



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 111th CONGRESS, FIRST SESSION

Vol. 155

WASHINGTON, MONDAY, MARCH 30, 2009

No. 53

House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Ms. JACKSON-LEE of Texas).

DESIGNATION OF SPEAKER PRO TEMPORE

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

WASHINGTON, DC,

March 30, 2009.

I hereby appoint the Honorable SHELLA JACKSON-LEE to act as Speaker pro tempore on this day.

NANCY PELOSI,

Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

LIFE SUSTAINING TREATMENT PREFERENCES ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Madam Speaker, as we approach health care reform, there is no area that is more vital for honest discussion and careful analysis than what happens at end of a patient's life. For most of us, we will get the majority of our lifetime health care in that last year. Indeed, for many it is just the last few months of life, we use the most doctor care, the most intervention in terms of medical proce-

dures, the most days in a hospital. This is clearly the time of greatest stress both for the patient and the family as they watch their loved one enter what is often a struggle in these last few months.

The evidence is that this is the hardest period to be able to make those critical decisions. We don't want to force spur-of-the-moment action for families when they are talking about things that have great consequence for the quality of life for not just a "patient" but a family member, the ability to extend the quality of life, and perhaps deal with recovery. This is also the worst time for people to go on autopilot check out, to have a default option where they just turn decisions over to whatever the local medical activity may be on that site without a thought and consequence to what the individual wishes of the patient and their family may be.

There is strong evidence that in many cases the very intensive activities—the tubes, the procedures, the operations, the ventilators—actually don't prolong life, and they certainly impact in a negative sense the quality of life, the way that the patient may be able to interact with their family and friends in those last few days and their mind-set and their pain level.

This research has sparked action from coast to coast. Many States have developed a new end-of-life care directive called Orders For Life Sustaining Treatment. They are being developed in over 30 States. They help the seriously ill patient identify their treatment preferences using clear, standardized language. It is written as actionable medical orders signed by a physician, and they help communicate patient preferences regarding the intensity of medical intervention, transfers to hospitals, use of antibiotics, artificially administered nutrition and resuscitation.

Members of my family and I have concluded that we don't want those ex-

traordinary measures as our default, and have signed instructions accordingly.

What we find, however, is that too many people don't have access to the counseling and activities for them to be able to make an informed decision. The irony is that the Medicare system will spend thousands and thousands of dollars on intense medical intervention, intense medical activities, but they won't spend a few dollars to pay a doctor to have a conversation with a patient and the family about what they can expect, what their choices are, and to be able to engage with the patient and the family to decide what they want to have happen.

I guess that we don't do it to save money; but the evidence suggests that when people actually have a choice, they choose things that not only improve their quality of life, but actually save money. Why don't we give individual patients and their families that choice under Medicare?

That's why I will be introducing the Life Sustaining Treatment Preferences Act which will provide coverage under Medicare for consultations regarding end-of-life treatment options. It is time for Medicare to be able to address the needs that will truly reflect the preferences, the wishes, and the quality-of-life choices for Medicare patients and their families. It is the humane, compassionate thing to do. It will help us allocate our health care resources more appropriately to treat what people want, and it will relieve the pressure on the health care system so the default isn't always the most intensive, expensive interventions that often deteriorate the quality of life in those final days.

I would urge my colleagues to look at this option and join me in making sure that we modernize Medicare to meet the needs of patients and their families in their final hours.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



Printed on recycled paper.

H4065

PREFERENTIAL TREATMENT OF
AIG

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. SHERMAN) for 5 minutes.

Mr. SHERMAN. Madam Speaker, this country is being treated to Kabuki theater in three acts. In the first act the American people are told, "We feel your anger. We share your anger. You have a right to be angry at AIG and all the others on Wall Street that are bailed out."

But in the second act, Wall Street nitpicks to death any practical proposal that would be adverse to the interests of Wall Street.

And then in the third act, we transfer a trillion dollars to Wall Street on very favorable terms. That is to say, terms that are unfavorable to the taxpayer, terms very favorable to Wall Street.

Now the first act is one in which those of us who are angry are told that we are blinded by our anger and therefore should not participate in the decision-making. Rather, that should be left to those who are blinded by their gullibility for Wall Street's demands and entreaties. We are told that those of us who are angry are stupid peasants with pitchforks and torches. We are told that it is wrong to be angry with the bonuses because that is just the tip of the iceberg, and it is wrong to be angry with the \$170 billion we gave to AIG because that is too complicated to talk about.

The fact is AIG should have been in receivership; that would have voided its employment contracts, and we need to compare AIG to GM in just a second.

The second act is one where we nitpick to death any proposal that Wall Street disagrees with. We had a proposal to impose taxation on excess compensation, and we are told, "Oh, we can't change the rules after the game." The fact is that this Congress has often passed tax laws a few months into 2009, or any particular tax year, that would affect the 2009 tax year or even prior tax years. We have done it repeatedly. We just never did it to Wall Street.

Finally, we go to the third act where we transfer a trillion dollars to Wall Street as part of this public-private partnership. Now how does that work? Wall Street puts up 6 percent of the money. They get 50 percent of the profits and 100 percent of the control. I would say those are terms very favorable to Wall Street. I am not blinded by my anger; but I am, indeed, angry.

Now let us compare how we have dealt with AIG and how we dealt with General Motors. Both entities need to continue to produce. The AIG insurance companies are relatively safe. They are State-regulated. They weren't part of the big disaster. The big disaster occurred at the parent company where they opened a casino and all of the guys on Wall Street and the powerful interests around the world went to the casino. They placed their bets. They bet against the mortgage market

in the United States. They won and they broke the bank. And now they are being paid every penny they are owed, down to the last penny. How can that be done when AIG is bust? Simple, taxpayer money, \$170 billion. Some of it, we put it into AIG, and tens of billions of dollars go to overseas banks within minutes.

How does that compare to the creditors of General Motors? General Motors owes its bondholders. It owes its retirees, and General Motors owes its workers. What is happening to what is owed by General Motors under these contracts? Those contracts are being shrunk. The bondholders are going to have to take about a third of what they are entitled to in cash. The retirees are going to get about half of what they are entitled to in cash, and the UAW has already made substantial changes in their union contract.

So with General Motors, there is either a bankruptcy, and I hope we avoid a formal bankruptcy, or there is, in effect, an informal bankruptcy. What is a bankruptcy? It is a reorganization process in which the company goes forward but its creditors have to take a haircut. They have to lose money. And all of the creditors of General Motors are losing substantial amounts, even people who worked their whole lives expecting retirement benefits and health benefits when they retired. They are taking major haircuts.

What about the rich and powerful that AIG owed money to? They are getting paid every penny. They demand it, and it comes from the American taxpayer. It is time that we respect the companies like GM that do work and make products. It is time that we not hollow out our manufacturing sector.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 42 minutes p.m.), the House stood in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. JACKSON-LEE of Texas) at 2 p.m.

PRAYER

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

Show us Your mercy, Lord. Look upon our weakness and insecurity, and keep us safe.

In the midst of the work this week and among all the Members, grant the fullness of Your peace in all their undertakings. Strengthen this Congress with the renewed resolve of common purpose. Together, both Chambers hold

the sacred trust of the people as they face issues disturbing the Nation. May all decisions serve the common resolve of the people and give You the glory both 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 gentlewoman from Illinois (Mrs. HALVORSON) come forward and lead the House in the Pledge of Allegiance.

Mrs. HALVORSON 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.

TOUGH CHOICES MUST BE MADE
FOR AUTO INDUSTRY'S SURVIVAL

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

Mr. CARNAHAN. Madam Speaker, today both American families and businesses are struggling to make ends meet during these tough economic times. Like President Obama, I am optimistic that America can and will build the cars of the future.

When GM and Chrysler are both asking for additional taxpayer dollars, it is only common sense they explore every option to tackle this crisis. Both companies must be pressed to once again lead the world in car manufacturing. Chrysler's best option is to make an alliance with an outside company like Fiat, to make a successful product that can profit and sustain itself for the future. I am optimistic about what a more advanced engine could do for the company and its workers.

The men and women at the Fenton plant in Missouri helped Chrysler survive in the early eighties, and I fully expect them to be an integral part of Chrysler's future survival. It is essential that Chrysler continue at least the same amount of current manufacturing in the U.S. today, and Fiat is committed to do that, and that they continue to grow production in the U.S. as the auto industry rebounds. My constituents, who have helped make the Fenton plant the state-of-the-art facility it is today, rightfully expect their tax-funded assistance to create American jobs.

The auto industry must make tough choices to keep their loyal and hard-working workforce employed and, once again, become the world's leader. And Congress must also make the difficult choices to get out of this economic and fiscal crisis and move America in a new direction.

MEDIA IGNORE SUPPORT FOR IMMIGRATION ENFORCEMENT

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

Mr. SMITH of Texas. Madam Speaker, a Rasmussen poll found that 67 percent of likely voters support worksite enforcement actions to identify and deport illegal workers. That included a majority of Republicans, Democrats, and Independents.

The poll results are no surprise. Enforcement protects jobs for citizens and legal immigrants alike. Also, a long-term study released last week by the Center for Immigration Studies found that wages increased for legal workers after a worksite enforcement operation at a large meatpacker.

But you are unlikely to hear about studies and polls like these from the national media because of their left-wing slant on immigration issues. In fact, not a single major daily newspaper or a single network news program covered either the poll or the study.

Americans need the media to report the facts, not ignore the news.

H.R. 745, PANCREATIC CANCER RESEARCH AND EDUCATION BILL

(Ms. GINNY BROWN-WAITE of Florida asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. GINNY BROWN-WAITE of Florida. Madam Speaker, I rise today to speak about H.R. 745, the Pancreatic Cancer Research and Education bill, which I introduced together with my colleague, ANNA ESHOO.

I just came from a meeting of the Pancreatic Cancer Network, and they are going to be lobbying on the Hill for additional funding for pancreatic cancer research, which is exactly what this bill does.

Many in this chamber and many in my district know that my husband passed away from pancreatic cancer last August 19. This is a very, very special bill to me, because we will have the kind of funding so that there can be an early warning detection system for those who may have pancreatic cancer. Catching pancreatic cancer in the early stages is absolutely necessary. So, again, that bill is H.R. 745.

I was a little disillusioned to hear one of the people who was at this event today tell me that when they went to their Member of Congress, their Member of Congress said, "Well, I am sorry, but you are a special interest group." Yes, they are a special interest group. They lost a loved one to pancreatic cancer.

I urge my colleagues to please listen to the family members of those who have lost loved ones to pancreatic cancer.

APPOINTMENT OF MEMBERS TO BOARD OF VISITORS TO UNITED STATES MERCHANT MARINE ACADEMY

The SPEAKER pro tempore. Pursuant to 46 U.S.C. 51312(b), and the order of the House of January 6, 2009, the Chair announces the Speaker's appointment of the following Members of the House to the Board of Visitors to the United States Merchant Marine Academy:

Mrs. MCCARTHY, New York
Mr. KING, New York

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 4 of rule I, the following enrolled bill was signed by the Speaker on Thursday, March 26, 2009:

H.R. 146, to designate certain land as components of the National Wilderness Preservation System, to authorize certain programs and activities in the Department of the Interior and the Department of Agriculture, and for other purposes.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 30, 2009.

Hon. NANCY PELOSI,
The Speaker, The Capitol, House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on March 30, 2009, at 9:38 a.m.:

That the Senate passed with amendments H.R. 1388.

Appointments:
Senate National Security Working Group.
National Council of the Arts.
With best wishes, I am
Sincerely,

LORRAINE C. MILLER,
Clerk of the House.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. 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 incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken after 6:30 p.m. today.

HOMELESS VETERANS RE-INTEGRATION PROGRAM REAUTHORIZATION ACT OF 2009

Mrs. HALVORSON. Madam Speaker, I move to suspend the rules and pass

the bill (H.R. 1171) to amend title 38, United States Code, to reauthorize the Homeless Veterans Reintegration Program for fiscal years 2010 through 2014, as amended.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 1171

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 "Homeless Veterans Reintegration Program Reauthorization Act of 2009".

SEC. 2. REAUTHORIZATION OF APPROPRIATIONS FOR HOMELESS VETERANS RE-INTEGRATION PROGRAM.

Section 2021(e)(1)(F) of title 38, United States Code, is amended by striking "2009" and inserting "2014".

SEC. 3. HOMELESS WOMEN VETERANS AND HOMELESS VETERANS WITH CHILDREN RE-INTEGRATION GRANT PROGRAM.

(a) GRANT PROGRAM.—Chapter 20 of title 38, United States Code, is amended by inserting after section 2021 the following new section:

"§2021A. Homeless women veterans and homeless veterans with children reintegration grant program

"(a) GRANTS.—Subject to the availability of appropriations provided for such purpose, the Secretary of Labor shall make grants to program and facilities that the Secretary determines provide dedicated services for homeless women veterans and homeless veterans with children.

"(b) USE OF FUNDS.—Grants under this section shall be used to provide job training, counseling, placement services (including job readiness and literacy and skills training) and child care services to expedite the reintegration of homeless women veterans and homeless veterans with children into the labor force.

"(c) REQUIREMENT TO MONITOR EXPENDITURES OF FUNDS.—(1) The Secretary of Labor shall collect such information as that Secretary considers appropriate to monitor and evaluate the distribution and expenditure of funds appropriated to carry out this section. The information shall include data with respect to the results or outcomes of the services provided to each homeless veteran under this section.

"(2) Information under paragraph (1) shall be furnished in such form and manner as the Secretary of Labor may specify.

"(d) ADMINISTRATION THROUGH THE ASSISTANT SECRETARY OF LABOR FOR VETERANS' EMPLOYMENT AND TRAINING.—The Secretary of Labor shall carry out this section through the Assistant Secretary of Labor for Veterans' Employment and Training.

"(e) BIENNIAL REPORT TO CONGRESS.—The Secretary of Labor shall include as part of the report required under section 2021(d) of this title an evaluation of the grant program under this section, which shall include an evaluation of services furnished to veterans under this section and an analysis of the information collected under subsection (c).

"(f) AUTHORIZATION OF APPROPRIATIONS.—(1) In addition to any amount authorized to be appropriated to carry out section 2021 of this title, there is authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2010 through 2014.

"(2) Funds appropriated to carry out this section shall remain available until expended. Funds obligated in any fiscal year to carry out this section may be expended in that fiscal year and the succeeding fiscal year."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 2021 the following new item:

"2021A. Homeless women veterans and homeless veterans with children reintegration grant program."

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Mrs. HALVORSON) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

Mrs. HALVORSON. Madam Speaker, I yield myself such time as I may consume.

I would like to thank my distinguished colleague, Congressman JOHN BOOZMAN of Arkansas, for crafting H.R. 1171, the Homeless Veterans Reintegration Program Reauthorization Act of 2009, to help our Nation's veterans overcome the barriers of homelessness. I would also like to thank Chairman BOB FILNER and the Subcommittee on Economic Opportunity Chairwoman STEPHANIE HERSETH SANDLIN of South Dakota for the strong bipartisan leadership she demonstrated in working on this legislation.

H.R. 1171, as amended, would augment current Federal programs by reauthorization of the Labor Department's Homeless Veterans Reintegration Program through fiscal year 2014.

Specifically, this program would allocate grants for State and local workforce investment boards, local public agencies, nonprofit and community organizations to provide employment assistance and supportive services, such as transportation assistance in finding housing and referral for mental health treatment or substance abuse counseling.

Furthermore, this legislation would authorize \$10 million for fiscal years 2010 through 2014 to expand the Homeless Veterans Reintegration Program to address the unique needs of homeless women veterans and veterans with children.

While the exact number of homeless veterans is unknown, the VA estimates that approximately 154,000 veterans were homeless across the country during the last week of January 2007. These homeless veterans will benefit from organizations like the Volunteers of America in Illinois, Medical Professionals for Home Health Care, and the Inner Voice, Incorporated, which currently participate in the homeless veterans reintegration program in my State of Illinois.

Providing these organizations the resources to improve preventive measures and address the unique health and mental illness needs of veterans will help ensure our homeless veterans succeed in life after their service to our country. I urge all of my colleagues to join me in reaffirming our Nation's commitment to care for our servicemembers, veterans, and their dependents by supporting H.R. 1171.

Madam Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 1171, as amended, the Homeless Veterans Reintegration Program Reauthorization

Act of 2009. This bill would extend the Homeless Veteran Reintegration Program, HVRP, through fiscal year 2014. This bill was introduced by Ranking Member Dr. JOHN BOOZMAN and the Subcommittee on Economic Opportunity, and I am proud to join him as an original cosponsor.

I would also like to thank Chairwoman HERSETH SANDLIN of the Subcommittee on Economic Opportunity and Chairman FILNER and Ranking Member BUYER of the full Committee on Veterans' Affairs for moving this important measure with our first group of authorizing bills.

At the proper time, I will yield to Ranking Member BOOZMAN to describe his bill.

I reserve the balance of my time.

Mrs. HALVORSON. I continue to reserve the balance of my time.

Mr. ROE of Tennessee. I yield 3 minutes to the gentleman from Arkansas (Mr. BOOZMAN).

Mr. BOOZMAN. Madam Speaker, I want to first thank the chair of the Economic Opportunity Subcommittee, HERSETH SANDLIN, and the committee chairman, Mr. FILNER, for bringing forth H.R. 1171, as amended, to the House. I am also grateful to Ranking Member BUYER for being an original cosponsor.

Today, VA estimates that 154,000 veterans are homeless, down from 250,000 just a few years ago. While the VA data shows that we are making progress in reducing the number of homeless veterans, there is still a need to get our veterans off the streets and into jobs.

□ 1415

That is why we need to continue the Homeless Veterans Reintegration Program, known as HVRP, administered by the Department of Labor's Veterans Employment and Training Service, or VETS. Madam Speaker, HVRP is being cited by GAO as an example of a successful program designed to put homeless veterans back to work. It is a relatively inexpensive program, authorized at \$50 million per year and funded last year at about \$26 million.

The goal of HVRP is to put homeless veterans back to work. The latest data shows that in fiscal year 2007, HVRP providers served 13,446 homeless veterans and put 9,061 back to work for a placement rate of 67 percent. The average wage was \$13 per hour with a cost per placement of about \$2,407. If you figure a wage of \$26,000 per year, a veteran in the 15 percent tax bracket would pay about \$3,900 in Federal income taxes alone. That is a bargain for taxpayers who have gained another contributor to society.

To be successful in returning veterans to full members of society, it is vital that homeless veterans programs offer more than just shelter and meals. Services such as substance abuse treatment and mental health services are needed to lay the foundation for a return to work whenever possible. It is the ability to make one's way in the

world, to contribute rather than just take, that gives us a sense of self-worth and pride.

I am also pleased that the Veterans' Affairs Committee voted unanimously to amend H.R. 1171, as amended, by adding the provisions of Ranking Member BUYER's H.R. 293, a bill that would create a separate program to employ homeless women veterans and veterans with children. Unfortunately, the homeless veteran population is seeing an increase in these two groups, and it is time to incentivize homeless providers to meet the needs of women veterans and veterans with children.

Clearly, HVRP has played an important role in reducing homelessness among veterans, and that is why it is important to extend the program, which would otherwise expire next September.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ROE of Tennessee. I yield the gentleman as much time as he may consume.

Mr. BOOZMAN. H.R. 1171, as amended, would continue the program through 2014. As always, I appreciate the hard work of our staffs, both on the Republican and Democratic side, in regard to this legislation.

Madam Speaker, I would urge each of my colleagues to support H.R. 1171, as amended.

Mrs. HALVORSON. Madam Speaker, I continue to reserve the balance of my time.

Mr. ROE of Tennessee. Madam Speaker, I yield myself as much time as I may consume.

Madam Speaker, H.R. 1171, as amended, includes an amendment offered by Ranking Member BUYER during our full committee markup session on March 25, 2009. This amendment is similar to language in H.R. 293, the Homeless Women Veterans and Homeless Veterans With Children Act of 2009, or what is also referred to as HVRP-W.

Mr. BUYER's amendment adds the provisions of H.R. 293 to H.R. 1171, as amended, to create a new grant program that complements the current HVRP program with a focus on homeless women veterans and homeless veterans with children.

As amended, H.R. 1171 authorizes a separate appropriation of \$10 million to fund grants to community organizations that provide service to homeless women veterans and homeless veterans with children. Today, VA estimates there are about 154,000 veterans counted among the homeless, and this is indeed a tragedy. As many of you may be aware, women now comprise a larger percentage of our military, and in addition to sexual trauma, women are increasingly exposed to the same stressors and dangers as men, and we are now seeing more women in need of homeless services, including the training and employment services offered through HVRP.

This legislation is critically important to our Nation's veterans, and expanding the program to include additional grant services for homeless

women veterans and veterans with dependent children continues our mandate to care for those who fought so bravely for many freedoms which we, as a Nation, enjoy.

Madam Speaker, despite the headway this country has made in reducing the number of homeless veterans, we have much further to go in order to end homelessness among our Nation's heroes. I believe H.R. 1171, as amended, will go a long way towards this goal.

I urge my colleagues to support the bill.

Having no further requests at this time, I yield back the balance of my time.

GENERAL LEAVE

Mrs. HALVORSON. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1171, as amended.

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

There was no objection.

Mr. BUYER. Madam Speaker, I rise today in support of H.R. 1171, as amended, the Homeless Veterans Reintegration Program Reauthorization Act of 2009. Ranking Member JOHN BOOZMAN of the Subcommittee on Economic Opportunity introduced this bill to extend the Homeless Veteran Reintegration Program (HVRP) through fiscal year 2014, and I am proud to join him as an original cosponsor.

I would also like to thank Chairwoman HERSETH SANDLIN of the Subcommittee on Economic Opportunity and Chairman FILNER of the Full Committee on Veterans' Affairs for moving this important measure with our first group of authorizing bills.

Madam Speaker, I am also proud that H.R. 1171, as amended, also includes an amendment that I offered in the full committee markup. My amendment is similar to H.R. 293, The Homeless Women Veterans and Veterans with Children Act of 2009, or what I refer to as HVRP-W.

H.R. 293 was one of several bills I suggested that House Leadership include in the original stimulus package and is part of what I call the Noble Warrior Initiative which has received widespread support from the VSO community. My amendment adds the provisions of H.R. 293 to H.R. 1171, as amended, to create a new grant program that complements the current HVRP program with a focus on homeless women veterans and homeless veterans with children.

As amended, H.R. 1171 authorizes a separate appropriation of \$10 million to fund grants to community organizations that provide services to homeless women veterans and homeless veterans with children.

Today, VA estimates there are about 154,000 veterans counted among the homeless. With women comprising a larger percentage of our military, in addition to sexual trauma, women are increasingly exposed to the same stressors and dangers as the men and we are now seeing more women in need of homeless services including the training and employment services offered through HVRP.

Therefore, I believe we need to add the focus of the HVRP-W to make sure that job skill services are being provided to homeless

women veterans and veterans with children. These two groups have separate and unique needs and wants from those of what we think of as the traditional homeless veteran population.

Here are a few facts from VA regarding homeless women veterans and homeless veterans with children:

VA's March 2007 Northeast Program Evaluation Center (NEPEC) contacted 38,667 homeless veterans. About 4 percent were women.

In 2008 VA and communities held 157 Stand Downs and aided 2,347 homeless women veterans and 1,327 children.

Last year VA's community based Homeless Grant and Per Diem program served 19,345 veterans including 1,277 women veterans.

VA's Domiciliary Care for Homeless Veterans treated 5,905 veterans including 242 female veterans.

The HUD-VASH housing voucher program for homeless veterans referred 8,000 veterans of whom 880 were women. 1040 veterans (male and female) housed through HUD-VASH had dependent children.

Madam Speaker as you may know, despite the headway in reducing the number of homeless veterans, there is still much more work ahead of us to end homelessness among our nation's heroes. I believe H.R. 1171, as amended, will go a long way towards this goal and I urge my colleagues to support the bill.

Mrs. HALVORSON. Madam Speaker, I urge my colleagues to unanimously support H.R. 1171, as amended.

I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Mrs. HALVORSON) that the House suspend the rules and pass the bill, H.R. 1171, as amended.

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

The title was amended so as to read: "A bill to amend title 38, United States Code, to reauthorize the Homeless Veterans Reintegration Program for fiscal years 2010 through 2014, and for other purposes."

A motion to reconsider was laid on the table.

EXPANDING VETERAN ELIGIBILITY FOR REIMBURSEMENT IN NON-VA FACILITIES

Mrs. HALVORSON. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1377) to amend title 38, United States Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1377

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

SECTION 1. EXPANSION OF VETERAN ELIGIBILITY FOR REIMBURSEMENT BY SECRETARY OF VETERANS AFFAIRS FOR EMERGENCY TREATMENT FURNISHED IN A NON-DEPARTMENT FACILITY.

(a) EXPANSION OF ELIGIBILITY.—Section 1725 of title 38, United States Code, is amended—

(1) in subsection (b)(3)(C), by striking "or in part"; and

(2) in subsection (f)(2), by striking subparagraph (E).

(b) LIMITATIONS ON REIMBURSEMENT.—Subsection (c) of such section is amended by adding at the end the following new paragraph:

"(4)(A) If the veteran has contractual or legal recourse against a third party that would only, in part, extinguish the veteran's liability to the provider of the emergency treatment, and payment for the treatment may be made both under subsection (a) and by the third party, the amount payable for such treatment under such subsection shall be the amount by which the costs for the emergency treatment exceed the amount payable or paid by the third party, except that the amount payable may not exceed the maximum amount payable established under paragraph (1)(A).

"(B) In any case in which a third party is financially responsible for part of the veteran's emergency treatment expenses, the Secretary shall be the secondary payer.

"(C) A payment in the amount payable under subparagraph (A) shall be considered payment in full and shall extinguish the veteran's liability to the provider.

"(D) The Secretary may not reimburse a veteran under this section for any copayment or similar payment that the veteran owes the third party or for which the veteran is responsible under a health-plan contract."

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by subsections (a) and (b) shall take effect on the date of the enactment of this Act, and shall apply with respect to emergency treatment furnished on or after the date of the enactment of this Act.

(2) REIMBURSEMENT FOR TREATMENT PROVIDED BEFORE EFFECTIVE DATE.—The Secretary may provide reimbursement under section 1725 of title 38, United States Code, as amended by subsections (a) and (b), for emergency treatment furnished to a veteran before the date of the enactment of this Act, if the Secretary determines that, under the circumstances applicable with respect to the veteran, it is appropriate to do so.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Mrs. HALVORSON) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

Mrs. HALVORSON. Madam Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 1377, as amended, which would expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a nondepartment facility. This legislation would assist veterans who get hurt while they are off duty and require emergency care in a non-VA medical facility.

These veterans do not currently receive any reimbursement from the VA if they have third-party insurance that pays either full or a portion of the emergency care. This creates an inequity that penalizes veterans with insurance, including auto insurance, which is oftentimes mandated by law.

A veteran with an insurance policy which covers any portion of the cost for emergency treatment would be burdened with the remaining amount not covered by insurance. This unfair policy has caused many veterans undue stress and has placed them in unnecessary financial hardship. H.R. 1377, as amended, eliminates this inequity by requiring the VA to pay for emergency care in a non-VA facility, even if the veteran holds a policy that will pay for any portion of their care.

Madam Speaker, I would like to thank Ranking Member BUYER and the Health Subcommittee chairman, Mr. MICHAUD, for their contributions to this bill as well as the staff.

I urge your support in passing H.R. 1377, as amended.

Madam Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 1377, as amended, to amend title 38, United States Code, to expand VA's authority to reimburse veterans for the cost of emergency care provided in a non-department facility. I want to thank the chairman for introducing this bill, which would provide financial protections for veterans in need of emergency care.

Current law allows VA to reimburse a veteran for emergency treatment obtained in a non-VA facility only if the veteran does not have any other entitlement to pay from a private party. As a result, a veteran with a policy that covers only a small part of the emergency care costs could be personally liable for substantial out-of-pocket expenses.

H.R. 1377, as amended, would change current law to authorize VA to cover additional expenses in cases where a veteran receives only partial payment from a third party. However, the legislation does make it clear that VA would be the secondary payer and that payment would be limited to the difference between the amount paid by the private insurance and the VA authorized rate. It also ensures that VA payment fully absolves a veteran from any liability to that provider.

In addition to providing prospective protection for veterans, H.R. 1377 was amended to allow the Secretary of Veterans Affairs to retroactively apply this law on a discretionary basis for a veteran who may have incurred a medical debt for emergency treatment prior to the date of enactment.

Madam Speaker, the chairman has talked about the need for this discretionary authority. As such, Ranking Member BUYER requested during our markup last week that the bill report make it clear that it is the committee's intention for the Secretary to use this authority and take into consideration the facts and circumstances of each veteran's situation. A veteran should not be discouraged from seeking emergency care at the closest commu-

nity hospital for fear of financial uncertainty.

I urge my colleagues to support this bill.

I reserve the balance of my time.

Mrs. HALVORSON. I continue to reserve the balance of my time.

Mr. ROE of Tennessee. I yield 2 minutes to the gentlewoman from Florida, Congresswoman BROWN-WAITE.

Ms. GINNY BROWN-WAITE of Florida. Madam Speaker, I thank the gentleman for yielding.

I rise today in support of H.R. 1377, a commonsense bill to reimburse veterans for emergency treatment in non-VA facilities. Our first Commander in Chief, George Washington, once said that the willingness with which our young people are likely to serve in any war, no matter how justified, will be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their country. Taking care of those who have sacrificed for our Nation is truly our sacred duty. It is a national promise that goes back to Presidents Washington and Lincoln. Yet a couple of weeks ago, President Obama proposed billing veterans for treatment of combat-related injuries. Although the President announced that he was rescinding this proposal, it is nonetheless alarming to our veteran population.

The courageous Americans who have served our country should know that all of us recognize their sacrifice, and this bill by Representative FILNER will go a long way in doing just that.

Back in Florida, I represent over 110,000 veterans, the second highest number of any Member of Congress. Many of these brave men and women are disabled either in battle or in the course of their service to the United States military. Yet, veterans in my district must frequently travel long distances to obtain care from a VA facility. As a result, those requiring emergency care must seek treatment in a private or a community-run hospital. Passage of this bill will ensure that veterans are not saddled with massive emergency room bills.

I thank my colleague, Mr. FILNER, for introducing H.R. 1377. And I would hope that all Members of this body can support such a worthy message of support for our veterans.

Mrs. HALVORSON. I continue to reserve the balance of my time, Madam Speaker.

Mr. ROE of Tennessee. Madam Speaker, I yield myself 1 minute.

Madam Speaker, I would like to thank the Subcommittee on Health chairman, MIKE MICHAUD, and Ranking Member HENRY BROWN for their hard work on this legislation and Chairman FILNER and Ranking Member BUYER for moving this bill so quickly through the committee process.

I urge my colleagues to support this legislation.

I yield back the balance of my time.

GENERAL LEAVE

Mrs. HALVORSON. Madam Speaker, I ask unanimous consent that all Mem-

bers may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1377, as amended.

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

There was no objection.

Mrs. HALVORSON. Madam Speaker, I also want to thank Chairman FILNER and Ranking Member BUYER for working so hard together to make sure that these wonderful Veterans Affairs issues come before the body. No matter what rumor has ever come up that might come from the administration, the Veterans Committee has always made sure that the veterans are first and foremost in all of our minds.

I urge my colleagues to unanimously support H.R. 1377, as amended.

Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Mrs. HALVORSON) that the House suspend the rules and pass the bill, H.R. 1377, 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.

□ 1430

VETERANS' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 2009

Mrs. HALVORSON. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1513) to increase, effective as of December 1, 2009, the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1513

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 "Veterans' Compensation Cost-of-Living Adjustment Act of 2009".

SEC. 2. INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) RATE ADJUSTMENT.—Effective on December 1, 2009, the Secretary of Veterans Affairs shall increase, in accordance with subsection (c), the dollar amounts in effect on November 30, 2009, for the payment of disability compensation and dependency and indemnity compensation under the provisions specified in subsection (b).

(b) AMOUNTS TO BE INCREASED.—The dollar amounts to be increased pursuant to subsection (a) are the following:

(1) WARTIME DISABILITY COMPENSATION.—Each of the dollar amounts under section 1114 of title 38, United States Code.

(2) ADDITIONAL COMPENSATION FOR DEPENDENTS.—Each of the dollar amounts under sections 1115(1) of such title.

(3) CLOTHING ALLOWANCE.—The dollar amount under section 1162 of such title.

(4) DEPENDENCY AND INDEMNITY COMPENSATION TO SURVIVING SPOUSE.—Each of the dollar amounts under subsections (a) through (d) of section 1311 of such title.

(5) DEPENDENCY AND INDEMNITY COMPENSATION TO CHILDREN.—Each of the dollar amounts under sections 1313(a) and 1314 of such title.

(C) DETERMINATION OF INCREASE.—

(1) PERCENTAGE.—Except as provided in paragraph (2), each dollar amount described in subsection (b) shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.) are increased effective December 1, 2009, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(2) ROUNDING.—Each dollar amount increased under paragraph (1), if not a whole dollar amount, shall be rounded to the next lower whole dollar amount.

(d) SPECIAL RULE.—The Secretary of Veterans Affairs may adjust administratively, consistent with the increases made under subsection (a), the rates of disability compensation payable to persons under section 10 of Public Law 85-857 (72 Stat. 1263) who have not received compensation under chapter 11 of title 38, United States Code.

SEC. 3. PUBLICATION OF ADJUSTED RATES.

The Secretary of Veterans Affairs shall publish in the Federal Register the amounts specified in section 2(b), as increased under that section, not later than the date on which the matters specified in section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) are required to be published by reason of a determination made under section 215(i) of such Act during fiscal year 2010.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Mrs. HALVORSON) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

Mrs. HALVORSON. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of passage of the Veterans' Compensation Cost-of-Living Adjustment Act of 2009, H.R. 1513, which was introduced by one of the newer members of the Committee on Veterans' Affairs, and sure to be one of our body's most dynamic Members, Mrs. KIRKPATRICK from Arizona. And I thank you for your leadership on the bill.

I also want to thank the ranking member of the Committee on Veterans' Affairs, Mr. BUYER, who has been supportive of this noncontroversial bill and helped with its unanimous passage from our committee to allow consideration by the full House. The fact that we were able to get this bill to the floor within nearly a month of its introduction shows the House leadership's commitment to our Nation's veterans, their families, and their survivors.

Like it has done since 1976, Congress, through the passage of this measure, would direct the Secretary of Veterans Affairs to increase the rates of basic

compensation for disabled veterans and the rates of dependency and indemnity compensation, the DIC, to their survivors and dependents, along with other benefits in order to keep pace with the rising cost of living.

The disability COLA would become effective December 1, 2009, and will be equal to that provided on an annual basis to Social Security recipients. Last year, the COLA was set at 5.8 percent, an increase direly needed, as the financial crush of the recession from the previous administration closed in on many of our disabled veterans' households.

Madam Speaker, this bill will benefit each disabled veteran and their survivors from the World War I era through the current conflicts in Iraq and Afghanistan.

Many of the nearly 3 million veterans who receive these benefits depend upon these tax-free payments, not only to provide for their own basic needs, but for those of their spouses, children and parents as well. Without an annual COLA increase, these veterans and their families would see the value of their hard-earned benefits slowly erode. We would be derelict in our duty if we failed to guarantee that those who sacrifice so much for our country receive benefits and services that keep pace with their needs.

We fund the war. Let's fund the warrior and his family and survivors by ensuring that their benefits keep pace with their living expenses. Let's ensure that their benefits make ends meet at the end of the month.

Madam Speaker, as we approach our country's 141st Memorial Day commemoration, I ask my colleagues to support this bill and send a clear message to support our troops. "You will be taken care of when you return. We will not forget your sacrifice."

Just like our military men and women did not hesitate to offer to lay down their lives to defend our freedom and the way of life that we cherish, we will not hesitate to defend the funds they need to support themselves and their families.

I urge my colleagues to support passage of the Veterans' Compensation Cost-of-Living Adjustment Act of 2009, H.R. 1513, without delay. I urge my colleagues to support H.R. 1513.

Madam Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Madam Speaker, I yield myself as much time as I may consume.

Madam Speaker, I rise in strong support of H.R. 1513, the Veterans' Compensation Cost-of-Living Adjustment Act of 2009.

I would like to thank my colleagues, Mr. HALL of New York and chairman of the Disabilities Assistance and Memorial Affairs Subcommittee, and Mr. LAMBORN of Colorado, the ranking member of the subcommittee, as well as the bill's sponsor, Mrs. KIRKPATRICK of Arizona, for their leadership on this bill.

Madam Speaker, H.R. 1513 would increase, effective as of December 1, 2009, the rates of compensation for veterans with service-connected disabilities, and the rates of dependents and indemnity compensation for the survivors of certain disabled veterans. The COLA adjustments include veterans disability compensation, additional compensation for dependents, clothing allowance, and dependents and indemnity compensation for surviving spouses and children.

Madam Speaker, this is an important annual authorization which provides much-needed assistance to our Nation's veterans, and I encourage all of my colleagues to support this bill.

I reserve the balance of my time.

Mrs. HALVORSON. Madam Speaker, I continue to reserve the balance of my time.

Mr. ROE of Tennessee. I recognize Congresswoman BROWN-WAITE for as much time as she may consume.

Ms. GINNY BROWN-WAITE of Florida. Madam Speaker, I rise today in support of H.R. 1513, the Veterans' Compensation Cost-of-Living Adjustment Act of 2009. Previously, I served on the Veterans' Committee for 6 years, and I'm very glad to see Chairman FILNER and Ranking Member BUYER doing this fine work this year, as they did in the 2 years that I was on the last time.

While all veterans made sacrifices for our Nation, those men and women who were disabled during their service must receive proper benefits in order to meet their care. Disabled veterans have given their blood, sweat and tears on battlefields from Germany to Japan, from Korea to Vietnam, from Iraq to Afghanistan.

In this time of economic turmoil, it is vital that Congress preserve the cost-of-living adjustment to help disabled veterans. Indeed, with rising prices and falling home values, it's more important than ever that the needs of veterans be adequately funded.

The cost-of-living adjustment means that veterans will be better armed with the resources that they need to survive in our communities.

As President Lincoln said in his second inaugural address, government's obligation is, and I quote, "to care for him who shall have borne the battle and for his widow and orphan." It is our sacred obligation to care for those injured while in the service.

I thank my colleague from Arizona for introducing this bill. And I urge all of my colleagues to support its passage.

Mrs. HALVORSON. Madam Speaker, I continue to reserve the balance of my time.

Mr. ROE of Tennessee. Madam Speaker, I yield myself as much time as I may consume.

Again, I'd like to thank Chairman FILNER, Ranking Member BUYER, Subcommittee Chairman HALL and ranking member of the subcommittee, Mr. LAMBORN, for their leadership in bringing this much-needed legislation to the

floor. And I urge my colleagues to support it.

And I'd like to thank the gentlelady from Illinois (Mrs. HALVORSON) for her help today. This is a great piece of legislation, and I urge tonight we vote unanimously for this bill.

I yield back the balance of my time.

GENERAL LEAVE

Mrs. HALVORSON. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1513.

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

There was no objection.

Mrs. HALVORSON. Madam Speaker, I too want to thank my fellow freshman colleague, the gentleman from Tennessee (Mr. ROE) for his help today, as well as Chairman FILNER and Ranking Member BUYER for the wonderful work we've been able to do this year.

Madam Speaker, I urge all my colleagues to unanimously support H.R. 1513.

Ms. KIRKPATRICK of Arizona. Madam Speaker, I thank the Speaker for allowing me the opportunity to address the bill I sponsored—H.R. 1513, "The Veterans" Compensation Cost-of-Living Adjustment Act of 2009."

Many of my constituents in Greater Arizona are hurting, and the Nation's economy, while showing some signs of improvements, still has a long road to a full recovery.

No one feels this pressure or deserves the support of a grateful Nation more than our disabled Veterans.

Our Nation's veterans have made costly sacrifices to ensure the safety of America's families. For that reason, our country provides both compensation payments to service-disabled Veterans and Dependency and Indemnity Compensation benefits to the survivors of servicemembers who die in service to our Nation.

However, without this bill, these payments would not keep up with rising prices for everyday items like gas and groceries.

That's why, on behalf of the over 3 million veterans nationally—including 65,000 in my home state of Arizona—who are currently receiving disability compensation, I am asking you to join me in support of this bill.

This bill keeps the promise to our Nation's veterans to honor the sacrifice that these brave men and women have endured while serving our country in uniform.

Mrs. HALVORSON. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Mrs. HALVORSON) that the House suspend the rules and pass the bill, H.R. 1513.

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.

HONORING PAUL HARVEY

Mr. LYNCH. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 223) Honoring the life, achievements, and contributions of Paul Harvey, affectionately known for his signature line, "This is Paul Harvey . . . Good Day," as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 223

Whereas Paul Harvey, a son, brother, husband, father, friend, pioneering American, and a cherished voice, passed away on February 28, 2009;

Whereas Paul Harvey Aurandt was born on September 4, 1918, in Tulsa, Oklahoma;

Whereas prefacing a storied career in radio by making radio receivers as a young boy and a fill-in announcer while a student at the University of Tulsa, he epitomized American values and American ideals proving that one can lead a decent life with hard work and solid values;

Whereas Paul Harvey, through open expression, pioneered the format of radio broadcasts that so many now find commonplace;

Whereas Paul Harvey was a blogger before it was a known medium, he just did his blogging on the radio;

Whereas Paul Harvey was elected to the National Association of Broadcasters Radio Hall of Fame and Oklahoma Hall of Fame and appeared on the Gallup poll list of America's most admired men;

Whereas in 2005, Paul Harvey was awarded the Presidential Medal of Freedom, the United States' most prestigious civilian award, by President George W. Bush;

Whereas Paul Harvey's career in radio spanned over 70 years and he is considered one of the United States' most accomplished radio personalities and a trail blazer;

Whereas Paul Harvey was beloved by his family, friends, neighbors, and vast listening audience for his great generosity, good humor, and spirited charm;

Whereas Paul Harvey, the "largest one-man network in the world", was heard on 1,200 radio stations, 400 Armed Forces Network stations around the world, and in 300 newspapers; and

Whereas Paul Harvey's broadcasts and newspaper columns have been reprinted in the Congressional Record more than those of any other commentator: Now, therefore, be it

Resolved, That the House of Representatives honors the life and accomplishments of Paul Harvey.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Massachusetts (Mr. LYNCH) and the gentleman from Nebraska (Mr. FORTENBERRY) each will control 20 minutes.

The Chair recognizes the gentleman from Massachusetts.

GENERAL LEAVE

Mr. LYNCH. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks.

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

There was no objection.

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

Madam Speaker, it is with profound honor that I rise in support of House Resolution 223, which celebrates the life of legendary radio and television personality, Paul Harvey.

I'd first like to thank my colleague from Oklahoma, Congressman JOHN SULLIVAN, for sponsoring this afternoon's condolence measure, which has amassed over 60 cosponsors here in the Congress since being introduced on March 9, 2009.

I'd also like to thank Chairman TOWNS from Brooklyn and my colleagues on the House Oversight and Government Reform Committee for their unanimous support in bringing this resolution to the floor.

We live in an age of unprecedented access to the news. Between the 24-hour cable news networks and the Internet, there's no shortage of sources from which citizens are informed.

Most of us remember a different time when Americans relied on a small number of outlets for each day's events. Before everybody had a blog, we placed our trust in a few individuals to represent the voice of the average citizen. And I am proud to say that Paul Harvey was certainly one of those trusted individuals.

There is no greater testament to Paul Harvey's distinguished career than its longevity. He was no more than a teenager when he first hit the airwaves, reading advertisements and news clips. After studying speech and literature at the University of Tulsa, Oklahoma, Mr. Harvey worked at radio stations across the American heartland.

In 1941, Mr. Harvey sacrificed his personal aspirations in order to defend our country. He was a reporter in Hawaii during the attack on Pearl Harbor, and decided to enlist in the United States Army immediately following.

Upon conclusion of his national service, Paul Harvey set about redefining what it meant to be a radio host by delivering news in his own unique and humble way. Paul Harvey was never afraid of controversy, and he was not one to forfeit his principles. His style was part journalist, part showman and, fortunately for America, part everyman.

As many as 22 million people tuned in daily to hear Mr. Harvey give his take on the day's news. Perhaps it was his plain-spoken ability to connect with and reassure the American people that made him so popular. Consider this remark, which is as relevant today as it was when first spoken. "In times like these, it helps to recall that there have always been times like these."

Paul Harvey was constantly recognized for his achievements, both as a broadcaster and as an outstanding citizen. He received accolades from the State of Oklahoma, the National Association of Broadcasters, the Salvation Army, the United States Air Force, The Humane Society and the American Legion, just to name a few.

□ 1445

In 2005, he was presented with the Presidential Medal of Freedom, the highest honor available to American civilians.

Throughout his life, Mr. Harvey was rarely without his loving wife, Lynn, whom he called "Angel." Married in 1940, Lynn passed away on May 3, 2008. They are survived by Paul Jr., who followed his parents into broadcasting.

I ask that this body join the American people in celebrating the life of Paul Harvey, whom we lost on February 28, 2009 at the age of 90. We will certainly miss his contributions to the national dialogue. So, Madam Speaker, let us collectively and formally express our appreciation for Paul Harvey's life and career by adopting House Resolution 223.

I now reserve the balance of our time.

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

Madam Speaker, I rise today in support of H. Res. 223, "Honoring the Life, Achievements and Contributions of Paul Harvey."

Born in 1918 in Tulsa, Oklahoma, Paul Harvey's fascination with radio started at a very young age when he would pick up radio stations on his homemade cigar box crystal set. As a teenager, he worked, sweeping the floors at the station KVOO until the station manager decided to give him a job. The rest, as they say, is radio history.

Mr. Harvey moved from Tulsa to accept a position working at KXOK in St. Louis. While working in St. Louis, Mr. Harvey met his beloved wife of 68 years, who later became the producer of his show.

From St. Louis, the Harveys moved to Chicago, where his daily program for ABC Radio, Paul Harvey News and Comment, became the highest rated radio program in the region. Building on his audiences in Chicago, his show was soon broadcast throughout the entire country. In 1976, Harvey started a second daily radio show, The Rest of the Story, telling anecdotes about famous people or historic incidents, always with a little twist at the end.

Mr. Harvey's upbeat, positive demeanor and the ability to weave together the stories of life in America made him a national treasure. His uncanny ability to find a story, then to give it his own folksy style, delivered in his unique cadence, was remarkably popular. Mr. Harvey never lost sight of the significance of everyday life and of the stories of ordinary people in America.

With well over a half century of broadcasting experience, Mr. Harvey's show reached an estimated 24 million listeners daily. Receiving countless honors over the years for his broadcasts, he received the highest acknowledgment of his career when, in 2005, Mr. Harvey was awarded the Presidential Medal of Freedom from President George W. Bush.

Sadly, after more than 70 years on the air, Mr. Harvey passed away in February at the age of 90. The loss of Paul Harvey is the loss of a symbol of a simpler era in America. Even with the passage of time, his broadcast stories were as timely at the end of his life as they were back in Tulsa, where his career started. As Mr. Harvey would say at the end of each story, at the end of each show, "And now you know the rest of the story."

Madam Speaker, I reserve the balance of my time.

Mr. LYNCH. Madam Speaker, we have no further speakers, but I continue to reserve.

Mr. FORTENBERRY. Madam Speaker, I would like to recognize my distinguished colleague, the gentleman from Oklahoma (Mr. SULLIVAN), the author of this resolution, and yield him as much time as he may consume.

Mr. SULLIVAN. Madam Speaker, today, I rise to honor the life, achievements and contributions of one of Tulsa, Oklahoma's favorite sons and one of America's most cherished voices, Paul Harvey.

Perhaps best known for his signature line "Good Day," Paul Harvey began his storied career in radio in Tulsa, making radio receivers and working as a fill-in announcer while a student at the University of Tulsa. Little did he know then that over the next 70 years he would go on to become one of America's most accomplished and beloved radio personalities of all time.

Referred to as the "largest one-man network in the world," Paul Harvey was heard on 1,200 radio stations and 400 Armed Forces networks around the world. His broadcast and newspaper columns have been reprinted in the CONGRESSIONAL RECORD more than those of any other person. Through the use of free expression, Paul Harvey pioneered the format of radio broadcasts that we now find commonplace. He was a blogger before we knew what that was. He just did his blogging on the radio.

Over the course of his trailblazing career, Mr. Harvey received numerous accolades for his work, including being elected to the National Association of Broadcasters Radio Hall of Fame and the Oklahoma Hall of Fame. He received 11 Freedom Foundation Awards as well as the Horatio Alger Award. In 2005, Paul Harvey was awarded the Presidential Medal of Freedom, our Nation's most distinguished civilian award.

Prior to his passing on February 28, 2009, Paul Harvey was a beloved son, brother, husband, father, and friend. It is with great pride that I stand here today to say, "Good day to you, Paul Harvey."

I ask my colleagues to join me in honoring a man who epitomized American values and ideals. With that, I urge the passing of my resolution, H.R. 223, honoring his life and legacy.

Mr. LYNCH. Madam Speaker, I continue to reserve.

