Con. Res. 32: Mr. ROSS, Mr. BARRETT of South Carolina, Mr. BUYER, and Mr. BILIRAKIS.

H. Con. Res. 69: Mr. TIAHRT.

H. Con. Res. 163: Ms. KAPTUR, Mr. GENE GREEN of Texas, Mr. MCGOVERN, Mr. MCHENRY, Ms. NORTON, and Ms. BEAN.

H. Con. Res. 195: Mr. MCGOVERN and Mr. BLUMENAUER.

H. Con. Res. 244: Mr. ROSKAM, Mr. ENGLISH of Pennsylvania, Mr. LINCOLN DAVIS of Tennessee, Mr. LAHOOD, Mr. LAMBORN, Mr. BOYD of Florida, Mr. SMITH of New Jersey, Mr. THORNBERRY, Mr. ALTMIRE, Mr. KING of Iowa, Mr. DAVID DAVIS of Tennessee, and Mr. BOUSTANY.

H. Con. Res. 277: Mr. PAUL.

H. Con. Res. 278: Mr. MCCAUL of Texas, Mr. SALI, and Mr. PUTNAM.

H. Con. Res. 286: Mr. BURTON of Indiana.

H. Con. Res. 294: Mr. RANGEL, Mr. RAMSTAD, Mrs. WILSON of New Mexico, Mr. SHAYS, Ms. HERSETH SANDLIN, and Mr. LOEBSACK.

H. Con. Res. 295: Mr. ENGLISH of Pennsylvania and Mr. YOUNG of Florida.

H. Res. 49: Mr. LINCOLN DIAZ-BALART of Florida.

H. Res. 146: Ms. BALDWIN.

H. Res. 333: Mr. STARK.

H. Res. 339: Mr. BOOZMAN.

H. Res. 356: Mr. LEWIS of Georgia and Mr. TANCREDO.

H. Res. 671: Mr. SHAYS.

H. Res. 795: Mr. GORDON.

H. Res. 838: Mr. BILBRAY, Mr. BILIRAKIS, Mr. CARTER, Mr. FOSSELLA, Mr. HOLDEN, Mr. JONES of North Carolina, Mr. PAYNE, Mr. REYNOLDS, Mr. ROGERS of Michigan, and Mr. SMITH of New Jersey.

H. Res. 896: Mrs. MALONEY of New York.

H. Res. 924: Mr. HALL of New York.

H. Res. 925: Mr. CHABOT, Mr. FORTUÑO, and Mr. SMITH of New Jersey.

H. Res. 937: Mr. MORAN of Kansas.

H. Res. 948: Ms. KILPATRICK, Mr. MCGOVERN, Mr. OLVER, Mr. FILNER, Mr. HASTINGS of Florida, Mr. KLEIN of Florida, Mr. CROWLEY, Mr. TOWNS, Mrs. GILLIBRAND, Mr. WILSON of Ohio, Mr. KAGEN, Mr. LAMBORN, Mr. ROHRABACHER, and Mr. JONES of North Carolina.

H. Res. 951: Mr. BRADY of Pennsylvania, Mr. SCHIFF, Mr. PITTS, Mr. FATTAH, Ms. MATSUI, Mr. EMANUEL, Mr. CARNEY, Ms. GINNY BROWN-WAITE of Florida, Mr. KENNEDY, Mr. BERMAN, and Mr. NADLER.

H. Res. 959: Mr. HODES, Ms. FOXX, Mr. HUNTER, Mr. HAYES, and Mr. AKIN.

H. Res. 962: Mr. AL GREEN of Texas.

H. Res. 973; Mr. CHANDLER.

H. Res. 977: Mr. POE and Mr. WEXLER.

H. Res. 981: Mr. BISHOP of Georgia, Mr. FOSSELLA, and Ms. JACKSON-LEE of Texas.

H. Res. 984: Mr. POE and Mr. GONZALEZ.

H. Res. 987: Ms. SUTTON, Ms. BORDALLO, Mr. BOSWELL, and Mr. MCGOVERN.

H. Res. 988: Mr. BARROW and Mr. MOORE of Kansas.

H. Res. 991: Mr. FOSSELLA, Mr. ARCURI, Ms. CLARKE, Mr. NADLER, Ms. SLAUGHTER, and Mr. SERRANO.

H. Res. 992: Ms. ZOE LOFGREN of California, Mr. UDALL of Colorado, and Mr. MEEK of Florida.

H. Res. 994: Mr. WELDON of Florida, Mr. PENCE, Mr. DAVID DAVIS of Tennessee, Mr. FRANKS of Arizona, and Mr. FEENEY.

H. Res. 997: Mr. BILIRAKIS, Mr. FORTUÑO, Mr. CHABOT, Mr. SHAYS, and Mr. HINCHEY.

H. Res. 1005: Mr. MORAN of Virginia, Mr. SHAYS, and Mr. WOLF.

H. Res. 1008: Ms. BERKLEY and Mr. SHERMAN.

H. Res. 1016: Mr. STEARNS.

H. Res. 1018: Mr. FORTENBERRY.

H. Res. 1019: Mr. COHEN and Ms. WATERS.

H. Res. 1021: Mrs. WILSON of New Mexico, Mr. HASTINGS of Florida, Mrs. TAUSCHER, Ms. JACKSON-LEE of Texas, Ms. ROYBAL-ALLARD, Ms. BORDALLO, Ms. KAPTUR, Mr. DAVIS of Illinois, Ms. BEAN, Mrs. CHRISTENSEN, Mr. SIRES, Mr. JACKSON of Illinois, Ms. WASSERMAN SCHULTZ, Mr. GRIJALVA, Mr. KILDEE, Mr. STARK, and Mr. ELLISON.