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

Mr. LYNCH. Madam Speaker, in closing, I was introduced to Paul Harvey 30 years ago as an ironworker, working at the Inland Steel Plant in East Chicago, Indiana. Every day, when that lunch whistle would blow, all the ironworkers would gather at the lunchroom or in the trailer where we had lunch, and every ear was glued to that radio set. It was the plain-spoken, moral and commonsense views of Paul Harvey's that I think enlightened us all.

So, with that, I just want to ask all of my colleagues to join with me and with the chief sponsor of this resolution, JOHN SULLIVAN, the gentleman from Oklahoma. I ask that we pass this unanimously in memory of the life of Paul Harvey.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Massachusetts (Mr. LYNCH) that the House suspend the rules and agree to the resolution, H. Res. 223, as amended.

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

A motion to reconsider was laid on the table.

RECOGNIZING 30TH ANNIVERSARY OF EGYPT-ISRAEL PEACE TREATY

Mr. CONNOLLY of Virginia. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 282) recognizing the 30th anniversary of the peace treaty between Egypt and Israel, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 282

Whereas the peace treaty between Egypt and Israel signed in Washington, DC, on March 26, 1979, set an unprecedented example of reconciliation following decades marked by nearly unremitting tension and confrontation, including the 1948 War of Israeli Independence, the 1956 Suez War, the 1967 Six-Day War, the 1968-70 War of Attrition along the Suez Canal, and the 1973 Yom Kippur War;

Whereas United States diplomatic efforts and initiatives in the aftermath of the 1973 Arab-Israeli War helped build the foundations of a lasting peace between Egypt and Israel;

Whereas pursuant to an invitation by Israeli Prime Minister Menachem Begin, President Anwar al-Sadat became the first Arab leader to visit Israel on November 20, 1977, when he delivered a historic address before Israel's Parliament, the Knesset, calling for Egypt and Israel to ". . . stand together with the . . . boldness of heroes who dedicate themselves to a sublime aim . . . to erect a huge edifice of peace . . . an edifice that . . . serves as a beacon for generations to come";

Whereas Prime Minister Menachem Begin and President Sadat demonstrated remarkable character and courage in their willingness to move beyond decades of hostility,

bitterness, and mistrust to launch an unprecedented rapprochement without any guarantee as to the potential outcome of their mutual determination to engage in United States-mediated peace talks;

Whereas successive administrations worked diligently to facilitate intensive discussions in the hope of achieving a historic diplomatic breakthrough on Middle East peace, and President Jimmy Carter invited the two leaders to Camp David for intensive discussions from September 5-17, 1978;

Whereas, on September 17, 1978, the United States witnessed the signing of two framework agreements between the Governments of Egypt and Israel, "A Framework for Peace in the Middle East" and "A Framework for the Conclusion of a Peace Treaty between Egypt and Israel";

Whereas, on March 26, 1979, President Sadat and Prime Minister Begin signed the first treaty between an Arab nation and Israel;

Whereas the primary features of the peace treaty included the mutual recognition of Egypt and Israel, the end of the state of war between the two nations dating back to the 1948 War of Israeli Independence, the complete withdrawal by Israel of its armed forces and civilians from the Sinai Peninsula, freedom of passage for Israeli ships through the Suez Canal, and recognition of the Strait of Tiran and the Gulf of Aqaba as international waterways;

Whereas United States leadership played a decisive role in enabling Egypt and Israel to set aside longstanding animosities;

Whereas the conclusion of the treaty between Egypt and Israel set a courageous example of statesmanship;

Whereas as a direct result of the peace treaty, the Arab League suspended Egypt from its membership from 1979 until 1989;

Whereas, in 1981, President Sadat was assassinated in Cairo by Egyptian soldiers who belonged to the al-Gama'ah al-Islamiyah (Islamic Group) and Egyptian Islamic Jihad;

Whereas, on October 26, 1994, Israeli Prime Minister Yitzhak Rabin and King Hussein of Jordan followed in the path set by President Sadat and Prime Minister Begin, signing the Israel-Jordan Treaty of Peace;

Whereas, despite the existence of tensions and grievances, the peace treaty between Egypt and Israel continues to challenge prepositions about the intractability of conflict in the Middle East and provides an enduring framework for facilitating dialogue; and

Whereas Egypt and Israel continue to collaborate in ongoing efforts to address regional difficulties despite the security challenges facing both nations: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the 30th anniversary of the peace treaty between Egypt and Israel, celebrates the treaty's strength and endurance, and commends the extraordinary diplomatic achievement that the treaty exemplifies;

(2) recalls the historic sacrifices sustained by Egypt and Israel in the cause of peace and commends the steadfast determination of both nations to sustain their mutual commitment to peace;

(3) calls for the strengthening of economic, diplomatic, and cultural relations between Egypt and Israel;

(4) urges the Governments of Egypt and Israel to strengthen the spirit of cooperation that emerged in 1979 as the Middle East faces new challenges;

(5) seeks to encourage continued United States efforts to foster constructive initiatives to resolve existing conflicts and mitigate current and emerging threats to a just and lasting Middle East peace; and

(6) calls for recognition of the peace treaty between Egypt and Israel as a model mechanism upon which partner nations may build to overcome longstanding barriers to peace and effective cooperation.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. CONNOLLY) and the gentleman from Nebraska (Mr. FORTENBERRY) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

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

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

There was no objection.

Mr. CONNOLLY of Virginia. I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of House Resolution 282, "Recognizing the 30th Anniversary of the Peace Treaty between Egypt and Israel," and I commend our good friend Mr. FORTENBERRY for introducing it.

Last week on March 26, we marked the 30th anniversary of the signing of the 1979 peace accord between Israel and Egypt, brokered and witnessed by the United States of America. The signing of that treaty remains one of the most dramatic and strategically important events of our life times.

It culminated a process of peacemaking that Israeli and Egyptian diplomats had begun secretly in Morocco in mid-1977. That process, Madam Speaker, was most memorably punctuated by the stunning visit of Egyptian President Anwar Sadat to Israel in November of 1977 and by the signing, subsequently, of the Camp David Peace Accords in September of 1978, laying the groundwork for the peace treaty signed 6 months later that we celebrate today with this resolution.

The significance of the Egyptian-Israeli peace treaty cannot be overstated. With the signing of the treaty, Egypt became the first Arab State to recognize the state of Israel. More than that, the treaty demonstrated the dream of the Arab-Israeli peace, a dream that most experts at that time put in the "not in my lifetime" category, and it was, indeed, possible.

In 1994, Jordan became the second Arab State to make peace with the state of Israel. Egyptian-Israeli peace has saved countless lives. Between 1948 and 1973, Egypt and Israel fought four fierce land wars, plus the 1968-1970 War of Attrition, resulting in tens of thousands of casualties. Thanks to the 1979 peace treaty, there have been no further Egyptian-Israeli wars nor have there been any wars between Israel and other Arab States since that time. Although, as we all know, Israel continues to be threatened by well-armed,

non-state actors like Hamas and Hezbollah, who are used as proxies by states such as Syria and Iran.

The 1979 peace treaty also extended the prospect of superpower conflict over the Arab-Israeli conflict. In 1973, the U.S. and the USSR, at that time, had gone nearly to the brink of war for the sake of their allies, Israel and Egypt respectfully. The peace treaty ensured that would never happen again, and the central diplomatic role played by the United States facilitated Egypt's transition to the pro-Western camp. This was truly the age, as one scholar has called it, of heroic diplomacy in the Middle East.

President Sadat risked his career and, ultimately, his life on his bold action. Many Arab leaders accused him of treason—the Warsaw Pact states as well. Egypt was expelled at that time from the Arab League, and was not welcomed back for a decade. Just 2½ years after signing the peace treaty, Anwar Sadat was dead, the victim of an assassin's bullet. Although his murderers ascribed their actions to other motives, mainly their outlandish claim that Sadat was not a true Muslim, there is little doubt, Madam Speaker, that those who supported the assassins were deeply outraged by his peace treaty with Israel.

Israeli Prime Minister Menachem Begin went against the grain of his own party by leading the fight for total withdrawal from the Sinai, which was the Egyptian price for this peace treaty. When Begin brought the treaty to the Knesset vote, he had to rely on his longtime nemesis of the Israeli left for votes, as many of his Likud Party colleagues refused to support him and the peace treaty at that time.

Both Sadat and Begin richly earned the Nobel Peace Prize they won in 1978, probably the easiest decision the Nobel Peace Prize Committee ever made. President Carter, whose relentless diplomacy was critical for achieving the Camp David Accords and the peace treaty, was unquestionably yet another hero of the Egyptian-Israeli peacemaking process.

When President Sadat spoke before the Knesset on November 20, 1977, he asked, "Why don't we stand together with the courage of men and the boldness of heroes who dedicate themselves to a sublime aim?" Menachem Begin took up that challenge, and 30 years ago, those two leaders achieved the seemingly impossible, and their achievement endures yet today.

Today, we honor their remarkable achievement, and we express the hopes that others in the Middle East who have not yet embraced peace will someday see the wisdom of the path and show the courage of Sadat and Begin. Madam Speaker, I strongly support this important resolution, and I urge all of my colleagues to do likewise.

I reserve the balance of my time.

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

Madam Speaker, I am very pleased to come before this House today to express support for a resolution I recently introduced to commemorate the 30th anniversary of the peace treaty between Egypt and Israel.

In a world where force and hatred often overcome understanding and reconciliation, where individuals can too easily allow conflict and strife to mute the call of conscience to peace and concord, this treaty stands as an enduring reminder that no conflict can be pervasive enough, no animosity strong enough to triumph over the will of men who turn to one another in a gesture of goodwill and humility to make a decision for peace.

□ 1500

For peace is a choice. Sometimes hard, sometimes costly, and when we look at the recent history of the Middle East, we see layer upon layer of suffering and grievance. Innocent lives needlessly destroyed through relentless and unforgiving cycles of seemingly uncontrollable anger and retribution.

We can choose to believe that these forces are so powerful that no political solution can be brought to bear. Perhaps that is right. Perhaps there is no political solution. Perhaps we are seeking a political solution when only a solution of the human heart can suffice, a solution that recognizes that each person in this world longs for the same things and that the bond of our common humanity is stronger than the hatred that seeks to divide neighbor from neighbor, Muslim from Jew, or Arab from Israeli. A solution that recognizes that peace can only be found in treating others with dignity and respect, and that regardless of the circumstances, this is always possible unless one chooses otherwise.

The choice for true peace does not demand appeasement of tyranny, false sentimentality or warmth that cannot easily be summoned. It is, at its most practical, a commonsense choice for self-preservation, and at its most noble, a choice to build up rather than to tear down, a choice by leaders to bind wounds and heal the past.

Mr. Speaker, as a young man in 1979, I entered the Sinai Peninsula across from the Suez Canal, and in the vastness of the beige sand and desert, I came upon a twisted heap of metal and concrete—a scene all too familiar now throughout the Middle East—and upon that heap of concrete were scrawled in words in both English and Arabic, “Here was the war—here is the peace.”

The atmosphere at that time and at that place was one of jubilation and deep abiding respect for the role that the United States played in brokering a compromise for peace.

Because Menachem Begin, the Prime Minister of Israel, and Anwar Sadat, the President of Egypt, at great personal risk to each, chose peace on March 26, 1979. They opened channels of communication that endure to this day and continue to point towards hope in a war-weary region.

Despite the painful legacy of the 1948 Arab-Israeli War, the Suez Crisis of 1956, the Six-Day War of 1967, the War of Attrition along the Suez Canal, and the Arab-Israeli War of 1973, these leaders stood together to make peace possible. In the poignant words of Prime Minister Begin, “No more wars, no more bloodshed. Peace unto you. Shalom, salaam, forever.”

The peace treaty provided for the mutual diplomatic recognition of Egypt and Israel and ended the state of war between the two nations dating back to the 1948 Arab-Israeli war. Mr. Speaker, this was no easy choice. It was a costly choice. The choice these leaders took, to stand together “with the boldness of heroes who dedicate themselves to a sublime aim . . . to erect a huge edifice of peace . . . an edifice that . . . serves as a beacon for generations to come,” led to the expulsion of Egypt from the Arab League and to the assassination of President Sadat himself. Yet to this day, the treaty beckons us to “challenge pre-suppositions about the intransigence and inevitability in the Middle East.”

Perhaps the Israeli-Egyptian Peace Treaty of 1979 is an example that can be replicated and modeled throughout the region. Perhaps, Mr. Speaker, we will see twisted piles of rubble and concrete from more recent conflicts marked with the poignant words, “Here was the war, here is the peace.”

I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. CONNOLLY of Virginia. Mr. Speaker, I yield 2 minutes to the gentlelady from Texas.

Ms. JACKSON-LEE of Texas. I thank the distinguished Speaker and the distinguished gentleman from Virginia for his leadership in the management of this bill and Mr. FORTENBERRY for his vision.

As a member of the Foreign Affairs Committee, I cannot imagine a better time to rise to the floor of the House and to speak about long-lasting peace. This Egyptian-Israeli peace treaty as articulated and led by President Jimmy Carter, along with Menachem Begin, and, of course, Anwar Sadat, captures the possibilities of the impossibilities. We can have peace in the Mideast.

Having traveled to Israel any number of times and certainly in the 1980s and now into the 1990s and now in the 21st century, I know the people of Israel love peace. Having met with the present president, President Mubarak of Egypt, speaking directly to him on the issues of peace and the security of the border, I understand the sacrifice that Egyptians have made to ensure that peace may be had.

Therefore, it is a possibility. And as we look at the exact language of the features of the peace treaty, which included the mutual recognition of Egypt and Israel, the end of the state of war between the two nations dating back to the 1948 War of Israeli independence,

the complete withdrawal by Israel of its armed forces and civilians from the Sinai Peninsula, the freedom for passage of Israeli ships through the Suez Canal and the recognition of the Strait of Tiran and the Gulf of Aqaba as international waterways, that means major obstacles of peace can be overcome.

And the peace and the question of peace between Palestinians and Israelis are before us. The envoy that has been appointed by this President, President Barack Obama, it is a serious statement in Senator Mitchell’s position to know that we mean business, good business, for peace to happen. I thank Secretary Hillary Rodham Clinton and, of course, this new envoy who will capture the peace treaty between Israel and Egypt and understand that the American people believe in strength, believe in integrity and the security of Israel, and they believe in peace. This commemoration of the 30th anniversary of this particular agreement says to us that peace is real.

I thank my colleague for yielding.

Mr. ACKERMAN. Mr. Speaker, about thirty years ago, when diplomacy did not have to be reintroduced as a fresh new approach to our national security, the United States helped bring Egypt and Israel together to make peace.

Israel at the time was anything but a regional power. Though it had survived wars in 1948, 1956, 1967 and, with enormous U.S. aid, in 1973, it was isolated and, frankly, right to be concerned for its continued survival. Egypt, the clear leader among the Arab states, had a new leadership that was prepared to make a sharp and unmistakable break with its past policies and re-align its future toward peace and prosperity.

The wreckage and slaughter of the 1973 Yom Kippur war, unlike all the preceding wars, thus produced fertile ground for American diplomacy. With bold, strong leaders in both Egypt and Israel who were not only ready for peace, but ready to make the sacrifices necessary to achieve it, the Camp David Accords were signed on September 17, 1978.

Since then the Middle East has been a very different place, clearly a much better one for ourselves and, I would argue, even more so for Egypt and for Israel. From our perspective, the peace made at Camp David has linked the two most important militaries in the region to the goodwill of the United States; it has prevented any further Arab-Israeli state-to-state conflicts, though the problem of non-state proxies has grown. And, most importantly, the peace between Israel and Egypt shifted the political center of gravity in the region toward peace with Israel, versus the prior consensus for continual war against the Jewish State.

This point can not be overemphasized. But for the peace between Israel and Egypt we might still be fighting against the Arab League’s “Three No’s”: no peace with Israel, no recognition of Israel, and no negotiations with Israel. If this policy sounds familiar, it’s because it is still the policy of Iran and the terrorist groups it supports, Hamas and Hizballah.

The Camp David Accords not only cemented America’s role as the architect of any future Arab-Israeli peace, but obliterated the “Three No’s,” a defeat that extremists have been struggling to reverse ever since.

For Egypt, the peace made at Camp David freed their nation to pursue economic and social development without the continual intrusion and disruption of war. Israel, which had never before in its entire existence had even one completely peaceful and quiet border, probably gained the most. For ourselves, the total cost of 30 years of peace forged at Camp David is about \$150 billion, which is a lot of money. But, by comparison, that same \$150 billion buys 1¼ years of war in Iraq.

Unfortunately, over time, Americans, Egyptians and Israelis have all lost sight of the singular importance of the peace made at Camp David, and the massive strategic benefits each nation has silently accrued as a consequence every day since. This oversight is more than just a shame, it is a strategic risk.

Each nation has its complaints with the others, and these are not trivial, nor imagined. Over time it is easy for us as human beings to take each other for granted, and the same can be said about the relationships between nations. But in the Middle East today, the risks are too great to allow this pattern to persist in the trilateral relationship. The security of all three nations depends on our re-remembering what made peace so important thirty years ago.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H. Res. 282, "Recognizing the 30th anniversary of the peace treaty between Egypt and Israel." I want to thank my colleague Congressman JEFF FORTENBERRY of Nebraska for introducing this resolution.

As we near the 30th anniversary of the Camp David Accords, relations between Israel and Egypt, though peaceful, remain cool. In recent days, news headlines have proclaimed positive news for a troubled region. According to reports, rival Lebanese leaders have agreed on steps to end the political crisis which has gripped the country since late 2006.

The Middle East peace process is a complex and multi-faceted issue, requiring the good-faith work and cooperation of a number of countries. Egypt has, historically, been a key player in any effort to establish peace in the region. While relations between Israel and Egypt have been labeled as the "cold peace" and truly difficult points of conflict remain unresolved, the two nations also have areas of common interest. Further, the peace treaty signed in 1979 between Egypt and Israel has remained an important foundation for all subsequent efforts to build a broader peace in the region.

The Arab-Israeli peace process is absolutely vital to achieving security and stability in a crucial region of the world. An Iraq Study Group testified before the Committee on Foreign Affairs, stating that:

"You cannot get anything done in the Middle East without addressing the Arab-Israeli issue. We want these other countries, especially the Sunni Arab countries, to help us. When we go to talk to them about Iraq, they will want to talk to us about the Arab-Israeli conflict."

Mr. Speaker, the United States has played an active role in creating and maintaining peaceful relations between Egypt and Israel. In 1978, the U.S. played an integral role in the Camp David negotiations, helping Israel and Egypt take the risks necessary to sign a peace treaty in 1979. Since that time, the peace has been maintained, due in no small part to the high amounts of economic and mili-

tary aid that the United States continues to give to both nations. Between FY 1979 and FY 2008, the United States provided a total of \$89.73 billion to Israel, and \$62.36 billion to Egypt.

While the peace established in 1979 has been maintained, close diplomatic, political, and economic ties between the two neighboring nations have never been achieved. Despite some specific initiatives, including energy and economic cooperation agreements, relations have never truly warmed between Egypt and Israel.

Part of any successful negotiation between Israel and Egypt must be the question of Hamas, a group which poses a threat to the entire region. Hamas is an Islamic fundamentalist organization formed in late 1987 as an outgrowth of the Palestinian branch of the Muslim Brotherhood, which became active in the early stages of the intifada, operating primarily in the Gaza District. Various Hamas elements have used both political and violent means to pursue the goal of establishing an Islamic Palestinian state in place of Israel. Loosely structured, with some elements working clandestinely and others working openly through mosques and social service institutions to recruit members, raise money, organize activities, and distribute propaganda.

Particularly since Hamas's 2007 takeover of Gaza, there is a growing need for the Egyptian government to take a strong stand against Hamas. In the tense climate of today's Middle East, Egyptian silence on this issue will be viewed as tacit approval, and will stand in the way of any attempts for lasting peace with Israel.

Mr. Speaker, the successful resolution of the Israeli-Palestinian peace process is essential to any effort to build a positive relationship between Israel and Egypt. Currently, decades of mistrust coupled with ongoing regional violence are at odds with any attempt to secure improved relations.

President Obama recently stated that the peace agreement between Egypt and Israel shows that "peace is always possible" even in the harshest of conflicts.

Mr. Speaker, I continue to believe in strong diplomacy and multilateralism. The United States has a history of concerted leadership on the development of Israeli-Egyptian relations, and I believe that we have the opportunity now to continue this legacy.

I urge my colleagues to support this resolution to commemorate this reach for peace.

Mr. FORTENBERRY. Mr. Speaker, I have no further speakers.

I yield back the balance of my time. Mr. CONNOLLY of Virginia. Mr. Speaker, I have no further requests for time at this time.

I yield back the balance of my time. The SPEAKER pro tempore (Mr. JACKSON of Illinois). The question is on the motion offered by the gentleman from Virginia (Mr. CONNOLLY) that the House suspend the rules and agree to the resolution, H. Res. 282, 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. FORTENBERRY. 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. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

MAINTAINING COMMITMENT TO NATO

Mr. CONNOLLY of Virginia. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 152) expressing the sense of the House of Representatives that the United States remains committed to the North Atlantic Treaty Organization (NATO), as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 152

Whereas for 60 years the North Atlantic Treaty Organization (NATO) has served as the preeminent organization to defend the territories of its member states against all external threats;

Whereas NATO, founded on the principles of democracy, individual liberty, and the rule of law, has proved an indispensable instrument for forging a transatlantic community of nations working together to safeguard the freedom and common heritage of its peoples, and promoting stability in the North Atlantic area;

Whereas NATO has acted to address new risks emerging from outside the treaty area in the interests of preserving peace and security in the Euro-Atlantic area, and maintains a unique collective capability to address these new challenges which may affect Allied interests and values;

Whereas such challenges to NATO Allied interests and values include the potential for the re-emergence of unresolved historical disputes confronting Europe, rogue states and non-state actors possessing nuclear, biological, or chemical weapons and their means of delivery, transnational terrorism and disruption of the flow of energy resources, and conflicts outside the treaty area that affect vital security interests;

Whereas the security of NATO member states is inseparably linked to that of the whole of Europe, and the consolidation and strengthening of democratic and free societies on the entire continent, in accordance with the principles and commitments of the Organization for Security and Cooperation in Europe, is of direct and material concern to the NATO Alliance and its partners;

Whereas NATO enhances the security of the United States by providing an integrated military structure and a framework for consultations on political and security concerns of any member state;

Whereas NATO remains the embodiment of United States engagement in Europe and therefore membership in NATO remains a vital national security interest of the United States;

Whereas the impending membership of Albania and Croatia will add to NATO's ability to perform the full range of NATO missions and bolster its capability to integrate former communist countries into a community of democracies;

Whereas the organization of NATO national parliamentarians, the NATO Parliamentary Assembly (NATO PA), serves as a unique transatlantic forum for generating and maintaining legislative and public support for the Alliance, and has played a key

role in initiating constructive dialogue between NATO parliamentarians and parliamentarians in associate and observer states;

Whereas NATO PA activities, such as the Rose-Roth program, have played a pioneering role in promoting democratic institutions and encouraging adherence with the principles of the rule of law; and

Whereas the 60th anniversary NATO summit meeting, to be held on April 4, 2009, in Strasbourg, France, and Kehl, Germany, offers the historic opportunity to chart a course for NATO for the next decade: Now, therefore, be it

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

(1) the North Atlantic Treaty Organization (NATO) is to be commended for its pivotal role in preserving transatlantic peace and stability;

(2) NATO continues to be the premier institution that promotes a uniquely transatlantic perspective and approach to issues concerning the interests and security of North America and Europe;

(3) the NATO allies, at the Summit meeting to be held in Strasbourg, France, and Kehl, Germany, in April 2009, should articulate a concrete vision for the Alliance in the 21st century, clearly setting out the continued importance of NATO for the citizens of the Allied nations;

(4) the Alliance should begin considering a new strategic concept that takes into account the changing international security environment, reaffirms the Alliance's functional and symbolic purposes, and outlines how to develop its military capabilities accordingly;

(5) the Alliance, while maintaining collective defense as its core function, should, as a fundamental Alliance task, continue to identify and address new areas where it can provide added value in tackling future threats outside the NATO treaty area, based on case-by-case consensual Alliance decision;

(6) the Alliance should make clear commitments to remedy shortfalls in areas such as logistics, command, control, communications, intelligence, ground surveillance, readiness, deployability, mobility, sustainability, survivability, armaments cooperation, and effective engagement;

(7) the Alliance must ensure equitable sharing of contributions to the NATO operations, common budgets, and overall defense expenditure and capability building;

(8) the Alliance must recognize and act upon the threat posed by the proliferation of weapons of mass destruction and terrorism by intensifying consultations among political and military leaders, and consider alternative capabilities to counter these threats to the international community;

(9) the Alliance should pace the process of NATO enlargement and remain prepared to extend invitations for accession negotiations to any appropriate European democracy meeting the criteria for NATO membership as established in the Alliance's 1995 Study on NATO Enlargement; and

(10) the Alliance should fully support the NATO PA's activities in continuing to deepen cooperation within the Alliance to forge strong links with associate and observer nations.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. CONNOLLY) and the gentleman from Nebraska (Mr. FORTENBERRY) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. CONNOLLY of Virginia. 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 Virginia?

There was no objection.

Mr. CONNOLLY of Virginia. Mr. Speaker, I yield myself as much time as I may consume.

I rise in strong support of H. Res. 152 to reaffirm American commitment to the values and aspirations of the North Atlantic Treaty Organization.

Mr. Speaker, I want to particularly thank our colleague, JOHN TANNER, our good friend from Tennessee and president of the NATO Parliamentary Assembly, for introducing this resolution. I commend him for his leadership in ensuring that the voices of legislators are heard in the decision-making process of the Alliance.

The NATO PA serves as a unique transatlantic forum for generating public support for Alliance activities, as well as in facilitating dialogue between parliamentarians of member, associate and observer states.

On April 3 and 4, NATO will hold its 60th anniversary summit in Strasbourg, France, and Kehl, Germany. The joint hosting of this meeting by two former adversaries poignantly symbolizes NATO's successful role in contributing to the reconstruction and stabilization of Europe following the devastation of World War II.

By serving as a reminder of the peaceful prosperity that has spread across the continent since the bloody battles of the earliest 20th century, this historic summit should bolster the Alliance's commitment to confronting the new challenges that affect NATO interests values.

In addition, Mr. Speaker, the world is a very different place than it was when the North Atlantic Treaty was signed in Washington, DC, on April 4, 1949, with the chief aim of deferring then-Soviet aggression. In the 20 years since the fall of the Berlin Wall, NATO has sought to aid the democratization and Euro-Atlantic integration of former Warsaw Pact foes as well as to develop more cooperative relations with the Russian Federation.

NATO looks forward to welcoming the newest members of the Alliance, Albania and Croatia, at the upcoming summit. While pacing the process of enlargement, NATO remains prepared to extend invitations for accession negotiations to other European democracies meeting membership criteria.

In the last decade, NATO had increasingly sought to address new risks emerging from outside the treaty area itself that can threaten Euro-Atlantic peace and security. Such challenges include terrorism, weapons of mass destruction, and disruption in the flow of emergency resources. The Alliance

should begin considering a new strategic concept that takes into account the changing international security environment and outlines how to develop military capabilities accordingly.

NATO's first and most significant out-of-area mission has been in Afghanistan, where the Alliance is engaged in stabilization and reconstruction efforts amidst ongoing combat operations against the Taliban. We are now embarking on a new chapter of the U.S. and NATO missions to Afghanistan, one centered around the national election for President and on defeating al Qaeda and its Taliban allies.

NATO's role continues to be critical to the future success in Afghanistan, and achieving that success remains a considerable test, Mr. Speaker, of the Alliance's political will and military capabilities. It is crucial that allies remain committed to the mission, remedy shortfalls in all areas affecting successful engagement, and ensure equitable sharing of responsibilities.

Mr. Speaker, the North Atlantic Treaty Organization is to be commended for its pivotal role of preserving transatlantic peace and stability over the last 60 years. I strongly support this resolution and urge my colleagues to do the same.

I reserve the balance of my time.

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

I rise here today, Mr. Speaker, in support of House Resolution 152, which expresses the sense of the House that the United States remains committed to the NATO Alliance.

For over half a century, NATO has played a vital role in preserving transatlantic peace and security and in safeguarding freedom and democracy. NATO has contributed to the security of the United States and continues to serve as an important component of our broader national security framework. Although the Cold War is over, the Alliance has and must continue to transform itself to better address new challenges confronting NATO member nations.

The job of the Alliance is not over as the security of NATO member states continues to be threatened by those who seek to spread destruction, oppression and instability. Addressing these challenges will not be easy, and much needs to be done to strengthen the strategic capabilities of the Alliance.

The upcoming summit in Strasbourg, France, and Kehl, Germany, in April serves as an opportunity not only to reaffirm NATO's fundamental purpose but also to articulate a concrete vision for the Alliance in the 21st century.

I would like to thank our distinguished colleague, Congressman TANNER, for introducing this important resolution. I would also like to express particular support for the language in the resolution that states that NATO must ensure equitable sharing of contributions to NATO operations by its members, encourages the Alliance to

begin considering a new strategic concept that would take into account the challenging security environment, and calls on NATO to recognize and help address the threat posed by the proliferation of weapons of mass destruction and by terrorism.

Mr. Speaker, I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. CONNOLLY of Virginia. Mr. Speaker, I yield 3 minutes to our friend from Kansas (Mr. MOORE).

Mr. MOORE of Kansas. Mr. Speaker, I rise today to express my strong support for this very important resolution. The North Atlantic Treaty Organization's principal objective is to foster mutual understanding among Alliance parliamentarians of the key security challenges facing the transatlantic partnership. This organization provides a critical forum for international dialogue on an array of security, political and economic matters.

I am honored to represent the United States as a member of the NATO Parliamentary Assembly, a group of bipartisan lawmakers representing all NATO countries who regularly meet to discuss matters of crucial importance, I believe it's crucial and critical to the United States' interests at home and abroad to maintain a solid line of communication with our neighbors in the global community.

That's why, Mr. Speaker, I am honored to be part of our country's NATO Parliamentary Assembly delegation, and I will continue to do my part to foster greater communications and cooperation. Now more than ever, we must support efforts to build relationships between nations so that we can work together to address the issues that affect our entire world.

□ 1515

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

Mr. CONNOLLY of Virginia. Mr. Speaker, I have no further requests for time at this time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. CONNOLLY) that the House suspend the rules and agree to the resolution, H. Res. 152, as amended.

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

A motion to reconsider was laid on the table.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1246) to amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1246

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 "Early Hearing Detection and Intervention Act of 2009".

SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT OF HEARING LOSS.

Section 399M of the Public Health Service Act (42 U.S.C. 280g-1) is amended—

(1) in the section heading, by striking "infants" and inserting "newborns and infants";

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking "screening, evaluation and intervention programs and systems" and inserting "screening, evaluation, diagnosis, and intervention programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers,";

(B) by amending paragraph (1) to read as follows:

"(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns and infants; prompt evaluation and diagnosis of children referred from screening programs; and appropriate educational, audiological, and medical interventions for children identified with hearing loss. Early intervention includes referral to and delivery of information and services by schools and agencies, including community, consumer, and parent-based agencies and organizations and other programs mandated by part C of the Individuals with Disabilities Education Act, which offer programs specifically designed to meet the unique language and communication needs of deaf and hard of hearing newborns, infants, toddlers, and children. Programs and systems under this paragraph shall establish and foster family-to-family support mechanisms that are critical in the first months after a child is identified with hearing loss.";

(C) by adding at the end the following:

"(3) To develop efficient models to ensure that newborns and infants who are identified with a hearing loss through screening receive follow-up by a qualified health care provider. These models shall be evaluated for their effectiveness, and State agencies shall be encouraged to adopt models that effectively increase the rate of occurrence of such follow-up.

"(4) To ensure an adequate supply of qualified personnel to meet the screening, evaluation, diagnosis, and early intervention needs of children.";

(3) in subsection (b)—

(A) in paragraph (1)(A), by striking "hearing loss screening, evaluation, and intervention programs" and inserting "hearing loss screening, evaluation, diagnosis, and intervention programs"; and

(B) in paragraph (2)—

(i) by striking "for purposes of this section, continue" and insert the following: "for purposes of this section—

"(A) continue";

(ii) by striking the period at the end and inserting "and"; and

(iii) by adding at the end the following:

"(B) establish a postdoctoral fellowship program to foster research and development in the area of early hearing detection and intervention.";

(4) in paragraphs (2) and (3) of subsection (c), by striking the term "hearing screening, evaluation and intervention programs" each place such term appears and inserting "hearing screening, evaluation, diagnosis, and intervention programs";

(5) in subsection (e)—

(A) in paragraph (3), by striking "ensuring that families of the child" and all that follows and inserting "ensuring that families of the child are provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language and communication options and are given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for their child from highly qualified providers.";

(B) in paragraph (6), by striking "after rescreening,"; and

(6) in subsection (f)—

(A) in paragraph (1), by striking "fiscal year 2002" and inserting "fiscal years 2010 through 2015";

(B) in paragraph (2), by striking "fiscal year 2002" and inserting "fiscal years 2010 through 2015"; and

(C) in paragraph (3), by striking "fiscal year 2002" and inserting "fiscal years 2010 through 2015".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. FORTENBERRY) 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.

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.

Mr. Speaker, this is Public Health Week. Tomorrow, my subcommittee, that is, the Health Subcommittee of Energy and Commerce, will be holding a hearing on the role of public health and health care reform. We'll be exploring the role of public health systems and policies and improving the health status of all Americans.

We have before us today a bipartisan set of bills that exemplify this. The bills make a range of policy and program changes designed to keep Americans safer, help them access needed services, and support research into important health problems.

These bills have been introduced and cosponsored by Members on both sides of the aisle. They all passed the House under suspension in the last Congress. They were passed unanimously from committee this year, and I urge you to join me and the broad set of cosponsors in supporting these bills.

The first one, Mr. Speaker, is H.R. 1246, the Early Hearing Detection Intervention Act. I rise obviously in support of that.

Every year, more than 12,000 babies are born with hearing loss. Often, their condition goes undetected for years, and many of these children end up experiencing delays in speech, language, and cognitive development. However, if the hearing loss is detected early, many of these delays can be mitigated or even prevented. For that reason,

early detection is critical to improving outcomes for these children.

The Early Hearing Detection and Intervention Act would improve services for screening, diagnosing, and treating hearing loss in children by amending the Public Health Service Act to reauthorize the Early Hearing Detection and Intervention Program which was first enacted in 2000.

The Early Hearing Detection and Intervention Program provides grants and cooperative agreements for state-wide newborn and infant hearing services. These programs focus on screening, evaluation, diagnosis, and early intervention.

I do want to particularly thank my colleague, Representative CAPPs, for her hard work on this very important issue. I obviously urge us passing this bill.

I reserve the balance of my time.

Mr. FORTENBERRY. Mr. Speaker, I ask unanimous consent to yield my time to the gentleman from Louisiana (Mr. SCALISE).

The SPEAKER pro tempore. Without objection, the gentleman from Louisiana (Mr. SCALISE) is recognized for 20 minutes.

There was no objection.

Mr. SCALISE. I want to thank the Speaker and the gentleman from Nebraska.

I rise in support of H.R. 1246, the Early Hearing Detection and Intervention Act of 2009. This legislation was introduced by Representative LOIS CAPPs and was passed by the House last Congress. The bill reforms the Public Health Service Act and reauthorizes the newborns and infants hearing loss program.

Not only does the Early Hearing Detection and Intervention Act reach out to cover more children, but it also provides the Secretary of Health and Human Services the ability to assist in recruitment, retention, education, and training of qualified personal and health care providers. These qualified health care providers will provide children, who have been identified with hearing loss through screening and detection, with adequate follow-up care.

In an effort to foster research and development in the area of early hearing detection and intervention, H.R. 1246 requires the director of the National Institutes of Health to establish a post-doctoral fellowship program. This program is intended to provide more information on how to better the lives of children through early intervention.

I urge my colleagues to support H.R. 1246.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPs), the sponsor of this legislation, and I don't need to tell anyone how hard she works on this and so many health bills. She is the vice chair of our Health Subcommittee.

Mrs. CAPPs. Mr. Speaker, I thank the chairman of our subcommittee, Mr. PALLONE, for giving me time to speak.

Of course, I'm speaking in strong support of H.R. 1246, the Early Hearing Detection and Intervention Act. I am very proud to have introduced this bill with my colleague, Congresswoman Jo Ann Emerson of Missouri.

I want to commend the leadership of the Hearing Health Caucus, Congressman VERN EHLERS and Congresswoman CAROLYN MCCARTHY, our leaders of this caucus now, and I must also mention the work of former Congressman Jim Walsh of New York who had championed this issue for many years before his retirement.

As our chairman mentioned, each year more than 12,000 infants are born with hearing loss. If left undetected, this condition impairs speech development, language development, and cognitive development. Back in 2000, we developed the early hearing detection program, thanks to the hard work of the Hearing Health Caucus, and since that time, we've seen a tremendous increase in the number of newborns who are now being screened for hearing loss.

Back in 2000, only 44 percent of newborns were being screened for hearing loss. That's less than half of the babies born. Now, we're screening newborns at a rate of over 93 percent. So this legislation has had an impact. Again, I commend the work of those made it happen and all of the hard work of our colleagues here in Congress and the Senate and the signing into law.

But we know now that our work is not done. According to the Centers for Disease Control, almost half of the newborns who fail initial screening of their hearing do not go on to receive appropriate follow-up care, and we need to train more health professionals with the skills necessary to provide effective intervention.

As a school nurse for over 20 years, I had a lot of interaction with students who were lagging behind their classmates, failing in class due to undiagnosed or untreated hearing loss. We can prevent more children from suffering in the classroom and really suffering throughout their lives through better investment in follow-up intervention as a part of the successful hearing screening program for newborns and infants.

I urge our colleagues to join in voting in favor of H.R. 1246.

Mr. SCALISE. I have no speakers for this legislation, so I would yield the balance of my time.

Mr. PALLONE. Mr. Speaker, I would also yield back the balance of my time and urge passage of the legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1246.

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.

NATIONAL PAIN CARE POLICY ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 756) to amend the Public Health Service Act with respect to pain care, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 756

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 “National Pain Care Policy Act of 2009”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Institute of Medicine Conference on Pain.

Sec. 3. Pain research at National Institutes of Health.

Sec. 4. Pain care education and training.

Sec. 5. Public awareness campaign on pain management.

SEC. 2. INSTITUTE OF MEDICINE CONFERENCE ON PAIN.

(a) CONVENING.—Not later than June 30, 2010, the Secretary of Health and Human Services shall seek to enter into an agreement with the Institute of Medicine of the National Academies to convene a Conference on Pain (in this section referred to as “the Conference”).

(b) PURPOSES.—The purposes of the Conference shall be to—

(1) increase the recognition of pain as a significant public health problem in the United States;

(2) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain;

(3) identify barriers to appropriate pain care, including—

(A) lack of understanding and education among employers, patients, health care providers, regulators, and third-party payors;

(B) barriers to access to care at the primary, specialty, and tertiary care levels, including barriers—

(i) specific to those populations that are disproportionately undertreated for pain;

(ii) related to physician concerns over regulatory and law enforcement policies applicable to some pain therapies; and

(iii) attributable to benefit, coverage, and payment policies in both the public and private sectors; and

(C) gaps in basic and clinical research on the symptoms and causes of pain, and potential assessment methods and new treatments to improve pain care; and

(4) establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States.

(c) OTHER APPROPRIATE ENTITY.—If the Institute of Medicine declines to enter into an agreement under subsection (a), the Secretary of Health and Human Services may enter into such agreement with another appropriate entity.

(d) REPORT.—A report summarizing the Conference's findings and recommendations shall be submitted to the Congress not later than June 30, 2011.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section,

there is authorized to be appropriated \$500,000 for each of fiscal years 2010 and 2011.

SEC. 3. PAIN RESEARCH AT NATIONAL INSTITUTES OF HEALTH.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

“SEC. 409J. PAIN RESEARCH.

“(a) RESEARCH INITIATIVES.—

“(1) IN GENERAL.—The Director of NIH is encouraged to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.

“(2) ANNUAL RECOMMENDATIONS.—Not less than annually, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the Director of NIH recommendations on appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1) for the Common Fund or otherwise available for such initiatives.

“(3) DEFINITION.—In this subsection, the term ‘Pain Consortium’ means the Pain Consortium of the National Institutes of Health or a similar trans-National Institutes of Health coordinating entity designated by the Secretary for purposes of this subsection.

“(b) INTERAGENCY PAIN RESEARCH COORDINATING COMMITTEE.—

“(1) ESTABLISHMENT.—The Secretary shall establish not later than 1 year after the date of the enactment of this section and as necessary maintain a committee, to be known as the Interagency Pain Research Coordinating Committee (in this section referred to as the ‘Committee’), to coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain research.

“(2) MEMBERSHIP.—

“(A) IN GENERAL.—The Committee shall be composed of the following voting members:

“(i) Not more than 7 voting Federal representatives as follows:

“(I) The Director of the Centers for Disease Control and Prevention.

“(II) The Director of the National Institutes of Health and the directors of such national research institutes and national centers as the Secretary determines appropriate.

“(III) The heads of such other agencies of the Department of Health and Human Services as the Secretary determines appropriate.

“(IV) Representatives of other Federal agencies that conduct or support pain care research and treatment, including the Department of Defense and the Department of Veterans Affairs.

“(ii) 12 additional voting members appointed under subparagraph (B).

“(B) ADDITIONAL MEMBERS.—The Committee shall include additional voting members appointed by the Secretary as follows:

“(i) 6 members shall be appointed from among scientists, physicians, and other health professionals, who—

“(I) are not officers or employees of the United States;

“(II) represent multiple disciplines, including clinical, basic, and public health sciences;

“(III) represent different geographical regions of the United States; and

“(IV) are from practice settings, academia, manufacturers or other research settings; and

“(ii) 6 members shall be appointed from members of the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.

“(C) NONVOTING MEMBERS.—The Committee shall include such nonvoting members as the Secretary determines to be appropriate.

“(3) CHAIRPERSON.—The voting members of the Committee shall select a chairperson from among such members. The selection of a chairperson shall be subject to the approval of the Director of NIH.

“(4) MEETINGS.—The Committee shall meet at the call of the chairperson of the Committee or upon the request of the Director of NIH, but in no case less often than once each year.

“(5) DUTIES.—The Committee shall—

“(A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain;

“(B) identify critical gaps in basic and clinical research on the symptoms and causes of pain;

“(C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies, including the Department of Defense and the Department of Veteran Affairs, are free of unnecessary duplication of effort;

“(D) make recommendations on how best to disseminate information on pain care; and

“(E) make recommendations on how to expand partnerships between public entities, including Federal agencies, and private entities to expand collaborative, cross-cutting research.

“(6) REVIEW.—The Secretary shall review the necessity of the Committee at least once every 2 years.”

SEC. 4. PAIN CARE EDUCATION AND TRAINING.

Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by adding at the end the following new section:

“SEC. 759. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.

“(a) IN GENERAL.—The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

“(b) PRIORITIES.—In making awards under subsection (a), the Secretary shall give priority to awards for the implementation of programs under such subsection.

“(c) CERTAIN TOPICS.—An award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include information and education on—

“(1) recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances;

“(2) applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care;

“(3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise;

“(4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and

“(5) recent findings, developments, and improvements in the provision of pain care.

“(d) PROGRAM SITES.—Education and training under subsection (a) may be provided at or through health professions schools, residency training programs, and other graduate

programs in the health professions; entities that provide continuing education in medicine, pain management, dentistry, psychology, social work, nursing, and pharmacy; hospices; and such other programs or sites as the Secretary determines to be appropriate.

“(e) EVALUATION OF PROGRAMS.—The Secretary shall (directly or through grants or contracts) provide for the evaluation of programs implemented under subsection (a) in order to determine the effect of such programs on knowledge and practice of pain care.

“(f) PEER REVIEW GROUPS.—In carrying out section 799(f) with respect to this section, the Secretary shall ensure that the membership of each peer review group involved includes individuals with expertise and experience in pain care.

“(g) PAIN CARE DEFINED.—For purposes of this section the term ‘pain care’ means the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.

“(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$5,000,000 for each of the fiscal years 2010 through 2012. Amounts appropriated under this subsection shall remain available until expended.”

SEC. 5. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGEMENT.

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following:

“SEC. 249. NATIONAL EDUCATION OUTREACH AND AWARENESS CAMPAIGN ON PAIN MANAGEMENT.

“(a) ESTABLISHMENT.—Not later than June 30, 2010, the Secretary shall establish and implement a national pain care education outreach and awareness campaign described in subsection (b).

“(b) REQUIREMENTS.—The Secretary shall design the public awareness campaign under this section to educate consumers, patients, their families, and other caregivers with respect to—

“(1) the incidence and importance of pain as a national public health problem;

“(2) the adverse physical, psychological, emotional, societal, and financial consequences that can result if pain is not appropriately assessed, diagnosed, treated, or managed;

“(3) the availability, benefits, and risks of all pain treatment and management options;

“(4) having pain promptly assessed, appropriately diagnosed, treated, and managed, and regularly reassessed with treatment adjusted as needed;

“(5) the role of credentialed pain management specialists and subspecialists, and of comprehensive interdisciplinary centers of treatment expertise;

“(6) the availability in the public, non-profit, and private sectors of pain management-related information, services, and resources for consumers, employers, third-party payors, patients, their families, and caregivers, including information on—

“(A) appropriate assessment, diagnosis, treatment, and management options for all types of pain and pain-related symptoms; and

“(B) conditions for which no treatment options are yet recognized; and

“(7) other issues the Secretary deems appropriate.

“(c) CONSULTATION.—In designing and implementing the public awareness campaign required by this section, the Secretary shall consult with organizations representing patients in pain and other consumers, employers, physicians including physicians specializing in pain care, other pain management professionals, medical device manufacturers, and pharmaceutical companies.

“(d) COORDINATION.—

“(1) LEAD OFFICIAL.—The Secretary shall designate one official in the Department of Health and Human Services to oversee the campaign established under this section.

“(2) AGENCY COORDINATION.—The Secretary shall ensure the involvement in the public awareness campaign under this section of the Surgeon General of the Public Health Service, the Director of the Centers for Disease Control and Prevention, and such other representatives of offices and agencies of the Department of Health and Human Services as the Secretary determines appropriate.

“(e) UNDERSERVED AREAS AND POPULATIONS.—In designing the public awareness campaign under this section, the Secretary shall—

“(1) take into account the special needs of geographic areas and racial, ethnic, gender, age, and other demographic groups that are currently underserved; and

“(2) provide resources that will reduce disparities in access to appropriate diagnosis, assessment, and treatment.

“(f) GRANTS AND CONTRACTS.—The Secretary may make awards of grants, cooperative agreements, and contracts to public agencies and private nonprofit organizations to assist with the development and implementation of the public awareness campaign under this section.

“(g) EVALUATION AND REPORT.—Not later than the end of fiscal year 2012, the Secretary shall prepare and submit to the Congress a report evaluating the effectiveness of the public awareness campaign under this section in educating the general public with respect to the matters described in subsection (b).

“(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 2010 and \$4,000,000 for each of fiscal years 2011 and 2012.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) 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.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 756, the National Pain Care Policy Act of 2009.

Pain is the most common reason Americans access the health care system and is a leading cause of disability. It is also a major contributor to health care costs. National Center for Health Statistics estimates that 76.2 million, or one in four, Americans have suffered from pain that lasts longer than 24 hours. Millions more Americans suffer from acute pain. While untreated pain can seriously impact every aspect of daily living, most painful conditions can be relieved through treatment.

This bill will expand research on the causes and treatments of pain, award grants for pain care education and training programs for health profes-

sionals, and establish and implement a national pain care education outreach and awareness campaign.

Once again, I'd like to thank my colleague, Representative CAPPs, for sponsoring this bill and for her hard work on the bill. I urge my colleagues to pass this very important bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in support of H.R. 756, the National Pain Care Policy Act of 2009. I want to commend Congresswoman LOIS CAPPs and Congressman MIKE ROGERS for their bipartisan work on this bill.

The National Center for Health Statistics estimates that 76.2 million Americans have suffered pain that lasts longer than 24 hours. Most painful conditions can be relieved with proper treatment and adequate pain management. This bill creates an interagency coordinating committee to coordinate all efforts within HHS and other Federal agencies related to pain research. This effort, along with efforts at the NIH via the pain consortium, will go a long way towards increasing research and awareness of chronic pain.

Mr. Speaker, I urge Members to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, once again, I yield 3 minutes to the gentleman from California (Mrs. CAPPs), the sponsor of the legislation.

Mrs. CAPPs. Mr. Speaker, again, I thank our chairman of our subcommittee for giving me this time to speak in strong support of H.R. 756, the National Pain Care Policy Act.

I want to thank our colleague from Michigan, MIKE ROGERS, for his tireless advocacy on behalf of pain care. It's been several years that we've been working together, and we have a great deal of gratitude for the vast coalition of organizations who have been supporting this legislation and working so hard on behalf of people with pain who suffer every single day.

Most Americans would be surprised if they understood that the leading cause of disability in the United States is pain and that its treatment and management is straining our health care system. Americans suffering from chronic pain, or from pain as a symptom of another illness, face so many barriers to achieving relief. Fortunately, we don't have to remain debilitated by pain because we can take several steps in this legislation to improve the way we research, diagnose, and treat pain.

This legislation takes a multifaceted approach to addressing pain. First, it calls on the Institute of Medicine to convene a conference on pain. The bill will also enable coordination and improvement of pain research at the National Institutes of Health.

□ 1530

This information will then be disseminated to the health community. H.R. 756 will also create a grant program in order to improve training for

health professionals in recognizing and treating pain effectively.

Finally, through this legislation we will initiate a public health awareness campaign so that patients know they do not need to suffer from pain, but rather they can seek available treatment options.

It is my hope that passage of this bill in the House today will spur the Senate to act soon so we can see this bill signed into law before the end of the year.

Most of us have either suffered from pain ourselves—and chronic pain, as our colleague from the other side said, is pain that doesn't go away for at least 24 hours. That's awfully miserable. Either we have experienced that ourselves or we have some family member or loved one that we can think of who would be very much affected in a positive way by passing this legislation.

So the sooner we get to work on improving pain care, the sooner we can see relief for the millions of Americans who are suffering from pain every day.

Again, I urge my colleagues to vote “yes” on H.R. 756.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 756, 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.

MELANIE BLOCKER STOKES MOM'S OPPORTUNITY TO ACCESS HEALTH, EDUCATION, RESEARCH, AND SUPPORT FOR POSTPARTUM DEPRESSION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 20) to provide for research on, and services for individuals with, postpartum depression and psychosis, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 20

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 “Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act” or the “Melanie Blocker Stokes MOTHERS Act”.

SEC. 2. DEFINITIONS.

For purposes of this Act—

(1) the term “postpartum condition” means postpartum depression or postpartum psychosis; and

(2) the term “Secretary” means the Secretary of Health and Human Services.

TITLE I—RESEARCH ON POSTPARTUM CONDITIONS

SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVITIES.

(a) **CONTINUATION OF ACTIVITIES.**—The Secretary is encouraged to continue activities on postpartum conditions.

(b) **PROGRAMS FOR POSTPARTUM CONDITIONS.**—In carrying out subsection (a), the Secretary is encouraged to continue research to expand the understanding of the causes of, and treatments for, postpartum conditions. Activities under such subsection shall include conducting and supporting the following:

(1) Basic research concerning the etiology and causes of the conditions.

(2) Epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions.

(3) The development of improved screening and diagnostic techniques.

(4) Clinical research for the development and evaluation of new treatments.

(5) Information and education programs for health care professionals and the public, which may include a coordinated national campaign to increase the awareness and knowledge of postpartum conditions. Activities under such a national campaign may—

(A) include public service announcements through television, radio, and other means; and

(B) focus on—

(i) raising awareness about screening;

(ii) educating new mothers and their families about postpartum conditions to promote earlier diagnosis and treatment; and

(iii) ensuring that such education includes complete information concerning postpartum conditions, including its symptoms, methods of coping with the illness, and treatment resources.

SEC. 102. SENSE OF CONGRESS REGARDING LONGITUDINAL STUDY OF RELATIVE MENTAL HEALTH CONSEQUENCES FOR WOMEN OF RESOLVING A PREGNANCY.

(a) **SENSE OF CONGRESS.**—It is the sense of Congress that the Director of the National Institute of Mental Health may conduct a nationally representative longitudinal study (during the period of fiscal years 2009 through 2018) of the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, including carrying the pregnancy to term and parenting the child, carrying the pregnancy to term and placing the child for adoption, miscarriage, and having an abortion. This study may assess the incidence, timing, magnitude, and duration of the immediate and long-term mental health consequences (positive or negative) of these pregnancy outcomes.

(b) **REPORT.**—Beginning not later than 3 years after the date of the enactment of this Act, and periodically thereafter for the duration of the study, such Director may prepare and submit to the Congress reports on the findings of the study.

TITLE II—DELIVERY OF SERVICES REGARDING POSTPARTUM CONDITIONS

SEC. 201. ESTABLISHMENT OF GRANT PROGRAM.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after section 330G the following:

“SEC. 330G–1. SERVICES TO INDIVIDUALS WITH A POSTPARTUM CONDITION AND THEIR FAMILIES.

“(a) **IN GENERAL.**—The Secretary may make grants to eligible entities for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with a postpartum condition and their families.

“(b) **CERTAIN ACTIVITIES.**—To the extent practicable and appropriate, the Secretary shall ensure that projects funded under subsection (a)

provide education and services with respect to the diagnosis and management of postpartum conditions. The Secretary may allow such projects to include the following:

“(1) Delivering or enhancing outpatient and home-based health and support services, including case management and comprehensive treatment services for individuals with or at risk for postpartum conditions, and delivering or enhancing support services for their families.

“(2) Delivering or enhancing inpatient care management services that ensure the well-being of the mother and family and the future development of the infant.

“(3) Improving the quality, availability, and organization of health care and support services (including transportation services, attendant care, homemaker services, day or respite care, and providing counseling on financial assistance and insurance) for individuals with a postpartum condition and support services for their families.

“(4) Providing education to new mothers and, as appropriate, their families about postpartum conditions to promote earlier diagnosis and treatment. Such education may include—

“(A) providing complete information on postpartum conditions, symptoms, methods of coping with the illness, and treatment resources; and

“(B) in the case of a grantee that is a State, hospital, or birthing facility—

“(i) providing education to new mothers and fathers, and other family members as appropriate, concerning postpartum conditions before new mothers leave the health facility; and

“(ii) ensuring that training programs regarding such education are carried out at the health facility.

“(c) **INTEGRATION WITH OTHER PROGRAMS.**—To the extent practicable and appropriate, the Secretary may integrate the grant program under this section with other grant programs carried out by the Secretary, including the program under section 330.

“(d) **CERTAIN REQUIREMENTS.**—A grant may be made under this section only if the applicant involved makes the following agreements:

“(1) Not more than 5 percent of the grant will be used for administration, accounting, reporting, and program oversight functions.

“(2) The grant will be used to supplement and not supplant funds from other sources related to the treatment of postpartum conditions.

“(3) The applicant will abide by any limitations deemed appropriate by the Secretary on any charges to individuals receiving services pursuant to the grant. As deemed appropriate by the Secretary, such limitations on charges may vary based on the financial circumstances of the individual receiving services.

“(4) The grant will not be expended to make payment for services authorized under subsection (a) to the extent that payment has been made, or can reasonably be expected to be made, with respect to such services—

“(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

“(B) by an entity that provides health services on a prepaid basis.

“(5) The applicant will, at each site at which the applicant provides services funded under subsection (a), post a conspicuous notice informing individuals who receive the services of any Federal policies that apply to the applicant with respect to the imposition of charges on such individuals.

“(6) For each grant period, the applicant will submit to the Secretary a report that describes how grant funds were used during such period.

“(e) **TECHNICAL ASSISTANCE.**—The Secretary may provide technical assistance to entities seeking a grant under this section in order to assist such entities in complying with the requirements of this section.

“(f) **DEFINITIONS.**—In this section:

“(1) The term ‘eligible entity’ means a public or nonprofit private entity, which may include

a State or local government; a public or nonprofit private recipient of a grant under section 330H (relating to the Healthy Start Initiative), public-private partnership, hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, public housing primary care center, or homeless health center; or any other appropriate public or nonprofit private entity.

“(2) The term ‘postpartum condition’ means postpartum depression or postpartum psychosis.”

TITLE III—GENERAL PROVISIONS

SEC. 301. AUTHORIZATION OF APPROPRIATIONS.

To carry out this Act and the amendment made by section 201, there are authorized to be appropriated, in addition to such other sums as may be available for such purpose—

(1) \$3,000,000 for fiscal year 2010; and

(2) such sums as may be necessary for fiscal years 2011 and 2012.

SEC. 302. REPORT BY THE SECRETARY.

(a) **STUDY.**—The Secretary shall conduct a study on the benefits of screening for postpartum conditions.

(b) **REPORT.**—Not later than 2 years after the date of the enactment of this Act, the Secretary shall complete the study required by subsection (a) and submit a report to the Congress on the results of such study.

SEC. 303. LIMITATION.

Notwithstanding any other provision of this Act or the amendment made by section 201, the Secretary may not utilize amounts made available under this Act or such amendment to carry out activities or programs that are duplicative of activities or programs that are already being carried out through the Department of Health and Human Services.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, once again, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the legislation.

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.

Mr. Speaker, I rise in support of H.R. 20, the Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act.

Postpartum depression occurs after 10 to 15 percent of all deliveries, and the majority of patients suffer from this illness for more than 6 months. In its most severe form, postpartum psychosis, women may actually suffer from hallucinations and delusions that can put them and their babies at risk.

The bill before us today amends the Public Health Service Act to include a new section that authorizes the Secretary of Health and Human Services to make grants for services related to postpartum depression and postpartum psychosis.

It would encourage continued research into the causes of and treatments for these conditions and would

give the Secretary the authority to provide grants to deliver services to women with these conditions and their families.

I want to thank my colleague, Representative BOBBY RUSH, for his work in raising this important issue. He is the sponsor of this bill and has worked hard on it for a long time.

I also want to thank Mary Jo Codey, who is the wife of former Governor Codey from my home State of New Jersey. She came and testified before our subcommittee on this bill and has been outspoken on the issue of postpartum depression.

I urge my colleagues to pass this bill. I reserve the balance of my time.

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

I rise today in support of H.R. 20, the Melanie Blocker Stokes MOTHERS Act. Last Congress, the Energy and Commerce Committee held hearings on this issue that were deeply emotional, especially when testimony was presented by Melanie Blocker Stokes' mother. This bill highlights the need to increase awareness of postpartum depression and expand the knowledge of its terrible effects.

It is important to note that as many as 80 percent of women experience some mood disturbances after pregnancy. For most women, the symptoms are mild and go away on their own. But 10 to 20 percent of women develop a more disabling form of mood disorder called postpartum depression.

This legislation encourages the continuation of research being done by Federal agencies to determine the causes of postpartum depression and how it can better be treated. I stand in support of this legislation and hope that my colleagues will join me.

I reserve the balance of my time.

Mr. PALLONE. I yield 3 minutes to someone who has been such a leader on so many health care issues, including this one, the gentleman from Rhode Island (Mr. KENNEDY.)

Mr. KENNEDY. I thank the gentleman from New Jersey and thank him for his leadership on this issue and many others regarding mental health. I just want to concur with him and Mr. RUSH from Illinois that this issue of mental health and postpartum depression I'm glad to see is on the agenda for health care. We are in the year of health care reform, and it's so vital that the issue of the total health of our people makes its way into health care reform.

We find that so many in our country seek help in our health care system and yet don't receive it because our health care system does not respond to the total health of a person. It responds to the physical part of the person but it does not respond to the emotional—the sympathetic part of the person; the psychological, which is the mental health part of the person; the spiritual, which is the sense of purpose that a person has for their life.

We have done such a good job in this country in training our doctors to take

care of a person as if they were a machine, and we could fix a person if they had a broken bone or if they had something that we could show on an x-ray or we could test through a blood test, but if we can't show it on an x-ray or a blood test, then we really don't know what to do.

My friends, the fact of the matter is we are much more than just the sum of our parts. Really, a much bigger part of this is the mental health and emotional health of our people. That is why we need to do a lot more to address this if we are going to address people's health in this country.

Frankly, mental illnesses are the second leading cause of lost days in our country. It's quite surprising that even given that statistic, our health care system doesn't respond to this challenge.

So I'm glad to see that this legislation calls on greater research into this area because, frankly, there is a physical element to this. The body does change as a result of mental health problems. We now know, thanks to the new x-ray machines, that we can actually see biochemical changes in the brain. We can see these biochemical changes in the brain, thanks to these new functional magnetic resonance imaging exams.

Furthermore, I think it's so important for people to know that we want a vibrant and a productive people, and we want them to feel active and alive. The best way to do that is to make sure that we give them all the support that they need in this country.

So, to do that, we need to make sure that they get all of the support and get their checkup from their neck up, just as they get their checkup everywhere else. So I'm glad that this proposal is going forward.

Mr. SCALISE. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. I thank the gentleman for yielding. Mr. Speaker, I'm a physician. I've dealt with anxiety and depression in patients throughout my medical career. Depression is an extremely debilitating disease.

What really concerns me at this point is Americans today are getting very, very depressed because of this steamroller of socialism that's being forced down their throats, this steamroller of socialism of bigger and bigger government that is taking money away from small business, it's taking money away from families. They are struggling.

We need to do something about the economy. Americans are hurting. We need to do something about it now. But greater spending and bigger government is not the solution.

In fact, we're going to be taking up a budget this week that is a budget that should cause people great angst here in America. It's a budget that's going to create a tremendous amount of anxiety and depression.

More people are going to see their doctors and ask for antidepressants

and nerve pills because of this budget that we're going to see this week that's being presented by the Democratic majority. We've got to stop it.

Republicans have offered alternative after alternative, but the leadership of this House won't even consider them. The leadership of this House has said that Republicans are the "Party of No," and that is absolutely not factual. Republicans have offered many alternatives, but they just won't be considered.

The American people need to wake up and understand that they're going to become more depressed, they're going to become more anxious, they're going to have greater strife within their families, we're going to have more marriages break up because of the budget, in my opinion, that we are going to be presented in this House—and undoubtedly this House will pass it. But it's going to wreck our economy.

America is bankrupt today because of the great spending that's been coming down through the latter part of the Bush administration and now in this administration. We've got to stop it.

The American people need to wake up and demand that we have a responsible government so that they won't be depressed, so they won't be anxious, so that we can have a good economy.

Republicans are offering solutions—commonsense, market-based solutions based on the private sector. It's absolutely critical that we find those solutions; that we work together, Democrats and Republicans alike, to find economic solutions to put this country back on the right course.

We're spending too much, we're taxing too much, we're borrowing too much, and we're bankrupting America—not only the government, but individuals and small businesses—and it has to stop. I call on the American people to write their Congressman, write their Senators, and say "no."

We've got to have a better alternative than this budget that's going to be presented this week.

Mr. RUSH. Mr. Speaker, today I rise in strong support of the Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act of 2009.

I would like to thank Chairman WAXMAN, Ranking Member BARTON, my colleague Congressman FRANK PALLONE, and the Members of the Energy and Commerce Committee who unanimously supported this legislation's passage out of the committee.

After eight long years, today marks an important step forward in the journey for Congress to fully recognize postpartum depression as a national women's health priority. This bill comes to the floor today with strong, bipartisan support. No longer will postpartum depression be dismissed as mere "baby blues."

Mr. Speaker, today, 60 to 80 percent of new mothers experience symptoms of postpartum depression while the more serious condition, postpartum psychosis, affects up to 20 percent of women who have recently given birth. Experts in the field of women's health like Susan

Stone, Chair of the President's Advisory Council of Postpartum Support International, says that these statistics do not include mothers whose babies are stillborn, who miscarry, or who are vulnerable to these devastating disorders which raises those at risk into the millions. The most extreme form, postpartum psychosis, is exhibited in about one percent of all new mothers.

At what should be the happiest time in a woman's life these mood disorders result in feelings of despondency, tearfulness, inadequacy, guilt and fatigue. In the worst case scenario, if left untreated or not treated properly, postpartum depression and postpartum psychosis has resulted in suicide and infanticide. The consequences of untreated maternal depression in the mother range from chronic disability to death of the infant as well as learning and behavioral disabilities that can negatively impact a child's development.

In light of all these sobering facts, sadly, I was finally compelled to author H.R. 20 in December 2007 after watching the news accounts of the missing Melanie Blocker Stokes. This bright, vibrant woman who loved life was a first time mother, a successful business woman and my constituent. Despite her family's valiant interventions, Melanie's psychosis was so severe that she slipped away and ended her life in solitary agony.

As news of her death swept throughout Chicago, I reached out to Melanie's mother, Carol Blocker, who told me her daughter's diagnosis and suicide was the result of postpartum psychosis.

And, sometime later, Dr. Nada Stotland of the American Psychiatric Association, also a constituent of mine, also reached out to me. Dr. Stotland detailed the value of additional research and discussed the under-reporting and misdiagnosis of postpartum depression and psychosis in our country.

There is no denying the fact that the need for resources to combat postpartum depression grows more and more each and every year. Here are the facts: H.R. 20 will finally put significant money and attention into research, screening, treatment and education for mothers suffering from this disease. Research indicates that some form of postpartum depression affects approximately 1 in 1,000 new mothers, or up to 800,000 new cases annually. This data does not include the additional cases of women who may be vulnerable to these illnesses even after they've miscarried or who deliver stillborn infants.

Of the new postpartum cases this year, less than 15 percent of mothers will receive treatment and even fewer will receive adequate treatment; however, with treatment over 90 percent of these mothers could overcome their depression. Every 50 seconds a new mother will begin struggling with the effects of mental illness.

Mr. Speaker, these facts are profound and, in the words of Carol Blocker, ". . . hundreds of thousands of women, who have suffered from postpartum depression and psychosis are still waiting for Congress to act eight years after legislation was first introduced." Mr. Speaker, thank you for this day because, today, Mrs. Blocker and hundreds of thousands of mothers will not have to wait any longer for Congress to act! By passage of H.R. 20, today, we will put mothers first.

When this bill becomes law, my legislation will:

Encourage the Secretary of Health and Human Services to continue: (1) activities on postpartum depression; and (2) research to expand the understanding of the causes of, and treatments for, postpartum conditions.

Express the sense of Congress that the Director of the National Institute of Mental Health may conduct a nationally representative longitudinal study of the relative mental health consequences for women of resolving a pregnancy in various ways.

Amend the Public Health Service Act to authorize the Secretary to make grants for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with a postpartum condition and their families.

Direct the Secretary to ensure that such projects provide education and services with respect to the diagnosis and management of postpartum conditions.

Moreover, this bill is an affordable approach to research and services. This is good policy, good politics and a good public health bill.

Before I close, I'd like to take a moment to remember and honor the hundreds of thousands of women—women who have lost either their ability to "mother" or, in far too many cases, their lives to postpartum depression.

Mr. Speaker, this bill, this day and this moment would not be a reality had it not been for a beautiful, young Chicago native, the late Melanie Blocker Stokes, and the valiant effort her husband and her family made to save her life but to no avail. And, even though Melanie did not survive her battle with postpartum psychosis, Melanie's battle and her ultimate sacrifice will never be forgotten because of our efforts, here, today.

I would like to thank Carol Blocker, my friend, constituent and fellow activist, who with grace and dignity found a way for her daughter's memory to live on.

I would also like to thank all the groups who support this legislation. Groups like, Postpartum Support International, the Family Mental Health Foundation, the American Psychological Association, the American Psychiatric Association and the American College of Obstetricians and Gynecologists.

I'd also like to acknowledge the tremendous work of groups like the Children's Defense Fund, the Melanie Blocker Stokes Foundation, Suicide Prevention Action Network, Planned Parenthood Federation of America, Depression and Bipolar Support Alliance, Mental Health America, NARAL, National Alliance for Mental Illness, Community Behavioral Healthcare, the March of Dimes, The National Association of Social Workers, National Organization for Women and North American Society for Psychosocial Obstetrics and Gynecology.

I thank these groups and various activists for their relentless efforts to address this issue including calling their congressional representatives and mailing or faxing letters in support of H.R. 20. Our work will not be done until this bill is signed by the President. And, the good news is, this time we have a friend and fellow Chicagoan in the White House.

And, finally, let me once again thank the hundreds of thousands of unsung women, and their families, who have battled postpartum depression in silence or isolation, in some form, for far too long. To those women and their families I say, you will never suffer in si-

lence again. And, with that, I proudly urge my colleagues to vote "yes" on H.R. 20.

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

Mr. PALLONE. Mr. Speaker, I ask that the bill be passed, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 20, as amended.

The question was taken.

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

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

WAKEFIELD ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 479) to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 479

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 "Wakefield Act".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) *There are 31,000,000 child and adolescent visits to the Nation's emergency departments every year.*

(2) *Over 90 percent of children requiring emergency care are seen in general hospitals, not in free-standing children's hospitals, with one-quarter to one-third of the patients being children in the typical general hospital emergency department.*

(3) *Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are other common pediatric emergencies, followed by cardiac arrest and severe trauma.*

(4) *Up to 20 percent of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birth weight, and bronchopulmonary dysplasia.*

(5) *Significant gaps remain in emergency medical care delivered to children. Only about 6 percent of hospitals have available all the pediatric supplies deemed essential by the American Academy of Pediatrics and the American College of Emergency Physicians for managing pediatric emergencies, while about half of hospitals have at least 85 percent of those supplies.*

(6) *Providers must be educated and trained to manage children's unique physical and psychological needs in emergency situations, and emergency systems must be equipped with the resources needed to care for this especially vulnerable population.*

(7) *Systems of care must be continually maintained, updated, and improved to ensure that*

research is translated into practice, best practices are adopted, training is current, and standards and protocols are appropriate.

(8) The Emergency Medical Services for Children (EMSC) Program under section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is the only Federal program that focuses specifically on improving the pediatric components of emergency medical care.

(9) The EMSC Program promotes the nationwide exchange of pediatric emergency medical care knowledge and collaboration by those with an interest in such care and is depended upon by Federal agencies and national organizations to ensure that this exchange of knowledge and collaboration takes place.

(10) The EMSC Program also supports a multi-institutional network for research in pediatric emergency medicine, thus allowing providers to rely on evidence rather than anecdotal experience when treating ill or injured children.

(11) The Institute of Medicine stated in its 2006 report, "Emergency Care for Children: Growing Pains", that the EMSC Program "boasts many accomplishments . . . and the work of the program continues to be relevant and vital".

(12) The EMSC Program is celebrating its 25th anniversary, marking a quarter-century of driving key improvements in emergency medical services to children, and should continue its mission to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and emergency surgical care children receive.

(b) PURPOSE.—It is the purpose of this Act to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive.

SEC. 3. REAUTHORIZATION OF EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

Section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is amended—

(1) in subsection (a), by striking "3-year period (with an optional 4th year)" and inserting "4-year period (with an optional 5th year)";

(2) in subsection (d)—

(A) by striking "and such sums" and inserting "such sums"; and

(B) by inserting before the period the following: "\$25,000,000 for fiscal year 2010, \$26,250,000 for fiscal year 2011, \$27,562,500 for fiscal year 2012, \$28,940,625 for fiscal year 2013, and \$30,387,656 for fiscal year 2014";

(3) by redesignating subsections (b) through (d) as subsections (c) through (e), respectively; and

(4) by inserting after subsection (a) the following:

"(b)(1) The purpose of the program established under this section is to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical care children receive, through the promotion of projects focused on the expansion and improvement of such services, including those in rural areas and those for children with special health care needs. In carrying out this purpose, the Secretary shall support emergency medical services for children by supporting projects that—

"(A) develop and present scientific evidence;

"(B) promote existing and innovative technologies appropriate for the care of children; or

"(C) provide information on health outcomes and effectiveness and cost-effectiveness.

"(2) The program established under this section shall—

"(A) strive to enhance the pediatric capability of emergency medical service systems originally designed primarily for adults; and

"(B) in order to avoid duplication and ensure that Federal resources are used efficiently and effectively, be coordinated with all research, evaluations, and awards related to emergency medical services for children undertaken and supported by the Federal Government."

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, again, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the bill.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 479, the Wakefield Act. Every year, more children between the ages of 1 and 19 die due to injury than all other forms of illness. Though we have made huge advances in our system to provide rapid interventions and transport for adults, there has been only limited focus on the specialized needs of children.

Recognizing this gap in knowledge, Congress created the Emergency Medical Services for Children grant program in 1984, which is designed to ensure state-of-the-art emergency medical care for ill or injured children and adolescents.

The bill before us today reauthorizes this vital public health care program that covers the entire spectrum of emergency medical care. It also allows grants awarded under the EMSC program to be 4 years, with an optional fifth year, which is an increase of 1 year over current law.

□ 1545

I would like to thank my colleague from Utah, Representative MATHESON, for his hard work on this issue. We passed this bill out of the House of Representatives last Congress, and I urge us to pass it again this year.

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

Mr. SCALISE. Mr. Speaker, I rise in support of H.R. 479, the Wakefield Act.

This legislation was introduced by Representative JIM MATHESON, and was passed by the House last Congress. The bill reforms the Public Health Service Act to improve emergency medicine services for children.

The Wakefield Act would authorize grants to States and medical schools to purchase equipment for children requiring trauma or critical care. About 31 million children and adolescents visit emergency rooms every year, and more than 90 percent of them are seen in general hospitals, not in children's hospitals that are best equipped to treat them.

The bill also requires the Secretary of Health and Human Services to support projects that are based on scientific evidence, promote innovative technology, and provide information on health outcomes, including cost effec-

tiveness. I urge my colleagues to support H.R. 479.

Mr. MATHESON. Mr. Speaker, I am pleased to rise today in support of my legislation. H.R. 479, the Wakefield Act, which seeks to reauthorize the Emergency Medical Services for Children (EMSC) program.

Unfortunately, today the hospital emergency department has become the fundamental source of our health care delivery system for both primary and emergency care. Due to this trend, it's easy to forget that emergency medicine is actually a relatively new specialty. Emergency rooms were first established in the 1970s as medical personnel returning from the Vietnam War sought to put to use the battlefield medicine they had learned. Skills initially developed to save wounded soldiers were translated to saving victims of car crashes and trauma.

That genesis in battlefield medicine, however, failed to account for the very different physical, developmental, and physiological traits of children. By the early 1980s, doctors were seeing marked disparities in survival rates among adults and children with similar injuries.

Created in 1984, the EMSC program sought to address those disparities in children's emergency care. The program has driven fundamental changes in America's emergency medical system and brought vital resources and attention to a neglected population. Since it was established, child injury death rates have dropped 40 percent. With the aid of research and attention from the EMSC program and others, pediatric emergency medicine was developed, and was ultimately established as a separate medical subspecialty in 1992.

This year we are proud to celebrate the 25th anniversary of the EMSC program. The EMSC program provides seed money to every state and territory to carry out activities designed to improve children's emergency care. States may use those funds to ensure that hospitals and ambulances are stocked with appropriate equipment and supplies; to provide pediatric training to paramedics; to improve systems, such as transfer agreements among facilities; and much more. The program also supports the National EMSC Resource Center, an information clearinghouse that provides materials and technical support to states and institutions. The Pediatric Emergency Care Applied Research Network links pediatric emergency providers across the nation to perform research on injury and illness among children. The National EMSC Data Analysis Resource Center—based in my district at the University of Utah—assists states to collect, analyze, and utilize EMSC data.

The EMSC program's authorization expired in September 2005. In summer 2006, the Institutes of Medicine released a report entitled, "Emergency Care for Children: Growing Pains," which documented both the value of the EMSC program and the gaps that remain in providing quality emergency care for all children. The report found that, although children represent 27 percent of all emergency department visits, only about 6 percent of emergency departments have all of the supplies deemed essential for managing pediatric emergencies, and only half of hospitals have at least 85 percent of those supplies. The report described the EMSC program as "well positioned to assume [a] leadership role" in addressing deficiencies in emergency care for

children and recommended funding the program at \$37.5 million per year.

H.R. 479, the Wakefield Act, has bipartisan, bicameral support. The bill is also endorsed by over 50 organizations, including the American Academy of Pediatrics, the American College of Emergency Physicians, the American Medical Association, the Emergency Nurses Association, and many more. I would like to thank Energy and Commerce Committee Chairman WAXMAN and his staff for working with me and my staff to move this legislation forward.

Last year, the House passed this bill on a vote of 390–1. I urge every Member to support this important legislation once again—together, we can work to ensure that our nation's children have the best possible medical care during emergencies.

Mr. KING of New York. Mr. Speaker, today I rise in strong support of H.R. 479, the Wakefield Act, which will reauthorize the Emergency Medical Services for Children program for an additional four years.

Since its establishment in 1985, the Emergency Medical Services for Children program, also known as EMSC, has provided grants to all fifty states, the District of Columbia, and five U.S. territories to ensure that every child in America has access to quality, appropriate care in a health emergency. The EMSC program has improved the availability of child-appropriate equipment in ambulances and emergency departments, supported hundreds of programs to prevent injuries, and provided thousands of hours of training to EMTs, paramedics, and other emergency medical care providers.

In my home state, New York's EMSC program is working to provide ongoing assessment and improvement of medical care for critically ill or injured children. The state EMSC Advisory Committee continually meets to discuss plans for designating health care resources to optimally serve the needs of critically ill or injured pediatric patients. This Committee is currently designing a road map of resources, standards, and roles for hospitals within the state and for the statewide EMS system as a whole. The plan will improve the state's ability to bring children to the hospitals that are best equipped to treat them as well as establish a general set of interfacility guidelines.

Kids are not just small adults. Methods to treat children in emergencies vary greatly from methods used with adults in the same situations. The EMSC program is an integral part of preparing our nation's healthcare providers and giving them the tools they need to treat children in an emergency. This is especially significant at a time in our history that disaster preparedness, both due to natural disasters as well as potential terrorist attacks, is so important.

I would like to thank Representative MATHESON for his leadership on this issue, as well as Representatives CASTOR and REICHERT for their continued support. I urge my colleagues on both sides of the aisle to support this imperative bill.

Mr. SCALISE. Mr. Speaker, I have no speakers. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time, and ask for passage of the bill.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 479, 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. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

DEXTROMETHORPHAN DISTRIBUTION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1259) to amend the Federal Food, Drug, and Cosmetic Act with respect to the distribution of the drug dextromethorphan, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1259

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 "Dextromethorphan Distribution Act of 2009".

SEC. 2. RESTRICTIONS ON DISTRIBUTION OF BULK DEXTROMETHORPHAN.

The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 et seq.) is amended—

(1) in section 501, by inserting at the end the following:

“(j) If it is unfinished dextromethorphan and is possessed, received, or distributed in violation of section 506D.”; and

(2) by inserting after section 506C the following:

“SEC. 506D. RESTRICTIONS ON DISTRIBUTION OF BULK DEXTROMETHORPHAN.

“(a) RESTRICTIONS.—No person shall—

“(1) possess or receive unfinished dextromethorphan, unless the person is registered under section 510 or otherwise registered, licensed, or approved pursuant to Federal or State law to engage in the practice of pharmacy, pharmaceutical production, or manufacture or distribution of drug ingredients; or

“(2) distribute unfinished dextromethorphan to any person other than a person registered under section 510 or otherwise registered, licensed, or approved pursuant to Federal or State law to engage in the practice of pharmacy, pharmaceutical production, or manufacture or distribution of drug ingredients.

“(b) EXCEPTION FOR COMMON CARRIERS.—This section does not apply to a common carrier that possesses, receives, or distributes unfinished dextromethorphan for purposes of distributing such unfinished dextromethorphan between persons described in subsection (a) as registered, licensed, or approved.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘common carrier’ means any person that holds itself out to the general public as a provider for hire of the transportation by water, land, or air of merchandise, whether or not the person actually operates the vessel, vehicle, or aircraft by which the transportation is provided, between a port or

place and a port or place in the United States.

“(2) The term ‘unfinished dextromethorphan’ means dextromethorphan that is not contained in a drug that is in finished dosage form.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) 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 within which to revise and extend their remarks.

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.

Mr. Speaker, I rise in support of H.R. 1259, the Dextromethorphan Distribution Act. This bill addresses the problem of abuse of this drug, particularly by teenagers and young adults.

DXM, as it is called, is an ingredient commonly found in over-the-counter cough medications. When taken as directed, there are hardly any side effects. However, this ingredient is often abused, particularly by teenagers and young adults, and can result in devastating health effects.

The bill amends the Food, Drug and Cosmetic Act to restrict the distribution, possession, and receipt of unfinished DXM to entities registered with the Secretary of Health and Human Services.

I want to thank my colleague Representative UPTON for his work on this important bill, and I urge us to pass this bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in favor of H.R. 1259, and I would like to thank Mr. UPTON of Michigan and Mr. LARSEN of Washington for their work on this important legislation.

Dextromethorphan, or DXM as it is sometimes called, is an ingredient found in cough medicine. This ingredient relieves the coughing associated with a cold or the flu. Cough medicines containing this drug are common and can be obtained without a prescription.

While this drug can be safe and effective if used as directed, it can also be dangerous if taken improperly. The abuse of this drug can cause death as well as other serious adverse effects such as brain damage, seizure, loss of consciousness, and irregular heartbeat.

This legislation would allow the Secretary of Health and Human Services to prohibit the distribution of DXM that is in bulk form to any person not registered with the FDA. It is hoped that these restrictions on the distribution of DXM will lower the potential for its abuse while at the same time protecting access to these needed medications.

Mr. Speaker, I yield 3 minutes to my friend from Michigan (Mr. UPTON).

Mr. UPTON. Mr. Speaker, I too rise in strong support of this legislation, the Dextromethorphan Distribution Act of 2009, which I introduced to restrict the distribution of this product to entities registered with the Food and Drug Administration.

I want to thank the House leadership for scheduling this bill. I particularly want to thank Mr. PALLONE, who has helped shepherd this legislation a couple of times as we have passed it in the House, and yet the other body, the Senate, has not taken it up in the same form. We hope that the third time is the charm. I also want to thank the chairman of the full committee and my good friend and colleague from Washington (Mr. LARSEN) for cosponsoring this again with me.

We know that DXM can be and is a safe and effective non-narcotic cough suppressant used in many over-the-counter cough and cold medicines. However safely and effectively that these might be used by literally millions of Americans every year, taken in extremely large quantities it does produce a hallucinogenic high and it can cause brain damage, seizures, and even death.

Currently, there are no restrictions on the distribution of this raw bulk DXM. This bill ensures that DXM is used only for legitimate purposes and stays out of the hands of drug dealers and adolescents. The FDA would have the authority to seize bulk DXM if found in the possession of anyone not authorized to have it. This measure would cut off the supply chain of unfinished DXM to those purchasing it on the Internet to get high or sell it as a street drug.

I would note that this act is endorsed by the American Pharmacists Association, the Consumers Healthcare Products Association, and the Partnership for a Drug-Free America. And, I would note that it is my understanding that the Partnership for a Drug-Free America believes that perhaps there are hundreds of thousands of young Americans misusing this DXM. So it is important that we pass this legislation.

I am the father of two. I am alarmed at the growing trend of teens abusing cough syrup, particularly this one, to get high. Our kids are engaging in a game of Russian roulette each time they get high off DXM, and sooner or later someone will die. That is why this is bipartisan legislation to try to get it enacted, and I would urge a "yes" vote.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1259.

The question was taken.

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

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

HEALTH INSURANCE RESTRICTIONS AND LIMITATIONS CLARIFICATION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1253) to require that limitations and restrictions on coverage under group health plans be timely disclosed to group health plan sponsors and timely communicated to participants and beneficiaries under such plans in a form that is easily understandable.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1253

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 "Health Insurance Restrictions and Limitations Clarification Act of 2009".

SEC. 2. DISCLOSURE REQUIREMENTS.

(a) ERISA.—Section 702(a)(2)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182(a)(2)(B)) is amended by inserting before the period at the end the following: "so long as—

"(i) such limitations and restrictions are explicit and clear;

"(ii) in the case of such limitations and restrictions in health insurance coverage offered in connection with the group health plan, such limitations and restrictions have been disclosed in writing to the plan sponsor in advance of the point of sale to the plan;

"(iii) the plan sponsor of the health insurance coverage provide, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

"(iv) the plan sponsor and the issuer of the coverage provide such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided."

(b) PHS.—Section 2702(a)(2)(B) of the Public Health Service Act (42 U.S.C. 300gg-1(a)(2)(B)) is amended by inserting before the period at the end the following: "so long as—

"(i) such limitations and restrictions are explicit and clear;

"(ii) in the case of such limitations and restrictions in health insurance coverage offered in connection with the group health plan, such limitations and restrictions have been disclosed in writing to the plan sponsor in advance of the point of sale to the plan;

"(iii) the plan sponsor and the issuer of the group health insurance coverage make available, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

"(iv) the plan sponsor and the issuer of the coverage provides such description to par-

ticipants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided."

(c) INTERNAL REVENUE CODE.—Section 9802(a)(2)(B) of the Internal Revenue Code of 1986 is amended by inserting before the period at the end the following: "so long as—

"(i) such limitations and restrictions are explicit and clear;

"(ii) the group health plan makes available, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

"(iii) the plan provides such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided."

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning after 1 year after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) 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 within which to revise and extend their remarks.

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

There was no objection.

Mr. PALLONE. I include for the CONGRESSIONAL RECORD an exchange of letters on this bill between the chairmen of the Committee on Energy and Commerce and the Committee on Education and Labor.

COMMITTEE ON EDUCATION AND LABOR,

HOUSE OF REPRESENTATIVES,

Washington, DC, March 25, 2009.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN WAXMAN: I am writing to confirm our mutual understanding regarding consideration of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act of 2009. As you know, this bill was referred to the Committee on Education and Labor which has a jurisdictional interest in several provisions in the bill.

Given the importance of moving this bill forward promptly, I do not intend to exercise this Committee's jurisdiction by conducting further proceedings on H.R. 1253. I do so, however, only with the understanding that this procedural route should not be construed to prejudice this Committee's jurisdictional interests and prerogatives on this or similar legislation and will not be considered as precedent for consideration of matters of jurisdictional interest to the Committee on Education and Labor in the future. In addition, should this bill or similar legislation be considered in a conference with the Senate, I would expect members of the Committee on Education and Labor to be appointed to the conference committee.

Finally, I ask that you include a copy of our exchange of letters be included in the Congressional Record during the consideration of this bill. If you have any questions regarding this matter, please do not hesitate

to call me. I thank you for your consideration.

Sincerely,

GEORGE MILLER,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, March 26, 2009.

Hon. GEORGE MILLER,
Chairman, House Committee on Education and Labor, Washington, DC.

DEAR CHAIRMAN MILLER: Thank you for your letter regarding H.R. 1253, the "Health Insurance Restrictions and Limitations Clarification Act of 2009." The letter noted that certain provisions of the bill are within the jurisdiction of the Committee on Education and Labor under rule X of the Rules of the House.

The Committee on Energy and Commerce recognizes the jurisdictional interest of the Committee on Education and Labor in these provisions. We appreciate your agreement to forgo action on the bill, and I concur that the agreement does not in any way prejudice the Committee on Education and Labor with respect to the appointment of conferees or its jurisdictional prerogatives on this bill or similar legislation in the future.

I will include our letters in the Congressional Record during consideration of the bill on the House floor. Again I appreciate your cooperation regarding this important legislation.

Sincerely,

HENRY A. WAXMAN,
Chairman.

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

Mr. Speaker, I rise in support of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act.

This bill amends the Employee Retirement Income Security Act, the Public Health Services Act, and the Internal Revenue Code to require that limitations on benefits in group health plans are explicit and disclosed to the plan's sponsor, and that that plan's sponsor disclose those limitations to the plan participants and beneficiaries in a timely manner.

This legislation would ensure that plan beneficiaries who engage in activities such as riding motorcycles, horses, or snowmobiles, or any other legal activity that may result in injury, understand if their health plan won't cover those injuries. I would like to thank my colleagues, both Dr. BURGESS as well Mr. STUPAK, for their work on this issue. I ask my colleagues to support the bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in support of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act of 2009.

This bill will allow purchasers of health insurance to better understand what they are buying. At its core, this bill is about transparency for the consumer. And that is a good thing.

This bill does not in any way alter current insurance requirements or limitations. This bill merely says that if an insurer wants to restrict or limit benefits, it must inform their enrollee prior to enrollment that it may so restrict or limit benefits.

I wish to commend Congressmen BURGESS and STUPAK for their work on

this bill. Mr. Speaker, I urge Members to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no speakers, but I believe that my colleague from Louisiana does.

Mr. SCALISE. Mr. Speaker, I yield such time as he may consume to Mr. BURGESS of Texas.

Mr. BURGESS. I thank the gentleman for yielding.

Mr. Speaker, in January 2001, the Department of Labor, the Internal Revenue Service, and the Health Care Finance Administration issued a rule in accordance with the Health Insurance Portability and Accountability Act, better known as HIPAA, of 1996 that was designed to guard against discrimination in coverage in the group health market. While addressing the issue of discrimination based upon participation in certain activities, these rules allowed continued discrimination in the form of nonpayment based upon the source of the injury.

So, in other words, you could have an employer-sponsored health insurance, which many of us do, have your premiums deducted from your paycheck, and yet be responsible for paying your own medical treatment if you were harmed. Trip and fall at home, no problem. Trip and fall while skiing on vacation with the family, and you get the bill. This is simply unfair.

People are led to believe that care for a broken arm, for example, is the same regardless of how the injury happened, but in fact that is not the case.

The lack of clarity underlying these exclusions has created a confusing situation for individuals that may ride motorcycles, horses, snowmobiles, or participate in other activities that could result in an injury. Millions of Americans enjoy these activities safely every year within the framework of State laws and utilizing proper safety precautions. The bill we are voting on today will take away the ambiguity and make certain that people are aware of any such restrictions in their coverage.

Again, this is not a bill that would require anything new to be done other than people be told up front and in plain language if there are limitations on their health care policy.

We are going to stand up and shine the light on these exclusions so that Americans will not be caught off guard by exclusions buried deep within an insurance plan.

H.R. 1253, the Health Insurance Source of Injury Clarification Act, is identical to legislation passed by the House last session and will, first, require any limitations and restrictions on health plan benefits be explicit and clear; second, require that they be disclosed to the sponsor of the group health plan in advance of the sale; and, thirdly, require that the issuer in an easy-to-understand way provide participants and beneficiaries a description of the limitations and restrictions as soon as they enroll.

For those who are concerned about the potential cost of the bill, I do have a score from the Congressional Budget Office. Their cost estimate is that H.R. 1253 would have no significant impact upon the Federal budget. Further, they go on to say that making the information more easily understood would generate only negligible cost. H.R. 1253 contains no intergovernmental mandates as defined.

Mr. Speaker, I again want to thank Representative BART STUPAK from Michigan for his steadfast help in this bill. It has been a long process to get this passed. I certainly want to thank Chairman WAXMAN for his participation, and a special recognition to former Chairman JOHN DINGELL who helped us get this bill passed in the last Congress. We passed it late in the last Congress; the Senate did not get the work finished. We are passing it early in this Congress to allow the other body ample time to see this bill become law.

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

Mr. PALLONE. I yield back the balance of my time and urge passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1253.

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. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

□ 1600

SUPPORTING COLORECTAL CANCER AWARENESS

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 60) supporting the observance of Colorectal Cancer Awareness Month, and for other purposes.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 60

Whereas this year marks the 10th anniversary of the first designation of March as Colorectal Cancer Awareness Month;

Whereas colorectal cancer is the second most common cause of cancer deaths for men and women in the United States;

Whereas colorectal cancer affects men and women equally;

Whereas more than 148,810 people in the United States will be diagnosed with colon cancer this year;

Whereas over 49,960 people in the United States will die from colon cancer this year;

Whereas every 3.5 minutes, someone is diagnosed with colorectal cancer and every 10 minutes someone dies from colorectal cancer;

Whereas every 5 seconds someone who should be screened for colorectal cancer is not;

Whereas the vast majority of colon cancer deaths can be prevented through proper screening and early detection;

Whereas the survival rate of individuals who have colorectal cancer is 90 percent when detected in the early stages versus only a 10 percent survival rate when colorectal cancer is diagnosed after it has spread to distant organs;

Whereas only 39 percent of colorectal cancer patients have their cancers detected at an early stage;

Whereas uninsured Americans are more likely to be diagnosed with late stage colon cancer than patients with private insurance;

Whereas only 14.9 percent of those without health coverage in the United States have currently been properly screened for colorectal cancer;

Whereas if the majority of Americans age 50 or older were screened regularly for colorectal cancer, the death rate from this disease could plummet by up to 80 percent;

Whereas regular colorectal cancer screening has been ranked as one of the most cost effective screening interventions available, with the potential to save 40,000 lives a year;

Whereas treatment costs for colorectal cancer are extremely high, estimated at \$8,400,000,000 for 2004;

Whereas colorectal cancer is preventable, treatable, and beatable in most cases;

Whereas increasing the number of people between the ages of 50 years and 64 years of age who are regularly screened in the United States, would provide significant savings in tens of billions of dollars to the Medicare program from cancer prevention and treatment costs;

Whereas the Prevent Cancer Foundation launched the National Colorectal Cancer Awareness Month partnership in 1999 to raise awareness about colorectal cancer and how to prevent the disease through screening;

Whereas along with their national Super Colon and Buddy Bracelet campaign, Prevent Cancer Foundation has worked alongside their partners to improve awareness and reduce incidence and mortality from colorectal cancer;

Whereas the Blue Star, developed by the Members of the National Colorectal Cancer Roundtable, the American Cancer Society, the Colon Cancer Alliance, and C3: Colorectal Cancer Coalition represents the collective fight against colon cancer, the eternal memory of the people whose lives have already been lost to the disease, and the shining hope for a future free of colon cancer;

Whereas C3 created the Cover Your Butt campaign to build support at the grassroots level and help shape policy decisions so the most effective colorectal cancer prevention and treatment are available to all Americans;

Whereas Coaches vs. Cancer (a partnership between the American Cancer Society and the National Association of Basketball Coaches), the Colon Cancer Alliance, and Ethicon Endo-Surgery have created "Earn a Blue Star Day" as a means for individuals and corporations to raise awareness of the importance of screening for colon cancer;

Whereas greater awareness of this cancer and the means to prevent it could save the lives of tens of thousands of Americans each year; and

Whereas observing a Colorectal Cancer Awareness Month during the month of March would provide a special opportunity to offer education on the importance of early detection and screening: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) supports the observance of Colorectal Cancer Awareness Month in order to provide a special opportunity to offer education on the importance of early detection and screening;

(2) recognizes and applauds the national and community organizations for their work in promoting awareness about colorectal cancer, providing information on the importance of prevention and early detection through regular screening, and facilitating access to treatment for its sufferers; and

(3) urges organizations and health practitioners to "earn a Blue Star" by using this opportunity to promote awareness about colorectal cancer and to support early identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) 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.

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.

Mr. Speaker, I rise in support of H. Con. Res. 60, "Supporting the Observance of Colorectal Cancer Awareness Month". This year marks the 10th anniversary of the designation of March as Colorectal Cancer Awareness Month. Colorectal cancer is the second most common cause of cancer death in the United States and affects men and women equally. This deadly disease, however, can be prevented through early identification. When found at its early stage, colorectal cancer has a 90 percent survival rate. When detected late, that survival rate drops to only 10 percent. Unfortunately, less than 40 percent of colorectal cancers are detected at an early stage, and because of this, there is a higher mortality rate for this disease than there should be.

The resolution before us today supports education about this disease and recognizes national and community organizations for their work in promoting awareness about colorectal cancer. Hopefully, we can build on the good work currently being done to promote awareness and encourage screening to improve early detection of this disease.

I would like to thank my colleague, Representative GRANGER, for her work in raising this important issue. I know this issue is close to her heart, and I want to express my gratitude to her.

And I urge us to pass this resolution. I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in proud support of H. Con. Res. 60, sponsored by Representative GRANGER from the State of Texas. March is National

Colorectal Cancer Awareness Month, and we need to do more and move in a direction that ends societal taboos that are associated with the screening process of a disease that is a threat to many Americans, and especially to those over the age of 50.

This is the second-to-last day for the month of March, but the need for colorectal cancer awareness and education should continue throughout the entire year. Awareness is a leading cause in the annual decline in deaths from colorectal cancer. The survival rate of individuals who have colorectal cancer is 90 percent when detected in the early stages versus only a 10 percent survival rate when colorectal cancer is diagnosed after it has spread to other organs. It is because of successful programs such as National Colorectal Cancer Awareness Month that encourage early diagnosis so Americans can lead full and active lives. By supporting the observance of March as Colorectal Cancer Awareness Month, we have the opportunity to encourage men and women to educate themselves about the disease and the screening methods that are used.

Mr. Speaker, I urge Members to support this resolution.

I reserve the balance of my time.

Mr. PALLONE. I have no speakers. I don't know if the gentleman does.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, at this time, I would like to recognize Ms. GRANGER of Texas for as much time as she may consume.

Ms. GRANGER. Mr. Speaker, I rise today in support of the resolution recognizing the 10th anniversary of the first designation of March as Colorectal Cancer Awareness Month. House Concurrent Resolution 60 also recognizes the importance of celebrating March as Colorectal Cancer Awareness Month. I would like to thank my colleague, PATRICK KENNEDY of Rhode Island, for his support of this resolution and for his efforts in the fight against colorectal cancer.

Ten years ago, colorectal cancer was a disease that not many people talked about. In November 1999, a resolution passed the Senate designating March as Colorectal Cancer Awareness Month. The House passed a supporting resolution in March, 2000. In the years since, advocacy groups have increased awareness about colorectal cancer, and thousands of Americans have been screened. This year an estimated 149,000 new cases of colorectal cancer will be diagnosed, and an estimated 50,000 deaths will be caused by colorectal cancer. The real tragedy is that many of these cancer cases and deaths occurred needlessly because the vast majority of colorectal cancer deaths can be prevented through proper screening and early detection.

Colorectal cancer is the third most commonly diagnosed cancer and the second most common cause of cancer deaths in the United States. Every 3½ minutes, someone is diagnosed with

colorectal cancer. Every 9 minutes, someone dies from colorectal cancer. This is a disease that affects men and women equally. The more we talk about this disease and the more we encourage our family, our friends and our neighbors to get screened, the more lives we save. It is that simple.

Unfortunately, less than half of those who should be screened for colon cancer are screened. Not only do we need to increase awareness about colorectal cancer but we also need to increase Federal funding for early detection and screening. Along with my colleague from Rhode Island, PATRICK KENNEDY, I have introduced a bill that would authorize funding for early detection screenings and make preventive care a priority. Specifically, the Colorectal Cancer Detection, Early Detection, and Treatment Act, H.R. 1189, would establish a national screening program for colorectal cancer for individuals over 50 years of age or who are at high risk. It also authorizes State funding for those screenings and creates a public awareness and education campaign on colorectal cancer.

Despite scientific evidence supporting the benefits of screening, screenings for this disease in the U.S. remain low. Every 5 seconds, someone who should be screened for cancer is not. When it is diagnosed late, the survival rate for colorectal cancer is only 10 percent, but when it is diagnosed early, before it spreads to the lymph nodes and other organs, the survival rate is 90 percent.

Early detection and screening saves lives. If everyone over 50 years of age were screened regularly for colorectal cancer, the death rate for this disease could plummet by 80 percent. In addition to saving lives, early detection and screening saves money. Treatment costs for colorectal cancer are extremely high and could be greatly reduced if mass screenings occurred. Colorectal treatment costs totaled roughly \$8.4 billion for new cases in 2004. The cost of two-thirds of these colorectal cancer cases are borne by the Medicare program.

The Lewin Group recently conducted a comprehensive study of the potential cost savings to Medicare and found that every 10 years, a colorectal screening program will result in savings of about 1.5 years worth of Medicare expenditures. If screenings were increased among people 50 years of age and older in the United States, it would save billions of dollars in Medicare expenditures, and it would also save thousands of lives.

The Colorectal Cancer Screening Prevention, Early Detection, and Treatment Act ensures that people who are screened will get the full continuum of cancer care, including the appropriate follow-up for abnormal tests, diagnostic and therapeutic services, and treatment for detected cancers.

If you have not already, I urge you to cosponsor the Colorectal Cancer Prevention, Early Detection, and Treat-

ment Act, and join me in observing Colorectal Cancer Awareness Month. Observing Colorectal Cancer Awareness Month provides us with the opportunity to discuss the importance of early detection screenings. And it also gives recognition to all the groups who have helped in this, groups like the American Cancer Society, the Prevent Cancer Foundation, the Colon Cancer Alliance and C3: Colorectal Cancer Coalition. These groups have created "Earn a Blue Star Day" as a way for individuals and corporations to raise awareness of the importance of screening.

Mr. SCALISE. I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Rhode Island, who has also been a champion on this issue, Mr. KENNEDY.

Mr. KENNEDY. Mr. Speaker, I would like to congratulate Representative GRANGER for her leadership on this issue and thank her very much for her outgoing efforts to bring this issue to the floor.

This is simply a matter of public awareness. And like so many issues, it is a matter of getting the word out. Screening is what it is about. Obviously, with respect to colorectal cancer, it is the stigma. No one wants to talk about it. So as a result, no one gets screened. And when people finally get screened, it is too late and they die. That is the reason it is the second leading cause of cancer death in this country.

And while the rates of death may be about the same for men and women, there is an enormous, an enormous disparity in the rates of death between minorities and whites in this country. The reason for that is that there are huge disparities in the access to health care between minority populations and the rest of the general population. And that shows among the greatest disparities in health disparity outcomes in this country.

So for the African American community, this is an enormous issue, this is an enormous issue because it is affecting the death and mortality rates for the African American community and the Hispanic community over and above the general population by an enormous amount. So colorectal cancer is something that everybody needs to pay attention to and wake up to.

Now, why is it so important that we have the screening and we pay for the screening? Because there is no health insurance out there. That's why we need health insurance reform. And that is why KAY GRANGER is such a champion, because she stepped up to the plate and signed on to legislation saying, it is good to talk about it, but unless we start talking about paying for it, it's not going to do us a lot of good. That is what we need. We need to pay for screening. And as she pointed out, the evidence backs us up. If we screen, we save Medicare money, because you can imagine trying to take care of

someone with cancer is a very costly, costly thing.

Now, first of all, we should do it because we don't want to see someone suffer. That should be good enough for all of us in Congress to want to pass this screening effort. But if it is not good enough for everybody to want to save a family the suffering of having to go through cancer treatment, then maybe we should want to do it because it saves dollars. And the Lewin group and others have said this saves dollars because when you detect it early, you don't have to spend all that money treating people for chemotherapy, radiation and all that expensive acute care treatment.

We have a sick care system, not a health care system. And we can do better in this country by taking care of people before they get sick if we screen them. And that is what we should do with colorectal cancer, screen people.

Sign on to H.R. 1189.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 60.

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.

VISION CARE FOR KIDS ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 577) to establish a grant program to provide vision care to children, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 577

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 "Vision Care for Kids Act of 2009".

SEC. 2. GRANTS REGARDING VISION CARE FOR CHILDREN.

Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by adding at the end the following:

"SEC. 399Z-1. GRANTS REGARDING VISION CARE FOR CHILDREN.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to States on the basis of an established review process for the purpose of complementing existing State efforts for—

"(1) providing comprehensive eye examinations (as defined in subsection (i)) by a licensed optometrist or ophthalmologist for eligible children (as defined in subsection (b)) who have been previously identified through a vision screening or eye examination by a licensed health care provider or vision screener as needing such services, with priority given to children who are under the age of 9 years;

“(2) providing treatment or services to such children, subsequent to the examinations described in paragraph (1), that are necessary to correct vision problems; and

“(3) developing and disseminating, to parents, teachers, and health care practitioners, educational materials on recognizing signs of visual impairment in children.

“(b) ELIGIBLE CHILDREN.—

“(1) IN GENERAL.—For purposes of this section, the term ‘eligible child’ means, with respect to an examination described in paragraph (1) of subsection (a) or a treatment or service described in paragraph (2) of such subsection and with respect to a State, a child who is a low-income child (as defined by the State) and who—

“(A) is not eligible for medical assistance under the State plan under title XIX of such Act;

“(B) subject to paragraph (2)(A), is not eligible for child health assistance under the State child health plan under title XXI of the Social Security Act;

“(C) subject to paragraph (2)(B), does not have health insurance coverage (as defined in section 2791) in the group market or in the individual market (as such terms are defined in such section) and is not a beneficiary or participant under a group health plan (as defined in such section); and

“(D) is not receiving assistance under any State health compensation program or under any other Federal or State health benefits program for such examination, treatment, or service, respectively.

“(2) INCLUSION OF CERTAIN LOW-INCOME CHILDREN WITH HEALTH BENEFITS.—With respect to an examination described in paragraph (1) of subsection (a) or a treatment or service described in paragraph (2) of such subsection and with respect to a State—

“(A) paragraph (1)(B) shall not apply to a child who is eligible for child health assistance under the State child health plan under title XXI of the Social Security Act (whether or not such child is enrolled under such plan), if such plan does not provide for coverage of such examination, treatment, or service, respectively; and

“(B) paragraph (1)(C) shall not apply to a child described in such paragraph if no amount is payable under the coverage or plan described in such paragraph for such examination, treatment, or service, respectively.

“(c) CRITERIA.—The Secretary, in consultation with appropriate professional and patient organizations including individuals with knowledge of age appropriate vision services, shall develop criteria—

“(1) governing the operation of the grant program under subsection (a); and

“(2) for the collection of data related to vision assessment and the utilization of follow-up services.

“(d) APPLICATION.—To be eligible to receive a grant under subsection (a), a State shall submit to the Secretary an application in such form, made in such manner, and containing such information as the Secretary may require, including—

“(1) information on existing Federal, Federal-State, or State-funded children’s vision programs;

“(2) a plan for the use of grant funds, including how funds will be used to complement existing State efforts (including possible partnerships with non-profit entities);

“(3) a plan to determine if an eligible child has been identified as provided for in subsection (a);

“(4) an assurance that funds will be used consistent with this section;

“(5) a description of how funds will be used to provide examinations, treatments, and services, consistent with this section; and

“(6) an assurance that, in providing examinations, treatments, and services through use of such grant, the State will give priority to eligible children with the lowest income.

“(e) EVALUATIONS.—To be eligible to receive a grant under subsection (a), a State shall agree that, not later than 1 year after the date on which amounts under the grant are first received by the State, and annually thereafter while receiving amounts under the grant, the State will submit to the Secretary an evaluation of the operations and activities carried out under the grant, including—

“(1) an assessment of the utilization of vision services and the status of children receiving these services as a result of the activities carried out under the grant;

“(2) the collection, analysis, and reporting of children’s vision data according to guidelines prescribed by the Secretary; and

“(3) such other information as the Secretary may require.

“(f) LIMITATIONS IN EXPENDITURE OF GRANT.—A grant may be made under subsection (a) only if the State involved agrees that the State will expend amounts received under such grant as follows:

“(1) The State will expend at least 80 percent of such amounts for the purposes described in paragraphs (1) and (2) of such subsection.

“(2) The State will not expend more than 10 percent of such amounts to carry out the purpose described in paragraph (3) of such subsection.

“(3) The State will not expend more than 10 percent of such amounts for administrative purposes.

“(g) MATCHING FUNDS.—

“(1) IN GENERAL.—With respect to the costs of the activities to be carried out with a grant under subsection (a), a condition for the receipt of the grant is that the State involved agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs.

“(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(h) SUPPLEMENT NOT SUPPLANT.—A State that receives a grant under this section shall ensure that amounts received under such grant will be used to supplement, and not supplant, any other Federal, State, or local funds available to carry out activities of the type carried out under the grant.

“(i) DEFINITIONS.—For purposes of this section:

“(1) CHILD.—The term ‘child’ means an individual who—

“(A) has not attained 18 years of age; or

“(B) has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training).

“(2) COMPREHENSIVE EYE EXAMINATION.—The term ‘comprehensive eye examination’ includes an assessment of a patient’s history, general medical observation, external and ophthalmoscopic examination, visual acuity, ocular alignment and motility, refraction, and as appropriate, binocular vision or gross visual fields, performed by an optometrist or an ophthalmologist.

“(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated—

“(1) \$10,000,000 for fiscal year 2010;

“(2) \$13,000,000 for fiscal year 2011; and

“(3) \$14,000,000 for each of the fiscal years 2012 through 2014.”.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. 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 New Jersey?

There was no objection.

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

I rise in support of H.R. 577, the Vision Care for Kids Act of 2009. Vision problems are particularly challenging for children because they can cause developmental struggles which can lead to physical, emotional and social consequences. Vision impairment can cause a child to miss learning opportunities, for example, and vision-impaired children often have an inability to understand nonverbal cues, leading to difficulties with social interactions. Correcting vision problems at a young age, however, can improve outcomes. The Vision Care for Kids Act would address these problems by improving access to vision services for children. The bill amends the Public Health Services Act to give the Secretary of Health and Human Services the authority to award grants to States for first, comprehensive eye examinations for children previously identified as needing these services, second, treatment or services to correct vision problems, and third, development and dissemination of educational materials on recognizing signs of visual impairment.

□ 1615

I’d like to thank my colleague, Representative GREEN, for his sponsorship and again his hard work on this issue.

I ask my colleagues to support the bill, and I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise today in support of H.R. 577, the Vision Care for Kids Act. This bipartisan legislation provides eye examinations and follow-up care for children who have been identified as needing vision care services. This legislation builds on State programs currently in place with a focus on helping low-income children.

Undiagnosed and untreated vision problems can pose learning problems for children. Vision problems can have effects on a child’s emotional, educational and physical development.

A majority of children entering school never have received a vision test and, for those who do receive a vision test and do not pass, many do not receive the recommended follow-up care. This legislation will enable more children to receive testing and the follow-up care, if necessary.

We need to continue to work towards a system by which roadblocks to a formative education for our children are eliminated. I stand in support of this legislation, and hope that my colleagues will join in.

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

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the sponsor, Mr. GENE GREEN of Texas.

Mr. GENE GREEN of Texas. Mr. Speaker, I thank my colleague, the Chair of our Health Subcommittee, for yielding to me.

I rise in support of H.R. 577, the Vision Care for Kids Act. The Vision Care For Kids Act creates a much needed grant program to provide follow-up vision care for children with vision disorders who do not have access to these services.

States have taken steps to identify children for potential vision disorders through mandatory vision screenings. However, most States do not mandate follow-up eye exams or treatment for children who fail these vision screenings.

Of the 36 States that require vision screenings, 26 of them do not require children who failed the screening to receive a follow-up exam. This lack of vision care jeopardizes a child's development and can, unfortunately, lead to lifelong vision impairment.

The Vision Care for Kids Act seeks to remedy this problem by authorizing a new grant program to complement State efforts to provide comprehensive eye exams for children who have been identified, through vision screenings or other eye exams, as having a potential vision disorder. The grant funding authorized under this bill can be used for specific treatments and services to correct the vision disorders identified through the eye exams.

Unless caught early and appropriately treated, vision disorders can lead to irreversible damage that can hinder a child's normal growth, development and opportunity to succeed. These children deserve a healthy start to their educational and social development. Yet the reality is that nearly two out of three children entering elementary school have never received preventive vision care.

Unfortunately, lack of health insurance presents a barrier to the delivery of appropriate vision care in this country. And for many children who are lucky to have health insurance for medical care, their policy doesn't cover vision coverage. This is precisely why this bill is necessary.

By targeting the program towards children who are school-aged, who do not have vision coverage for the services they require, and are at risk for vision disorders, the bill is designed to spend scarce health care dollars in the wisest manner.

A portion of the grant funds may also be used to increase education awareness of vision disorders, so that warning signs can be recognized and any problems can be detected in a timely fashion.

This bill has been crafted in a bipartisan manner with my colleague from Oklahoma (Mr. SULLIVAN), our leader on the Republican side. And I'd also

like to thank Representative ELIOT ENGEL, Representative BILL PASCRELL and Representative ROS-LEHTINEN for their continued support of this legislation.

I'd also like to thank the Congressional Vision Caucus for their support of the legislation. In 2003 I was joined by our colleagues, Congressman PRICE, Congresswoman ROS-LEHTINEN and Congressman TIBERI, in establishing the Congressional Vision Caucus. As a founding member of the Caucus, I'm particularly pleased to see this bill on the floor today, and consider it a milestone for our young caucus.

Today the Vision Caucus is comprised of more than 100 Members of Congress, both Republicans and Democrats, House Members and Senators. While our initial goal was to raise the awareness of vision disorders in Congress, the Caucus has developed and endorsed key pieces of vision legislation, including this bill, the Vision Care for Kids Act before us today.

I'd also like to thank Chairman WAXMAN, Ranking Member BARTON of the Energy and Commerce Committee, as well as the Chair and ranking member of the Health Subcommittee, Mr. PALLONE and Mr. DEAL, for their support.

With that, I encourage my colleagues to join me in passing this important bill to improve vision care for America's children.

Mr. SCALISE. Mr. Speaker, I yield 5 minutes to the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. Mr. Speaker, I rise in strong support of H.R. 577, the Vision Care for Kids Act of 2009. I want to thank my colleague, Congressman GENE GREEN, the lead sponsor of this important legislation, and I am proud to be the lead Energy and Commerce Committee Republican on this bill.

This legislation will help complement existing State efforts by providing grants for eye examinations and follow-up treatment for uninsured children who fail a vision screening. It does this by authorizing \$65 million over 5 years in Federal grant funds.

Millions of children in the United States suffer from vision problems, many of which go undetected because of lack of access to affordable and proper eye care. This legislation will bridge a chief gap in vision care, children who face undetected vision problems versus children who are able to receive treatment for their vision problems before it's too late.

Vision problems in children range from common conditions, such as lazy eye and cross eye, to more serious conditions such as infantile cataracts. Also, many serious eye conditions are treatable if identified in preschool and early school-aged years. Early detection provides the best opportunity for effective treatment and lower public health care costs for the future.

According to the Center for Disease Control and Prevention, approximately 1.8 million children under the age of 18

are blind or have some form of visual impairment. Also, nearly two in three children do not receive any preventive vision care before starting elementary school. Children who have undiagnosed vision problems can have difficulties in school and be wrongly labeled with learning disorders. The Vision Care for Kids Act seeks to change that, and provide all kids the vision care they need.

Again, I encourage quick adoption of this bill today.

Mr. PALLONE. I have no additional speakers. I don't know if my colleague does.

Mr. SCALISE. Mr. Speaker, at this time I yield 5 minutes to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding, and I'm a very proud supporter of H.R. 577, the Vision Care for Kids Act of 2009. I want to commend Representative GREEN from Texas and Representative SULLIVAN from Oklahoma for bringing forward this bill.

The reason why I'm here, Mr. Speaker, speaking on this issue as a physician Member of the House, is because it's very personal to me.

My granddaughters, my oldest grandchildren, are now 11 years old. They are identical twin girls, Ali and Hannah Manning. And, Mr. Speaker, they were born prematurely. In fact, they were born immaturely, so premature at 26 weeks, that each of them weighed 1 pound, 12 ounces. And I thank God, Mr. Speaker, for the blessing, the double miracles of life and health. And really, they've done fine, except they had problems with vision. And that's because these young, premature, immature infants, need, Mr. Speaker, to receive so much oxygen therapy in their first weeks of life that it can damage the retina, and, in fact, that's what happened with our twin granddaughters. And they had to have multiple surgeries, laser surgeries. In fact, little Ali learned how to put a contact lens in her eye when she was only 5 years old. She could put it in and take it out.

And again, we are so blessed. Their parents are blessed. My daughter and son-in-law, and the grandparents, the Mannings, and we Gingreys are so thankful.

But we think every day about other children who cannot afford the care, maybe cannot afford to have vision screening. And if they do, Mr. Speaker, and if they're found to have limited vision, Mr. SULLIVAN talked about all the difficulties in school, both emotionally and physically and educationally that they have. If they can't afford then to have something done about their visual problem, what a shame that is.

So, for us to have a bill, a program where Federal grants are given through the CDC, working with the States to make sure that each and every child, not just those privileged few that happen to have good coverage, could get the care that they need so they could become good, strong students and

healthy and happy adults. So this is a wonderful program.

Again, I commend the committee, Energy and Commerce Committee. I commend Mr. GREEN, Mr. SULLIVAN, Mr. PALLONE, Mr. DEAL.

I recommend that all my colleagues, of course, support H.R. 577.

Mr. PASCRELL. I was pleased to introduce the Vision Care for Kids Act with my colleagues Congressmen GREEN, SULLIVAN, and ENGEL and Congresswoman ROS-LEHTINEN in both this Congress and in the previous Congress. This important legislation will establish a federal grant program to provide for timely diagnostic examination, treatment, and follow-up vision care for children, which will complement existing State programs and allow eye exams for a vulnerable pediatric population that do not qualify for Medicaid or SCHIP and do not have access to private health insurance.

This issue has long been near to my heart. In fact, in 2003, I first championed legislation to create a grant program to provide comprehensive eye exams and necessary follow-up care for children whose families do not have the resources for or access to such care. Preventive vision care is critically important to avoid vision loss, and even blindness, in our nation's children, which can affect a child's physical, emotional, and intellectual development.

The CDC states that approximately 1.8 million children under the age of 18 are blind or have some form of visual impairment. Fortunately, in most cases, vision loss can be avoided with early diagnosis and treatment. Eye health has a direct impact on learning and achievement, and unfortunately, many visual deficits are caught only after they have impaired a child's early and most critical education. Consequently, it is a national disgrace that only one in three children receive preventive vision care before they are enrolled in elementary school.

This essential legislation will provide the tools to significantly mitigate the effects of visual impairment. In fact, H.R. 577 has the potential to open up a new world of academic and social opportunity for approximately half a million of our youngest children nationwide. As Congress continues its work to improve the health care and educational opportunities available to children in this country, the need to remove outside impediments to learning must be addressed to achieve long-term success.

I would like to thank Chairman WAXMAN and Chairman PALLONE, for their thoughtful consideration and support for preventive vision care for children, and I urge my colleagues to vote in favor of the Vision Care for Kids Act. Finally, I encourage the Senate to expeditiously consider this essential legislation to provide necessary vision care to our nation's most vulnerable children.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H.R. 577 "Vision Care for Kids Act of 2009." I want to thank my colleague Congressman GENE GREEN of Texas for introducing this legislation.

Mr. Speaker, I rise today to tell my colleagues that our nation's children are our future. They should be the center of all of our legislative efforts to improve the lives of all Americans.

The Vision Care for Kids Act of 2009 is a necessary grant program aimed at bolstering

children's vision initiatives in the states and encouraging new community-based children's vision partnerships. This legislation amends the Public Health Service Act to authorize the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention (CDC), to award matching grants to states to complement existing state efforts to: (1) provide comprehensive eye examinations from a licensed optometrist or ophthalmologist for children who have been previously identified through a vision screening or eye examination by a licensed health care provider or vision screener as needing such services, who do not otherwise have coverage for vision services, and who are low-income children, with priority given to children who are under the age of nine years; (2) provide treatment or services as necessary to correct identified vision problems; and (3) develop and disseminate to parents, teachers, and health care practitioners educational materials on recognizing signs of visual impairment in children.

We used to hold our child's hands when our child takes their first step. However, not many help our children to learn how to use their eyes properly, how to see properly, and how to relax their eyes and protect their vision. Today's education system requires our children to give close attention, read many books, add or subtract numbers or operate a computer for hours. Therefore, it is important to learn to guide our children to attain good child vision health at various stages of their development.

Ten million children suffer from vision disorders, according to the National Parent Teacher Association. Vision disorders are considered the fourth most common disability in the United States, and they are one of the most prevalent handicapping conditions in childhood. According to data from the Making the Grade: An analysis of state and federal children's vision care policy research study, 32 states require vision screenings for students, but 29 of them do not require children who fail the screening to have a comprehensive eye examination. Because up to two-thirds of children who fail vision screenings do not comply with recommended eye exams, many children enter school with uncorrected vision problems. Undetected and untreated vision deficiencies, particularly in children, can take a large toll. Studies have shown that the costs associated with adult vision problems in the U.S. are at \$51.4 billion.

Undiagnosed and untreated vision problems for children are serious issues. Vision problems can affect a child's cognitive, emotional, neurological and physical development. While vision disorders are considered the fourth most common disability in the United States, two-thirds of all children entering school have never received a vision test. For the one-third of children who do receive a vision test, approximately 40–67 percent who fail the test do not receive the recommended follow-up care.

I urge my colleagues to support the Vision Care for Kids Act of 2009 so that we can protect our children of America.

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

Mr. PALLONE. I also yield back and ask for passage, Mr. Speaker.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the

rules and pass the bill, H.R. 577, as amended.

The question was taken.

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

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H. RES. 279, PROVIDING FOR EXPENSES OF CERTAIN COMMITTEES OF HOUSE OF REPRESENTATIVES IN 111TH CONGRESS

Mr. HASTINGS of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 111-63) on the resolution (H. Res. 294) providing for consideration of the resolution (H. Res. 279) providing for the expenses of certain committees of the House of Representatives in the One Hundred Eleventh Congress, which was referred to the House Calendar and ordered to be printed.

HIGHER EDUCATION TECHNICAL CORRECTIONS

Mr. HINOJOSA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1777) to make technical corrections to the Higher Education Act of 1965, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1777

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

SECTION 1. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

- Sec. 1. Table of contents.
- Sec. 2. References.
- Sec. 3. Effective date.

TITLE I—GENERAL PROVISIONS

- Sec. 101. General provisions.

TITLE II—TEACHER QUALITY ENHANCEMENT

- Sec. 201. Teacher quality enhancement.

TITLE III—INSTITUTIONAL AID

- Sec. 301. Institutional aid.
- Sec. 302. Multiagency study of minority science programs.

TITLE IV—STUDENT ASSISTANCE

- Sec. 401. Grants to students in attendance at institutions of higher education.
- Sec. 402. Federal Family Education Loan Program.
- Sec. 403. Federal work-study programs.
- Sec. 404. Federal Direct Loan Program.
- Sec. 405. Federal Perkins Loans.
- Sec. 406. Need analysis.
- Sec. 407. General provisions of title IV.
- Sec. 408. Program integrity.
- Sec. 409. PLUS loan auction extension.

TITLE V—DEVELOPING INSTITUTIONS

- Sec. 501. Developing institutions.

TITLE VI—INTERNATIONAL EDUCATION PROGRAMS

Sec. 601. International education programs.

TITLE VII—GRADUATE AND POSTSECONDARY IMPROVEMENT

Sec. 701. Graduate and postsecondary improvement programs.

TITLE VIII—ADDITIONAL PROGRAMS

Sec. 801. Additional programs.

Sec. 802. Amendments to other higher education Acts.

SEC. 2. REFERENCES.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.).

SEC. 3. EFFECTIVE DATE.

Except as otherwise provided in this Act, the amendments made by this Act shall take effect as if enacted on the date of the enactment of the Higher Education Opportunity Act (Public Law 110-315).

TITLE I—GENERAL PROVISIONS

SEC. 101. GENERAL PROVISIONS.

(a) HIGHER EDUCATION OPPORTUNITY ACT.—Section 101(b) of Higher Education Opportunity Act (Public Law 110-315) is amended by striking “July 1, 2010” and inserting “the date of the enactment of this Act”.

(b) HIGHER EDUCATION ACT OF 1965.—

(1) AMENDMENTS.—Title I (20 U.S.C. 1001 et seq.) is amended—

(A) in section 102(a)(2)(A)(iii) (20 U.S.C. 1002(a)(2)(A)(iii)), as added by section 102(a)(1)(D) of the Higher Education Opportunity Act (Public Law 110-315), in the matter preceding subclause (I), by striking “States—” and inserting “States (other than a public or private nonprofit nursing school located outside of the United States that was participating in the program under part B of title IV on August 13, 2008)—”;

(B) in section 102(a)(2)(D) (20 U.S.C. 1002(a)(2)(D)), by striking “under part B” and inserting “under part B of title IV”;

(C) in section 111(b) (20 U.S.C. 1011(b)), by striking “With” and inserting “with”;

(D) in section 131(a)(3)(A)(iii)(I) (20 U.S.C. 1015(a)(3)(A)(iii)(I)), by striking “section 428(a)(2)(C)(i)” and inserting “section 428(a)(2)(C)(ii)”;

(E) in section 136(d)(1) (20 U.S.C. 1015e(d)(1)), by striking “(Family Educational Rights and Privacy Act of 1974)” and inserting “(commonly known as the ‘Family Educational Rights and Privacy Act of 1974)’”;

(F) in section 141 (20 U.S.C. 1018)—

(i) in the matter preceding subparagraph (A) of subsection (c)(3), by striking “under this title” and inserting “under title IV”;

(ii) in subsection (d)(3), by striking “appropriate committees of Congress” and inserting “authorizing committees”; and

(G) in section 153(a)(1)(B)(iii)(V) (20 U.S.C. 1019b(a)(1)(B)(iii)(V)), by striking “borrowers who take out loans under” each place the term appears and inserting “borrowers of loans made under”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1)(A) of subsection (b) shall be effective as if enacted as part of the amendment in section 102(a)(1)(D) of the Higher Education Opportunity Act (Public Law 110-315), and shall take effect on July 1, 2010.

TITLE II—TEACHER QUALITY ENHANCEMENT

SEC. 201. TEACHER QUALITY ENHANCEMENT.

Title II (20 U.S.C. 1021 et seq.) is amended—

(1) in section 202 (20 U.S.C. 1022a)—

(A) in subsection (b)(6)(E)(ii), by striking “section 1111(b)(2)” and inserting “section 1111(b)(1)”; and

(B) in subsection (i)(3), by striking “consent of” and inserting “consent to”; and

(2) in section 231(a)(1) (20 U.S.C. 1032(a)(1)), by striking “serve graduate” and inserting “assist in the graduation of”.

TITLE III—INSTITUTIONAL AID

SEC. 301. INSTITUTIONAL AID.

Title III (20 U.S.C. 1051 et seq.) is amended—

(1) in section 316 (20 U.S.C. 1059c)—

(A) in subsection (a), by striking “Indian Tribal” and inserting “Tribal”;

(B) in subsection (b)—

(i) in paragraph (1), by striking “the Tribally Controlled College or University Assistance Act of 1978” and inserting “the Tribally Controlled Colleges and Universities Assistance Act of 1978”;

(ii) in paragraph (2), by striking “the Tribally Controlled College or University Assistance Act of 1978” and inserting “the Tribally Controlled Colleges and Universities Assistance Act of 1978”; and

(iii) in paragraph (3)(A), by striking “the Navajo Community College Assistance Act of 1978” and inserting “the Navajo Community College Act”;

(C) in subsection (d)(4)(A), by striking “part B” and inserting “part B of this title”;

(2) in section 318 (20 U.S.C. 1059e)—

(A) by amending subsection (b)(1)(F) to read as follows:

“(F) is not receiving assistance under—

“(i) part B of this title;

“(ii) part A of title V; or

“(iii) an annual authorization of appropriations under the Act of March 2, 1867 (14 Stat. 438; 20 U.S.C. 123).”;

(B) in subsection (i), by striking “part B, or” and inserting “part B of this title, or”;

(3) in section 319(d)(3)(A) (20 U.S.C. 1059f(d)(3)(A)), by striking “part B, or” and inserting “part B of this title, or”;

(4) in section 320(d)(3)(A) (20 U.S.C. 1059g(d)(3)(A)), by striking “part B, or” and inserting “part B of this title, or”;

(5) in section 323(a) (20 U.S.C. 1062(a)), by striking “in any fiscal year” and inserting “for any fiscal year”;

(6) in section 324(d) (20 U.S.C. 1063(d))—

(A) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively;

(B) by striking “Notwithstanding subsections (a)” and inserting “(1) Notwithstanding subsections (a)”; and

(C) by adding at the end the following:

“(2) If the amount appropriated pursuant to section 399(a)(2)(A) for any fiscal year is not sufficient to pay the minimum allotment required by paragraph (1) of this subsection to all part B institutions, the amount of such minimum allotments shall be ratably reduced. If additional sums become available for such fiscal year, such reduced allocations shall be increased on the same basis as the basis on which they were reduced (until the amount allotted equals the minimum allotment required by paragraph (1)).”;

(7) in section 351(a) (20 U.S.C. 1067a(a))—

(A) by striking “section 304(a)(1)” and inserting “section 303(a)(1)”; and

(B) by striking “of 1979”;

(8) in section 355(a) (20 U.S.C. 1067e(a)), by striking “302” and inserting “312”;

(9) in section 371(c) (20 U.S.C. 1067q(c))—

(A) in paragraph (3)(D), by striking “402A(g)” and inserting “402A(h)”;

(B) in paragraph (4), by striking “402A(g)” and inserting “402A(h)”;

(C) in paragraph (9)—

(i) in subparagraph (C)(iii), by striking “402A(g)” and inserting “402A(h)”;

(ii) by amending subparagraph (F) to read as follows:

“(F) is not receiving assistance under—

“(i) part B of this title;

“(ii) part A of title V; or

“(iii) an annual authorization of appropriations under the Act of March 2, 1867 (14 Stat. 438; 20 U.S.C. 123).”;

(10) in section 392(a)(6) (20 U.S.C. 1068a(a)(6)), by striking “College or University” and inserting “Colleges and Universities”.

SEC. 302. MULTIAGENCY STUDY OF MINORITY SCIENCE PROGRAMS.

Section 1024 (20 U.S.C. 1067d) is repealed.

TITLE IV—STUDENT ASSISTANCE

SEC. 401. GRANTS TO STUDENTS IN ATTENDANCE AT INSTITUTIONS OF HIGHER EDUCATION.

(a) AMENDMENTS.—Part A of title IV (20 U.S.C. 1070 et seq.) is amended—

(1) in section 400(b) (20 U.S.C. 1070(b)), by striking “1 through 8” and inserting “1 through 9”;

(2) in section 401 (20 U.S.C. 1070a)—

(A) in the second sentence of subsection (a)(1), by striking “manner,” and inserting “manner.”;

(B) in subsection (b)(1), by striking “section 401” and inserting “this section”; and

(C) in subsection (b)(9)(A)—

(i) in clause (vi), by striking “\$105,000,000” and inserting “\$140,000,000”; and

(ii) in clause (viii), by striking “\$4,400,000,000” and inserting “\$4,470,000,000”;

(3) by striking paragraph (4) of section 401(f) (20 U.S.C. 1070a(f)), as added by section 401(c) of the Higher Education Opportunity Act (Public Law 110-315);

(4) in section 402A (20 U.S.C. 1070a-11)—

(A) in subsection (b)(1), by striking “organizations including” and inserting “organizations, including”; and

(B) in subsection (c)(8)(C)(iv)(I), by inserting “to be” after “determined”;

(5) in section 402E(d)(2)(C) (20 U.S.C. 1070a-15(d)(2)(C)), by striking “320.” and inserting “320”;

(6) in section 419C(b)(1) (20 U.S.C. 1070d-33(b)(1)), by inserting “and” after the semicolon at the end; and

(7) in section 419D(d) (20 U.S.C. 1070d-34(d)), by striking “1134” and inserting “134”.

(b) HIGHER EDUCATION OPPORTUNITY ACT.—Section 404 of the Higher Education Opportunity Act (Public Law 110-315) is amended by adding at the end the following new subsection:

“(i) EFFECTIVE DATE.—The amendments made by subsection (e) of this section shall apply only with respect to grant awards made on or after the date of enactment of this Act.”.

SEC. 402. FEDERAL FAMILY EDUCATION LOAN PROGRAM.

(a) AMENDMENT TO PROVISION AMENDED BY THE COLLEGE COST REDUCTION AND ACCESS ACT.—

(1) IN GENERAL.—Section 428(b)(1)(G)(i) (20 U.S.C. 1078(b)(1)(G)(i)), as amended by section 303 of the College Cost Reduction and Access Act (Public Law 110-84), is amended by striking “or 439(q)”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall be effective as if enacted as part of the amendment in section 303(a) of the College Cost Reduction and Access Act (Public Law 110-84), and shall take effect on October 1, 2012, and apply with respect to loans made on or after such date.

(b) ENTRANCE COUNSELING FUNCTIONS.—

(1) GUARANTY AGENCIES.—Section 428(b)(3) (20 U.S.C. 1078(b)(3)) is amended—

(A) in subparagraph (C), by inserting “or 485(l)” after “section 485(b)”; and

(B) in subparagraph (D), by inserting “or 485(l)” after “section 485(b)”.

(2) ELIGIBLE LENDERS.—Section 435(d)(5) (20 U.S.C. 1085(d)(5)) is amended—

(A) in subparagraph (E), by inserting “or 485(l)” after “section 485(b)”; and

(B) in subparagraph (F), by inserting “or 485(l)” after “section 485(b)”.

(C) AMENDMENT TO PROVISION AMENDED BY THE HIGHER EDUCATION OPPORTUNITY ACT.—

(1) IN GENERAL.—Section 428C(c)(3)(A) (20 U.S.C. 1078-3(c)(3)(A)), as amended by section 425 of the Higher Education Opportunity Act (Public Law 110-315), is amended by striking “section 493C” and inserting “section 493C”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall be effective as if enacted as part of the amendment in section 425(d)(1) of the Higher Education Opportunity Act (Public Law 110-315), and shall take effect on July 1, 2009.

(D) REHABILITATION OF STUDENT LOANS.—

(1) Section 428F (20 U.S.C. 1078-6) is amended—

(A) in subsection (a)—

(i) by amending paragraph (1) to read as follows:

“(1) SALE OR ASSIGNMENT OF LOAN.—

“(A) IN GENERAL.—Each guaranty agency, upon securing 9 payments made within 20 days of the due date during 10 consecutive months of amounts owed on a loan for which the Secretary has made a payment under paragraph (1) of section 428(c), shall—

“(i) if practicable, sell the loan to an eligible lender; or

“(ii) on or before September 30, 2011, assign the loan to the Secretary if—

“(I) the Secretary has determined that market conditions unduly limit a guaranty agency’s ability to sell loans under clause (i); and

“(II) the guaranty agency has been unable to sell loans under clause (i).

“(B) MONTHLY PAYMENTS.—Neither the guaranty agency nor the Secretary shall demand from a borrower as monthly payments amounts described in subparagraph (A) more than is reasonable and affordable based on the borrower’s total financial circumstances.

“(C) CONSUMER REPORTING AGENCIES.—

(i) NOTICE OF SALE OR ASSIGNMENT.—Upon the sale or assignment of a loan under this paragraph, the guaranty agency or other holder of the loan shall report that sale or assignment to any consumer reporting agency to which the guaranty agency or other holder reported the default of the loan, and request that the record of default be removed from the borrower’s credit history.

(ii) REMOVAL FROM CREDIT REPORTS.—Notwithstanding paragraphs (4) and (5) of section 605(a) of the Fair Credit Reporting Act (15 U.S.C. 1681c(a)(4) and (5)) and section 430A(f) of this Act, no consumer reporting agency shall include adverse information on any loan sold or assigned under this paragraph (or any defaulted loan held by the Secretary, on which the borrower has made 9 payments within 20 days of the due date during 10 consecutive months of amounts owed on the defaulted loan), in a report regarding a borrower whose loan is reported sold or assigned by the guaranty agency (or a borrower of a defaulted loan who is reported by the Secretary as having made such payments). The consumer reporting agency shall, within 10 days of receiving such notice from the guaranty agency (or the Secretary, as the case may be) of such sale or assignment, exclude such adverse information from any reports.

“(D) DUTIES UPON SALE.—With respect to a loan sold under subparagraph (A)(i)—

“(i) the guaranty agency—

“(I) shall repay the Secretary 81.5 percent of the amount of the principal balance outstanding at the time of such sale, multiplied by the reinsurance percentage in effect when payment under the guaranty agreement was made with respect to the loan; and

“(II) may, in order to defray collection costs—

“(aa) charge to the borrower an amount of not to exceed 18.5 percent of the outstanding principal and interest at the time of the loan sale; and

“(bb) retain such amount from the proceeds of the loan sale; and

“(ii) the Secretary shall reinstate the Secretary’s obligation to—

“(I) reimburse the guaranty agency for the amount that the agency may, in the future, expend to discharge its guaranty obligation; and

“(II) pay to the holder of such loan a special allowance pursuant to section 438.

“(E) DUTIES UPON ASSIGNMENT.—With respect to a loan assigned under subparagraph (A)(i)—

“(i) the guaranty agency shall add to the principal and interest outstanding at the time of the assignment of such loan an amount equal to the amount described in subparagraph (D)(i)(II); and

“(ii) the Secretary shall pay the guaranty agency, for deposit in the agency’s Operating Fund established pursuant to section 422B, an amount equal to the amount added to the principal and interest outstanding at the time of the assignment in accordance with clause (i).

“(F) ELIGIBLE LENDER LIMITATION.—A loan shall not be sold to an eligible lender under subparagraph (A)(i) if such lender has been found by the guaranty agency or the Secretary to have substantially failed to exercise the due diligence required of lenders under this part.

“(G) DEFAULT DUE TO ERROR.—A loan that does not meet the requirements of subparagraph (A) may also be eligible for sale or assignment under this paragraph upon a determination that the loan was in default due to clerical or data processing error and would not, in the absence of such error, be in a delinquent status.”;

(i) in paragraph (2)—

(I) by striking “paragraph (1) of this subsection” and inserting “paragraph (1)(A)(i)”;

(II) by striking “paragraph (1)(B)(ii) of this subsection” and inserting “paragraph (1)(D)(ii)(I)”;

(iii) in paragraph (3)—

(I) by striking “sold under paragraph (2)” and inserting “sold or assigned under paragraph (1)(A)”;

(II) by striking “sale.” and inserting “sale or assignment.”;

(iv) in paragraph (4), by striking “which is sold under paragraph (1) of this subsection” and inserting “that is sold or assigned under paragraph (1)”;

(v) in paragraph (5), by inserting “(whether by loan sale or assignment)” after “rehabilitating a loan”;

(B) in subsection (b), in the first sentence, by inserting “or assigned to the Secretary” after “sold to an eligible lender”.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall be effective on the date of enactment of this Act, and shall apply to any loan on which monthly payments described in section 428F(a)(1)(A) were paid before, on, or after such date of enactment.

(E) REPAYMENT IN FULL FOR DEATH AND DISABILITY.—

(1) IN GENERAL.—Section 437(a)(1) (20 U.S.C. 1087(a)(1)), as amended by section 437 of the Higher Education Opportunity Act (Public Law 110-315), is amended—

(A) in the matter preceding subparagraph (A), by striking “Secretary,” or “if” and inserting “Secretary, or if”; and

(B) in subparagraph (B), by inserting “the reinstatement and resumption to be” after “determines”.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall be effective as if enacted as part of the amendments in section 437(a) of the Higher Education Opportunity Act (Public Law 110-315), and shall take effect on July 1, 2010.

(F) OTHER AMENDMENTS.—Part B of title IV (20 U.S.C. 1071 et seq.) is further amended—

(1) in section 428 (20 U.S.C. 1078)—

(A) in subsection (a)(2)(A)(i)(II), by striking “and” after the semicolon at the end;

(B) in subsection (b)—

(i) in the matter following subclause (II) of paragraph (1)(M)(i), by inserting “section” before “428B”;

(ii) in paragraph (3)(A)(i), by striking “any institution of higher education or the employees of an institution of higher education” and inserting “any institution of higher education, any employee of an institution of higher education, or any individual or entity”;

(iii) in paragraph (4), by striking “For the purpose of paragraph (1)(M)(i)(III) of this subsection,” and inserting “With respect to the graduate fellowship program referred to in paragraph (1)(M)(i)(II),”; and

(iv) in paragraph (7)—

(I) in subparagraph (B), by striking “clause (i) or (ii) of”;

(II) in subparagraph (D), by striking “subparagraph (A)(i)” and inserting “subparagraph (A)”;

(C) in subsection (c)(9)(K), by striking “3 months” and inserting “6 months”;

(2) in section 428B(e) (20 U.S.C. 1078-2(e))—

(A) in paragraph (3)(B), by striking “subsection (c)(5)(B)” and inserting “subsection (d)(5)(B)”;

(B) by repealing paragraph (5);

(3) in section 428C (20 U.S.C. 1078-3)—

(A) in subsection (a)(4)(E), by striking “subpart II of part B” and inserting “part E”;

(B) in subsection (c)(2), by striking “subsection (b)(2)(F)” and inserting “subsection (b)(2)”;

(C) in subsection (d)(3)(D), by striking “loan insurance fund” and inserting “loan insurance account”;

(D) in subsection (f)(3), by striking “subsection (a)” and inserting “this subsection”;

(4) in section 428G(c) (20 U.S.C. 1078-7(c))—

(A) in paragraph (1), by striking “section 428(a)(2)(A)(i)(III)” and inserting “section 428(a)(2)(A)(i)(II)”;

(B) by striking paragraph (3) and inserting the following:

“(3) notwithstanding subsection (a)(2), may, with the permission of the borrower, be disbursed by the lender on a weekly or monthly basis, provided that the proceeds of the loan are disbursed by the lender in substantially equal weekly or monthly installments, as the case may be, over the period of enrollment for which the loan is made.”;

(5) in section 428H (20 U.S.C. 1078-8)—

(A) in subsection (d), by amending the text of the header of paragraph (2) to read as follows: “LIMITS FOR GRADUATE, PROFESSIONAL, AND INDEPENDENT POSTBACCALAUREATE STUDENTS”;

(B) by amending paragraph (6) to read as follows:

“(6) REPAYMENT PERIOD.—For purposes of calculating the repayment period under section 428(b)(9), such period shall commence at the time the first payment of principal is due from the borrower.”;

(6) in section 428J (20 U.S.C. 1078-10)—

(A) in subsection (c)(1), by adding at the end the following: “No borrower may receive a reduction of loan obligations under both this section and section 460.”;

(B) in subsection (g)(2)—

(i) in subparagraph (B), by inserting “or” after the semicolon at the end;

(ii) by striking subparagraph (C);

(iii) by redesignating subparagraph (D) as subparagraph (C); and

(iv) in subparagraph (C), as redesignated by clause (iii), by striking “12571” and inserting “12601”;

(7) in section 428K(g)(9)(B) (20 U.S.C. 1078-11(g)(9)(B)), by striking “under subsection (1)(3) of such section (42 U.S.C. 1395x(1)(3))” and inserting “under subsection (1)(4) of such section (42 U.S.C. 1395x(1)(4))”;

(8) in section 430A(f) (20 U.S.C. 1080A(f)), by striking “(6)” each place it appears and inserting “(5)”;

(9) in section 432 (20 U.S.C. 1082)—

(A) in subsection (b), by striking “section 1078 of this title” and inserting “section 428”; and

(B) in subsection (m)(1)(B)—

(i) in clause (i), by inserting “and” after the semicolon at the end; and

(ii) in clause (ii), by striking “; and” and inserting a period;

(10) in section 435 (20 U.S.C. 1085)—

(A) in subsection (a)(2)(C)(ii), by striking “a tribally controlled community college within the meaning of section 2(a)(4) of the Tribally Controlled Community College Assistance Act of 1978” and inserting “a tribally controlled college or university, as defined in section 2(a)(4) of the Tribally Controlled Colleges and Universities Assistance Act of 1978”;

(B) in subsection (d)—

(i) in paragraph (1)—

(I) in subparagraph (A)(ii)(III), by striking “section 501(l) of such Code” and inserting “section 501(a) of such Code”; and

(II) in subparagraph (G), by striking “sections 428A(d), 428B(d), and 428C,” and inserting “sections 428B(d) and 428C.”;

(ii) in paragraph (2)(A)(vi), by striking “section 435(m)” and inserting “subsection (m)”;

(iii) in paragraph (3), by striking “section 435(m)” and inserting “subsection (m)”;

(iv) in paragraph (5)(A), by striking “to any institution of higher education or any employee of an institution of higher education in order to secure applicants for loans under this part” and inserting “to any institution of higher education, any employee of an institution of higher education, or any individual or entity in order to secure applicants for loans under this part”;

(C) in subsection (o)(1)(A)(ii), by striking “Service” and inserting “Services”; and

(D) in subsection (p)(1), by striking “section 771” and inserting “section 781”;

(11) in section 438(b)(2) (20 U.S.C. 1087-1(b)(2))—

(A) in the second sentence of subparagraph (A), by striking “427A(f)” and inserting “427A(i)”;

(B) in the first sentence of subparagraph (B)(i), by striking “1954” and inserting “1986”; and

(C) in the second sentence of subparagraph (F), by striking “427A(f)” and inserting “427A(i)”;

(12) in section 439(r)(2)(A)(i) (20 U.S.C. 1087-2(r)(2)(A)(i)), by striking “appoint” and all that follows through “to conduct” and inserting “appoint and fix the compensation of such auditors and examiners as may be necessary to conduct”.

SEC. 403. FEDERAL WORK-STUDY PROGRAMS.

Section 443 (42 U.S.C. 2753) is amended—

(1) in subsection (b)(2), by striking “section 443” and inserting “this section”;

(2) in subsection (d)(1), by striking “subsection (b)(2)(B)” and inserting “subsection (b)(2)(A)”;

(3) in subsection (e)(1), by striking “in accordance with such subsection”.

SEC. 404. FEDERAL DIRECT LOAN PROGRAM.

(a) TEMPORARY AUTHORITY TO PURCHASE LOANS.—Section 459A (20 U.S.C. 1087i-1) is amended—

(1) in subsection (a)—

(A) in paragraph (2), in the matter preceding subparagraph (A), by striking “purchase of loans under this section” and inserting “purchase of loans under paragraph (1)”; and

(B) by inserting after paragraph (2) the following new paragraph:

“(3) TEMPORARY AUTHORITY TO PURCHASE REHABILITATED LOANS.—

“(A) AUTHORITY.—In addition to the authority described in paragraph (1), the Secretary, in consultation with the Secretary of the Treasury, is authorized to purchase, or enter into forward commitments to purchase, from any eligible lender (as defined in section 435(d)(1)), loans that such lender purchased under section 428F on or after October 1, 2003, and before July 1, 2010, and that are not in default, on such terms as the Secretary, the Secretary of the Treasury, and the Director of the Office of Management and Budget jointly determine are in the best interest of the United States, except that any purchase under this section shall not result in any net cost to the Federal Government (including the cost of servicing the loans purchased), as determined jointly by the Secretary, the Secretary of the Treasury, and the Director of the Office of Management and Budget.

“(B) FEDERAL REGISTER NOTICE.—The Secretary, the Secretary of the Treasury, and the Director of the Office of Management and Budget, shall jointly publish a notice in the Federal Register prior to any purchase of loans under this paragraph that—

“(i) establishes the terms and conditions governing the purchases authorized by this paragraph;

“(ii) includes an outline of the methodology and factors that the Secretary, the Secretary of the Treasury, and the Director of the Office of Management and Budget, will jointly consider in evaluating the price at which to purchase loans rehabilitated pursuant to section 428F(a); and

“(iii) describes how the use of such methodology and consideration of such factors used to determine purchase price will ensure that loan purchases do not result in any net cost to the Federal Government (including the cost of servicing the loans purchased).”;

(2) by amending subsection (b) to read as follows:

“(b) PROCEEDS.—The Secretary shall require, as a condition of any purchase under subsection (a), that the funds paid by the Secretary to any eligible lender under this section shall be used—

“(1) to ensure continued participation of such lender in the Federal student loan programs authorized under part B of this title; and

“(2)(A) in the case of loans purchased pursuant to subsection (a)(1), to originate new Federal loans to students, as authorized under part B of this title; or

“(B) in the case of loans purchased pursuant to subsection (a)(3), to originate such new Federal loans to students, or to purchase loans in accordance with section 428F(a).”.

(b) OTHER AMENDMENTS.—Part D of title IV (20 U.S.C. 1087a et seq.) is amended—

(1) by repealing paragraph (3) of section 453(c) (20 U.S.C. 1087c(c));

(2) in section 455 (20 U.S.C. 1087e)—

(A) in subsection (d)(1)(C), by striking “428(b)(9)(A)(v)” and inserting “428(b)(9)(A)(iv)”;

(B) in subsection (h), by striking “(except as authorized under section 457(a)(1))”; and

(C) in subsection (k)(1)(B), by striking “, or in a notice under section 457(a)(1),”;

(3) by repealing section 457 (20 U.S.C. 1087g); and

(4) in section 460 (20 U.S.C. 1087j)—

(A) in subsection (c)(1), by adding at the end the following: “No borrower may receive a reduction of loan obligations under both this section and section 428J.”; and

(B) in subsection (g)(2)—

(i) by striking subparagraph (A);

(ii) by redesignating subparagraphs (B) through (D) as subparagraphs (A) through (C), respectively; and

(iii) in subparagraph (C), as redesignated by clause (ii), by striking “12571” and inserting “12601”.

SEC. 405. FEDERAL PERKINS LOANS.

Part E of title IV (20 U.S.C. 1087aa et seq.) is amended—

(1) in section 462(a)(1) (20 U.S.C. 1087bb(a)(1)), by striking subparagraph (A) and inserting the following:

“(A) 100 percent of the amount received under subsections (a) and (b) of this section for fiscal year 1999 (as such subsections were in effect with respect to allocations for such fiscal year), multiplied by”;

(2) in section 463(c) (20 U.S.C. 1087cc(c))—

(A) in paragraph (2)—

(i) by moving the margins of subparagraph (A) 2 ems to the left; and

(ii) by striking subparagraph (B) and inserting the following:

“(B) information concerning the repayment and collection of any such loan, including information concerning the status of such loan; and”;

(B) in paragraph (3), by striking “(6)” each place it appears and inserting “(5)”;

(3) in the first sentence of the matter preceding paragraph (1) of section 463A(a) (20 U.S.C. 1087cc-1(a)), by striking “, in order to carry out the provisions of section 463(a)(8),”;

(4) in section 464 (20 U.S.C. 1087dd)—

(A) in subsection (c)—

(i) in paragraph (1)(D)—

(I) by striking “(I)” and inserting “(i)”;

and

(II) by striking “(II)” and inserting “(ii)”;

and

(ii) in paragraph (2)(A)(iii)—

(I) by aligning the margin of the matter preceding subclause (I) with the margins of clause (ii);

(II) by aligning the margins of subclauses (I) and (II) with the margins of clause (i)(I); and

(III) by aligning the margins of the matter following subclause (ii) with the margins of the matter following subclause (II) of clause (i); and

(B) in subsection (g)(5), by striking “credit bureaus” and inserting “consumer reporting agencies”;

(5) in section 465(a)(6) (20 U.S.C. 1087ee(a)(6)), by striking “12571” and inserting “12601”;

(6) in section 467(b) (20 U.S.C. 1087gg(b)), by striking “paragraph (5)(A), (5)(B)(i), or (6)” and inserting “paragraph (4) or (5)”;

(7) in section 469(c) (20 U.S.C. 1087ii(c)), by striking “and the term” and all that follows through the period at the end and inserting “and the term ‘early intervention services’ has the meaning given the term in section 632 of such Act.”.

SEC. 406. NEED ANALYSIS.

(a) AMENDMENTS.—Part F of title IV (20 U.S.C. 1087kk et seq.) is amended—

(1) in section 473 (20 U.S.C. 1087mm)—

(A) by striking “For the purpose of this title, except subpart 2 of part A,” and inserting “(a) IN GENERAL.—For the purpose of this title, other than subpart 2 of part A, and except as provided in subsection (b),”;

(B) by adding at the end the following:

“(b) SPECIAL RULE.—

“(1) IN GENERAL.—Notwithstanding any other provision of this title, the family contribution of each student described in paragraph (2) shall be deemed to be zero for the academic year for which the determination is made.

“(2) APPLICABILITY.—Paragraph (1) shall apply to any dependent or independent student with respect to determinations of need for academic year 2009–2010 and succeeding academic years—

“(A) who is eligible to receive a Federal Pell Grant for the academic year for which the determination is made;

“(B) whose parent or guardian was a member of the Armed Forces of the United States and died as a result of performing military service in Iraq or Afghanistan after September 11, 2001; and

“(C) who, at the time of the parent or guardian’s death, was—

“(i) less than 24 years of age; or

“(ii) was enrolled at an institution of higher education on not less than a part-time basis.

“(3) INFORMATION.—Notwithstanding any other provision of law, the Secretary of Veterans Affairs and the Secretary of Defense, as appropriate, shall provide the Secretary of Education with information necessary to determine which students meet the requirements of paragraph (2).”;

(2) in section 475(c)(5)(B) (20 U.S.C. 1087oo(c)(5)(B)), by inserting “of 1986” after “Code”;

(3) in section 477(b)(5)(B) (20 U.S.C. 1087qq(b)(5)(B)), by inserting “of 1986” after “Code”;

(4) in section 479 (20 U.S.C. 1087ss)—

(A) in subsection (b) (as amended by section 602 of the College Cost Reduction and Access Act (110–84))—

(i) in paragraph (1)(A)(i), by amending subclause (III) to read as follows:

“(III) include at least one parent who is a dislocated worker; or”;

(ii) in paragraph (1)(B)(i), by amending subclause (III) to read as follows:

“(III) is a dislocated worker or is married to a dislocated worker; or”;

(B) in subsection (c) (as amended by such section 602)—

(i) in paragraph (1)(A), by amending clause (iii) to read as follows:

“(iii) include at least one parent who is a dislocated worker; or”;

(ii) in paragraph (2)(A), by amending clause (iii) to read as follows:

“(iii) is a dislocated worker or is married to a dislocated worker; or”;

(5) in section 479C (20 U.S.C. 1087uu–1)—

(A) in paragraph (1), by striking “under” and all that follows through “; and” and inserting “under Public Law 98–64 (25 U.S.C. 11a et seq.; 97 Stat. 365) (commonly known as the ‘Per Capita Act’ or Public Law 93–134 (25 U.S.C. 1401 et seq.; 87 Stat. 466) (commonly known as the ‘Indian Tribal Judgment Funds Use or Distribution Act’); and”;

(B) in paragraph (2)—

(i) by striking “Alaskan” and inserting “Alaska”;

(ii) by inserting “(43 U.S.C. 1601 et seq.)” before “or the”;

(iii) by inserting “of 1980 (25 U.S.C. 1721 et seq.)” after “Maine Indian Claims Settlement Act”;

(6) in section 480(a)(2) (20 U.S.C. 1087vv(a)(2)), by striking “12571” and inserting “12511”;

(7) in section 480(c)(2) (20 U.S.C. 1087vv(c)(2))—

(A) in the matter preceding subparagraph (A), by striking “the following” and inserting “benefits under the following provisions of law”;

(B) by striking subparagraphs (A) through (J) and inserting the following:

“(A) Chapter 103 of title 10, United States Code (Senior Reserve Officers’ Training Corps).

“(B) Chapter 1606 of title 10, United States Code (Selected Reserve Educational Assistance Program).

“(C) Chapter 1607 of title 10, United States Code (Educational Assistance Program for Reserve Component Members Supporting Contingency Operations and Certain Other Operations).

“(D) Chapter 30 of title 38, United States Code (All-Volunteer Force Educational Assistance Program, also known as the ‘Montgomery GI Bill—active duty’).

“(E) Chapter 31 of title 38, United States Code (Training and Rehabilitation for Veterans with Service-Connected Disabilities).

“(F) Chapter 32 of title 38, United States Code (Post-Vietnam Era Veterans’ Educational Assistance Program).

“(G) Chapter 33 of title 38, United States Code (post-9/11 educational assistance).

“(H) Chapter 35 of title 38, United States Code (Survivors’ and Dependents Educational Assistance Program).

“(I) Section 903 of the Department of Defense Authorization Act, 1981 (10 U.S.C. 2141 note) (Educational Assistance Pilot Program).

“(J) Section 156(b) of the ‘Joint Resolution making further continuing appropriations and providing for productive employment for the fiscal year 1983, and for other purposes’ (42 U.S.C. 402 note) (Restored Entitlement Program for Survivors, also known as ‘Quayle benefits’).”;

(8) in section 480(j)(1) (20 U.S.C. 1087vv(j)(1)), by striking “12571” and inserting “12511”.

(b) EFFECTIVE DATE.—The amendments made by paragraph (1)(B) of subsection (a) shall take effect on July 1, 2009, and the amendments made by paragraph (4) of such subsection shall be effective as if enacted as part of the amendments in section 602(a) of the College Cost Reduction and Access Act (Public Law 110–84).

(c) HIGHER EDUCATION OPPORTUNITY ACT.—Section 473(f) of the Higher Education Opportunity Act (Public Law 110–315) is amended by inserting “, except that the amendments made in subsection (e) shall take effect on July 1, 2009” before the period at the end.

SEC. 407. GENERAL PROVISIONS OF TITLE IV.

(a) DELAYED IMPLEMENTATION OF EZ FAFSA.—Notwithstanding any other provision of law, the Secretary of Education shall be required to carry out the requirements under the following provisions of section 483 of the Higher Education Act of 1965 (20 U.S.C. 1090) only for academic year 2010–2011 and subsequent academic years:

(1) In subsection (a) of such section—

(A) subparagraphs (A)(i) and (B) of paragraph (2);

(B) in paragraph (3)—

(i) the second sentence of subparagraph (A);

(ii) clauses (i) and (ii) of subparagraph (B); and

(iii) subparagraph (C);

(C) paragraph (4)(A)(iv); and

(D) paragraph (5)(E).

(2) Subsection (h) of such section.

(b) OTHER AMENDMENTS.—Part G of title IV (20 U.S.C. 1088 et seq.) is amended—

(1) in the matter preceding paragraph (1) of section 481(c) (20 U.S.C. 1088(c)), by striking “or any State, or private, profit or nonprofit organization” and inserting “any State, or any private, for-profit or nonprofit organization”;

(2) in section 482(b) (20 U.S.C. 1089(b)), by striking “413D(e), 442(e), or 462(j)” and inserting “413D(d), 442(d), or 462(i)”;

(3) in section 483 (20 U.S.C. 1090)—

(A) in subsection (a)(3)(C), by inserting “that” after “except”; and

(B) in subsection (e)(8)(A), by striking “identify” and inserting “determine”;

(4) in section 484 (20 U.S.C. 1091)—

(A) in the matter preceding subparagraph (A) of subsection (a)(4), by striking “certification,” and inserting “certification,”;

(B) in subsection (b)(1)(B)—

(i) by striking “have (A)” and inserting “have (i)”;

(ii) by striking “and (B)” and inserting “and (ii)”;

(C) in subsection (f)(1), by striking “part B” and all that follows through “part E” in each place that the phrase occurs and inserting “part B, part D, or part E”;

(D) in subsection (h)—

(i) in paragraph (2), by striking “(h)(4)(A)(i)” and inserting “(g)(4)(A)(i)”;

(ii) in paragraph (3), by striking “(h)(4)(B)(i)” and inserting “(g)(4)(B)(i)”;

(E) in subsection (n), by striking “section 1113 of Public Law 97–252” and inserting “section 12(f) of the Military Selective Service Act (50 U.S.C. App. 462(f))”;

(5) in section 485 (20 U.S.C. 1092)—

(A) in subsection (a)—

(i) in paragraph (1)—

(I) the matter preceding subparagraph (A), by striking “also referred to as the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”; and

(II) in subparagraph (I), by striking “handicapped students” and inserting “students with disabilities”;

(ii) in paragraph (4)(B), by inserting “during which” after “time period”;

(iii) in the matter preceding subclause (I) of paragraph (7)(B)(iv), by inserting “education” after “higher”;

(B) in subsection (e)(3)(B), by inserting “during which” after “time period”;

(C) in subsection (f)—

(i) in the matter preceding subparagraph (A) of paragraph (1), by inserting “of” after “foreign institution”;

(ii) in paragraphs (3), (4)(A), (5), and (8)(A), by striking “under this title” each place it appears and inserting “under this title, other than a foreign institution of higher education”;

(D) in subsection (g)(2), by striking “subparagraph (G)” and inserting “paragraph (1)(G)”;

(E) in subsection (i)—

(i) in paragraph (2), by striking “eligible institution participating in any program under this title” and inserting “institution described in paragraph (1)”;

(ii) in paragraph (3), in the matter preceding subparagraph (A), by striking “eligible institution participating in any program under this title” and inserting “institution described in paragraph (1)”;

(iii) in paragraph (5)(B), by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”;

(F) in subsection (k)(2), by inserting “section” before “484(r)(1)”;

(G) in the matter preceding clause (i) of subsection (1)(1)(A), by striking “subparagraph (B)” and inserting “paragraph (2)”;

(6) in section 485A (20 U.S.C. 1092a)—

(A) in subsection (a)—

(i) by striking “or defined in subpart I of part C of title VII of the Public Health Service Act” and inserting “or an eligible lender as defined in section 719 of the Public Health Service Act (42 U.S.C. 292o)”;

(ii) by striking “under subpart I of part C of title VII of the Public Health Service Act (known as Health Education Assistance Loans)” and inserting “under part A of title

VII of the Public Health Service Act (42 U.S.C. 292 et seq.);

(B) in subsection (b), by striking “subpart I of part C of title VII of the Public Health Service Act” and inserting “part A of title VII of the Public Health Service Act (42 U.S.C. 292 et seq.)”;

(C) in subsection (e)—

(i) by striking “Health Education Assistance Loan” and inserting “loan under part A of title VII of the Public Health Service Act (42 U.S.C. 292 et seq.)”; and

(ii) in paragraph (2), by striking “733(e)(3)” and inserting “707(e)(3)”; and

(D) in subsection (f)—

(i) in paragraph (1)—

(I) in the second sentence, by striking “subpart I of part C of title VII of the Public Health Service Act” and inserting “part A of title VII of the Public Health Service Act (42 U.S.C. 292 et seq.)”; and

(II) in the fourth sentence, by striking “728(a)” and inserting “710”; and

(i) in paragraph (2), by striking “subpart I of part C of title VII of the Public Health Service Act” and inserting “part A of title VII of the Public Health Service Act (42 U.S.C. 292 et seq.)”;

(7) in section 485B (20 U.S.C. 1092b)—

(A) in subsection (a)(5), by striking “)” and inserting “)”; and

(B) in subsection (d)(3)(D), by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”;

(8) in section 487 (20 U.S.C. 1094)—

(A) in subsection (a)(23)(A), by inserting “of 1993” after “Registration Act”;

(B) in subsection (c)(1)—

(i) in subparagraph (A)(i), by striking “students receives” and inserting “students receive”;

(ii) in subparagraph (F), by striking “paragraph (2)(B)” and inserting “paragraph (3)(B)”; and

(iii) in subparagraph (H), by striking “paragraph (2)(B)” and inserting “paragraph (3)(B)”; and

(C) in subsection (f)(1), by striking “496(c)(4)” and inserting “496(c)(6)”; and

(D) in subsection (g)(1), by striking “subsection (f)(2)” and inserting “subsection (e)(2)”; and

(9) in section 489(a) (20 U.S.C. 1096(a))—

(A) in the third sentence, by striking “has agreed to assign under section 463(a)(6)(B)” and inserting “has referred under section 463(a)(4)(B)”; and

(B) in the fourth sentence, by striking “484(h)” and inserting “484(g)”; and

(10) in section 491(1)(2)(A) (20 U.S.C. 1098(1)(2)(A)), by inserting “the” after “enactment of”; and

(11) in section 492(a) (20 U.S.C. 1098a(a))—

(A) in paragraph (1), by striking “regulations” and all that follows through “The” and inserting “regulations for this title. The”; and

(B) in paragraph (2), by striking “ISSUES” and all that follows through “provide” and inserting “ISSUES.—The Secretary shall provide”.

SEC. 408. PROGRAM INTEGRITY.

Part H of title IV (20 U.S.C. 1099a et seq.) is amended—

(1) in section 496(a)(6)(G) (20 U.S.C. 1099b(a)(6)(G)), by striking the period at the end and inserting a semicolon; and

(2) in section 498(c)(2) (20 U.S.C. 1099c(c)(2)), by striking “for profit” and inserting “for-profit”.

SEC. 409. PLUS LOAN AUCTION EXTENSION.

(a) EXTENSION.—Section 499 (20 U.S.C. 1099d) is amended by striking “2009” each place it appears and inserting “2010”.

(b) TECHNICAL AMENDMENT.—Section 499(b)(1) (20 U.S.C. 1099d(b)(1)) is amended by

striking “Communication” and inserting “Communications”.

(c) TIMING OF REPORTS.—Section 499(d)(1) (20 U.S.C. 1099d(d)(1)) is amended—

(1) in subparagraph (A), by striking “2010” and inserting “2011”;

(2) in subparagraph (B), by striking “2012” and inserting “2013”; and

(3) in subparagraph (C), by striking “2013” and inserting “2014”.

TITLE V—DEVELOPING INSTITUTIONS

SEC. 501. DEVELOPING INSTITUTIONS.

Section 502(b)(2) (20 U.S.C. 1101a(b)(2)) is amended by striking “which determination” and inserting “which the determination”.

TITLE VI—INTERNATIONAL EDUCATION PROGRAMS

SEC. 601. INTERNATIONAL EDUCATION PROGRAMS.

(a) HIGHER EDUCATION ACT OF 1965.—Title VI (20 U.S.C. 1121 et seq.) is amended—

(1) in section 604(a) (20 U.S.C. 1124(a))—

(A) in the matter preceding subparagraph (A) of paragraph (2), by inserting “the” before “Federal”; and

(B) in paragraph (7)(D), by striking “institution, combination” and inserting “applicant, consortium”; and

(2) in section 622(a) (20 U.S.C. 1131–1(a)), by inserting a period after “title”.

(b) HIGHER EDUCATION OPPORTUNITY ACT.—The matter preceding paragraph (1) of section 621 of the Higher Education Opportunity Act (Public Law 110–315) is amended by striking “Section 631 (20 U.S.C. 1132)” and inserting “Section 631(a) (20 U.S.C. 1132(a))”.

TITLE VII—GRADUATE AND POSTSECONDARY IMPROVEMENT

SEC. 701. GRADUATE AND POSTSECONDARY IMPROVEMENT PROGRAMS.

Title VII (20 U.S.C. 1133 et seq.) is amended—

(1) in the matter preceding paragraph (1) of section 721(d) (20 U.S.C. 1136(d)), by striking “services through” and all that follows through “resource centers” and inserting “services through pre-college programs, undergraduate prelaw information resource centers”;

(2) in section 723(b)(1)(P) (20 U.S.C. 1136a(b)(1)(P)), by striking “State” and inserting “State”;

(3) in section 744(c)(6)(C) (20 U.S.C. 1138c(c)(6)(C)), by inserting “of the National Academies” after “Institute of Medicine”;

(4) in section 760(1)(D) (20 U.S.C. 1140(1)(D)), by inserting “with nondisabled students” after “disabilities to participate”;

(5) in section 772 (20 U.S.C. 11401)—

(A) in subsection (a)(2)(A), by striking “with in” and inserting “with”; and

(B) in the matter preceding subclause (I) of subsection (b)(1)(C)(ii), by striking “subparagraph (C)” and inserting “clause (i)”; and

(6) in section 781 (20 U.S.C. 1141)—

(A) in subsection (c)(1), by striking “Service” each place the term appears and inserting “Services”;

(B) in the matter preceding paragraph (1) of subsection (e)—

(i) by striking “(as defined)” and all that follows through “(this Act)” and inserting “(as described in section 435(p))”; and

(ii) by striking “435(j)” and inserting “428(b)”; and

(C) in subsection (g)(2), by striking “Service” and inserting “Services”; and

(D) in subsection (i)—

(i) in paragraph (1)(D), by striking “consortia” and inserting “consortium”; and

(ii) in paragraph (2)—

(I) in the paragraph heading, by striking “CONSORTIA” and inserting “CONSORTIUM”; and

(II) by striking “consortia” each place the term appears and inserting “consortium”.

TITLE VIII—ADDITIONAL PROGRAMS

SEC. 801. ADDITIONAL PROGRAMS.

Title VIII (20 U.S.C. 1161a et seq.) is amended—

(1) in section 802(d)(2)(D) (20 U.S.C. 1161b(d)(2)(D)), by striking “regulation” and inserting “regulations”;

(2) in section 804(d) (20 U.S.C. 1161d(d)(2))—

(A) in the heading, by striking “DEFINITION” and inserting “DEFINITIONS”; and

(B) by striking paragraph (2) and inserting the following:

“(2) PUBLIC HEALTH SERVICE ACT.—The terms ‘accredited’ and ‘school of nursing’ have the meanings given those terms in section 801 of the Public Health Service Act (42 U.S.C. 296).”;

(3) in section 808(a)(1) (20 U.S.C. 1161h(a)(1)), by striking “the Family Education Rights and Privacy Act of 1974” and inserting “section 444 of the General Education Provisions Act (commonly known as the ‘Family Educational Rights and Privacy Act of 1974’)”;

(4) in section 819(b)(3) (20 U.S.C. 1161j(b)(3)), by inserting a period after “101(a)”; and

(5) in section 820 (20 U.S.C. 1161k)—

(A) in subsection (d)(5), by inserting “the” before “grant”;

(B) in subsection (f)(2), by striking “subpart” each place the term appears and inserting “section”; and

(C) in subsection (h), by striking “use” and inserting “used”;

(6) in section 821 (20 U.S.C. 1161l)—

(A) in subsection (a)(1), by striking “subsection (g)” and inserting “subsection (f)”; and

(B) in subsection (c)(1)(B), by striking “within” and inserting “in”;

(7) in section 824(f)(3) (20 U.S.C. 1161l–3(f)(3))—

(A) in subparagraph (A), by inserting “a” after “submitting”; and

(B) in subparagraph (C), by striking “pursing” and inserting “pursuing”;

(8) in section 825(a) (20 U.S.C. 1161l–4(a)), by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”;

(9) in section 826(3) (20 U.S.C. 1161l–5(3)), by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”;

(10) in section 830(a)(1)(B) (20 U.S.C. 1161m(a)(1)(B)), by striking “of for” and inserting “of”;

(11) in section 833(e)(1) (20 U.S.C. 1161n–2(e)(1))—

(A) in the matter preceding subparagraph (A), by striking “because of” and inserting “based on”; and

(B) in subparagraph (D), by striking “section” and inserting “part”;

(12) in section 841(c)(1) (20 U.S.C. 1161o(c)(1)), by striking “486A(d)” and inserting “486A(b)(1)”; and

(13) in section 851(j) (20 U.S.C. 1161p(j)), by inserting “to be appropriated” after “authorized”; and

(14) in section 894(b)(2) (20 U.S.C. 1161y(b)(2)), by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”.

(b) EDUCATION OF THE DEAF ACT OF 1986.—Section 203(b)(2) of the Education of the Deaf

Act (20 U.S.C. 1161y(b)(2)) is amended by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”.

(c) EDUCATION OF THE DEAF ACT OF 1986.—Section 203(b)(2) of the Education of the Deaf

Act (20 U.S.C. 1161y(b)(2)) is amended by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”.

(d) EDUCATION OF THE DEAF ACT OF 1986.—Section 203(b)(2) of the Education of the Deaf

Act (20 U.S.C. 1161y(b)(2)) is amended by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”.

(e) EDUCATION OF THE DEAF ACT OF 1986.—Section 203(b)(2) of the Education of the Deaf

Act (20 U.S.C. 1161y(b)(2)) is amended by striking “the Family Educational Rights and Privacy Act of 1974” and inserting “commonly known as the ‘Family Educational Rights and Privacy Act of 1974’”.

Act of 1986 (20 U.S.C. 4353(b)(2)) is amended by striking "and subsections (b) and (c) of section 209." and inserting "and subsections (a), (b), and (c) of section 209."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. HINOJOSA) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. HINOJOSA).

GENERAL LEAVE

Mr. HINOJOSA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days during which Members may revise and extend and insert extraneous material on H.R. 1777 into the RECORD.

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

There was no objection.

Mr. HINOJOSA. Mr. Speaker, I yield myself as much time as I may consume.

I rise today in support of H.R. 1777, a bill to make technical corrections to the Higher Education Act.

Last year we enacted the first reauthorization of the Higher Education Act in 10 years. As the administration has moved swiftly to implement the new law, embarking on a new round of negotiated rulemaking, we have identified areas of the law needing technical corrections or clarifications that require our action today.

While many of the provisions of this bill make minor corrections, there are several amendments included in H.R. 1777 that are of particular importance because of the profound impact that they will have on students and families.

□ 1630

I would like to highlight three areas that deserve special attention, Mr. Speaker.

First, H.R. 1777 will head off a looming logjam in the PLUS Loan Program for parents. The College Cost Reduction and Access Act included a program to pilot using an auction mechanism for setting the rate of return for lenders in the PLUS Loan Program for parents. The auction is scheduled to go into effect this year. Given our fiscal climate, there is concern that there will not be enough bidders to hold the auction. This means that families accepting parent loans in their financial aid packages cannot complete the applications until the lenders are identified through the auction process. H.R. 1777 will delay the auction for another year, thereby ensuring that parents face no delay in the application process for PLUS Loans due to the uncertainty surrounding bids.

H.R. 1777 also makes two important changes to ensure that veterans get the full amount of educational assistance that Congress intended. This legislation clarifies that GI Bill benefits are to be exempted for consideration in calculating eligibility for student financial aid. Additionally, it ensures

that this exemption is in place for the upcoming academic year.

Finally, H.R. 1777 will ensure that the Federal Government keeps its promise to borrowers who seek to rehabilitate their student loans. In the Higher Education Act, Congress provided an avenue for borrowers who have defaulted on their student loans to restore their credit and to rehabilitate their defaulted loans.

After nine on-time payments, a borrower in default may rehabilitate the loan and may clean up his credit rating. This policy is a win-win. It helps borrowers establish regular payment histories, and it restores their credit while helping the Federal Government collect unpaid student loans.

Guaranty agencies, such as the Texas Guaranty Student Loan Corporation in my own home State of Texas, have been working diligently with defaulted borrowers to help them restore their credit and to return their loans to good standing. Unfortunately, the last step in the rehabilitation process occurs when the guaranty agency sells the rehabilitated loan to a lender. Because of our financial crisis, there are no buyers for these loans. This means that, despite doing everything that was required of them, borrowers cannot get the benefit of rehabilitating their loans.

This legislation will fix that problem by allowing guaranty agencies to assign or to sell loans that meet the rehabilitation requirements to the Department of Education. This bill also ensures that the record of default is removed from the borrower's credit rating.

According to the Department of Education, without this change this year, approximately 160,000 borrowers will be denied the rehabilitation benefits that they have earned. Last month alone, Texas estimates that over 4,500 borrowers met the rehabilitation requirements but could not complete the process because of the lack of a lender. Today, 19 of the 35 guaranty agencies report having no lender willing or able to buy rehabilitation loans. These include our largest agencies that serve Texas, that serve California, New York, Florida, Illinois, and many other States.

We made a commitment to these borrowers, telling them that, if they stepped up and made the on-time payments, the Federal Government would help them restore their credit. We must keep that commitment by passing H.R. 1777.

In closing, Mr. Speaker, I would like to thank our committee chairman, Representative GEORGE MILLER, and our good friend and colleague, Ranking Member BUCK MCKEON, along with our ranking member on the subcommittee, my friend and colleague, Representative BRETT GUTHRIE of Kentucky, for expediting this legislation and for helping us make these needed corrections in a bipartisan manner. I urge all of my colleagues to vote "yes" on H.R. 1777.

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

Mr. GUTHRIE. Mr. Speaker, I rise in support of this legislation, and I yield to the gentleman from California as much time as he may consume.

Mr. MCKEON. Mr. Speaker, I rise in support of this legislation, and I thank Ranking Member GUTHRIE for yielding the time.

Last August, President Bush signed into law the first comprehensive renewal in a decade of the Federal higher education programs. That legislation was a product of years of effort by both Republicans and Democrats. It was and is a good product, but as the implementation of the law has gone forward, it has become clear that minor technical changes are needed to ensure a smooth transition process. We are making those changes today. As we address these minor changes, we also need to act quickly to correct two major challenges in the Federal student loan programs.

The first challenge is a byproduct of the global credit crisis. Student loan borrowers, like many Americans in this struggling economy, can sometimes fall behind on their bills. Before they fall behind, the Higher Education Act helps borrowers through loan deferments, forbearances and income-contingent or income-based repayment. For those borrowers who have defaulted, it provides a process for loan rehabilitation. Student loan borrowers who have defaulted can rebuild their credit and can get their loans back in good standing by making nine on-time payments. At the end of the process, the loan is sold to a lender, and a borrower's credit is wiped clean. Unfortunately, the global credit crunch has prevented many student loan lenders from being able to repurchase these rehabilitated loans, and when these loans are not purchased, the borrower's credit is not restored.

With this legislation, we are incorporating rehabilitated loans into the emergency student loan liquidity measures enacted last year. It is a simple fix that will get credit flowing and that will help borrowers who are doing their best to get their credit back in good standing and make good on the loans they owe. These borrowers have done the right thing by getting themselves back on track. They should not be denied an opportunity to clean up their credit simply because of the current economic situation.

The second change we are making is just as urgent, and truth be told, it is one that could have been avoided. I am speaking not of a byproduct of a short-circuited credit market but, rather, of the inevitable product of shortsighted policy. Two-and-half years ago, the majority wrung billions from the Federal student loan program in order to make good on a campaign promise of higher Pell Grant funding and of lower student loan interest rates. These were laudable goals, to be sure, but those of us who have been here for a long time

know that a good sound bite does not always make for good policy. Such is the case here.

In order to pay for these particular campaign promises, at least temporarily, for parents of college students, the majority replaced a functioning lending system with an untested, highly controversial auction scheme. At the time, we warned that an auction would undercut loan accessibility for parents. We warned that the U.S. Department of Education was ill-equipped to implement such a complex and convoluted system. We warned that lenders were unlikely to participate in such a system and that, if they did, only a few were likely to bid, giving them near-monopoly control of the market. I wish it were not the case, but unfortunately, our worst predictions are coming true.

Several large lenders are choosing not to participate in this troubled initiative. The National Association of Student Financial Aid Administrators has weighed in with serious concerns. Financial aid administrators will soon be assembling financial aid packages for the coming academic year, and NASFAA warns that current economic conditions could cause the pilot program to harm parent borrowers.

If the Department were to move forward, the few willing participants would be a virtual monopoly, and with so few participants, they may not be able to handle all of the loan volume necessary to ensure that all parents who are eligible for loans actually receive them. We cannot allow this to happen, so we are postponing the auction for 1 year in order to ensure that parents will not fall victim to the shortsighted policy that was enacted just 2½ years ago.

I support this legislation because the changes are necessary, but I hope this will serve as a lesson in going forward. Undercutting a successful, long-standing student loan program in order to achieve political goals was not a good idea in 2006, and it is not a good idea today.

Mr. HINOJOSA. Mr. Speaker, I would like to ask the gentleman from Kentucky if he has any further speakers.

Mr. GUTHRIE. Mr. Speaker, I do not have any further speakers.

Mr. HINOJOSA. In that case, Mr. Speaker, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself the balance of my time.

I support this legislation, and I urge my colleagues to do the same. We have worked with the majority to address pressing matters that impact students and families. This bill will ensure the smooth implementation of the bipartisan higher education reforms enacted last year. It will help student loan borrowers who have fallen behind to rebuild their damaged credit, and it will postpone a student loan auction that, whether or not it was a good idea 2½ years ago, simply does not make sense in the current economic climate.

I thank the majority for working with us. I have particularly enjoyed working with my colleague, Mr. HINOJOSA from Texas, and I appreciate him for working on these important matters and timely changes. I urge my colleagues to join me in voting "yes."

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. HINOJOSA) that the House suspend the rules and pass the bill, H.R. 1777.

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.

RECESS

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

Accordingly (at 4 o'clock and 42 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1845

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. ROSS) at 6 o'clock and 45 minutes p.m.

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. FLAKE. Mr. Speaker, I rise to a question of the privileges of the House and offer the resolution previously noticed.

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 295

Whereas, The Hill reported that a prominent lobbying firm specializing in obtaining defense earmarks for its clients, the subject of a "federal investigation into potentially corrupt political contributions," has given \$3.4 million in political donations to no less than 284 members of Congress.

Whereas, multiple press reports have noted questions related to campaign contributions made by or on behalf of the firm; including questions related to "straw man" contributions, the reimbursement of employees for political giving, pressure on clients to give, a suspicious pattern of giving, and the timing of donations relative to legislative activity.

Whereas, Roll Call has taken note of the timing of contributions from employees of the firm and its clients when it reported that they "have provided thousands of dollars worth of campaign contributions to key Members in close proximity to legislative activity, such as the deadline for earmark request letters or passage of a spending bill."

Whereas, CQ Today specifically noted a Member getting "\$25,000 in campaign contribution money from [the founder of the firm] and his relatives right after his subcommittee approved its spending bill in 2005."

Whereas, the Associated Press noted that Members received campaign contributions

from employees of the firm "around the time they requested" earmarks for companies represented by the firm.

Whereas, the Associated Press highlighted the "huge amounts of political donations" from the firm and its clients to select members and noted that "those political donations have followed a distinct pattern: The giving is especially heavy in March, which is prime time for submitting written earmark requests."

Whereas, clients of the firm received at least three hundred million dollars worth of earmarks in fiscal year 2009 appropriations legislation, including several that were approved even after news of the FBI raid of the firm's offices and Justice Department investigation into the firm was well known.

Whereas, the Associated Press reported that "the FBI says the investigation is continuing, highlighting the close ties between special-interest spending provisions known as earmarks and the raising of campaign cash."

Whereas, the persistent media attention focused on questions about the nature and timing of campaign contributions related to the firm, as well as reports of the Justice Department conducting research on earmarks and campaign contributions, raise concern about the integrity of Congressional proceedings and the dignity of the institution.

Now, therefore, be it: *Resolved*, that (a) the Committee on Standards of Official Conduct, or a subcommittee of the committee designated by the committee and its members appointed by the chairman and ranking member, shall immediately begin an investigation into the relationship between the source and timing of past campaign contributions to Members of the House related to the raided firm and earmark requests made by Members of the House on behalf of clients of the raided firm.

(b) The Committee on Standards of Official Conduct shall submit a report of its findings to the House of Representatives within 2 months after the date of adoption of the resolution.

The SPEAKER pro tempore. The resolution qualifies.

MOTION TO TABLE

Mr. GEORGE MILLER of California. Mr. Speaker, I move to lay the resolution on the table.

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. FLAKE. 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.

Pursuant to clause 8 of rule XX, this 15-minute vote on laying House Resolution 295 on the table will be followed by 5-minute votes on suspending the rules and passing H.R. 20 and H.R. 479.

Remaining postponed votes will be taken later in the week.

The vote was taken by electronic device, and there were—yeas 210, nays 173, answered "present" 13, not voting 35, as follows:

[Roll No. 163]

YEAS—210

Abercrombie	Grijalva	Ortiz
Ackerman	Gutierrez	Pallone
Adler (NJ)	Hall (NY)	Pastor (AZ)
Altmire	Hare	Payne
Andrews	Harman	Perlmutter
Arcuri	Hastings (FL)	Peters
Baca	Heinrich	Peterson
Baird	Higgins	Pingree (ME)
Baldwin	Hinojosa	Polis (CO)
Barrow	Hirono	Price (NC)
Becerra	Holden	Rahall
Berman	Holt	Rangel
Berry	Honda	Richardson
Bishop (GA)	Hoyer	Rodriguez
Bishop (NY)	Inslee	Rohrabacher
Blumenauer	Israel	Ross
Boren	Jackson (IL)	Rothman (NJ)
Boswell	Jackson-Lee	Roybal-Allard
Boucher	(TX)	Ruppersberger
Boyd	Johnson (GA)	Rush
Brady (PA)	Johnson, E. B.	Salazar
Braley (IA)	Jones	Sánchez, Linda
Capps	Kagen	T.
Capuano	Kanjorski	Sanchez, Loretta
Cardoza	Kaptur	Sarbanes
Carnahan	Kennedy	Shakowsky
Carney	Kildee	Schauer
Carson (IN)	Kilpatrick (MI)	Schiff
Childers	Kilroy	Schrader
Clarke	Kissell	Schwartz
Clay	Klein (FL)	Scott (GA)
Cleaver	Kratovil	Scott (VA)
Clyburn	Kucinich	Serrano
Cohen	Langevin	Sestak
Connolly (VA)	Larson (CT)	Shea-Porter
Conyers	Lee (CA)	Sherman
Cooper	Levin	Shuler
Costa	Lewis (GA)	Sires
Costello	Lipinski	Skelton
Courtney	Lowey	Slaughter
Crowley	Lujan	Snyder
Cuellar	Lynch	Space
Cummings	Maffei	Spratt
Dahlkemper	Markey (CO)	Stark
Davis (AL)	Markey (MA)	Stupak
Davis (CA)	Marshall	Sutton
Davis (IL)	Massa	Tanner
Davis (TN)	Matheson	Tauscher
DeFazio	Matsui	Taylor
Delahunt	McCarthy (NY)	Thompson (CA)
DeLauro	McDermott	Thompson (MS)
Dicks	McGovern	Tierney
Dingell	McMahon	Titus
Doggett	Meek (FL)	Tonko
Doyle	Meeks (NY)	Towns
Driehaus	Michaud	Tsongas
Edwards (MD)	Miller (NC)	Van Hollen
Edwards (TX)	Miller, George	Velázquez
Ellison	Mollohan	Wasserman
Engel	Moore (KS)	Schultz
Eshoo	Moore (WI)	Waters
Etheridge	Murphy (CT)	Watson
Farr	Murphy, Patrick	Watt
Fattah	Murphy, Tim	Waxman
Filner	Murtha	Weiner
Fudge	Nadler (NY)	Wexler
Gonzalez	Napolitano	Wilson (OH)
Gordon (TN)	Nye	Woolsey
Green, Al	Oberstar	Wu
Green, Gene	Obey	Yarmuth
Griffith	Olver	Young (AK)

NAYS—173

Aderholt	Brown-Waite,	Dreier
Akin	Ginny	Duncan
Alexander	Buchanan	Ehlers
Austria	Burgess	Ellsworth
Bachmann	Burton (IN)	Emerson
Bachus	Buyer	Fallin
Bartlett	Calvert	Flake
Barton (TX)	Camp	Fleming
Bean	Cantor	Forbes
Biggert	Cao	Fortenberry
Bilbray	Capito	Foster
Billirakis	Cassidy	Fox
Bishop (UT)	Castle	Franks (AZ)
Blackburn	Chaffetz	Frelinghuysen
Boccheri	Coble	Gallely
Boehner	Coffman (CO)	Garrett (NJ)
Bono Mack	Cole	Gerlach
Boozman	Crenshaw	Giffords
Boustany	Culberson	Gingrey (GA)
Brady (TX)	Davis (KY)	Goodlatte
Bright	Deal (GA)	Granger
Broun (GA)	Diaz-Balart, M.	Graves
Brown (SC)	Donnelly (IN)	Guthrie

Hall (TX)	McCaul	Ros-Lehtinen
Halvorson	McClintock	Roskam
Harper	McCotter	Royce
Heger	McHenry	Ryan (WI)
Herseth Sandlin	McHugh	Scalise
Hill	McIntyre	Schmidt
Himes	McKeon	Schock
Hodes	McMorris	Sensenbrenner
Hunter	Rodgers	Shadegg
Inglis	McNerney	Shimkus
Issa	Mica	Shuster
Jenkins	Miller (FL)	Simpson
Johnson, Sam	Miller (MI)	Smith (NE)
Jordan (OH)	Minnick	Smith (NJ)
Kind	Mitchell	Smith (TX)
King (IA)	Neugebauer	Smith (WA)
King (NY)	Nunes	Souder
Kirk	Olson	Stearns
Kirkpatrick (AZ)	Paul	Sullivan
Kosmas	Paulsen	Teague
Lamborn	Pence	Terry
Lance	Perriello	Thompson (PA)
LaTourette	Petri	Thornberry
Latta	Pitts	Tiahrt
Lee (NY)	Platts	Tiberi
Lewis (CA)	Posey	Turner
LoBiondo	Price (GA)	Turner
Loeb sack	Putnam	Upton
Lucas	Radanovich	Visclosky
Luetkemeyer	Rehberg	Walz
Lummis	Reichert	Wamp
Lungren, Daniel	Roe (TN)	Whitfield
E.	Rogers (AL)	Wilson (SC)
Mack	Rogers (KY)	Wittman
Manzullo	Rogers (MI)	Wolf
McCarthy (CA)	Rooney	Young (FL)

ANSWERED "PRESENT"—13

Bonner	Diaz-Balart, L.	Poe (TX)
Castor (FL)	Kline (MN)	Walden
Chandler	Latham	Welch
Conaway	Lofgren, Zoe	
Dent	Myrick	

NOT VOTING—35

Barrett (SC)	Heller	Miller, Gary
Berkley	Hensarling	Moran (KS)
Blunt	Hinchey	Moran (VA)
Brown, Corrine	Hoekstra	Neal (MA)
Butterfield	Johnson (IL)	Pascarell
Campbell	Kingston	Pomeroy
Carter	Larsen (WA)	Reyes
DeGette	Linder	Ryan (OH)
Frank (MA)	Maloney	Sessions
Gohmert	Marchant	Speier
Hastings (WA)	McCollum	Westmoreland
	Melancon	

□ 1911

Mr. COOPER changed his vote from "nay" to yea."

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MELANIE BLOCKER STOKES MOM'S OPPORTUNITY TO ACCESS HEALTH, EDUCATION, RESEARCH, AND SUPPORT FOR POSTPARTUM DEPRESSION ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 20, 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 New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 20, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 391, nays 8, not voting 32, as follows:

[Roll No. 164]

YEAS—391

Abercrombie	DeLauro	Kissell
Ackerman	Dent	Klein (FL)
Aderholt	Diaz-Balart, L.	Kline (MN)
Adler (NJ)	Diaz-Balart, M.	Kosmas
Akin	Dingell	Kratovil
Alexander	Doggett	Kucinich
Altmire	Donnelly (IN)	Lamborn
Andrews	Doyle	Lance
Arcuri	Dreier	Langevin
Austria	Driehaus	Larson (CT)
Baca	Duncan	Latham
Bachmann	Edwards (MD)	LaTourette
Bachus	Edwards (TX)	Latta
Baird	Ehlers	Lee (CA)
Baldwin	Ellison	Lee (NY)
Barrow	Ellsworth	Levin
Bartlett	Emerson	Lewis (CA)
Barton (TX)	Engel	Lewis (GA)
Bean	Eshoo	Lipinski
Becerra	Etheridge	LoBiondo
Berman	Fallin	Loeb sack
Berry	Farr	Lofgren, Zoe
Biggert	Fattah	Lowey
Bilbray	Filner	Lucas
Billirakis	Fleming	Luetkemeyer
Bishop (GA)	Forbes	Lujan
Bishop (NY)	Fortenberry	Lummis
Bishop (UT)	Foster	Lungren, Daniel
Blackburn	Fox	E.
Blumenauer	Frank (MA)	Lynch
Boccheri	Franks (AZ)	Mack
Boehner	Frelinghuysen	Maffei
Bonner	Bono Mack	Manzullo
Boozman	Boozman	Markey (CO)
Boren	Boren	Markey (MA)
Boswell	Boswell	Marshall
Boucher	Boucher	Matheson
Boustany	Boustany	Matsui
Boyd	Boyd	McCarthy (CA)
Brady (PA)	Brady (PA)	McCarthy (NY)
Brady (TX)	Brady (TX)	McCaul
Braley (IA)	Braley (IA)	McCollum
Bright	Bright	McCotter
Brown (SC)	Brown (SC)	McDermott
Brown-Waite,	Brown-Waite,	McGovern
Ginny	Ginny	McHenry
Grija lva	Grija lva	McHugh
Burgess	Burgess	McIntyre
Burton (IN)	Burton (IN)	McKeon
Buyer	Buyer	McMahon
Calvert	Calvert	McMorris
Camp	Camp	Rodgers
Cantor	Cantor	McNerney
Cao	Cao	Meek (FL)
Capito	Capito	Meeks (NY)
Cassidy	Cassidy	Mica
Castle	Castle	Michaud
Chaffetz	Chaffetz	Miller (FL)
Coble	Coble	Miller (MI)
Coffman (CO)	Coffman (CO)	Miller (NC)
Cohen	Cohen	Miller, George
Cole	Cole	Minnick
Conaway	Conaway	Mitchell
Connolly (VA)	Connolly (VA)	Mollohan
Conyers	Conyers	Moore (KS)
Cooper	Cooper	Moore (WI)
Costa	Costa	Murphy (CT)
Costello	Costello	Murphy (NY)
Courtney	Courtney	Murphy, Tim
Crenshaw	Crenshaw	Murtha
Crowley	Crowley	Myrick
Cuellar	Cuellar	Nadler (NY)
Cummings	Cummings	Napolitano
Dahlkemper	Dahlkemper	Neugebauer
Davis (AL)	Davis (AL)	Nunes
Davis (CA)	Davis (CA)	Nye
Davis (IL)	Davis (IL)	Oberstar
Davis (KY)	Davis (KY)	Obey
Davis (TN)	Davis (TN)	Olson
Deal (GA)	Deal (GA)	Olver
DeFazio	DeFazio	Ortiz
Delahunt	Delahunt	Pallone
		Pastor (AZ)
		Paulsen
		Payne
		Pence
		Perlmutter
		Perriello
		Peterson
		Petri
		Pingree (ME)
		Pitts
		Platts
		Polis (CO)

Posey
Price (GA)
Price (NC)
Putnam
Radanovich
Rahall
Rangel
Rehberg
Reichert
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt

Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)

Thornberry
Tiaht
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NAYS—8

Broun (GA)
Culberson
Flake

McClintock
Paul
Poe (TX)

Sensenbrenner
Shadegg

NOT VOTING—32

Barrett (SC)
Berkley
Blunt
Brown, Corrine
Butterfield
Campbell
Carter
DeGette
Gohmert
Grayson
Hastings (WA)

Heller
Hensarling
Hinchey
Hoekstra
Johnson (IL)
Kingston
Larsen (WA)
Linder
Maloney
Marchant
Melancon

Miller, Gary
Moran (KS)
Moran (VA)
Neal (MA)
Pascrell
Pomeroy
Reyes
Sessions
Speier
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (Ms. TITUS) (during the vote). Members are advised that there are less than 2 minutes remaining in this vote.

□ 1920

Mr. CULBERSON changed his vote from “yea” to “nay.”

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.

WAKEFIELD ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 479, 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 New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 479, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 390, nays 6, not voting 35, as follows:

[Roll No. 165]

YEAS—390

Abercrombie
Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Bocciari
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Cassidy
Castle
Castor (FL)
Chaffetz
Childers
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
Delahunt

DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Fleming
Forbes
Fortenberry
Poster
Fox
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gonzalez
Goodlatte
Granger
Graves
Green, Al
Green, Gene
Griffith
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Heinrich
Herger
Herseht Sandlin
Higgins
Hill
Himes
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee
(TX)
Jenkins
Johnson (GA)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)

Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Loeback
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lungren, Daniel
E.
Lynch
Mack
Maffei
Manzullo
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McCollum
McCotter
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Pallone
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perrillo
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Posey
Price (GA)

Price (NC)
Putnam
Radanovich
Rahall
Rangel
Rehberg
Reichert
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schock

Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)

Thompson (PA)
Thornberry
Tiaht
Tiberi
Tierney
Tiemey
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NAYS—6

Broun (GA)
Flake

Lummis
McClintock

Paul
Sensenbrenner

NOT VOTING—35

Barrett (SC)
Berkley
Blunt
Brown, Corrine
Butterfield
Campbell
Carter
Chandler
DeGette
Gohmert
Gordon (TN)
Grayson

Grijalva
Hastings (WA)
Heller
Hensarling
Hinchey
Hoekstra
Johnson (IL)
Kingston
Larsen (WA)
Linder
Maloney
Marchant

Melancon
Miller, Gary
Moran (KS)
Moran (VA)
Neal (MA)
Pascrell
Pomeroy
Reyes
Sessions
Speier
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1928

Mr. ROHRABACHER changed his vote from “nay” to “yea.”

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.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H. RES. 111

Mr. DEAL of Georgia. Madam Speaker, I ask unanimous consent to have my name removed as a cosponsor of H. Res. 111.

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

There was no objection.

□ 1930

NOTICE OF INTENTION TO OFFER RESOLUTION RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. FLAKE. Madam Speaker, pursuant to clause 2(a)(1) of rule IX, I hereby

notify the House of my intention to offer a resolution as a question of the privileges of the House.

The form of my resolution is as follows:

Whereas, The Hill reported that a prominent lobbying firm, founded by Mr. Paul Magliocchetti and the subject of a "federal investigation into potentially corrupt political contributions," has given \$3.4 million in political donations to no less than 284 members of Congress.

Whereas, the New York Times noted that Mr. Magliocchetti "set up shop at the busy intersection between political fund-raising and taxpayer spending, directing tens of millions of dollars in contributions to lawmakers while steering hundreds of millions of dollars in earmark contracts back to his clients."

Whereas, a guest columnist recently highlighted in Roll Call that "... what [the firm's] example reveals most clearly is the potentially corrupting link between campaign contributions and earmarks. Even the most ardent earmarkers should want to avoid the appearance of such a pay-to-play system."

Whereas, multiple press reports have noted questions related to campaign contributions made by or on behalf of the firm; including questions related to "straw man" contributions, the reimbursement of employees for political giving, pressure on clients to give, a suspicious pattern of giving, and the timing of donations relative to legislative activity.

Whereas, Roll Call has taken note of the timing of contributions from employees of the firm and its clients when it reported that they "have provided thousands of dollars worth of campaign contributions to key Members in close proximity to legislative activity, such as the deadline for earmark request letters or passage of a spending bill."

Whereas, the Associated Press highlighted the "huge amounts of political donations" from the firm and its clients to select members and noted that "those political donations have followed a distinct pattern: The giving is especially heavy in March, which is prime time for submitting written earmark requests."

Whereas, clients of the firm received at least \$300 million worth of earmarks in fiscal year 2009 appropriations legislation, including several that were approved even after news of the FBI raid of the firm's offices and Justice Department investigation into the firm was well known.

Whereas, the Associated Press reported that "the FBI says the investigation is continuing, highlighting the close ties between special-interest spending provisions known as earmarks and the raising of campaign cash."

Whereas, the persistent media attention focused on questions about the nature and timing of campaign contributions related to the firm, as well as re-

ports of the Justice Department conducting research on earmarks and campaign contributions, raise concern about the integrity of Congressional proceedings and the dignity of the institution.

Now, therefore, be it: *Resolved*, that (a) the Committee on Standards of Official Conduct, or a subcommittee of the committee designated by the committee and its members appointed by the chairman and ranking member, shall immediately begin an investigation into the relationship between the source and timing of past campaign contributions to Members of the House related to the raided firm and earmark requests made by Members of the House on behalf of clients of the raided firm.

(b) The Committee on Standards of Official Conduct shall submit a report of its findings to the House of Representatives within 2 months after the date of adoption of the resolution.

The SPEAKER pro tempore. Under rule IX, a resolution offered from the floor by a Member other than the majority leader or the minority leader as a question of the privileges of the House has immediate precedence only at a time designated by the Chair within 2 legislative days after the resolution is properly noticed.

Pending that designation, the form of the resolution noticed by the gentleman from Arizona will appear in the RECORD at this point.

The Chair will not at this point determine whether the resolution constitutes a question of privilege. That determination will be made at the time designated for consideration of the resolution.

HONORING JOHN HOPE FRANKLIN, A WARRIOR, A HERO, A STORYTELLER

(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. Madam Speaker, thank you very much for your leadership. I would like to associate myself with the 1 hour of the Congressional Black Caucus in honoring John Hope Franklin, and I want to thank the leadership of the gentlelady from Ohio and the chairwoman of the Congressional Black Caucus.

John Hope Franklin was, in essence, a storyteller that was long awaited for by the United States of America. His "From Slavery to Freedom" indicated the broadness of the history of African Americans in the United States. It was a singular treatise that everyone had to read to find out about themselves, about America, and about the question of race and racism. His work on the President's Race Commission was without comparison. And he was the only one, I believe, that could have taken the helm with the President's appointment, appointed by President William Jefferson Clinton.

His easy hand, his comfort level with race and racism, of where we had come from and where we were going, helped us tell the story and balanced the role and responsibility of this commission. We lost a warrior, a hero, a storyteller, one that could only be told by him, a scholar.

We thank you. And may you rest in peace.

REPUBLICAN BUDGET RESPECTS SMALL BUSINESSES

(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. Madam Speaker, our Democrat colleagues have a budget which borrows too much, spends too much, and taxes too much. The Republican budget will do the opposite. It will curb government spending, create jobs, and control debt.

Our Republican budget sends a clear message to the American people that we understand the concerns with jobs we are all facing. We will share in those challenges and take responsibility for how we spend their tax dollars. When we find ourselves in a time of fiscal crisis, we are looking for ways to cut wasteful spending, pay off debt and secure future fiscal sanity.

Republicans are offering a budget that reflects, respects and supports the small businesses of America, one that makes the tough choices and keeps more tax dollars in the pockets of American families.

The Democrat budget is the philosophy of massive borrowing and spending that threatens inflation and devaluation of Social Security.

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

NATIONALIZATION OF THE AUTO INDUSTRY

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

Mr. POE of Texas. Madam Speaker, the nationalization of the auto industry continues. The President has announced the Federal Government is going to exercise more forced control over American car companies. The President fired the CEO of General Motors and wants more automotive restructuring the Federal way.

General Motors and Chrysler have already received billions in taxpayer bailout money and are poised to win favor with the White House for even more money.

Madam Speaker, unfortunately, General Motors and Chrysler have already failed. Why should taxpayers continue to subsidize these failures? Why? Because the almighty Federal Government forces taxpayers to pay off these special interest groups. The government ought not to pick who wins and

who loses in the business world. The free market should decide.

General Motors and Chrysler should not receive any taxpayer money and should restructure under bankruptcy like other failed businesses do. But the socialization of the American economy continues.

By the way, Madam Speaker, if you like the way the Federal Government runs other government businesses like the post office, Fannie Mae, Freddie Mac, FEMA and the IRS, you will love the new federalized auto industry.

And that's just the way it is.

FISCAL RESPONSIBILITY RESTS WITH THE MAJORITY

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

Mr. ENGEL. Madam Speaker, I applaud the President of the United States for making his priorities health care, education, and energy, and putting them right in his budget.

I listened to my friends on the other side of the aisle, and I think that they are in no position to lecture us about fiscal responsibility given the fact that this President inherited trillions of dollars of debt. In the last 8 years we were going way beyond our means in our budget. We were spending and spending. So give me a break about fiscal responsibility.

I think the fiscal responsibility rests with the majority here and the President, who is trying to do something, trying to make his needs the American people's needs and making his budget shape the American people's budget.

So I want to applaud the President and our majority because we want to help with education, we want to help with health care, and we want to make America energy independent. That is what we are doing. I'm glad we are not the Party of No. I'm glad we are the Party of Yes and the future.

HONORING THE WHITEFIELD ACADEMY BOYS BASKETBALL TEAM ON WINNING THE GHSA STATE CHAMPIONSHIP

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

Mr. GINGREY of Georgia. Madam Speaker, with the NCAA Basketball Tournament now down to the Final Four, I want to recognize a very talented group of high school student athletes from Smyrna, Georgia, near my home in Cobb County. In this year's Georgia High School Association State final, the Whitefield Academy Boys Basketball team, or the Wolf Pack, upset number one ranked Turner County 69-53 to claim the class A State title.

The game was all tied up at the half, but Whitefield opened the second half with a 16-2 run, and they never looked back. Madam Speaker, in the end it

was discipline and determination that allowed Coach Tyrone Johnson and the Whitefield Academy Wolf Pack to hand Turner County their very first loss of 2009 and claim the school's second class A boys' State Championship.

Madam Speaker, I ask that my colleagues join me in congratulating Whitefield Academy on their State championship as well as all of the hard work that got them there.

APPOINTMENT AS MEMBER TO HIT POLICY COMMITTEE

Pursuant to section 13101 of the HITECH Act (P.L. 111-5), and the order of the House of January 6, 2009, the Chair announces the Speaker's appointment of the following member to the HIT Policy Committee for a term of 3 years:

Mr. Paul Egerman, Weston, Massachusetts

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

THE PRESIDENT IS RIGHT TO EMPHASIZE ECONOMIC AID IN AFGHANISTAN AND PAKISTAN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Madam Speaker, President Obama announced his strategy for Afghanistan and Pakistan on Friday. I personally am encouraged by much of what he had to say, but I remain concerned by other parts of his approach to the problems in that region.

The President said that "a campaign against extremism will not succeed with bullets and bombs alone" and that a big change from the last administration's approach is absolutely necessary. And I will tell you it is a very welcome change. President Obama called for a package of assistance that will help Pakistan to build schools, roads and hospitals. He also called for a "civilian surge" in Afghanistan. He wants to send agricultural specialists, educators and engineers to help develop the Afghan economy.

The President said that "these foreign assistance programs relieve the burden on our troops. It is better to help a farmer seed a crop than it is to send our troops to fight tour after tour with no transition to Afghan responsibility."

Madam Speaker, I wholeheartedly support these economic assistance efforts. I have said for a long time that the best way to fight terrorism is to give people real hope for a better future so that they don't become terrorists in the first place.

□ 1945

I'm also heartened by the President's clarification of the roles of NATO, the U.N. and other international partners. He is asking them to help with the civilian effort, and he's asking the United Nations to bring all the nations of the region together, including Iran, to help stabilize the region.

I recently joined my colleagues, Congresswoman Barbara Lee and Congresswoman MAXINE WATERS, in sending a letter to the President asking him for such clarification because I remain concerned about other parts of the administration's approach, including the decision to send 17,000 more combat troops to Afghanistan.

Madam Speaker, history makes it clear that the Afghan people do not look kindly on foreign armies. The press is already reporting that the decision to send more troops is encouraging Taliban leaders in Afghanistan and Pakistan to unite to fight us.

I'm also concerned about the cost of sending more troops, the cost in both lives and treasure. It will require a 60 percent increase in military spending at a time when our economy right here at home is suffering so badly.

That's why, Madam Speaker, now is the time to take a deep breath. Now is the time to pause to consider whether there are other alternatives to sending our troops to Afghanistan. To help with this, the Congressional Progressive Caucus has put together a series of forums on Afghanistan and Pakistan. The purpose of these forums is to engage Members of the House in discussions about our policy options. The forums feature leading experts on Central Asia. In fact, the first forum was last week, and it examined the history and cultures of the Afghan people.

The upcoming forums will examine American strategic interests in Afghanistan and the northwest border of Pakistan, the role and goals of our military in that region, the problems that a comprehensive strategy of Afghanistan should address, our policies toward Afghanistan in the context of Pakistan, and the development of an international diplomatic strategy for the region.

I invite all Members of the House to attend these forums. They are non-partisan. They're nonideological, and they offer different perspectives and different ideas, because now is the time to explore our choices in Central Asia and to work with the administration to develop the most effective policies. That is what the American people expect us to do, and that is what we must do in the days ahead.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 1388, SERVE AMERICA ACT

Mr. POLIS, from the Committee on Rules, submitted a privileged report (Rept. No. 111-67) on the resolution (H.

Res. 296) providing for consideration of the Senate amendments to the bill (H.R. 1388) to reauthorize and reform the national service laws, which was referred to the House Calendar and ordered to be printed.

HOPE FOR ENERGY INDEPENDENCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. INGLIS) is recognized for 5 minutes.

Mr. INGLIS. Madam Speaker, today I read another one of these hopeful statements. It's the hope from some folks that say we want energy independence with increased development of all of our natural resources, including renewable energy sources such as wind and solar.

What I trust my colleagues here are beginning to notice is that hope is not a strategy. And when you hear somebody, or a group of us, or outside group saying that we hope we can get to renewable energy resources, what we really need to say to them is, so how do you get there? What is the strategy? What is the strategy beyond just hope?

Well, for me, the path is laid out in sound economic principles. If you have a price signal that causes entrepreneurs and investors to see how they might get married along some point of a projection of cost, such that they could see where it is that they could take out the incumbent technology, then you have a strategy. Up until then, you just have some hope.

So, Madam Speaker, the thing that I hope we see is that, if we take the incumbent technology, in the case of transportation, which is gasoline, and start attaching its externalities to it, basically internalizing the externals and saying, okay, gasoline, bear the full weight of your cost; in other words, bear the weight of the national security risks that we're running by being dependent on a region of the world that doesn't like us very much. Bear the environmental consequences, and then let's compare to some other possibilities.

Today I had the opportunity to meet with some folks that are looking at electric vehicles. Those are fairly attractive in today's market, but not as attractive as they were at \$4 a gallon. Today gas is somewhere around two. But I'm here to predict for my colleagues that we will be dealing with \$4 a gallon gasoline before too much longer. Within the next couple of years, as the economy takes off, I think we can expect to be back at \$4 a gallon. At that point, of course, this electric car company will be far more competitive.

So we could just wait and be jerked around, essentially, by OPEC and the problems of a constrained supply and an increasing demand, which means that the price may gyrate very rapidly. Or we can plan our way toward energy security with a solid plan that's an actual strategy rather than just a hope.

And that hope, that strategy that I hope we will pursue to basically say, get something better than cap-and-trade. Cap-and-trade, by itself, is an enormous tax increase in the midst of a recession. It's also trusting Wall Street to do maybe derivatives in carbon credits when they didn't do so well with derivatives in home mortgages.

So, rather than doing that, what if we reduce taxes somewhere else, say, in payroll, and then increase taxes or, for the first time, placed a tax on carbon dioxide?

The result would be no net increase to government, no increase in taxation but, rather, a swap of taxation, moving from one source of taxes, payroll, to another, carbon dioxide. If we do that, and lay it out on a curve where entrepreneurs and investors can see the price signals that are being sent, then we can have a real strategy, one that's not based on hope, but one that's based on sound economics.

Madam Speaker, I hope that's what we get to in this debate.

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.)

INCIDENT IN THE WEST BANK INVOLVING TRISTAN ANDERSON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE of California. Madam Speaker, I rise to express my sympathies, first of all, for one of my constituents, Tristan Anderson of Oakland, California who lies gravely injured in a Tel Aviv hospital, and to express my concern regarding the incident that put him there.

On Friday, March 13, Mr. Tristan Anderson, an American citizen and resident of the 9th Congressional District of California, was critically injured when he was hit in the head by a tear gas canister fired by Israeli troops during a rally protesting the extension of Israel's separation barrier in the West bank village of Ni'ilin. Media accounts indicate that Israeli troops may have intentionally fired tear gas canisters at the protesters like the one that struck Mr. Anderson, who was apparently engaging in nonviolent, peaceful protest and was an innocent victim.

Clearly, something went horribly wrong in the village of Ni'ilin, and I am determined to get to the bottom of it. To this end, I have asked the State Department to report back to me on the status of any investigations into this tragic incident, and to advise me as to when the investigation will be completed, and also, that the report be made public.

The report should also document the actions that were taken to determine

culpability, if any, and to take appropriate corrective actions against those responsible for Mr. Anderson's injuries. Those responsible for this tragedy, whether through negligence or intentional misconduct, must be held accountable.

Lastly, I have asked the State Department to advise me of the actions, if any, which it has taken to ensure that Mr. Anderson is provided relief for the injuries that he has sustained.

But most of all, Madam Speaker, I wish Tristan Anderson a speedy and full recovery, and for his family and loved ones to know that he is in the thoughts and prayers of the people of the 9th Congressional District of California.

CAP-AND-TAX ON AMERICANS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Madam Speaker, even though the alarmist global warming crowd claim humans are the evil CO₂ pollutants of earth, the jury is still out on the theory of global warming.

At a recent meeting of the International Conference on Climate Change, as reported by the Heritage Foundation, 31,072 American scientists subscribe to this statement: "There is no convincing scientific evidence that human release of carbon dioxide, methane, or other greenhouse gases is causing or will, in the foreseeable future, cause catastrophic heating of the earth's atmosphere and disruption of the earth's climate."

Madam Speaker, how can this be? We're all told that global warming is a fact, and don't even argue this issue.

Even though global warming is still a theory, it hasn't stopped the Federal Government from presuming it to be an absolute fact, and it now has an energy policy based upon the global warming theory. It proposes an energy consumption tax called the cap-and-trade, or the cap and tax on all Americans and all businesses that use any form of energy.

Here's the plan. Every person and business that uses energy will be taxed for the use of that energy. For example, if a homeowner turns on the lights in their home, they will be taxed for the use of the electricity in that house.

If a person wants hot water in their house and they turn on the hot water, coming from the hot water heater that's usually heated by natural gas, they'll be taxed for that use of that hot water because they're using the energy of natural gas.

If you turn on the furnace in the winter in the Northeast, you'll be taxed because you're using home heating oil. All of these taxes are called the cap-and-trade, or cap-and-tax, as I call them.

What this means is that it will increase the taxes of individual homeowners in this country, about 50 percent a year. And of course, it will raise

taxes on businesses. Businesses, as they normally do, will send that tax on down to the consumer, and the consumer will have to pay for that tax.

How much are we talking about? Individuals will have to pay an additional \$1,800 a year for this new energy tax, this new cap-and-tax that will be placed on Americans.

Madam Speaker, Americans don't need or want any more taxes for any reason. Supposedly, this money's going to be used to subsidize green energy products. Now we're learning that so-called renewable energy may be more expensive than the use of nuclear power and fossil energy.

Madam Speaker, remember how we were all told that ethanol was going to save us all; how it's not going to pollute like crude oil; how it's going to be cheap renewable energy? Now we're learning something opposite.

We learned that it costs too much to produce ethanol without a Federal subsidy. It caused a food shortage not only in the United States but throughout the world, because we had the idea that we should burn corn for energy.

And we also learned that ethanol was, in fact, a pollutant. Now people don't talk so much about the benefits of ethanol, although the Federal Government has spent millions and millions of dollars with the ethanol program.

Madam Speaker, no question about it. We need to explore all types of energy, solar, hydrogen, wind and nuclear. But we should also use the resources we have, like clean coal and crude. We need them to provide energy for Americans.

Madam Speaker, America's the only country that doesn't use its own natural resources for its energy, and that includes the fact that we should drill offshore because that will bring jobs to America. It will keep money in America, instead of going overseas. And that lease revenue that the oil companies pay will go to the Federal Treasury. We need to do all of the above until we can move to alternative energy.

And that's just the way it is.

□ 2000

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. SHERMAN) is recognized for 5 minutes.

(Mr. SHERMAN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

H.R. 1701: PTSD/TBI GUARANTEED REVIEW FOR HEROES ACT

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. Madam Speaker, almost 2 million American servicemembers have served our Nation in Iraq and Afghanistan. Unfortunately, many of these men and women are returning

home with symptoms of post-traumatic stress disorder, PTSD, and other mental health challenges.

In April of 2008, a study by the RAND Corporation found that nearly 20 percent of Iraq and Afghanistan veterans have symptoms of PTSD or major depression. The study also found that many servicemembers do not seek treatment for psychological illnesses because they fear it will harm their careers. Of those who do seek help for PTSD or for major depression, the study found that only about half receive treatment that research has considered minimally adequate for their illnesses. If our government and the military fail to address problems associated with PTSD, the situation will only grow worse in future years.

A sad reality is that, in many cases, these servicemembers self-medicate with drugs or alcohol, and they get into trouble. One marine stationed at Camp Lejeune, in my district, has unfortunately fallen victim to this problem, and he is pending involuntary administrative separation due to misconduct. The fitness reports for this lance corporal prove that he was an outstanding marine prior to his deployments—two tours in Iraq and one in Afghanistan.

His medical board report states, "His service in the Marine Corps caused his PTSD and, indirectly, his incidents/legal problems. The Marine Corps' failure to treat him in the past and treat him appropriately . . . has done nothing but worsen the problem." That is a quote from the medical review board.

Madam Speaker, it will be difficult for this marine to succeed in life if he is administratively separated from service. One, he will not be eligible for TRICARE benefits. Two, he will have difficulties obtaining a job. Thirdly, it is unlikely that a university will accept him as a student. This is a story of one marine, but this is not an isolated problem.

As part of addressing this problem associated with PTSD, I have introduced H.R. 1701, the PTSD/TBI Guaranteed Review for Heroes Act. The legislation creates a special review board at the Department of Defense level for servicemembers who were less than honorably discharged. Separated servicemembers would be permitted to seek a review of their discharge if their PTSD/TBI were not taken into consideration. The board would then have the authority to change the characterization of their discharge to "honorable."

For active duty servicemembers, the legislation would mandate a physical examination board before an administrative separation proceeding if the servicemember has been diagnosed with PTSD or TBI by a medical authority. If the servicemember is found unfit for duty, then the servicemember would be retired and given a disability rating. Otherwise, the separation board must consider the effects of PTSD and TBI on the servicemember's conduct.

Madam Speaker, too many times, the same men and women who left this

country as good soldiers and marines return with serious wounds, both physical and mental, and their lives are not the same. The culture within our branches of Service must change to recognize that PTSD is a real concern that must be addressed.

I am grateful to have Representative GENE TAYLOR as an original cosponsor of H.R. 1701, and I hope that many of my colleagues will join us in supporting this bill and this legislation.

Madam Speaker, before I close, I ask God to please bless our men and women in uniform and their families. I ask God to please bless the wounded and their families and to bless the families who have given a child who has died for freedom in Afghanistan and Iraq, and three times, God, I ask God to please bless our men and women in uniform, and please, God, continue to bless America.

HONORING THE GALBUT FAMILY AND THE HEBREW ACADEMY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, it is with great pride that I stand here tonight in honor of Bessie, Ronalee and Russell Galbut, an institution in South Florida. I want to recognize them for their work on behalf of the Hebrew Academy of Miami Beach and for all that they have done to promote the Jewish heritage in my area of South Florida.

The Hebrew Academy of Miami Beach is among the finest institutions, both academically and in terms of philanthropy as well. It is dedicated to educating children regardless of their financial means and to instilling in them the timeless values of Judaism so that they may remain steadfast in their faith.

The Hebrew Academy and the Galbut family have been intertwined for many years. At the young age of 17, Bessie met Hymie, a 19-year-old student at Tulane. Hymie had enlisted in the Navy and would not return for 7 years.

The newly wed Galbuts then moved to Miami Beach, and immediately became active in the Jewish community in our area. They devoted their time to the Jewish Learning Center and to the Jewish Community Center, and played integral roles in the building of the mikvah in the community. Hymie checked the lighting and planted the trees and the flowers with his own hands.

Their home quickly filled with four beautiful children—Robert, David, Aib, and Russell—challenging Bessie to keep the family's roots firmly planted in the principles of the Torah. She and Hymie worked tirelessly to send their four children to the Hebrew Academy.

Years later at the Hebrew Academy, the youngest Galbut, Russell, was educated alongside a young lady named Ronalee Eisenberg. During and after

her time at the academy, Ronalee traveled the world, spending a year in Israel and earning a degree from Boston University, not realizing that what she had been looking for all of her life was right in her own backyard. Shortly after her return to Miami Beach, she married Russell Galbut.

Ronalee and Russell have continued in these time-honored family traditions by assuming roles of leadership in the Jewish community of Miami Beach and by sending their own two children, Marisa and Jenna, to the Hebrew Academy. Both have taken it upon themselves to give of the many blessings that have been bestowed upon them. They have consistently supported various charities and organizations, including the Hebrew homes, the Greater Miami Jewish Federation, the Jewish Community Center, and the Simon Wiesenthal Center.

Three generations later, the Galbut family legacy endures as children, grandchildren and great grandchildren become graduates of the Hebrew Academy. Even the greatest of success cannot compare to the joy and pride of the many fruits produced from the dedication, from the service and from the giving spirit of this loving family. The laborer is worthy of his wages, and the fortuitous life of the Galbut family acts as a testimony of the treasures that abound from a life dedicated toward giving.

The Galbut family, on behalf of all South Floridians and the United States Congress, thank you very much for your life of selfless giving.

AMERICA'S PATH TO SOCIALISM

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. Madam Speaker, my good friend Mr. POE of Texas and I are down here almost every night, talking about our concerns about the country, and tonight is no exception. I want to compliment my colleague for his learned comments. I really appreciate his being down here with me. Sometimes it gets lonely.

I think the thing that concerns me the most, which is the reason I am here tonight, is that I think America is heading toward a socialist-type government, and it really worries me because, throughout our history, we have been a free enterprise government, a free enterprise society, and we have done very, very well. This country has been the greatest economic country in the history of the world because of free enterprise, and now we see, day in and day out, a movement toward more and more government control over the private sector.

We have seen the huge bailout of AIG and of other financial institutions. Trillions of dollars are being put into these institutions along with government control, and that is not what this country is all about. These companies

that are failing should go through the bankruptcy procedure, as has been the case throughout history, and because of this procedure, this legal procedure, the free enterprise system has had its ups and downs, but it has flourished year in and year out, decade in and decade out because the system works.

Now we see they are moving toward the control of the health industry. In the budget that we are going to be discussing this week, we are going to have about \$680 billion as a down payment on a socialized medicine system, and that, once again, is government control over the health care of this country. Government control over, as my colleague said tonight, Fannie Mae and Freddie Mac and other institutions, really has not proven to be too successful, and yet we are going to have the government taking over and socializing medicine in this country. It has not worked in Europe. It has not worked in other parts of the world. It is not going to work here. It is going to end up rationing health care, and the people who are going to be hurt the most are senior citizens in this country, who will be put at the back of the line.

So it has not worked in the private sector as far as financial institutions are concerned. It has not worked throughout the world when we have socialized medicine, and now we see that the government is moving toward control over the automobile industry. They are forcing the people out of leadership positions, like the president of General Motors. Now, maybe he should have been replaced, but we certainly do not need the government coming in and telling the private sector, the automobile industry, how to run itself. They should have gone through Chapter 11 in the first place, General Motors and Chrysler, instead of the government of this country and the administration putting \$14 billion to \$15 billion into those companies which were failing. If they had gone through the bankruptcy procedure, we would not be facing right now another \$20 billion or \$30 billion of taxpayers' money that is going to have to be put into those institutions.

So, tonight, I would just like to protest once again, one Member of Congress talking about the movement toward government control over every part of our lives. Socialism does not work. It is a repressive form of government, and it is something that is going to hurt everybody in this country, that plus the inflation that is going to be caused by these trillions of dollars that we are printing, these moneys that we are printing. It is going to hurt the future generations of this country.

I listen to Sean Hannity and I listen to Rush Limbaugh and I listen to Mr. Beck, the so-called conservative right-wing radicals. In my opinion, they are the ones who really understand the direction this country is heading.

I just hope the American people, Madam Speaker, would listen and pay attention, because I think they don't

realize how quickly we are moving toward complete government control over our lives. It is something that we ought to all be concerned about. I am concerned about it, and I hope my colleagues who may be paying attention back in their offices are concerned about it as well.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Louisiana (Mr. CASSIDY) is recognized for 5 minutes.

(Mr. CASSIDY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HONORING THE LIFE AND LEGACY OF PROFESSOR JOHN HOPE FRANKLIN

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Ohio (Ms. FUDGE) is recognized for 60 minutes as the designee of the majority leader.

Ms. FUDGE. Madam Speaker, good evening.

GENERAL LEAVE

Ms. FUDGE. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert supplementary materials on the topic of my Special Order this evening.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

Ms. FUDGE. The Congressional Black Caucus, the CBC, is proud to anchor this hour. Currently, the CBC is chaired by the Honorable BARBARA LEE from the 9th Congressional District of California. My name is Congresswoman MARCIA FUDGE, and I represent the 11th Congressional District of Ohio.

CBC members are advocates for families nationally and internationally, and we have played a significant role as local and regional activists. We continue to work diligently to be the conscience of the Congress, but understanding that all politics are not local, we provide dedicated and focused service to the citizens and to the congressional districts we serve.

During this Special Order, we have the honor of speaking about the life and legacy of a great man—Professor John Hope Franklin. It is with sadness and pride that the CBC members are here this evening to commemorate the passing of Professor Franklin, who was a great historian and a true conscience of the Nation.

During this month of March, we are also privileged to celebrate Women's History Month. Members of the CBC will join with me on the floor and will offer their reflections on women trailblazers and the impact women have had on this Nation as a whole.

Madam Speaker, I would now like to yield to our Chair, the Honorable BARBARA LEE.

Ms. LEE of California. First, let me, as always, thank Congresswoman MARCIA FUDGE and also Congresswoman DONNA CHRISTENSEN and their staffs for working with the staff of the Congressional Black Caucus to organize the Congressional Black Caucus Special Orders every Monday night.

□ 2015

You provide such a valuable service not only to members of the Congressional Black Caucus but to the entire Nation as a whole. Each Monday, when we're in session, we take our positions very seriously here and Congresswoman FUDGE is here each and every Monday night to make sure that we have the opportunity to express our views on issues before this body or issues that we believe ought to be brought before this body.

Tonight, of course, as Congresswoman FUDGE indicated, we're here to honor a great American who died last week but whose contributions to our Nation will live on for many, many years to come. When noted historian Dr. John Hope Franklin died, our Nation lost a mighty scholar and a soldier for justice. We mourn the loss and we celebrate his life as we remember Dr. Franklin's trailblazing achievements in a variety of fields.

A native of Oklahoma, Dr. Franklin received his undergraduate degree from one of the finest black colleges and universities, Fisk University, in Nashville, Tennessee. He received his doctorate in history from Harvard University. His distinguished academic career we could talk about all night, actually, but let me talk a little bit about part of his career.

He actually began his career at Howard University, and then he would go on to teach at Fisk University at St. Augustine's College and at North Carolina Central University. In 1956, Dr. Franklin became chairman of the department of history at Brooklyn College, the first African American to lead a department at a predominately white institution.

Eight years later in 1964, Dr. Franklin joined the faculty of the University of Chicago serving as Chair of the department of history from 1967 to 1970. At Chicago, he was the John Matthews Manly Distinguished Service Professor from 1969 to 1982 when he became professor emeritus.

Dr. Franklin is perhaps best known for his prolific writings including "The Emancipation Proclamation," "The Militant South," "The Free Negro in North Carolina," "Reconstruction After the Civil War," and "A Southern Odyssey: Travelers in the Antebellum North." For many African Americans and I, our first introduction to black history was through Dr. Franklin's book "From Slavery to Freedom." In its pages we found—and some of us for the very first time—found an account of American history that really did affirm the dignity of black people and nobility of our struggle.

Dr. Franklin was not only a noted historian but also living history himself. His accomplishments are as many as they are great. He was active in numerous professor and educational organizations including serving as President of the following organizations: The American Studies Association, the Southern Historical Association, The United Chapters of Phi Beta Kappa and the American Historical Association.

One of Dr. Franklin's earliest and most important contributions was as a member of the team of scholars who worked with Thurgood Marshall to win the landmark school desegregation case *Brown v. Board of Education*.

Madam Speaker, also just let me just say as I close, Dr. Franklin served recently as Chair of President Clinton's Race Initiative Advisory Board. And while we have made many, many strides and many accomplishments, as we witness the great historic election of President Obama, we still know, and Dr. Franklin reminded us, that race is still a factor. And he brought his intelligence, his wisdom, and his commitment to make America the place that we all know it should be as a result of his work on President Clinton's Race Initiative Advisory Board.

So as we mourn his passing and we really—the loss of his wise counsel is something that we will greatly miss, but we will forever thank him and be grateful. And really, we do owe him a debt of gratitude for his lasting contributions which give us really a richer understanding of who we are as a people as African Americans, but also who we are as Americans and our journey as a people.

Thank you, Congresswoman FUDGE, for, once again, leading the Special Order.

Ms. FUDGE. I would again like to thank the gentlewoman from California for her leadership and for her vision for the Congressional Black Caucus.

Madam Speaker, I would now like to yield to the gentleman from North Carolina, Mr. WATT.

Mr. WATT. Madam Speaker, I want to thank the gentlelady from Ohio for organizing this Special Order for an extremely special person who actually spent most of his time in North Carolina even though he was born in Ohio. So we all claim ownership of John Hope Franklin.

I will be brief because we have other colleagues here who are anxious to express themselves about their memories and our memories of John Hope Franklin. And because the Congressional Black Caucus will be introducing a resolution, which I hope to have the opportunity to speak on, and because in conjunction with the Senator from North Carolina, Senator HAGAN, who has dropped a resolution on the Senate side, and Representative DAVID PRICE on the House side, we have dropped or are in the process of introducing another resolution to honor John Hope Franklin.

It, perhaps, would be best stated in this way, my reaction, when on Friday of last week, a proposed wording of a resolution that was planning to be introduced by my colleague, Representative DAVID PRICE of North Carolina, honoring the life of John Hope Franklin, was forwarded to me in North Carolina for my review and approval. And I wrote back this to the person who sent it to me on my staff: I said, "No words could ever do justice to the greatness of this man." And that's kind of the way we all feel about John Hope Franklin.

Among all of his wonderful accomplishments and his education and mentorship of all of us in our community—not only African Americans but for the Nation as a whole—to make them understand that the history of African Americans is an integral part of the American history that we should honor and cherish.

Among all of those accolades, he was first and foremost a wonderful, wonderful friend to me and to my wife and family. And we had the wonderful pleasure of spending time with him and just sitting and talking to him on occasion. You could get mesmerized in those conversations because there was not a single thing in history that he didn't already understand all of the historical trappings and connections that went with it. But then he would break it down and give you his own personal relationships to it and how he interpreted it in today's modern times, the implications that it had, the significance for young people, the significance for older people. He would just mesmerize you with his conversation.

No words could ever do justice to the greatness of this man.

We will miss him. We honor his memory. And the thing that I am constantly consoled of is that he died at age 94 and there was not a single day that he cheated life. I mean, he used every single day of it contributing wonderful things to our history, to our humanity, to others, and to me to a friendship that I will always cherish.

I thank the gentlelady for reserving this time and for yielding me the time to express my sentiments this evening.

Ms. FUDGE. Madam Speaker, I thank the gentleman from North Carolina for his remarks.

At this time, I would like to yield to the gentleman from Virginia, Mr. SCOTT.

Mr. SCOTT of Virginia. Thank you.

Madam Speaker, I rise today to join in the tributes of a truly great American. Dr. John Hope Franklin lived an extraordinary life. Throughout his 94 years, he was both a trailblazer in the history of black America, but at the same time he was the preeminent chronicler of that history. His groundbreaking work as an historian had influences on the academic world and the Nation as a whole.

John Hope Franklin was born on January 2, 1915, in Oklahoma, the son of a successful attorney father and a school

teacher mother. Despite being raised by two professionals, John's life was not immune from the pervasive racism of the time. His family lost everything in the Tulsa race riot of 1921 when the black section of Tulsa was burned and over 30 people murdered after a young black man was wrongfully accused of assaulting a white woman. There has been a campaign to provide reparations to the survivors of that riot. And tomorrow in the Judiciary Committee, we will be marking up a bill on this very issue that now bears the name of John Hope Franklin.

Despite the hardships of his youth, Dr. Franklin excelled in school and after graduating valedictorian of his high school class, he attended Fisk University. At Fisk, he was a student leader and was also president of the campus chapter of both his and my fraternity, Alpha Phi Alpha. While at Fisk, he originally intended to study law, but at the suggestion of one of his professors, he took up history as his concentration. The suggestion took root and Dr. Franklin graduated from Fisk with a bachelor's degree in history in 1935. He then attended Harvard University where he received his master's in 1936 and Ph.D. in 1941.

Dr. Franklin was first and foremost a teacher. He began his academic career with instruction duties at Fisk, St. Augustine's College, and North Carolina Central College. In 1945, he was asked to write a book on black history, and that book was published in 1947. His signature book "From Slavery to Freedom: A history of American Negroes." It has been reissued eight times, translated into five languages and still is considered the cornerstone work on black history used in colleges and universities today.

That same year, Dr. Franklin accepted a teaching position at Howard University. It was there that his work as a scholar and his interest in law intersected. Dr. Franklin provided research that Thurgood Marshall and the lawyers of the NAACP Legal Defense Fund used in the crafting of their legal arguments in the case of *Brown v. Board of Education*. He would later lend his scholarly weight to the civil rights movement, even marching with Martin Luther King in Montgomery, Alabama, in 1965.

Dr. Franklin was among the first black scholars in America to earn a prominent post at a predominantly white college or university. In 1956, he broke the color barrier at Brooklyn College where he was the first black man appointed to chair a history department at a predominately white institution. Dr. Franklin's accomplishment was tinged with the acknowledgment of how far race relations still needed to come in America because despite his credentials, he was denied service by banks and realtors in his quest to purchase a home near Brooklyn College. Real estate officials tried to redline him into African American-only neighborhoods. It took him nearly

as long to find a home near his school as it did to write "From Slavery to Freedom."

Dr. Franklin continued his teaching career at other prestigious schools—Harvard, the University of Chicago—and finally settling at Duke University as the James B. Duke Professor Emeritus of History, the first African American to hold an endowed chair at that institution.

The title of his autobiography, "Mirror to America," is a perfect description of his life and work. With deep knowledge of American history, Dr. Franklin was able to reflect on the root causes of many of the problems of the day. In 1997, there was national recognition of Dr. Franklin's knowledge of race when Bill Clinton tapped him to chair the President's Initiative on Race in America.

Dr. Franklin received over 100 honorary degrees, the NAACP's Spingarn Award and the Presidential Medal of Freedom, the Nation's highest civilian award.

□ 2030

On a personal note, Madam Speaker, my parents were long-time friends of Dr. Franklin. In fact, he participated in their wedding in 1942.

Madam Speaker, America has lost a truly great thinker, a preeminent scholar, a dear friend of liberty and freedom. I know we will continue to learn from his work for years to come. I thank you.

Ms. FUDGE. Madam Speaker, I thank the gentleman from Virginia for his remarks and would now like to yield to the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Let me thank the gentlelady from Ohio for her continued leadership in the Congressional Black Caucus' weekly address to the Nation.

As you may recall, last week we talked about the activities in Africa and problems in our Caribbean neighborhood of Haiti, the problems in Darfur and Sudan and the Congo to show that the Congressional Black Caucus is universal. We are the conscience of the Congress, not only for domestic issues but issues worldwide where people are in need.

And so this evening, Madam Speaker, I rise to pay tribute to a great historian, and let me thank, as I mentioned before, Representative FUDGE for her consistent support for our debates and discussions on Monday, but let me just speak about Dr. John Hope Franklin.

As you've heard several of our previous speakers, he was just a great American. As a former teacher and a strong advocate for the inclusion of African American history in the school curriculum for all students, I place enormous value on the work of Dr. Franklin, the extraordinary man whose loss we mourn and whose life we celebrate.

As a professional historian, he worked tirelessly to ensure the accurate sharing of American history—of

course, as we know, history was distorted, and it took Dr. Franklin to lay it out properly—with its tragedies, as well as its triumphs, at a time when there were few voices willing to listen, to explore the painful legacy of enslaved people.

In forging the inclusion of the African American experience, Dr. John Hope Franklin was instrumental in championing civil rights issues and breaking color barriers. He was engaged in the most pressing issues of the past and present.

As the Chair of President Clinton's Initiative on Race, which he served with the former Governor of New Jersey, Tom Kean, who talked about how great Dr. Franklin was and how difficult it really was to get Americans to speak about race. People just wanted to avoid it, but it's something that Dr. Franklin and Tom Kean, in their responsibilities on the commission, attempted to have an honest dialogue.

Dr. Franklin offered recommendations on ways to eliminate racial disparities. Dr. Franklin was quoted in the *Emerge Magazine* in 1994 as saying, "I think knowing one's history leads one to act in a more enlightened fashion. I cannot imagine how knowing one's history would not urge one to be an activist," John Hope Franklin said. And he lived for nearly a century, and during that time, his scholarship inspired many activists.

The permanent impact of Dr. John Hope Franklin's public service has cultivated a richer understanding and greater appreciation of African American history. He was a man of immense strength, courage and wisdom, and his contributions to American society are invaluable.

As we celebrate the life of this great historian, we also mark this evening the important contributions of women of our Nation's rich history. As we are commemorating Women's History Month, we pause to remember the women who laid the groundwork, often at great personal risk, for rewards that future generations would reap.

We remember a great woman in history, Harriet Tubman, who secretly guided 300 enslaved people to freedom on the Underground Railroad, the network of safe houses that enslaved people followed during the Civil War era. Many records still exist which document the dangerous journeys to freedom. Interestingly, because enslaved people were forbidden to read or write, many created quilts in order to leave messages and pass down stories about their lives.

During Women's History Month, we also recall the great debt of gratitude we owe to strong women of the past like Sojourner Truth, the abolitionist and orator who risked her life to speak out against slavery. She even refused to sit in the back of a trolley car way back when she lived here in Washington, D.C. She defied the law.

In most recent times, we have seen women trailblazers in all professions.

The first African woman to join a space mission, Dr. Mae Jemison, traveled aboard the space shuttle *Endeavor* on September 12, 1992. Dr. Jemison is a chemical engineer, scientist, physician, and astronaut who worked as a Peace Corps medical officer in Sierra Leone and in Liberia in West Africa.

Of course, we now have a wonderful role model in the White House for our daughters and our granddaughters in Michelle Obama, our First Lady, who graduated cum laude from Princeton University in my State of New Jersey and went on to earn her law degree from Harvard before taking a position at a Chicago law firm.

I would also like to remember a good friend and colleague, one that our Representative has replaced, a wonderful woman whom we lost last year, Representative Stephanie Tubbs Jones, a true pioneer who was the first African American woman elected to Congress from Ohio. A former county prosecutor and a former judge in the Cleveland municipal court, she went on to break another glass ceiling when she successfully sought and won a seat on the powerful Ways and Means Committee, which no other African American woman had ever achieved before that time.

In my congressional district, we are fortunate to have many accomplished women who are working actively every day for the betterment of their communities. The executive director of the Newark Day Center, Trish Morris-Yamba of South Orange, has worked tirelessly to provide services for local seniors and to send young children to summer camps through the Greater Newark Fresh Air Fund. She has been active in many organizations, including the Newark Public Library, where she served as board president. Prior to that, she ran an organization called CHEN, which was one of the very innovative day care centers in our City of Newark.

Another dedicated community volunteer, a woman I have known and admired for many years, is Blanche Hooper, who has given generously of her time to serve as a senior citizen's commissioner and, up until 2007, served as the director of the Nellie Grier Senior Citizen Center in the south ward of Newark. In addition, she is active in Mt. Zion Baptist Church, vice chairman of the South Ward Democratic Committee, and has been the recipient of an award for living the legacy of Dr. Martin Luther King.

Barbara Bell Coleman has given her considerable energy and intelligence to a number of important causes in New Jersey. Barbara Bell Coleman, during the 1990s, served as the president of the Amelior Foundation, established by Newark philanthropist Ray Chambers to support urban education and other programs. As chairman of the board of the Boys and Girls Clubs of Newark, she helped to coordinate youth development programs for thousands of young people in the City of Newark.

She is the recipient of a United Way award for her outstanding work with youth.

And last week, I had the pleasure of attending a retirement ceremony for a woman who has touched many, many lives in the course of her career, Dorothy Knauer, executive director of the Community Agencies Corporation of New Jersey. Over the past three decades, this remarkable woman has devoted her life to community service, notably through programs like Project Babies, the James Street Neighborhood House, Reading is Fundamental, and Community Partners for Youth. She has been honored by New Jersey's Office of Volunteerism and was recognized as a woman of distinction by the United Nations League.

Madam Speaker, I know that my colleagues here in the United States House of Representatives join me in expressing gratitude to these women and the countless others who are contributing their time and talents each and every day towards making our communities a better place for all of us to live and to work.

Ms. FUDGE. Thank you. Madam Speaker, I would like to thank the gentleman from New Jersey for his continued participation in our CBC hours, our Special Orders on Mondays, and I would now like to yield to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. I thank Congresswoman FUDGE and thank you again for hosting this very special hour this evening.

Madam Speaker, tonight I'm pleased to join my colleagues to pay tribute to a highly esteemed American, who was both a historian and a history maker. Dr. John Hope Franklin passed away last week but left us with a rich legacy of scholarship that has strengthened generations of people, young and old, who have sought to understand race and racism, our country and our place in the world.

A prolific and important writer, as you have heard, Dr. Franklin was most well-known for his landmark 1947 publication, "From Slavery to Freedom: A History of American Negroes," which has been credited with "altering the ways in which the American narrative was studied." In a New York Times article yesterday, one of his colleagues pointed out that the book "empowered a whole new field of study" as the story of the marginalized became part of the mainstream.

The article also pointed out that Dr. Franklin and his scholarship became an important part of the movement for civil rights as he advised Thurgood Marshall and his team of lawyers during the *Brown v. Board of Education* case. In this, as well as his participation in the march on Selma led by the Reverend Dr. Martin Luther King, Jr., the writer pointedly notes that he was a part of the history he so effectively brought to the forefront, and in doing so, he changed it as well.

It was one of the highest privileges afforded me since coming to Congress to meet and be able to converse with Dr. Franklin at a small dinner hosted by Congresswoman MAXINE WATERS in my early years in Congress and when he was chairing President Clinton's Initiative on Race. I was also privileged to be present as he was honored by the Library of Congress a few years ago, one of many, many deserved honors. Dr. Franklin was a historian in the tradition of the African griot, the memory keepers who captured the important moments of time that contribute to the identity and culture of a people and the advancement of a country.

In my district of the U.S. Virgin Islands, our historians, such as Dr. Gilbert Sprauve, Dr. Patricia Murphy, Dr. Gene Emanuel, Gerard Emanuel, Richard Shrader, Robert Johnson, Bill Cissell, George Tyson, Karen Thurland, Myron Jackson, Dr. Charles Turnbull, Ruth Moolenaar, Edgar Lake and many, many more work to preserve and retell our part of the Caribbean American story.

Dr. John Hope Franklin left us with a rich legacy of writings which continue to inform our journey in these United States of America. We thank him for his scholarship and his dedication to truth telling and extend our condolences to his family and friends.

Madam Speaker, as you have heard, March has also been designated as Women's History Month, and the Congressional Black Caucus is pleased to salute the role that women have played throughout our history in all endeavors, many of whom have never been recognized.

Tonight, I would like to say a few words about two women with Virgin Islands ties who made valuable contributions to the historic tapestry that is the U.S. Virgin Islands, as well as the United States, but who are little known to current generations.

The first is Rebecca Protten, whose life has been documented in the book "Rebecca's Revival: Creating Black Christianity in the Atlantic World." She was born a slave, the child of European and African parentage. She lived in the 18th century and, remarkably for a black woman of that time, traveled between Europe, the Caribbean and Africa bringing the word of God to enslaved Africans and Europeans alike. She spent a lot of time in St. Thomas, U.S. Virgin Islands, gathering the enslaved to the faith and was even imprisoned for her work in assisting them in their needs.

According to historian and biographer Jon Sensbach, "She was a preacher and a mentor, a provocateur and a profit, determined to take what she regarded as the Bible's liberating grace to people of African descent."

□ 2045

A member of the Moravian faith, a church to which I also belong, which is credited with creating an educational

system for enslaved Africans and their children in my home district, which was then the Danish West Indies, Rebecca may have been one of the first ordained black women and, according to her biographer, she “stood where the three currents of the 18th century black Atlantic world flowed together: The dramatic expansion of the slave trade, the Afro-Atlantic freedom struggle, and the rise of black Christianity.”

Another Virgin Islands woman, Nella Larsen Imes, is known as the “mystery woman” of the Harlem Renaissance and wrote two novels, *Quicksand* and *Passing*, which explored the difficulty of being a black woman in a society that marginalized both African Americans and women.

While details about her life are vague, according to biographer Thadious M. Davis, Larsen, according to her own admission, was the “daughter of a Danish lady and a Negro from the Virgin Islands, formerly the Danish West Indies.”

Madam Speaker and colleagues, both of these women defied the odds and expressed the causes dear to their souls, despite the difficulties of being black women in harrowing times. Their lives and history are worth further exploration by students of history as we take a fresh look at Women’s History Month.

I thank you again for yielding this time to me and for allowing me to share in this Special Hour this evening.

Ms. FUDGE. I’d like to again thank the gentledady from the Virgin Islands, who has really been of such help to me as I continue to anchor these hours. I thank you again.

I would like to close, Madam Speaker, by talking about some special women to me as we celebrate Women’s History Month. I would talk about those who are on the rolls of this very House, people that I have followed over the years. I’d like to begin with the Honorable Shirley Chisholm.

Shirley Chisholm was the first African American woman elected to Congress. She was the first African American and the first female to run as a major party candidate for President of the United States in 1972.

Chisholm was born in Brooklyn, New York, of immigrant parents in 1924. She earned her BA from Brooklyn College in 1946 and later earned her master’s from Columbia University in elementary education in 1952.

From 1953 to 1959, she was director of the Hamilton-Madison Child Care Center. From 1959 to 1964, she was an educational consultant for the Division of Day Care.

In 1964, Chisholm ran for and was elected to the New York State legislature. In 1968, she ran as the Democratic candidate for New York’s 12th District congressional seat and was elected to the House of Representatives. Defeating Republican candidate James Farmer, Chisholm became the first black woman elected to the Congress of the United States. Chisholm joined the

Congressional Black Caucus in 1969 as one of its founding members.

As a freshman, Chisholm was assigned to the House Agricultural Committee. Given her urban district, she felt the placement was irrelevant to her constituents, and shocked many by asking for reassignment. She was then placed on the Veterans’ Affairs Committee. Soon after, she was assigned to the Education and Labor Committee, which was her preferred committee. She was the third highest ranking member of this committee when she retired from Congress.

All those Chisholm hired for her office were women—half of them black. Chisholm said that during her New York legislative career she had faced much more discrimination because she was a woman than because she was black.

In the 1972 U.S. Presidential election, she made a bid for the Democratic Party’s Presidential nomination. Chisholm’s base of support was ethnically diverse and included the National Organization for Women. Chisholm said she ran for the office “in spite of hopeless odds to demonstrate the sheer will and refusal to accept the status quo.”

Among the volunteers who were inspired by her campaign was BARBARA LEE, chairman of the Congressional Black Caucus, who continued to be politically active and was elected as a Congresswoman 25 years later. Betty Friedan and Gloria Steinem attempted to run as Chisholm delegates in New York.

From 1977 to 1981, during the 95th Congress and 96th Congress, Chisholm was elected to a position in the House Democratic leadership as Secretary of the House Democratic caucus.

Throughout her tenure in Congress, Chisholm worked to improve opportunity for inner-city children. She was a vocal opponent of the draft and supported spending increases for education, health care and other social services, and reductions in military spending.

She announced her retirement from Congress in 1982. After leaving Congress, Chisholm was named as the Purington Chair at Mount Holyoke College. Today, her portrait hangs in a very prominent place—a place of honor in the U.S. Capitol.

Barbara Jordan. Barbara Jordan was a congressional Member from Texas’s 18th Congressional District from 1973 to 1979. Jordan campaigned for the Texas House of Representatives in 1962 and 1964. Her persistence won her a seat in the Texas Senate in 1966, becoming the first African American State Senator since 1883, and the first black woman to serve in that body. She served until 1972.

She was the first African American female to serve as president pro tem of the Senate, and served for 1 day as acting Governor of Texas in 1972.

In 1972, she was elected to the United States House of Representatives, becoming the first black woman from a

southern State to serve in the House. She received extensive support from former President Lyndon Johnson, who helped her secure a position on the House Judiciary Committee.

In 1974, she made an influential televised speech before the House Judiciary Committee supporting the impeachment of President Richard Nixon.

Jordan was mentioned as a possible running mate to Jimmy Carter in 1976, and that year she became the first African American woman to deliver the keynote address at the Democratic National Convention. Her speech in New York that summer was ranked fifth in a list of Top 100 American Speeches of the 20th Century.

Jordan retired from politics in 1979 and became an adjunct professor at the University of Texas at Austin’s Lyndon B. Johnson School of Public Affairs. She again was a keynote speaker at the Democratic National Convention in 1992.

In 1995, Jordan chaired a congressional commission that advocated increased restriction of immigration and increased penalties on employers that violated U.S. immigration regulations. President Clinton endorsed the Jordan Commission’s proposals.

She supported the Community Reinvestment Act of 1977, legislation that required banks to lend and make services available to underserved poor and minority communities. She supported the renewal of the Voting Rights Act of 1965 and expansion of that act to cover other ethnic minorities.

Jordan was awarded the Presidential Medal of Freedom in 1994. It was only one of many honors given to her, including election into both the Texas and National Women’s Hall of Fame. In 1995, she was awarded the prestigious United States Military Academy’s Sylvanus Thayer Award, becoming only the second female awardee.

Upon her death on January 17, 1996, Jordan lay in state at the LBJ Library on the campus of the University of Texas at Austin. She was buried in the Texas State Cemetery in Austin, and was the first black woman interred there.

The main terminal at Austin-Bergstrom International Airport is named after her, as are a middle school in Texas and a high school in Houston.

The Kaiser Family Foundation currently operates the Barbara Jordan Health Policy Scholars. This fellowship is for people of color who are college juniors, seniors, and recent graduates, and it is designed to provide them with a summer experience working in a congressional office.

Carrie Meek. She is a former U.S. Congresswoman from Florida’s 17th Congressional District from 1993 to 2003. She was the first African American elected to Congress from Florida since Reconstruction. Meek was born on April 29, 1926, in Tallahassee, Florida. The granddaughter of a slave and the daughter of a former sharecropper, she spent her childhood in segregated Tallahassee.

Meek graduated from Florida A&M University in 1946. At this time, African Americans could not attend graduate school in Florida, so Meek traveled north to continue her studies, and graduated from the University of Michigan with an MS in 1948.

After graduation, Meek was hired as a teacher at Bethune Cookman College in Daytona Beach, Florida, and then at her alma mater, Florida A&M University.

Meek moved to Miami in 1961 to serve as special assistant to the vice president of Miami-Dade Community College. The school was desegregated in 1963 and Meek played a central role in pushing for integration. Throughout her years as an educator, Meek was also active in community projects in the Miami area.

Elected as Florida State representative in 1969, Meek was the first African American female elected to the Florida State Senate in 1982. As a State Senator, Meek served on the Education Appropriations Subcommittee. Her efforts in the legislature led to the construction of thousands of affordable rental housing units.

In 1992, Meek was elected to the U.S. House of Representatives from Florida's 17th Congressional District. This made her the first black lawmaker elected to represent Florida in Congress since Reconstruction.

Meek has received numerous awards and honors. She is the recipient of honorary doctor of law degrees from the University of Miami, Florida A&M University, Barry University, Florida Atlantic University, and Rollins University.

Meek was a member of the powerful House Appropriations Committee, in addition to serving on the Subcommittee of Treasury, Postal Service, and General Government and the Subcommittee on VA, HUD, and independent agencies.

Stephanie Tubbs Jones. She was a U.S. congressional Member from Ohio's 11th Congressional District; the first black woman to represent Ohio in the House; former chairman of the House Ethics Committee since 2007; first black woman to serve on the House Ways and Means Committee.

Born in Cleveland, Ohio, in 1949, Tubbs Jones graduated from the city's public schools. She earned a degree in social work from Flora Stone Mather College of Case Western Reserve University in 1971. In 1974, she earned a JD from the Case Western Reserve University School of Law.

Tubbs Jones was elected a judge of the Cleveland Municipal Court in 1981, and subsequently served on the Court of Common Pleas of Cuyahoga County from 1983 to 1991. She then served as the Cuyahoga County prosecutor from 1991 until resigning early in 1999 to take her seat in Congress.

In 1998, Tubbs Jones won the Democratic nomination for the 11th District after 30-year incumbent Louis Stokes announced his retirement. She was re-elected four times.

Tubbs Jones was a cochairman of the Democratic National Committee. She opposed the Iraq war, voting in 2002 against the use of military force. Despite representing a heavily unionized district, she was a strong proponent of free trade. Tubbs Jones most recently took a lead role in the fight to pass the U.S.-Peru Trade Promotion Agreement in November, 2007.

In 2004, she served as the chairwoman of the platform committee at the Democratic National Convention and as a member of the Ohio delegation. She strongly supported Senator JOHN KERRY in his campaign to become President of the United States.

On January 6, 2005, she joined U.S. Senator BARBARA BOXER in objecting to the certification of the 2004 U.S. Presidential election results for Ohio. As the sponsor, she was one of 31 House Members who refused to count the electoral votes from the Ohio House in the 2004 election.

She was selected by Speaker NANCY PELOSI as chairperson of the House Ethics Committee to watch over the standards of ethical conduct for Members of the House.

Tubbs Jones was popular in her district and was routinely reelected against nominal Republican opposition.

□ 2100

She received 83 percent of the vote in her final general election in 2006 against Republican Lindsey String. She faced no opposition in the 2008 Ohio Democratic primary.

I want to say that all the women I have recognized today are certainly people that I have a great deal of respect for. I have followed them to this House. And I want you also to know that they are all my sorority sisters.

With that, Mr. Speaker, that would close this hour of the CBC Special Order, and we hope to see you again on next Monday as we continue our work in being the conscience of the Congress.

Mr. MEEKS of New York. Mr. Speaker, Dr. John Hope Franklin was one of the most important Americans of the 20th century. He was a citizen of the world, a towering intellectual giant and scholar who ceaselessly endeavored, as one of the preeminent historians in our nation's history, to ensure that the contributions of African-Americans would not be relegated to the status of a footnote. Rather, through dedicated scholarship, he brought to light the rich contributions African-Americans have made to the United States of America.

As he once said so eloquently, "My challenge was to weave into the fabric of American history enough of the presence of blacks so that the story of the United States could be told adequately and fairly." He understood intimately that the story of the greatest country on earth, the United States of America cannot be told without telling the story of African-American history and that in fact, they are one and the same.

Dr. John Hope Franklin was considered the Dean of African American historians. John Hope Franklin was born on January 2, 1915 in

Rentersville, Oklahoma. His family relocated to Tulsa, Oklahoma shortly after the Tulsa Disaster of 1921. Franklin's mother, Mollie, was a teacher and his father, B.C. Franklin, was an attorney who handled lawsuits precipitated by the famous Tulsa Race Riot. Graduating from Booker T. Washington High School in 1931, Franklin received an A.B. degree from Fisk University in 1935 and went on to attend Harvard University, where he received his A.M. and Ph.D. degrees in history.

Franklin began his teaching career at Fisk University before moving on to St. Augustine's College. It was at North Carolina Central University, in 1945, with a \$500 advance from Alfred A. Knopf, and help from his wife, Aurelia, that Franklin began writing the classic African American history text, *From Slavery to Freedom*. The book, co-authored by Alfred A. Moss, Jr., has been published in several different languages.

In the early 1950s, Franklin served on the NAACP Legal Defense Fund team led by Thurgood Marshall that helped develop the sociological case for *Brown v. Board of Education*. This led to the 1954 United States Supreme Court decision ending the legal segregation of black and white children in public schools.

Dr. Franklin taught at Howard University for nine years, before becoming the first black to chair the History Department at Brooklyn College in 1956. He was then hired by the University of Chicago in 1964 and chaired the History Department from 1967 to 1970. There, he served as the John Matthews Manly Distinguished Service Professor from 1969 to 1982, when he was made Professor Emeritus. In 1982, Franklin joined the faculty at Duke University as the James B. Duke Professor Emeritus of History.

Dr. Franklin was a member of the Alpha Phi Alpha Fraternity, Incorporated, the first intercollegiate Greek-letter fraternity established for African Americans. He was an early beneficiary of the fraternity's Foundation Publishers, which provides financial support and fellowship for writers addressing African-American issues.

Active in professional organizations, Franklin served as president of the Southern Historical Society, the Organization of American Historians and the American Historical Association. He was a life-long member of the Association for the Study of African American Life and History, where he served on the editorial board of the *Journal of Negro History*. In 1997, he was appointed by Former President Bill Clinton as chairman of the advisory board for One America, the President's Initiative on Race.

Dr. Franklin wrote hundreds of articles and at least 15 books. His recent works include *Runaway Slaves: Rebels on the Plantations* with Loren Schweninger, *George Washington Williams: A Biography* and a book about his father *My Life and an Era: the Autobiography of Buck Colbert Franklin* as well as his own autobiography, *The Vintage Years*. In 1978 *Who's Who in America* selected Franklin as one of eight Americans who have made significant contributions to society. Among his many other awards are the Organization of American Historians Award for Outstanding Achievement and the Presidential Medal of Freedom, the nation's highest civilian honor.

Dr. Franklin was the personification of academic excellence, dignity, self empowerment and faith. He was the scribe of a generation

of African-Americans who advocated, persevered, and helped to uplift our country to live up to its creed as the land of equal opportunity. On March 25, 2009, the world lost the beacon of light that was Dr. John Hope Franklin. To his family, I offer my deepest sympathies and condolences for their loss. And while our nation has lost one of its best and brightest, I know that his legacy is one that will surely endure.

Ms. WATERS. Mr. Speaker, I'd like to first thank my colleagues in the Congressional Black Caucus for organizing tonight's Special Order to recognize the contributions of Dr. John Hope Franklin. CBC Chairwoman BARBARA LEE appointed Congresswoman MARCIA FUDGE and Delegate DONNA CHRISTIAN-CHRISTENSEN to lead our CBC message team and they have done an outstanding job of helping to inform our colleagues in Congress and our constituents at home about some of the important work being done by the Congressional Black Caucus.

Throughout his long life, John Hope Franklin wrote prolifically about history—more than 60 years after its publication, one of his books, *From Slavery to Freedom*, is considered a core text on the African-American experience. Dr. Franklin not only wrote about history, he lived it. Franklin worked on the *Brown v. Board of Education* case in 1954, he joined protestors in a 1965 march led by Martin Luther King, Jr. in Montgomery, Alabama and he headed President Clinton's 1997 national advisory board on race. Franklin accumulated many honors during his long career, including the Presidential Medal of Freedom, the nation's highest civilian honor. He shared the John W. Kluge Award for lifetime achievement in the humanities and a similar honor from the American Academy of Arts and Sciences and the American Philosophical Society, the nation's two oldest learned societies. He also was revered as a "moral leader" of the historical profession for his engagement in the pressing issues of the day, his unflinching advocacy of civil rights, and his gracious and courtly demeanor.

Dr. John Hope Franklin was described in the *Washington Post* recently as a man who "lived what he taught." I don't think there are many higher accolades. For those of us who knew him and called him friend, it feels as though collectively we've lost a grandfather—a very wise and generous teacher and mentor. For those who don't know about the contributions of Dr. John Hope Franklin, I wanted to come to the floor tonight to add my voice of appreciation and to highlight some of his contributions that I believe are important.

John Hope Franklin, the grandson of a slave, was born on January 2, 1915, in Rentiesville, Oklahoma, a small black community. His parents, Buck Colbert Franklin and Mollie Parker Franklin named their son after John Hope, the President of Atlanta University. His mother was a school teacher and his father was a community leader and they recognized the importance of education.

The realities of racism hit Franklin at an early age. He said he vividly remembered the humiliating experience of being put off the train with his mother because she refused to move to a segregated compartment for a six-mile trip to the next town. He was six years old. With his parents, he lived through the Tulsa Race Riots in 1921, believed to be the single worst incident of racial violence in

American history. Later, although an academic star at Booker T. Washington High School and valedictorian of his class, the state would not allow him to study at the University of Oklahoma because he was black. So instead, in 1931 Franklin enrolled at Fisk University, a historically black college in Nashville, Tennessee, intending to study law.

However, a history professor, Theodore Currier, persuaded him to change his mind and his major and he received his bachelor's degree in history in 1935. Currier, who was white, became a close friend and mentor, and when Franklin's money ran out, Currier loaned the young student \$500 to attend graduate school at Harvard University, where he received his master's in 1936 and doctorate five years later. He began his career as an instructor at Fisk in 1936 and taught at St. Augustine's and North Carolina College for Negroes (now North Carolina Central University), both historically black colleges.

In 1945, Alfred A. Knopf approached him about writing a book on African-American history—originally titled *From Slavery to Freedom: A History of American Negroes*—and he spent 13 months writing it. Then in 1947, he took a post as professor at Howard University in Washington, DC, where, in the early 1950s, he traveled from campus to Thurgood Marshall's law office to help prepare the brief that led to the historic *Brown v. Board of Education* decision.

In 1956 he became chairman of the previously all-white history department at Brooklyn College. Despite his position, he had to visit 35 real estate agents before he was able to buy a house for his young family and no New York bank would lend him the money.

Later, while at the University of Chicago, he accompanied the Rev. Martin Luther King Jr. on the march from Selma to Montgomery, Ala. in 1965. He spent 16 years at the University of Chicago and then joined the faculty of Duke University in 1982. He retired from Duke's history department in 1985, then spent seven years as professor of legal history at the Duke Law School. Franklin will be honored with a newly endowed chair at Duke Law School.

Franklin was a prolific writer, with books including *The Emancipation Proclamation*, *The Militant South*, *The Free Negro in North Carolina*, *George Washington Williams: A Biography* and *A Southern Odyssey: Travelers in the Antebellum North*. He also edited many works, including a book about his father called *My Life and an Era: The Autobiography of Buck Colbert Franklin*, with his son, John Whittington Franklin. Franklin completed his autobiography in 2005, which was reviewed favorably in many media outlets across the country.

He received more than 130 honorary degrees and served as president of the Phi Beta Kappa Society, the American Studies Association, the Southern Historical Association, the Organization of American Historians and the American Historical Association.

Franklin's best-known accomplishment in his later years was in 1997, when he was appointed chairman of the advisory board for President Clinton's One America: The President's Initiative on Race. The seven-member panel was charged with directing a national conversation on race relations. When he was named to the post, Franklin remarked, "I am not sure this is an honor. It may be a burden." The panel did provoke criticism, both from

conservatives who pressured the panel to hear from opponents of racial preference and others who said it did not make enough progress. Franklin himself acknowledged in an interview with *USA Today* in 1997 that the group could not solve the nation's racial problems. But Franklin said the effort was still worth it.

And, in 2001, Duke University opened the John Hope Franklin Center for Interdisciplinary and International Studies, where scholars, artists and members of the community have the opportunity to engage in public discourse on a variety of issues, including race, social equity and globalization. At the heart of its mission is the Franklin Humanities Institute, which sponsors public events and hosts the Franklin Seminar, a residential fellowship program for Duke faculty and graduate students.

In a statement to the American Academy of Arts and Letters in 2002, Franklin summed up his own career:

"More than 60 years ago, I began the task of trying to write a new kind of Southern History. It would be broad in its reach, tolerant in its judgments of Southerners, and comprehensive in its inclusion of everyone who lived in the region . . . the long, tragic history of the continuing black-white conflict compelled me to focus on the struggle that has affected the lives of the vast majority of people in the United States. . . . Looking back, I can plead guilty of having provided only a sketch of the work I laid out for myself."

In 2007, John Hope Franklin lent his formidable effort to the issue of reparations for African Americans. Franklin returned to Oklahoma to testify in a hearing urging Congress to pass legislation that would clear the way for survivors of the Tulsa Race Riots of 1921, one of the nation's worst race riots, to sue for reparations.

For Franklin, who continued his scholarly work and public appearances well into his 90s, the work he began in the 1940s still was not finished. He was interviewed earlier this year, when President Barack Obama was inaugurated, and he noted that he never thought he would live to see the first African American President of the United States, but he was so very glad that he did.

Mr. Speaker, I am so very glad that John Hope Franklin shared his life and his work so generously. He taught us about our lost history, and in the process, he set a sterling example of living what he tried to teach that will inspire many generations to come.

Ms. FUDGE. I yield back the balance of my time.

PRESIDENT OBAMA'S BUDGET SPENDS TOO MUCH, TAXES TOO MUCH, AND BORROWS TOO MUCH

The SPEAKER pro tempore (Mr. HEINRICH). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Minnesota (Mrs. BACHMANN) is recognized for 60 minutes as the designee of the minority leader.

Mrs. BACHMANN. Mr. Speaker, I thank you for that privilege. Thank you for the opportunity to be able to be here this evening and the opportunity to be able to address the American people.

We had a rather extraordinary day yesterday and today with what we have

seen happening in our Nation that has really been extraordinary throughout 2009. We have seen such tremendous differences take place.

The American people are very concerned, and rightly so, about our economy. They are wondering how the economy will turn around, when it will turn around, when their own personal fortunes will change; and they have seen some extraordinary things take place, Mr. Speaker.

The American people have seen the stimulus plan that came through, which was about \$1.1 trillion in spending that was passed by this body, signed by the President of the United States, an extraordinary historic level of spending that we have never seen before just to goose our economy, get it going so that we can get back to where we need to be, to get job creation. That is what people want to see. We all the want to see that. But we all held our breath.

I voted against the stimulus bill. We held our breath thinking, how in the world would we ever begin to replace all of that money that we are about to spend? Because, as everyone knows, there is no vault here in Washington, D.C., that holds \$1.1 trillion that we can just send out to the American people. There is no money there. We have to go somewhere to get that money. We either have to tax it from the American people and bring it to Washington, D.C., and then spread it around so that other people can have it, or we have to borrow it from other countries like China, for instance, who, quite recently, has said to our President that China is very concerned.

The specter of the Chinese communists lecturing the United States on whether or not they feel comfortable about their investment here in the United States is really quite a first. And now, we have seen the European socialists also lecture the United States saying they are worried. As a matter of fact, we saw the Premier from Czechoslovakia say that the road the United States is taking, in his words, is the road to hell. He doesn't want to see the European socialists go down that road as well.

So as the G-20 is about to come together in London to meet and talk about this global economic meltdown, we have seen quite a specter occur. We have seen the Prime Minister from England come here to the United States, as a matter of fact, stand here in this body and address a joint session of Congress and essentially call for a global cooperation to have a global answer to this stimulus. That makes a lot of Americans quite nervous when we hear that kind of rhetoric.

Then, just recently we heard also from a leader down in the Latin American countries say that it is people with blonde hair and blue eyes that have caused this economic meltdown. Of course, that is an outrage to make a statement like that.

All of these things the American people have been seeing, and they have

been thinking about them, wondering, what does all of this mean? And they saw again this body spend \$1.1 trillion, and then shortly after that spend \$410 billion in a budget spending bill that will just spend through this year of 2009. But in that bill, they saw almost 9,000 earmarks in that bill.

And the American people said: Now, wait a minute. I can't spend that kind of money. As a matter of fact, the American people said: Look, I saved 5 percent of my income in January, a historic high of savings for Americans.

Just a year ago or so, Americans had a negative savings rate of .1 percent. Now, Americans have been doing just the reverse. They have been doing what most normal people do when they are in an economic situation of fear. They decide to pull back on their spending, they pull in, and they say, I had better think twice before I buy that fancy cup of coffee. I had better think twice before I decide to plunk down money and buy a new car. They think twice about what they are going to do about changing their home environment and their situation, because they are worried. They are worried about whether they will have a job next week or next month or next year.

So it is very difficult right now, Mr. Speaker, for the American people to make financial commitments when they look at the level of spending that is going on around them. So what are they doing? They are saving.

Just this last month we saw that the American people in the month of February were saving at a rate of 4.5 percent. That is a good thing. I think it is a good thing the American people are showing the example for the United States Congress and for the President to say, this is what we need to do.

Instead of spending money we don't have on a personal level, on a Federal level, on a State level, on a local level, the American people are living through their own lifestyles and their own choices what they wish their government would replicate, and that is this: Start pulling back on the spending.

And what has this government done? What has the Obama presidency done, Mr. Speaker? What has this body done, Mr. Speaker, the House and the Senate? We have done just the opposite of what the American people are doing. The Democrat-controlled Congress and the President have made an unprecedented decision to spend money hand over fist, \$1.1 trillion on stimulus spending money, \$410 billion on budget spending for the rest of the year, along with all of the other money that has been going out the door.

Now, this week we have the President asking the House of Representatives, led by Speaker NANCY PELOSI, to spend, get this, \$4 trillion; commit the American people to spending \$4 trillion in the upcoming budget. This is almost beyond comprehension, \$4 trillion.

What does that work out to? For 300 million Americans, that is an immediate debt burden of \$13,000 per Amer-

ican. Every man, woman, and child in America would have that immediate debt burden placed on their shoulders when they can't begin to afford what the Congress has already been spending, historic levels of spending, \$4 trillion?

And it isn't just the spending alone; it is what is being spent on. We are looking at socialized medicine for the first time in the United States, socialized medicine coming in through this bill. And in one vote, the Speaker of the House and the President are asking this body, the people's House, the United States House of Representatives to spend \$4 trillion of their money for socialized medicine. So serious is socialized medicine that we need to spend some time on that issue, we need to spend some serious time.

Mr. Speaker, I just downloaded off of the Internet today stories about just two countries where socialized medicine was passed into the law and implemented, in the United Kingdom in England and Scotland and Wales, and also in Canada. I have just this many stories chronicling just the last year or so of headlines of what socialized medicine has looked like in those English-speaking neighbors of ours, in Canada to the north and in the United Kingdom.

I think it is instructive for the United States Congress to take a look at what the experience has been of other countries, and I hope we have time to get into some of these stories about what socialized medicine has looked like in these other English-speaking Nations.

Well, that isn't all, Mr. Speaker, socialized medicine and the grand leap forward into socialism. We are also looking at the specter of tremendous new taxes, punishing new taxes, not just for some, not just for 5 percent as President Obama had promised, but for 100 percent of the American people.

When the President of the United States stood here in this body, stood right there at the lectern looking out at the joint session of Congress where Cabinet members were present and where the American people watched in a historic number, 40 million Americans watched, heard the President of the United States say quite clearly to them in a straightforward manner he would not increase taxes on 95 percent of the American people. And in the same evening and in the same address to the American people, the President contradicted himself, Mr. Speaker, with these words when he said he was committed to putting into place the cap-and-trade system, the new global warming energy tax, which will now be a tax on 100 percent of all Americans.

And how is that? It will be felt in the form of our energy bills. Whether we have electric bills every month that we pay or whether we have gas bills that we pay every month, those bills in many parts of the country will in fact double.

I come from the State of Minnesota. Tonight, Mr. Speaker, we are expected

to have 12 inches of snow in Minnesota. We have had quite a week. We had a horrible flood situation up in the Fargo-Moorhead region. Thank God, we saw that recede a little bit. It wasn't as bad as we thought it was going to be. People's prayers were answered. On the front page this morning of the Twin Cities newspaper we saw a beautiful picture of the Assemblies of God Church up in the Fargo-Moorhead region; they had been praying all week-end that God would withhold the waters. And God clearly answered those prayers, Mr. Speaker. Those cities have not been devastated as much as we once thought they would be.

But the devastation that we are looking at now again is in this area of taxing. And in Minnesota, as I said, we are seeing 12 inches of snow in the Twin Cities area and in southern Minnesota in particular, maybe 10 inches in northern Minnesota.

But in Minnesota, Mr. Speaker, the people don't have a choice. Just like in many regions across the United States, the people don't have a choice. They have to turn on their air conditioning in the summer and they have to turn on their furnaces in the winter; otherwise, life is simply unbearable. And what will President Obama and the Democrat's budget look like here in this Chamber?

Well, this week, Mr. Speaker, President Obama and the Democrats that control the House and the Senate are forcing a vote on this body that would mandate that we would have increases in everyone's electric bills. And whether it comes in this budget bill or in a separate bill, President Obama made it clear; he made it very clear last week when he had his press conference, Mr. Speaker, when he said this: It is not negotiable to leave out this energy tax. He is insisting that the American people pay the energy tax. And in Minnesota, we are calculated to see a doubling in our energy bills. A doubling, Mr. Speaker. This is unheard of.

I don't know where people in Minnesota will go. We are experiencing very high, unusual rates of unemployment. Minnesota is a diversified economy. We are such a great State with awesome employers, but for the first time in perhaps 25 years we have seen unemployment in a State as diverse as Minnesota spike.

In one of my largest cities, Mr. Speaker, I was told last week by one of my constituents that, in my largest city, that we are seeing unemployment now at 9.8 percent. In one of my counties, Mr. Speaker, I was told that one of my counties has unemployment now reaching 10 percent.

Where are these people going to go, Mr. Speaker, when this body decides to pass a budget that will tax them \$4 trillion, that will impose out a doubling on their energy bills? What are families going to do?

My husband and I are in a couple's Bible study, Mr. Speaker. And I was so sad to learn this winter in this couple's

Bible study that another couple in one of the family members' churches was turning their heat down to 55 degrees. That is cold, Mr. Speaker. They have little children in their home. And this couple told us their daughter didn't want to go over after school and play in this family's home because it was going to be too cold for her. The last time she had been there visiting her girlfriend, the house was set so cold she was uncomfortable. But this family didn't know what to do. They were worried, they were afraid, they were scared because the husband had lost his job and the wife had lost their job, and they were trying to keep their kids warm. But they had a very difficult time doing it, so they were turning their heat down.

Can you imagine, Mr. Speaker, if I have to go back to the sixth district of Minnesota and tell the people in my district that President Obama and the Democrats that run this Chamber have asked me to vote on a bill that would double their energy tax bill? They are at home now, Mr. Speaker, with 55 degrees just trying to keep their kids warm, figuring out some way to get through this very long winter, and now I have to go home and tell them that this body wants to impose a burden on them that would double their tax bill? I can't do that.

□ 2115

And I won't do that. I won't vote for a measure like that. It won't happen. And my bet is that a lot of other Members are going to see it that way too. My bet is, Mr. Speaker, that when we go home after this week and talk to our constituents, they are going to look at us, Mr. Speaker, and they are going to say, are you crazy? Were you crazy in this economic climate to heap yet one more burden on me?

It reminds me of that Biblical story, Mr. Speaker, where Pharaoh said to the Hebrew children, who were slaves in Egypt, when he said to them, tell them to make bricks, but don't give them straw. Let them find their own straw to make bricks. That's what it seems like President Obama and the Democrats that are running the House and the Senate are doing to the American people right now, heaping burdens on them to such an extent that now they are being told that they must find their own straw to make their bricks, when they already are turning their thermostats down so that they can just survive and get through the winter. This is not the United States of America that we grew up in. We don't do this, Mr. Speaker, to our people.

I see that I have two colleagues that have joined me this evening. I would like to defer now to my marvelous colleague from New Jersey, Mr. SCOTT GARRETT. He serves with me, Mr. Speaker, on the Financial Services Committee. He hails from New Jersey and he is doing a wonderful job on behalf of his constituents working so hard to ensure that this Congress

doesn't spend too much, doesn't tax too much and certainly doesn't borrow too much so that those who are yet unborn and without jobs will have to be laboring away to be able to pay for these profligate spending bills.

I defer now to the gentleman from New Jersey, Mr. SCOTT GARRETT.

Mr. GARRETT of New Jersey. And I thank the gentlelady for allowing me to say a few words. And I see also that we are joined on the floor by the gentleman from Georgia as well. And so maybe I will go back and forth and just make some points.

I come to the floor because I heard your remarks just a few moments ago, and I thought they were quite eloquent in trying to put in perspective exactly what is occurring here on the floor of the House and what is occurring here in Washington, D.C., our Nation's capital, as Congress goes about its business of formulating and passing a budget and how we can talk sometimes here in Washington in these global terms and esoteric terms, but at the end of the day it is the American public who actually has to foot the bill. They have to reach into their proverbial pocket and see if—oh, there is a couple bucks here—they can pull dollars out and send them to Washington.

Mrs. BACHMANN. The gentleman may want to hide those couple of dollars. Uncle Sam is looking for a few more.

Mr. GARRETT of New Jersey. Since I'm in Washington, there may be a hand out trying to reach into my pocket to try and grab those dollars. Absolutely. But you make the point that we are, in this country right now, and globally as well, in difficult economic times. Whether you are trying to put a few bucks away for your kid's education and now you realize, gee, at the end of the week when you write your checks, you just don't have that money to put aside, or if your kids are already in college and you say, how am going to make this month's or this quarter's college bill that is due? You just don't know how you're going to do it.

I was just talking on the phone before I came here to the floor, honestly, to folks in Upstate New York. And I said, how is the weather up there? They said, it is cold. And you're thinking, well, they have their heat ratcheted up and they are trying to warm their homes and they are paying the fuel costs. Thank goodness that rates have come down a little bit, but not by that much. But the young lady that I was talking to, she was concerned about how she is going to pay her heating bill for the house or the gas to cook the food or the other things they need for her kids around the house. And so we talk about things in global terms, in large terms. And as you know, I serve on the Budget Committee. I have had the honor now to serve on that committee for all 6 years that I have been in Congress. This year, when I served on the committee, this past week we had markup, which as you well know is

the process where the Democrats present their budget to us, give us the opportunity to make some amendments to it, make some improvements, and have some give and take.

I have to tell you that both the time when I was in the majority and the time that now I'm in the minority as well, this was the most distressing, this was the most frustrating, most unfulfilling process that we had in that committee ever. I recall in both scenarios in the past years that there was a give and take, there was an ability to have some discussion on it. Somebody would say, well, you might have an idea on this area and we have an idea on this area, let's come together and try to reach some accommodation on that. Let's see where there is some agreement where we can work together for the American public.

You just didn't see that at all. The meeting started I think around a little after 9 in the morning. We were done there around midnight. So you can count up the number of hours that we were there. We started with somewhere up to 30-some-odd amendments I believe that we had, that Republicans were presenting to the Democrats. And we would say, here is our little slice of our suggestions. And it is not just coming from me. And it is not just coming from the staff. These ideas are coming from our constituents, from Americans across all 50 States, on how to make this budget, this Obama budget, a better budget for America. But not one of those substantive amendments passed. They would not vote for a single amendment that we proposed. They would not vote for a single change, a single alteration, a single—what is that expression, changing a jot or a tittle—they would not allow ne'er a one of those.

Mrs. BACHMANN. What happened to the era of bipartisanship, if I can ask the gentleman?

Mr. GARRETT of New Jersey. Well, there's the rub, isn't it? So many people went into this past election this past November and said we want a new era of bipartisanship. We want to work together. And my gosh, so do I. I want to be able to extend my hand across the aisle and say, here are our ideas. What are your ideas?

You didn't see it at all. And it was very frustrating. But larger than that, larger than the frustration is the irony of it all. The Office of Management and Budget from this administration puts out this blue book. And you have to scratch your head and laugh because if you didn't laugh you would be upset. It's called, this is looking at the budget and what have you, it is called "A New Era of Responsibility." "A New Era of Responsibility." And as I looked at that multitrillion dollar—

Mrs. BACHMANN. How big was that budget deficit, did you say, Mr. GARRETT?

Mr. GARRETT of New Jersey. That multitrillion-dollar budget.

Mrs. BACHMANN. And this was responsibility, that new era of responsibility?

Mr. GARRETT of New Jersey. You don't see it in Washington. And the reason I came to the floor is because you were making the point just as I left the office, the administration is asking it from the American people. The American people have to be responsible in trying to figure out how are they going to live within their means? You were citing the examples of cutting back in various facets of a life. And you were also pointing out the fact that the American people are actually doing a very good thing, and that is increasing their rate of savings. Boy, you don't see that aspect of responsibility here in this budget.

And my last point, and then I will yield the floor back to you or to the gentleman from Georgia, is my first point, is that we here in Washington sometimes get into Washington and speak on these things and the global sort of terms on it. And if you're watching that budget meeting, you sort of get the same sense of it. We talk about the fact that now as you look at all the wealth of this country, the GDP, the gross domestic product of this country, you can see the numbers in this budget, meaning that over a quarter of it, up to around 27 percent is basically being sucked throughout all 50 States and sent here right to Washington, D.C., as the GDP, the amount of government spending will be equated to around 27 percent of the gross domestic product.

Mrs. BACHMANN. So that means out of a dollar, Mr. GARRETT, that 27 cents of every dollar that is spent in the United States is spent by government?

Mr. GARRETT of New Jersey. Yes. And that is a historically high figure. And this is the other funny—I say "funny," but it is not funny. This new administration was always rife for criticizing our past administration for spending too much money, too high of a percentage. But historically, we have been around the 20, 22-some odd percent. And we were around that number in this past administration.

Now we are going through the roof on this. But those are esoteric numbers. Those are larger numbers. You can't get your arms around that. But it is the numbers when you talk about your family, when you talk about the cap and tax, \$634 billion roughly of that amount, what does that relate to me or to you, your average family?

Mrs. BACHMANN. And now that has been amended to \$2 trillion because the President's chief deputy on this issue, Jason, I can't remember his last name, his senior aide on the issue of the new global warming energy tax, cap and tax, made the statement last week that it isn't \$646 billion that the place marker is at. It is actually \$2 trillion in new taxes.

Mr. GARRETT of New Jersey. And it is from \$634 of the \$2 trillion in taxes, which is hard enough because that is

money out of your pocket. But we also heard the reports today that it could be even more difficult for the American family, the American worker. It could mean American jobs. And they were talking about the fact that one of two things are going to happen here. The first is that the energy secretary made this first observation was something to the effect of this cap and tax will have the effect of having jobs leave this country because the jobs will go to where the manufacturing and the cost of doing business is cheaper. That makes sense. That means your constituents and mine who have a job right now tomorrow will find out that their job just went overseas as well. And later on this week the secretary made the observation, well, one of the responses that we could do, and not that he was suggesting it I don't believe, was new tariffs.

Mrs. BACHMANN. Actually, that was in the Wall Street Journal today and also in Investor's Business Daily, the Energy Secretary, Mr. Chu, had made that comment about tariffs.

Now this is incredible, because if you look back in history to the time of Franklin Delano Roosevelt, one of the biggest problems that led to prolonged depression was the Smoot-Hawley Tariff Act. Now this is something that is being suggested by our Energy Secretary, Mr. Chu, new tariffs. And what he is suggesting is that if other countries don't participate in this new cap-and-tax system, then the United States would charge tariffs equal to what those countries would have to pay in cap-and-tax systems. So we are looking at erecting profound new tariffs that will completely change the United States economy.

Mr. GARRETT of New Jersey. And what will that do in the short term and the long term? Well, in the short term they will say, don't worry. That means that you will keep the jobs here in the United States because they won't go overseas because of the tariffs that we created. That is the short term.

Obviously, the long-term effect is, as you indicate, barriers will be made in all the other countries, as well, which means when you and I go down to the store and buy products which are imported into this country, manufactured from other places, what is going to happen to the price? It is going to go through the roof.

Mrs. BACHMANN. They will jack up.

Mr. GARRETT of New Jersey. How are we going to be hit here? Several ways. First, we are going to be hit potentially by losing our jobs. Secondly, we are going to be hit with the new taxes, several thousand dollars on the families for new taxes, if you have a job. And thirdly, the expenses at the store, if you do have a job, and you still have some money in your pocket after your taxes and you're able to go to the store and do some shopping, what are you going to find? You will find that prices are going to be going through the roof. So one, two, three,

we are going to be hit in three separate ways because of this budget. Those are the practical aspects.

I see the gentleman from Georgia here is nodding.

Mrs. BACHMANN. I appreciate the gentleman's remarks from New Jersey (Mr. GARRETT) because in Investor's Business Daily today, they had a chart that perfectly illustrated what you were saying with the Great Depression. If you look at the skyrocketing prices that we will see under a tariff-based system and the skyrocketing taxes and the job losses, those three together are the great indicators of another Great Depression.

We are not here fear-mongering. That is not what we are interested in doing. But what we are doing is laying the table for the Obama administration's budget. The Democrats control the House and Senate. They are laying out the budget this week for this body to take a vote on. And the specter of having leakage, which is massive outsourcing of jobs, high taxes and high prices, that is not what the American people are asking for.

We are joined this evening by Dr. PHIL GINGREY, a gentleman from Georgia who is a tremendous advocate for free markets and for free markets and health care who is down here on the floor helping us frequently on these measures.

And Dr. GINGREY, I now yield to you so we can go back and forth. We would love to hear what you have to say on this subject of the budget.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentlelady from Minnesota for yielding and also my colleague from New Jersey, my classmate, Representative SCOTT GARRETT. This is the week that we take up the budget, Mr. Speaker, as all of our colleagues know, and we are going to have, we have the Obama version that came over from OMB, the Office of Management and Budget, which crunched the numbers for the President. And it is a budget that calls for, well, I have the numbers right here, Mr. Speaker. And it sort of has a side-by-side comparison of the Obama budget, the House version, which we will take up in this Chamber, and the Senate version.

□ 2130

I just noticed, I can't help but just be absolutely astounded, Mr. Speaker, by these numbers. But in the President's budget, he calls for spending \$3.67 trillion, \$3.67 trillion. That's the 2010 Fiscal Year budget.

Now, when the Congressional Budget Office, the bipartisan number crunchers for the Congress, for the House and the Senate, when they looked at the Obama budget, they said, you know, instead of creating something like \$7 trillion worth of debt over 10 years, it's going to be \$9 trillion worth of debt over 10 years.

And we heard on television, Mr. Speaker, immediately, the concern expressed by the Democratic chairman of

the Budget Committee, Senator KENT CONRAD from North Dakota and also the concern, even, you could see it in his face, the concerned expression on the face of the chairman of the House Budget Committee, JOHN SPRATT, our friend from South Carolina, that, goodness gracious, based on these Congressional Budget Office estimates, non-partisan, that this presidential budget of \$3.67 trillion was not sustainable.

I think, Mr. Speaker, that's what the Congressional Budget Office said. This level of spending is not sustainable.

So I really expected some significant cuts in the budget proposed by the House and proposed by the Senate. And yet, when you look at these side by side, as I said at the outset, the President Obama budget \$3.67 trillion, the House budget which Mr. SPRATT will present to us in the next couple of 3 days, \$3.55 trillion, the Senate version, \$3.53 trillion. Well, to my surprise, there is not much cutting here. 3.67 trillion versus 3.55, the House version, or 3.53, the Senate version, my colleagues, that is a lot of spending and very little cut.

I have to do the quick math, and I would say that we're talking about one one-hundredth of a percent, or maybe it's close to one one-thousandth of a percent of cut. So you can posture, you can use a lot of rhetoric about what you're doing in regard to being fiscally responsible. But you'd have to say, and hearing those numbers, well, gee, I guess what the Democratic Congress, who enjoys the majority, the majority party, basically makes some tweaking around the edges posturing, I think, to some extent, but there's no significant difference in the President's budget and what we're going to have to vote on here in the House and also over in the Senate.

So I think, to suggest is very, very misleading to suggest that this body, or this Congress, both chambers, is exercising fiscal responsibility. I think these budgets are not sustainable, just as the President's budget is not sustainable.

And if my colleague from Minnesota will continue to yield, I've got a slide or two that I want to show, because, Mr. Speaker, I hear so much, and I watched some of the Sunday morning cable programs and network news, where most of the time it's the Senators that are getting interviewed, or the administration. Of course, Geithner was on this weekend, as he's been on a lot with this, what he's doing with the Treasury Department and the recommendations for getting us back on the road to fiscal recovery.

But I heard him say, the Treasury Secretary, "well, you know, we inherited a bad situation."

Mr. Speaker, I know you've heard it. My colleagues, Mrs. BACHMANN, I know you've heard it, you know, this creating a straw man and saying, you know, well, we inherited this mess, talking about the budget or indeed talking about the situation in Afghani-

stan or Iraq. We inherited this bad policy.

But, in regard to the budget, that's where I really wanted to focus my attention. They keep saying that this deficit for the Fiscal Year 2009, which now is approaching 1.8, 1.7, \$1.8 trillion, I mean, that's four times as large as any deficit under the Bush administration. Go back and look at 2004 or 2005, 2006. Our deficits were coming down.

And the Democrats have been in control, Mr. Speaker, since January of 2007. So you know, when you say that you inherited, well, what party was it that refused to pass nine spending bills in the Fiscal Year 2009? Which party was that? Well, it was the majority party. And the reason that they did not want to pass those bills is because the President, the former President simply said, this is too much spending, and if you send those to my desk, I will veto them.

So the Democratic majority, Mr. Speaker, just held back on those spending bills, and we had these continuing resolutions to fund the government because they knew when they got the presidency, which most polls suggested at that point, that they would, and they did, and then brought forward, in the first part of this year, those nine bills that increased spending by 8 percent.

If you add the money that was put in the so-called economic recovery spendulus package to the 8 percent, it turns out that on those nine bills we increased the spending by 80 percent. Eighty percent. And so, you can't blame the previous administration for a \$1.7 trillion deficit. You know, you can say, well, some of that we voted on in regard to the TARP money, the \$700 billion, that vote occurring in October/November time frame of 2008. And you say, well, yes, that added to this deficit.

But who was it that voted for that and approved that in the House and the Senate? The Democratic majority. They're the ones that voted for it. A few Republicans, sure. But it was the Democrats that—they could have stopped it. They could have stopped every dime of that \$700 billion TARP, Toxic Asset Relief Program which, as it turned out, was never even spent for that.

So as we look at what's going on in the future, just as the Congressional Budget Office did, over the next 10 years, you see what we're talking about, these deficits that go out into the future as far as the eye can see. And so at the end of 10 years, our debt is increased—well, real quickly, just another slide to show that. In 2019, that 10-year budget window, we're going from something like almost \$6 trillion of debt to 14, almost \$15 trillion of public debt by the year 2019. Man, if anything is unsustainable, that is unsustainable.

And to show it in a pictorial form, and I think we can bring this home to our colleagues so much with this next

poster, Mr. Speaker. President Obama would more than double the Federal debt to \$14.5 trillion, with a T. It took 43 presidents, here's their pictures, 43 presidents, 232 years to build up \$5.8 trillion in publicly held Federal debt. Under President Obama's proposed budget, over the next 6 years, we're going to add \$8.7 trillion to that.

These are staggering numbers and, as the CBO says, Mr. Speaker, unsustainable. I just wanted to make sure my colleagues understood what we're talking about here and the magnitude and the significance of this.

I'm going to yield back to the gentlelady from Minnesota who controls the time. I know we have other colleagues here that want to speak. And I will enjoy continuing the colloquy during this hour.

Mrs. BACHMANN. Thank you so much, Mr. GINGREY.

We have several other things to talk about that occurred today, one of which was talked about, I think, in almost every paper across the United States, as well as every media outlet. On the Wall Street Journal today the headline today was "Government Forces Out Wagoner at GM." This really is unprecedented.

And Mr. Speaker, I just need to read the first opening paragraph. It says, "The Obama administration used the threat of withholding more bailout money to force out General Motors Corporation chief executives, which marked one of the most dramatic government interventions in private industry since the economic crisis began last year."

Now, this is in the United States. We have the presidency, under some authority, pushing out a CEO, the head of the largest car manufacturer in the United States.

This goes on to say, "The government has demanded the ouster of the head of AIG, American International Group, but only as it took a majority shareholder position." In this case, in GM, the administration has ousted a major CEO as part of an ongoing restructuring.

When we thought we couldn't be outraged any more, when we thought we wouldn't see anything more audacious, we see it yet again. Here is a company, Mr. Speaker, where we have the President deciding who's going to lead the company and who isn't going to lead the company.

And I was so curious today, I listened to President Obama's remarks that he made. This is from the White House. I encourage all Americans to go and read these remarks for themselves. It's remarks by the President on the American automotive industry. I don't think we've ever seen anything quite like this. It's emblematic of where this administration is taking the American taxpayer in this budget.

Now we're seeing the President and the Democrat-controlled Congress wanting to run virtually every aspect of American's lives, from health care,

every aspect of health care, which is 18 percent of our economy, to running the banking system, to running the largest insurance company in the United States, to running the secondary mortgage market, and now to running the largest automobile company in America and the second largest automobile company in America.

Today, President Obama said, "We cannot and must not, we will not let our auto industry vanish," which is great. And I'm wondering how he'll do it. With cutting taxes? I've read his speech. There's nothing here about cutting taxes. With cutting regulations maybe. That might help Detroit. There's nothing in here about cutting regulations.

How about cheaper energy? Wasn't that a big problem last July when gas prices were soaring over \$4 a gallon on their way to 6, 8, who knows what? Maybe cheaper energy. Maybe we'll be able to start getting that oil, the shale oil out of the Western Rocky area. Maybe cheaper oil. No, there's nothing in these remarks about cheaper American oil. Nothing at all. In fact, what we see is just the opposite.

We see the President of the United States intervening personally to topple the head of GM. And then we see the President intervening personally to take a hand at rewriting the restructuring of these two once great American car companies.

And as a matter of fact, he goes on to say that he's made a decision to have these car companies become, telling them what they're going to produce with their products with the new clean car companies. And, in fact, he goes on to say that the car industry isn't moving in the right direction. He's going to decide what that direction is. And it's not moving fast enough. The President is going to decide how fast it's going to move. He goes on to say, the United States government has no interest in running GM. But then in the next line he says, but we're going to give GM an opportunity to finally make those much-needed changes.

He goes on to say that General Motors, which I think now we'll have to call Government Motors after this move, that the new General Motors is going to have to work together with the Obama administration to clean up their balance sheets, consolidate unprofitable brands, and figure out what future investments they're going to make.

But then he goes on to Chrysler, and the President says this. "The situation at Chrysler is more challenging. It's with deep reluctance that we've determined, after careful review, that Chrysler needs a partner to remain viable." And we find out that the President has already worked with an international car manufacturer, Fiat Motors, and he wants Fiat Motors to come in, merge with Chrysler. And then, upon a successful merger, under President Obama's plan, then the American taxpayer will be good enough, Mr.

Speaker, to come in with \$6 billion. And now the company will be owned by Fiat, a foreign company, located in the United States, but with \$6 billion in American taxpayer money.

□ 2145

Mr. Speaker, the President's remarks today are nothing more than industrial policy that you would see in Eastern bloc nations. I urge every American to download the President's comments that he made today. This is the future that we are looking at in the United States. It is not good enough to have the Federal Government just take over banks, to just take over insurance companies, to just take over secondary mortgage markets, to just bankrupt our country, and to punish with new energy tax increases.

Now the American Government is thinking it is smarter than car companies, and they are going to approve plans, decide which product, and then the American people are going to come in and buy the cars—buy fleets for bureaucrats. That is in President Obama's remarks. American people will be buying new cars for bureaucrats. That is how we are going to bail out Detroit. Now, this would be humorous if it were not so serious. This is all part of President Obama's plan.

Mr. Speaker, make no mistake: this has absolutely nothing to do with free markets. Nothing. That is why the Chinese Communists are very nervous right now about the American economy, because they kind of like the way our free markets work. Otherwise, they would have invested in Communist countries; they would have invested in socialist countries, but they chose to invest in a free market country, but now the Chinese Communists are nervous, and they are telling President Obama, we're not too sure about your investments, and European socialists are saying the same thing: We're not too sure about your investments, because what is it that the President now, Mr. Speaker, is embracing? He is embarking upon an industrial policy that this country was smart enough to have nothing to do with.

I encourage the American people: you need to download President Obama's remarks today that he made from the White House on the United States essentially taking over and running roughshod over GM and Chrysler.

With that, I would like to hand it back to my colleague from Georgia.

Mr. GINGREY of Georgia. I thank my colleague for yielding. She brings up such a good point.

Mr. Speaker, I don't stand here and say that President Obama is deliberately trying to destroy markets, but as my colleague points out, this, in effect, is exactly what is happening. What will be the result? I hasten to say that what we are talking about here in regard to General Motors and Chrysler and the speech that the President made in regard to what he is doing sounds so much like what was done in this body

last week in regard to these bonuses that were paid legally and legitimately. Although, public outrage suggests that the recipients of those bonuses from AIG—because we, the taxpayers, had bailed them out to the tune of \$170 trillion—clearly, should voluntarily give those bonuses back.

It isn't for us to trample all over the Constitution and to have a trial by legislation of these recipients of the bonuses. A bill of attainment is what article I of the Constitution calls it, or violating the takings clause of the fifth amendment, and we knew that. Every Member of this body, I think, knew exactly that they were voting for something that was unconstitutional, just to sort of show, oh, gosh, you know, we are the fiscally responsible ones. The bonuses amounted to 1/1,000th of the amount of money that this Democratic majority and that even the previous administration had bestowed on this company like it was the only insurance company that existed in the United States of America.

I don't get my life insurance from AIG, and here we come along with this plan of telling the CEO of General Motors that he has got to step down. Do you know what I fear, Mr. Speaker? I fear that, once again, this is just posturing to set us up for another bailout. They want more money. General Motors wants more money. I am sure Chrysler does, too. So we hear this plan of, Oh, we're going to really crack the whip and crack down on these egregious folks, like the chairman and CEO of General Motors, and make him step down. I would really like to know—and hopefully, some good investigative reporter, Mr. Speaker, will find out—what kind of golden parachute he gets as he steps down.

Mrs. BACHMANN. If the gentleman would yield, I think it is even more than just taking a look at another bailout. There is certainly another bailout on the horizon. The President even indicated as much in his remarks today. He has already told these companies what it is going to be. Chrysler would get \$6 billion if Chrysler, essentially, goes away and lets Fiat buy them out. That is what is going to happen. The American people need to realize this. Under President Obama's plan, Chrysler will be history, and Fiat will come in. A foreign company will come into the United States, will purchase Chrysler, and then we taxpayers are expected to pony up \$6 billion to a foreign company to give them the capital that they need. Just so the American people know, these are President Obama's words today:

He said, "But just in case there's still nagging doubts, let me say it as plainly as I can. If you buy a car from Chrysler or General Motors, you'll be able to get your car serviced and repaired just like always. Your warranty will be safe. In fact, it will be safer than it has ever been because, starting today, the United States Government will stand behind your warranty."

So how do you like them apples? Here we have, Mr. Speaker, the United States of America standing up almost like a used car dealer, saying, "Don't you worry. The United States Government is going to back the car warranty on your car. So go down to the GM. Buy yourself an Impala because the United States Government is going to stand by your 3-year warranty, and if you're really good, maybe it will be a 5-year warranty."

So here you have the United States Government intervening, not only like the Wall Street Journal said—by lopping off the head of the CEO of General Motors, now called Government Motors—but now we have the Federal Government deciding it's going to be the pitchman, and it's going to back your warranty.

In fact, not only that, but President Obama said, "We recognize there's a weakness in our economy." He said, "To support demand for car sales in this period, I am directing my team to take several steps. Here is the first one: We're going to take money from the stimulus to purchase government cars as quick as we can for Federal bureaucrats." So this is going to give a lot of aid and comfort to the American people in knowing that their bureaucrat is going to be driving a brand new car, purchased at government expense. So their taxes are going to have to go up to buy cars for bureaucrats.

"Number 2: We're going to accelerate our efforts through the Treasury Department." Now, I thought the Treasury Department had quite a bit on its plate right now. They're not even able to fill positions in their office, but now they're going to open up a brand new consumer lending department rather than have the car companies', like GM's auto finance. They are gone. The Treasury Department, which is the new investment bank in the United States, is now the new consumer and business lending initiative. Our Treasury Secretary, who, apparently, doesn't have enough to do is now going to be the new loan officer for the cars in the United States, but it gets better.

Third, the IRS, which is now our new friend under President Obama, will be the new marketing arm of the Federal Government because they are going to launch a campaign to alert consumers of a new tax benefit for car purchases made between February 16 and the end of this year. If this doesn't sound like an ad you would see on late night TV: If you buy a car this year, we will deduct the cost of sales and excise taxes. In fact, we think we will sell 100,000 new cars.

Mr. Speaker, Detroit sells millions of cars every year. So we are going to have the Federal Government take over these two car manufacturers so they can sell 100,000 new cars? That would be a bad day for Detroit if that's what they would all sell, but that's not the end of it.

Then the President went on to say today, "Several Members of Congress

have proposed an even more ambitious incentive program to increase car sales while modernizing our fleet." That is really going to comfort the American people in knowing that Congress has come up with a plan to sell cars to the American people, and such fleet modernization programs will provide generous credit to consumers who turn in old, less fuel-efficient cars and who purchase cleaner cars.

Again, I say to you, Mr. Speaker, this is so pathetic to think that now Congress is going to come up with a way to sell cars better than the private markets and that we are going to have bureaucrats driving new cars while the American people are limping along in their old cars. They cannot afford to buy cars. This is unbelievable.

I urge the American people to download the President's remarks from today. This has very little to do with the free market. It has everything to do with failed Eastern European industrialized policy. This is not what the American people want. They want their taxes cut. They want jobs in the United States, and they want to be able to have less burdens on their backs from regulations.

I yield to the gentleman from Georgia.

Mr. GINGREY of Georgia. Well, the gentlelady from Minnesota, I think, put it so well, and I think you and my colleagues would almost have to agree that this sounds so socialistic.

Mrs. BACHMANN. Perhaps because it is.

Mr. GINGREY of Georgia. There are worse terms you could apply to it, and the gentlelady may have one that she wants to express.

You know, as to this Government Motors business of, look, we have to do this so that people will be confident in the company and will buy these automobiles because now they feel secure in their 3- to 5-year warranty, listen, I would feel so much better with the chapter 11 option and if General Motors had to restructure under the bankruptcy code. Then nobody would lose their jobs. Maybe there would have to be a little cut in pay, and the vendors would take a little haircut, but this company would continue to be viable.

I want to just very quickly tell my colleagues about a company that is very important in my district, the 11th Congressional District of Georgia. We have a lot of poultry industry in northwest Georgia, and the big name that you hear about when you think about poultry processing—across the country, in fact, certainly not just in Georgia—is a company called Pilgrim's Pride. People know about Pilgrim's Pride. Well, they're financially struggling, and had to lay off literally thousands of workers and temporarily shut down for about 3 months until they made the tough decision to go into a bankruptcy reorganization under chapter 11.

I talked to some of the company executives within the last week when I

went back into the district, and they said, Congressman, we're doing fine. Everybody is back to work. We're going to work our way out of this, and we're going to end up being a much stronger company in the long run. That is the magic of the free market, Mr. Speaker, and that is exactly what we are talking about here tonight.

I commend MICHELE BACHMANN for her wisdom in presenting this, and I yield back to the gentlelady.

Mrs. BACHMANN. If the gentleman would yield, what you're talking about with Pilgrim's Pride, the great chicken producer in your district, that could have been done by our car manufacturers here in the United States without one dime of taxpayer money going into the auto industry.

I sit on the Financial Services Committee. We had the Big Three automakers in front of our committee, and I asked that question when the gentlemen were there. I asked, "Wouldn't bankruptcy protection be your best friend? It would shield your company from further legal liability, and it would allow you the freedom to restructure your contracts and to restructure your organization." That would have been a great tool that would not have cost any money.

Unfortunately, our President has made a decision to take the most expensive and the deepest government intervention route that we have ever seen in the history of our country. My fear, Mr. Speaker, is we will never again see a free car manufacturer, an American-made car manufacturer, in the United States. Is there any industry that thinks, once the government gets its fingers at the level where it approves your business plan and then backs up the warranty of your product and decides what your product will be and who the purchasers of your product will be, that the government will ever get out of the car business? At that point, what are we going to have left to buy—pogo sticks?

We are not going to have much of a car industry left once the United States Government gets done with it. It's kind of like free health care. We will never see more expensive health care than when the Federal Government gets involved.

Mr. GINGREY of Georgia. Well, if the gentlelady will yield, she kind of perked my interest a little bit there as she was starting to talk about health care.

Mr. Speaker, you know I am one of the physician Members of this body, and have practiced a long time—delivering babies in Marietta and in surrounding counties—and I am so glad that health care has been brought up tonight because the President just feels like government-run programs work better than the free market. We are on the verge of seeing Hillarycare all over again. I don't want to totally shift gears here on this subject, but it is such an important point, Mr. Speaker.

We don't necessarily try to say that the free market system of health care

is perfect or that we don't need to do some things to try to get the 47 million or so who are uninsured in this country health care that is accessible and affordable and portable, that they own, where they can control their own destiny and where we can encourage them to adopt wellness policies regarding their own health.

□ 2200

That is a subject maybe for another hour, and I will yield back to the gentlelady from Minnesota.

But clearly, we Republicans, the minority party, feel that the marketplace is the best place to solve these problems. And I don't want, Representative BACHMANN doesn't want, and nobody in this Chamber should want government motors.

Mrs. BACHMANN. I thank the gentleman and thank you for this time.

We yield back. Thank you.

REPUBLICAN CONGRESSIONAL HEALTH CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes.

Mr. BURGESS. Mr. Speaker, I am coming to the floor of the House tonight to talk about health care. We had the occasion this morning over in the Library of Congress to have the first forum from the Republican Health Policy Caucus. This will be the first of several that we will do over the coming months. Obviously, health care is going to be a subject that receives a lot of discussion and a lot of debate, as it should. It's an important topic, and it is going to occupy a great deal of Congressional attention.

Let me just speak a little bit about the Caucus, and then I want to talk about the event that occurred this morning.

The Congressional Health Caucus was founded at the beginning of this Congress, the 111th Congress, and it was formed with several purposes in mind. It is a caucus on the Republican side, it is to educate members and their staff on the issues surrounding health care policy, and certainly, Mr. Speaker, the purpose of the caucus is to equip those same members with the resources for fostering debate and, of course, ultimately serving the American people with the most effective policy. It is designed to help members and their staffs communicate effectively, and we do welcome debate. It is not a closed-end caucus. Certainly we welcome a variety of members.

And perhaps one of the most important things that this caucus can do, this is an inclusive caucus. It does include members, is open to any member on the Republican side—I actually thought about the possibility of a bipartisan caucus but there wasn't much interest in that. But nevertheless, from our side of the aisle—and certainly

we've had discussions with members of the other body as to whether they might be interested—but the idea is to have an inclusive discussion on the things surrounding health care reform.

But perhaps one of the most important things that I envision—one of the most important roles that I envision for this caucus is to take the discussion beyond the Capitol, beyond Washington, beyond the Beltway, the Potomac and all of the accoutrements and all things that are Washingtonian and speak to those patients, those doctors, those nurses, those hospital administrators who are actually doing the work in the trenches day in and day out and are actually looking toward Washington and wondering just what it is that we're up to now because, of course, some of them have seen this before. And it caused a great deal of disruption within the medical community some 15 years ago. They didn't see much that changed that was positive. Perhaps we allowed HMOs to get a more greater foothold in many markets across the country after the failure of the plans of health care reform 15 years ago.

So there is a great deal of interest but also a great deal of skepticism as people who work in the field—again, the doctors, the nurses, certainly the patients and their families, certainly the hospital administrators, people who work day in and day out delivering health care to our patients, our seniors, our youth, our families—there is a great deal of skepticism about what they see going on in Washington right now.

Well, in pursuit of those goals that I outlined, the events and resources provided by the caucus will be designed to prepare members to engage intelligently and effectively during this debate that we're going to see over the next several months and then beyond that. Whatever policies are arrived at or not arrived at, it will be the implementation of those policies, it will be the forward activity that occurs as a result of enactment of sweeping health care reform or the failure thereof.

Remember back in 1993 and 1994 when the bills did not get out of the—the bills did not become law, what was the focus then of the United States Congress on health care going forward? What type of attention was paid? It will be the purpose of this caucus that regardless of what happens, whether reform is enacted or not, that we will not take our eyes off the ball, and we will continue to be vigilant for the sake of the American people.

Now, Mr. Speaker, for reasons that I don't quite understand, I was invited down to the White House a couple of weeks ago to participate in the White House forum on health care reform, the White House Health Care Summit, and the President, in his remarks to us as the afternoon was concluding, was that it was his job to offer guideposts and guidelines, but principally he was there that day to try to find out what works.

And to that end, I applaud the President for having an open mind and having a willingness to listen to a variety of points of view. And I intend to be a resource. I intend to help him find out what works.

Yes, I have some ideas. They may not be mainstream Democratic ideas, but nevertheless, certainly they deserve some consideration. And many Members on both sides of the aisle have ideas, and we saw this very much in evidence in the break-out session that I attended.

One of the concerns I had with going down to the White House that day—was I just another pretty face to be down at the White House? Had this reform bill, in fact, already been written, was it just basking up in the Speaker's office awaiting for the correct time to be visited here upon the House floor and then we would all vote on it—much as the children's health insurance program bill, the reauthorization for that bill, came forward in August of 2007?

Well, is this bill already done? The President assured us it was not, that this would go through regular order, that he would look to the congressional committees and subcommittees to hold hearings to do the work to draft the legislation, to mark up the bills and do so under so-called regular order.

So I take the President at his word that—in fact, we're having a number of hearings in my subcommittee on health in the Energy and Commerce Committee, and I welcome that because I think these are important discussions for us to have.

But the American people also feel that Congress should do its work in the appropriate way and not just simply allow a bill to be crafted out of the public domain and arrive fully formed from the Speaker's office and come to the House floor. But the public expects us to have the debate, to have the discussion, to work on this bill in a bipartisan fashion.

Congress, in undertaking this project, must focus on solutions and not politics, and that's going to be very difficult for some of us to do. And, in fact, the later it gets in the 2-year cycle that the House lives with, the more difficult it is to separate politics from solutions. But still, we need to rise above that and work on those solutions, long overdue solutions, and focus on what is good for the American people.

We need to keep the idea of patients and not payments uppermost in our mind.

Now, the membership in the Republican Health Care Caucus is open to all members of the House Republican conference and their staff. We will host regular briefings and forums for members and staff as well as providing timely resources. This was the first today, the first policy forum that the caucus will host, and we were very fortunate. We were joined by three wonderful panelists whose ideas were not

necessarily in concert with mine. Some I agreed with, some I disagreed with, but it was food for thought and very thought provoking; and I certainly learned some things as a result of the conference that we held today.

There will be a follow-up document that will be posted on the caucus Web site. It's actually a tab that can be accessed through my official congressional House Web site that's Burgess.House.Gov, and there is a health care caucus tab that's pretty easy to see when you first go to the page and, in fact, by clicking on that page, there is the opportunity to visit a—we simulcast this on the Web and the archive of that simulcast is now available on the Web site.

In fact, we did—to show that we were well into the 21st century, we took some questions from the audience and we took some that were sent to us over the new media phenomenon known as Twitter. So people outside the Beltway were able to send in questions which could then be posted to the panel. And I think that made for, again, a pretty lively question-and-answer period after the presenters did their formal preparation. We left about half the time for question and answer and again, not all of it came from the audience—or the physical audience—some came from the virtual audience that was watching on the web and sent their comments or questions in through the phenomenon known as Twitter.

So we came together actually in response to President Obama's desire to learn about what works. And with our assurances from the majority party that they are willing to work with Republicans as long as we negotiate in good faith, okay, great, and we wanted to get some ideas on the table, and I think we accomplished that this morning.

We had several questions that we put forth as we started the forum. We wanted to hear about what is being talked about as a so-called public health insurance option, the so-called government-run option, what the President's proposal for a government-run option could mean for health care in the future, what effect would this have on patients, what effect would this have on doctors, what effect would this have on the private market; and indeed, what effect would this have on those already-existing public programs such as Medicare, Medicaid, and SCHIP.

We heard testimony relating to what is called a National Insurance Exchange, a so-called insurance connector that can bring people and insurance policies together, and what are the good things about an insurance connector and perhaps what are some of the drawbacks of an insurance connector.

And we did hear discussion about what has been proposed as a national health board, a Federal-type of Federal Reserve board that would apply to health care and would this board

have—how much power would it have, how much ability would it have to direct medical spending and medical decisions. All very important concepts that are all outlined or have been part of the discussion as far as what might be contained within the President's plan.

Just off the subject for a moment. During the fall, I had an opportunity to hear about the President's plan in a variety of cities across the country in a series of debates that were held during the presidential election, and I got fairly familiar with what was being talked about on the other side as far as the concepts embraced by then-presidential candidate Barack Obama as far as what his ideas were for health care reform.

It is interesting, now that we're out of the campaign and into the legislation part, some of the things that we heard a great deal about during the fall, we don't hear about so much any more. And in fact, some of the things that were vilified on the other side are now perhaps being embraced as ideas that are worthy of study and worthy of merit.

Specifically, during the fall we heard a great deal about a mandate for children, all children should be covered. I never could get a definition of what is a child. Is that a person who is under the age of 18, 19, 25, or 30? And I heard all four ages mentioned at some point during the debates.

Well, the mandate for children seems to have gotten lost in the translation. We expanded the State Children's Health Insurance Program in January. So I guess the assumption is that that box is checked and we have moved on to other things.

The National Health Board received a lot of attention during the fall. It remains to be seen how big a role that will play in whatever legislation is going to be written, and certainly the concept of a public option was one that was out there and discussed at great length during the presidential debates of last fall.

The public option plan, I can recall several statements that this would be a plan for people who right now lack health insurance, the so-called 40 or 45 million of individuals in this country who lack the benefit of health insurance, and that everyone should be given a plan just as good as a Member of Congress. So that would be the Federal employee health benefit plan option, which is a fairly expensive way to approach that.

Now, faced with the reality of what are some very significant budget deficits stretching ahead of us before we even get to anything beyond the preliminary discussions of health care reform, perhaps that is going to be, of necessity, be scaled back just a little bit and perhaps that public option, that government option, is going to look more like Medicare or perhaps even more like Medicaid going further into the discussion.

□ 2215

But it remains to be seen because that part of the story has not been written, but I bring it up because it's significant and it behooves people to pay attention to what those discussions are because it makes some difference.

We have had multiple hearings, as I mentioned, in our Subcommittee on Health in the Committee on Energy and Commerce. We have multiple panels who will come and discuss various aspects of health care reform. We have Democratic witnesses. We have Republican witnesses. And out of perhaps somewhere between 10 and 15 witnesses that we have had come before our committee, I've only found one witness who would be willing to exchange their health insurance that they have today for a program such as Medicaid if that were to be the government-run option. Almost every other panelist who's come before us, whether it be Republican or Democrat who's presenting to the panel, has no interest in substituting their health insurance for a Medicaid-type program.

Mr. Speaker, in fact, during the debate on the rule in Rules Committee leading up to the State Children's Health Insurance Program expansion, I offered an amendment in Rules Committee to allow Members of Congress the option for signing up for Medicaid as opposed to some of the other insurance products on the Federal Employee Health Benefits plan. Needless to say, that amendment was not adopted and received very little interest when I brought that up to the Rules Committee.

But it brings up the point, if we're not willing as Members of Congress or the people who testify before our committees are not willing to take on a public option program, a government-run program like Medicaid for their health insurance, well, what does that say about what we are making available then to people who currently are covered under Medicaid and people who are currently uninsured who may be offered a government-run program if it is made to look very much like Medicaid looks today?

I think we have a long way to go to fix some of those programs. Certainly, both Medicare and Medicaid have some significant problems. There are significant problems with finding providers. There's a significant problem that the funding for those programs falls far short of what it needs to be, and as a consequence, the private insurance in this country subsidizes or cross-subsidizes the Medicare and Medicaid programs to a significant degree, such that if you lost the option for private health insurance in this country it might be very very difficult indeed to pay for those public, government-run programs that are in place today.

But I have gotten a little far afield. Let me bring it back to the things that we had before us in the forum this morning.

We heard testimony on ways that our current system, public-private hybrid system, of insurance can be improved, and we heard about lessons from the States, lessons that we might look at very closely when we're formulating public policy. After all, in medicine we're always told you need to practice evidence-based medicine. You need to look at randomized clinical controlled, clinical trials before you make a decision about what to do.

Well, if that's good for America's physicians and America's patients, might that not also be good for America's policy-makers? Should we not also ask ourselves what is the evidence for the best policy? In other words, can we practice evidence-based policy here in the House of Representatives, the same as we ask our physicians to practice evidence-based medicine?

So, we are fortunate the States function as laboratories, as the Founding Fathers envisioned, and we did hear some testimony on lessons from the States.

And then finally we heard about proposals for a consumer-driven, market-based approach to reform that really may hold out a great deal of promise as being the most affordable of all of the options that were out there.

Our first presenter this morning was Dr. Karen Davis from the Commonwealth Fund, which is a private foundation that aims to promote a high-performing health care system that achieves better access, improves quality and greater efficiency. Dr. Davis has a Ph.D. from Rice University, the recipient of many accolades, the author of many books, and we were very, very fortunate that she was willing to come down from New York and participate in the forum this morning.

Dr. Davis talked a good deal about some of the problems that we have in our current system, and she spent a good deal of time discussing payment reform as a component of health care reform. Payment reform might reflect a new concept. The Medical Payment Advisory Commission, MedPAC, has talked about a concept called bundling, where we don't actually pay for individual treatments but that we bundle these services, doctor, hospital, laboratory, and there is a payment for an episode of care rather than a doctor billing for the doctor services, the hospital billing for the hospital services, the laboratory billing for the laboratory services. So there's more of a global fee, if you will, but bundling is even perhaps one step more than a global fee.

And one of the concepts embodied therein is that perhaps there would be a payment for an episode of care that would comprise a period for as long as a month, because some of the really difficult payment difficulties we get into, in Medicare in particular, result from patients who have to come back into the hospital after being released, and those rehospitalizations tend to be very expensive. And so this was a way

to bring that type of expenditure under control.

Another concept that was discussed was a concept called gain-sharing; that is, if a medical group, hospital and doctor group could devise a method of delivering care in a more economic way, that part of the savings that that doctor group and hospital was able to demonstrate, part of that savings then could be shared with the medical group, the hospital that was involved in that episode of care.

These are concepts that are—they have been tried in some demonstration projects. To be sure, there's some difficulties. Emotionally, I have some difficulties when we talk about bundling a doctor's payment with a hospital payment. Quite honestly, doctors don't trust hospitals and hospitals don't trust doctors, so there are some barriers to overcome there.

The concept of gain-sharing, certainly if we're going to ask physician friends to do things smarter, cheaper, faster, perhaps we can include them in whatever benefit accrues to the government, i.e., the Medicare system. Perhaps we can include them in the distributional aspects of that.

Dr. Davis did talk some about the concept of a health care connector or an insurance exchange, the advantages there that you bring together the patient and the insurance policy. Particularly for someone who doesn't have employer-sponsored insurance, it can be a confusing array of products that are out there, particularly now if we're going to have a government-run option out there. A public plan, a public government-run plan out there, perhaps an insurance exchange may be a way to bring together the patient and the insurance company.

So, to be sure, there's some people are skeptical of exchanges. The current experiment going on in the State of Massachusetts points out some of the benefits but also some of the pitfalls for insurance connectors and insurance exchanges.

Part of the difficulty that has been discussed about is, is there an inherent conflict of interest having an umpire also play for the home team, and therein is the problem with the combination of a public, government-run plan and an insurance connector. The insurance exchange is going to set the rules by which coverage must be sold. It's going to set the rules as far as pricing is concerned, and oh, yes, it's also a competitor because the government-run option is going to also be part of that exchange.

But nevertheless, all of these are ideas that are worthy of discussion because the concepts going forward, we need to have the discussion on these. We can't just accept them as good ideas because someone else thought of them, and it's a way out of our conundrum with the uninsured and it's a way perhaps to control costs, but certainly, these philosophies need to be fully vetted.

We were then very fortunate to be joined by Dr. Merrill Matthews, who's the director for the Council of Affordable Health Insurance, and this is a Washington, DC-based research and advocacy organization promoting free market health insurance reform. Dr. Matthews earned his Ph.D. in philosophy and humanities from the University of Texas at Dallas.

Now, Dr. Matthews had a very interesting discussion for us. He focused more on what was happening with the role of the States and brought to us current examples of six States that are doing things. Some are working well, some not so much, but nevertheless, the President did, in his charge to us as he finished up that day at the White House, he said, I want to learn from what works. And Dr. Matthews brought to our policy discussion this morning six examples of things that are going on in States around the country and how those might deliver to us ideas that may be worthy of study or ideas that perhaps deserve a great deal of scrutiny because they've already been tried somewhere and they're not working so well.

The first State that Dr. Matthews mentioned was the State of Georgia. Georgia, of course, has a State income tax, and he highlighted the role of the tax system in providing for health care for the citizens of Georgia. A State tax credit for qualifying employers that offered health savings accounts and high deductible health plans was available. So an employer could get a tax credit off of their State income tax for offering a high deductible health plan or a health savings account, and for individuals, also, there was a State tax deductible for individuals purchasing health insurance, which begins to remove a little bit of the discrimination against an individual holding an insurance policy. But apparently, the preliminary results of Georgia are encouraging, and certainly that points the way to some discussion of some changes within our Federal tax code that may be more applicable to the national stage.

The State of North Carolina really highlights the need and the benefits of having a robust safety net for patients who have a preexisting medical condition. This is always a great fear that people have, what if I lose my employer-sponsored health insurance, I can't keep up with the COBRA payments, I'm diagnosed with some serious illness in the meantime, and then I am thereafter uninsurable and will remain uninsured until I can get taken on a Federal program such as Medicaid or Medicare. North Carolina has now a program to deal with those individuals who, because of the condition of medical fragility, are uninsurable by really fine-tuning the State high-risk pools.

This requires an assessment from the health plans that sell in the State. So each of the private entities are asked to contribute to the overall maintenance of this high-risk pool. To be

sure, there is a sliding scale, Federal subsidy, State subsidy that can be made available, but it certainly shows with a little bit of planning and a little bit of willingness to work between the public and private sector that individuals with preexisting conditions do not need to be shut out of the health insurance system. There is a way, indeed, to provide insurance and bring people back into the fold.

Dr. Matthews talked about the State of New Jersey and how New Jersey has some of the highest health insurance premiums because of various requirements on policies in New Jersey and how just across the State line in Pennsylvania the health insurance premiums are significantly lower. So, within the State of New Jersey, legislation has been introduced to allow individuals to purchase insurance in adjoining States, insurance that is under the control of the insurance commissioner in those States, that has been fully evaluated and vetted, but at the same time has relief from some of the mandates that drive the cost up so very high within that individual's home State.

□ 2230

Certainly, this is a concept that is worth exploring. And it will be interesting to see if this legislation is indeed enacted in New Jersey and, if it is, how does it fare for allowing more people to use their own money to purchase insurance when the cost is not set arbitrarily so high that it is beyond their ability to pay.

Dr. Matthews also talked a little bit about what's going on in the State of Florida. Florida also highlights the issue of cost. They have required from the insurance companies within the States to sell insurance to anyone—the so-called guarantee issue—but it does focus on catastrophic coverage that is the high-deductible, low-premium type of insurance.

Again, it will be interesting to see if this does indeed bring more people into a condition of coverage and remove those individuals from the ranks of the uninsured.

Tennessee had an example with TennCare where virtually everything was offered to everybody for almost nothing. It really put severe financial constraint upon the State. So the Governor has now outlined a new plan—it's called Cover Tenn, which is a much more limited benefits plan. The premium is \$150, which is split three ways—the individual, the employer, and the State all paying a share. There is a significant focus on preventive care and routine screenings.

Somewhat controversial, there is a benefit cap. Benefits are capped at \$25,000 dollars, which may seem like this is not providing enough care but, in actuality, only four out of several thousand people covered under this program have actually hit that ceiling.

Clearly, this is a work in progress and this will have to be monitored. But

it certainly shows we always talk about we need more preventive care, we need more disease management, we need medical homes so those so-called low dollar-expenditures you can make in health care perhaps, perhaps can deliver a significant benefit and prevent some of the high expenditure situations that people encounter.

Finally, Dr. Matthews talked about what's going on in the State of Arizona where a State initiative has been in place that sort of deals with the issue of personal freedom. You can choose to have insurance or you can choose not to. It is important. It is not forcing someone to pay something that they don't want or feel they don't need.

Now that initiative was put forward in the Arizona legislature. The initiative failed. But it's likely to see some additional activity in the coming legislative session.

So those were the ideas brought to us by Dr. Merrill Matthews, who is, again, from the Council for Affordable Health Insurance, and certainly showed how the States can function as laboratories in the concept of creating new ideas in the arena of health reform.

Finally, we heard from Dr. Grace-Marie Turner, the president of the Galen Institute, a public policy organization that promotes an informed debate over free-market ideas for health reform. Perhaps one of the most impressive statistics that Grace-Marie Turner has brought to the discussion is the percentage increase—the cost increase for regular indemnity insurance, the cost increase for PPOs, the cost increase for Medicare and Medicaid has all been 6 to 7 percent a year, well ahead of inflation, and it is that cost driver that is pushing the affordability of insurance past the reach of many patients.

With so-called consumer-directed health plans or consumer-directed options, high-deductible health plans, the actual rate of increase is 2¼ percent. So about one-third of what it is for the public plans and the indemnity plans and the PPO plans.

If indeed we want to find out what works and if indeed affordability is an issue, and I believe that it is because affordability is what is preventing many people from actually being able to afford or buy insurance, then why wouldn't we look at this type of data and why wouldn't we look at expanding, as Florida has done, as Arizona discussed doing, why wouldn't we look at expanding these so-called consumer-directed options that clearly the price goes up at a level much more in line with inflation and the consumer price index and not two to three times that level.

So certainly Grace-Marie Turner brought some good ideas to the forefront. She did talk about there being a climate for innovation that is pervasive and the fact that everyone is talking about health care, everyone is talking about how do we reform and improve the system. So that climate for

innovation is one that we should embrace and capture and utilize, not for political advantage, but for the advantage of, after all, the person who should be at the center of all of this is not an insurance executive, it's not the Secretary of Health and Human Services. The person at the center of all of this, ultimately, is the patient and their family.

Now, Mr. Speaker, just to depart for a moment, I've spent a lifetime in health care and I know very well that you look at this vast machine that we call the American health care system and what is it that we produce, what is the widget that the American health care machine churns out at the other end?

Well, the widget is the interaction that takes place between the doctor and the patient in the treatment room. It may very well be the operating room or the emergency room or the delivery room. But it is that fundamental action that occurs between doctor and patient.

So when I think of things that deal with changing health care and how it's delivered in this country and how doctors are paid and how patients are cared for and how insurance companies are structured, you have to look at that fundamental interaction between the doctor and patient in the treatment room and does this change that we're talking about, does it bring value to that interaction or is it perhaps somehow injurious to that interaction.

If it brings value then it really doesn't matter to me which side of the aisle the idea came from; it is one that is worthy of merit, it's worthy of study, it's one that perhaps is worthy of inclusion in whatever we eventually do in health care reform.

On the contrary, if what we are proposing to do detracts from the level of value of that fundamental interaction between doctor and patient in the treatment room, then we have got to be very, very critical, very, very serious about how we look at that because, after all, if we devalue the interaction between the doctor and patient in the treatment room, ultimately we devalue the experience for the patient and ultimately we are causing more stress and more harm to the system.

As we've talked about a number of things this evening and when Dr. Matthews was talking about his experience with the several States, I couldn't help but think of what has gone on in my own home State of Texas in the past 5 years since September of 2003, when the State passed what was then a very innovative, very forward leaning, extensive medical liability reform that really has been a game changer back home in Texas.

When I ran for Congress in 2002, Texas was in the middle of a very serious medical liability crisis. We were losing medical liability insurers. They were leaving the State because the State's environment was so hostile. They were losing money so they left

the State. We went from 17 insurers down to two in a very short period of time. I promise you—you don't get many competitive influences when you have only got two insurers out there writing medical liability insurance.

Medical liability insurance was going up and up and up. Even for physicians who didn't have a claims history, just because you were practicing medicine in Texas, you were a significant risk to that insurance company. As a consequence, doctors all across the State saw their premiums go up, and some doctors simply could not find insurance at all, at any price.

I talked to a number of doctors that year I was running in 2002 who had just simply left practice or never were able to start their practice and were just out of school and unable to set up their practice in their home State of Texas because the medical liability climate was so severe that insurers were not willing to write them insurance policies at any price.

The whole trauma network in the Dallas-Fort Worth area was brought down by the fact that one of the neurosurgeons got his premium bill to re-up his medical liability premium, looked at the six-digit figure and said, That's it. I can't do it any more. I can't earn enough money to pay this bill, and I will have to leave the State.

When that happened, about 50 percent of the neurosurgeons then were gone from the trauma system, the trauma network in north Texas, putting that trauma network in serious jeopardy. How were they going to provide neurosurgical services 7 days a week, 24 hours a day, when they had but one physician remaining to provide those services?

So we were under extreme stress in the State of Texas in the fall of 2003. Then the State legislature passed a very forward leaning medical liability reform. It was a cap on noneconomic damages. It was a cap similar to the Medical Injury Compensation Reform Act of 1974, which has done such a good job in California, but perhaps modernized a little bit for the 21st century.

The cap was trifurcated; that is, there was a \$250,000 cap on the physician, a \$250,000 cap on the hospital; and a second \$250,000 cap on a secondary hospital or nursing home if one was involved.

So an aggregate cap of \$750,000 for pain and suffering. Actual damages, medical damages were not capped in any way. In fact, punitive damages, if gross negligence could be demonstrated, punitive damages were not capped.

What this has done in the State of Texas has been nothing short of phenomenal. We have doctors coming to the State, a State that was losing doctors in 2002, is now seeing more and more doctors coming to the State. In fact, one of the bigger problems we have today is not the inability to find medical liability insurance; one of the bigger problems today is the State

Board of Medical Examiners finds itself short-staffed and is having difficulty keeping up with the volume of applications for State licenses that are coming in from other States.

As a consequence, Texas has gone from a situation where we were in fact getting into difficulty. We were in quite a fragile condition from the standpoint of providers. And now we find that that situation has been reversed.

This is such a commonsense application of previous legislation, again, that was enacted out in California over 25 to 30 years ago, that now is working today in its modern iteration in the State of Texas. I've introduced a similar bill in Congress because I feel this is so important to be able to offer this same type of protection to other doctors in the country.

There's no question that the concept of defensive medicine is a real one. When people look at the cost, escalating cost of medical care, one of the problems is that as a doctor you feel like you have got to do every test and every study so that if something goes wrong and you're called into court and that chart is put on the stand with you, that chart is going to be an A-plus and you've done every possible test right down the line and there can be no second-guessing. That's the onus, that's the burden that doctors practice with today in this medical liability climate.

So the idea of being able to relieve some of that pressure from defensive medicine, it won't happen overnight. This will take a significant amount of time to reverse some of these work patterns and thought processes. But, as they say, the journey of a thousand miles starts with the first step. And this Texas legislation is a very, very good place to start.

The legislation in fact saves money. As estimated by the Congressional Budget Office, it saves \$3.8 billion, almost \$4 billion over 5 years. I know that's not an enormous sum of money when you've got Congress writing a blank check for \$787 billion in one weekend. I know a paltry little \$5 billion doesn't look like much. But we are up in budget time and every little billion dollars adds up.

So I have, with no thought to any personal aggrandizement, I have offered this concept to both sides in their budgetary process. I'm willing to give up my \$5 billion to the cause. And I would like to see us seriously take on some type of meaningful medical liability reform.

That brings up another issue. We've got 47 million people who are uninsured and we have got various proposals to bring more and more of those individuals into the ranks of the insured. You look at some of the graphs and people will talk about, "well, we've got this plan, we've got that plan."

And look how the number of the uninsured just drops precipitously. But, unfortunately, the other line on that

graph that no one ever pays any attention to is the number of doctors out there who are capable and willing and able to see patients. That's a relatively stable number.

So what is the essential effect of bringing many, many more people into the ranks of the insured if we haven't impacted the physician workforce at the same time. No question we are going to put additional stress on the system.

Now I do work on issues dealing with the physician workforce because I think that is so important. In the Health Care Caucus that will be the subject of one of our future forums because I do feel this is so important.

Certainly, at the end of the scale that deals with the young person getting out of college and contemplating a career in health care, cost—the barrier to entry right now—is a huge barrier to entry. No one wants to end up with 8 or 12 years of professional education with a loan repayment plan that is structured such that it's almost impossible to repay.

□ 2245

We have got to pay attention to that. We have got to make more help available to those, the best and brightest of our young people who may be contemplating a career in health care.

We passed a bill on the floor of this House just a couple of weeks ago that came through our Energy and Commerce Subcommittee on Health that dealt with the number of residencies out there for primary care physicians, pediatricians, OB/GYNs, family practice, internal medicine, general surgeons, the type of doctors that are going to be needed on the front lines of delivering care for generations to come. We are not making enough of them, and many communities just simply cannot attract a doctor.

One of the things that we found in Texas, a study done by the Texas Medical Association, is that a lot of doctors, maybe it is because they don't have much imagination, but they tend to practice close to where they train. I am a very good example of that; I trained in Dallas and I practiced in Louisville, Texas, about 15 miles away. We tend not to go very far away from where it was that we took our training.

As a consequence, if you can develop residencies in more communities where the actual need is high, those medically underserved areas, and you can develop residencies in those programs, pediatrics, general surgery, OB/GYN, family practice, internal medicine, if you can develop those residencies in hospitals or in those communities, you might be able to keep some of those physicians in the area, and that would be an innovative or a different way of trying to bring doctors or keep doctors in those communities.

Now, there was a bill very similar to that that passed out of Energy and Commerce. It passed on the floor of the House here a couple of weeks ago. It is

now over in the other body. We in fact passed it last year as well, and it made it over to the other body, but it didn't quite make it out of the other body. And it was late in the year and I understand that. It is certainly no criticism to our good friends in the other body. But this year we passed it relatively early in the 111th Congress. We want to give them plenty of time to scrutinize it, plenty of time for the guys down at Office of Management and Budget and the White House to scrutinize it. But ultimately I think they will see that this is a good program, and it is not an enormous program.

The money that is going to be used for this will be a self-replenishing loan program, so that as the program matures the money will constantly be repaid. But it removes some of the barriers to entry for a hospital that right now is not offering a residency program in a medium-sized community, in a smaller community, perhaps a rural community that has got a hospital with sufficient clinical material that can be accredited by the American Council of Graduate Medical Education but at the same time right now does not have a residency. This can help eliminate one of the barriers to entry for that hospital being able to set up a residency program and, ultimately, can bring more physicians to those communities that right now are medically underserved, particularly in the primary care specialties.

Then, finally, and I talk about this frequently, we are going to talk about it I suspect many times this week because of the ongoing budget debate. But a formula that is used to calculate physician reimbursement for patient services in the Medicare program, the so-called sustainable growth rate formula which has programmed into it payment cuts for physicians, reimbursement reductions for physicians for years to come is a significant onerous burden on our physician community, and we do need to correct that problem.

We did a temporary fix in July of last year, about 9 months ago; it was an 18-month fix. It expires December 31 of this year. And Members of Congress who are not paying attention to this may find themselves very unpleasantly surprised when they go home sometime after the August recess and their physician community is up in arms because Congress hasn't done anything about this 20 percent reimbursement reduction that they are facing New Year's eve of this year. This is a problem that is barreling down the pike at us, and so far this year we haven't spent a great deal of time or energy dealing with that.

Now, to the President's credit he talked about dealing with that in some way in the budget, and indeed there was a line item in the budget that the President put forward, but it didn't really solve the problem. It extended this cliff that we fall off of every 6 months, 12 months, or 18 months. It ex-

tended it out for 10 years, but the cliff will be every bit very in evidence and in fact all that steeper because it is a 10-year cliff as opposed to a 2-year cliff. We really need to fundamentally change that formula, pay doctors under what the Medicare Payment Advisory Commission has called the Medicare Economic Index. That is a cost of living adjustment for paying Medicare physicians that basically says if the cost of doing business increases, we are going to increase the amount of reimbursement. It is the same thing we do for hospitals, it is the same thing we do for drug companies, it is the same thing we do for HMOs. We ought to do the same thing for America's physicians; because if we don't, we are going to wake up some morning and find ourselves with an absolute lack of physicians that is going to be almost impossible to overcome, and then Congress will be left scrambling on how to fill that gap. Do we just simply ordain people as doctors and tell them to go to work? Do we open the borders and bring people and steal doctors from some other country? Who knows what the position of a future Congress might be.

It is incumbent upon us to face that problem this year. It is important enough that we take care of it, that we not leave it for a future Congress, that we not postpone it 10 years, as was outlined in the President's budget. We just simply need to change this formula, and do it now. This is something that doctors are looking at the Congress and saying, well, you are talking about a public option government-run plan, you are talking about expanding Medicare, you are talking about all these things that you are going to do. But, Mister Member of Congress, when the only lever you have to pull to reduce cost is to restrain provider payments, that is going to make it pretty painful for those of us out here who are trying to earn a living taking care of your patients, the patients you asked us to take care of, the country's Medicare patients, arguably some of the most fragile and difficult patients to manage, and you are telling us you are going to cut our pay every year as far as the eye can see by 4 percent, 5 percent, 6 percent per year. This year, in fact, the aggregate will be a 20 percent reduction if we don't do something.

Well, we have got to maintain our physician workforce, and those three areas, paying attention to the health profession scholarships, loans, and bringing that up into the 21st century, perhaps we can talk about additional tax benefits for people who are willing to go into the health professions, certainly looking at residency programs in areas that are currently in medically underserved areas with high-need specialties; and then finally fix, once and for all, this cockamamory idea of a sustainable growth rate formula which pays physicians under a formula that is clearly, clear unsustainable and it is unjust.

Here is the secret about the sustainable growth rate formula. We talk about the fact, oh, it is so difficult to repeal because it costs so much. Guess what. That money that it supposedly costs is money that we have already spent. That is not money that is sitting in an earning account in some Federal T-bond somewhere. It is money we have already spent. It went out the door in 2001. We paid it out in 2005. Doctors were reimbursed that money in 2007. We just never accounted for it on the books. We sound like AIG.

This is nuts. We have got to stop this. End the SGR formula. Be up front about it. If the Congressional Budget Office needs to be instructed through legislation to do directed scoring to wipe that debt off the books, and then going forward we play this game straight with our country's physicians, then that is what we have to do. I intend to be introducing a bill; I have done so every Congress that I have been here, and I intend to introduce a bill that will do just that, and I will be back on the floor to talk more about that when that time comes.

We will hear some talk about mandates. When you hear the talk about the public option and mandates, you have got to ask yourself, what are we trying to do here?

Now, with mandates you tell everyone that you have got to buy insurance. We either do it as an individual mandate or an employer mandate. Well, employers look at that as a tax that you are going to put on jobs for health insurance. And if we put a tax on jobs while we are trying to recover from a recession and we want jobs to be created and we are going to tax them, so the small business community will come to us and tell us: Don't put a tax on jobs with an employer mandate in health insurance.

Now, an individual mandate says that everyone out there has the responsibility to have an insurance policy. The trouble with individual mandates is people don't always take them seriously. Look at the IRS, a pretty serious mandate, a pretty serious penalty if you don't comply. And what is our compliance rate with the IRS? About 85 percent. What is our compliance rate with voluntary health insurance right now? It is about 85 percent. So you don't get a lot of bang for your buck by putting in mandates.

Now, mandates are great for insurance companies, because everyone has to have insurance so they like that. Everyone is going to buy their product. Yea, we all make money. Put a public option plan on the table, and then the insurance companies are not so happy because now that mandate may be satisfied by a public option. But now we are forcing our insurance companies to compete with insurance that we are putting on the table at the Federal Government. It is hard to compete with the Federal Government. We can write a check for any amount of money. We never go broke, we never

run out of money, we just simply print more money when we need it. Well, the large health insurers in this country don't have that option. It is very, very difficult for them to compete with a government option or a government-run plan because they don't have the option of just simply printing more money when the time requires it.

So we do have to be careful with how we institute, if that is the direction we are going to go. And certainly all through the campaign I heard President Candidate Obama say that, surely if you like what you have got, you are going to be able to keep it. Well, that is true, unless we run them all out of business, in which case it will be hard for you to keep what you have got in your employer-sponsored insurance, and the only option will be a public.

Now, there are lots of moving parts to this debate. We are going to be back here frequently over the next several months. We are in the budgetary cycle now. As I understand, late in the night in the Budget Committee, the House Budget Committee, the House-passed budget did contain so-called language for reconciliation, which means that over on the Senate side they will only need 50 votes to pass whatever they want to pass.

The way forward is set for almost any change the Democratic majority and the Democratic President want to make in health insurance. I hope they are going to make the right decisions. I take the President at his word that he wants to learn from what works. I think we have talked about some of those things this evening, what we have seen working as far as State plans are concerned, what we have seen working as far as the affordability concept in the consumer directed plans. Certainly we need to learn from what works as far as connectors, because we have a State, Massachusetts, that is currently using a connector, and we need to see what the effect has been on the cost and availability of insurance; and, are people in fact conforming with the individual mandate that the State of Massachusetts has imposed?

If we look at all of these things in aggregate, we may not always make the right decision, but we will come closer to making that right decision than if we all just sit in a windowless room, as we all want to do here in the United States Congress. We love to do that down. We sit in a little windowless room down in the basement of the Capitol, we all talk about the things that matter to us. We never listen to anyone else's ideas. And is it any wonder that everything always looks the same when it comes out of the United States Congress?

Let's do things differently this time. Let's listen to each other. Let's take the President at his word. Let's practice evidence-based policy, let's figure out what works, and then let's get on with it.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. BERKLEY (at the request of Mr. HOYER) for today.

Mr. REYES (at the request of Mr. HOYER) for today on account of official business in the district.

Mr. WESTMORELAND (at the request of Mr. BOEHNER) for today, March 31 and April 1 on account of illness.

Mr. GARY G. MILLER of California (at the request of Mr. BOEHNER) for today and the balance of the week on account of medical reasons.

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 Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. SHERMAN, for 5 minutes, today.

Ms. LEE of California, for 5 minutes, today.

(The following Members (at the request of Mr. BURTON of Indiana) to revise and extend their remarks and include extraneous material:)

Mr. BURTON of Indiana, for 5 minutes, April 3.

Mr. POE of Texas, for 5 minutes, April 3.

Mr. JONES, for 5 minutes, April 3.

Ms. ROS-LEHTINEN, for 5 minutes, today and March 31.

Mr. FLAKE, for 5 minutes, April 1, 2 and 3.

Mr. MORAN of Kansas, for 5 minutes, March 31, April 1 and 2.

ENROLLED BILL SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker.

H.R. 146. An act to designate certain land as components of the National Wilderness Preservation System, to authorize certain programs and activities in the Department of the Interior and the Department of Agriculture, and for other purposes.

BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on March 24, 2009 she presented to the President of the United States, for his approval, the following bill:

H.R. 1512. To amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

ADJOURNMENT

Mr. BURGESS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 58 minutes p.m.), the House adjourned until tomorrow, Tuesday, March 31, 2009, at 10:30 a.m., for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

1078. A letter from the OSD Federal Register Liaison Officer, DoD, Department of Defense, transmitting the Department's "Major" final rule — Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)/ TRICARE: Inclusion of TRICARE Retail Pharmacy Program in Federal Procurement of Pharmaceuticals [DoD-2008-HA-0029; 0720-AB22] received March 17, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

1079. A letter from the Vice Chair and First Vice President, Export-Import Bank, transmitting a report on transactions involving U.S. exports to Mexico pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended; to the Committee on Financial Services.

1080. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's "Major" final rule — Power Reactor Security Requirements [NRC-2008-0019] (RIN: 3150-AG63) received March 23, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1081. A letter from the Director, International Cooperation, Department of Defense, transmitting the Department's intent to sign Amendment One to Supplement 3 to the Program Memorandum of Understanding among France, Germany, Italy, Spain and the United States for Cooperative Production of the Multifunctional Information Distribution System Low Volume Terminal, dated October 4, 1991 (Transmittal No. 03-09), pursuant to Section 27(f) of the Arms Export Control Act and Section 1(f) of Executive Order 11958; to the Committee on Foreign Affairs.

1082. A letter from the Chairman, International Fund For Ireland, transmitting the Fund's Annual Report for 2008; to the Committee on Foreign Affairs.

1083. A letter from the Acting Director, U.S. Trade and Development Agency, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

1084. A letter from the Public Printer, Government Printing Office, transmitting the Office's annual report for fiscal year 2008; to the Committee on House Administration.

1085. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Viking Air Limited Model DHC-6-1, DHC-6-100, DHC-6-200, and DHC-6-300 Airplanes [Docket No.: FAA-2008-1267; Directorate Identifier 2008-CE-069-AD; Amendment 39-15815; AD 2009-04-09] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1086. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce Deutschland Ltd & Co KG, BR700-715A1-30, BR700-715B1-30, and BR700-715C1-30 Turbofan Engines [Docket No.: FAA-2007-0169; Directorate Identifier 2007-NE-45-AD; Amendment 39-15819; AD 2009-04-13] (RIN: 2120-AA64) re-

ceived March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1087. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 777-200 and -300 Series Airplanes Equipped with Rolls-Royce Model RB211-TRENT 800 Series Engines [Docket No.: FAA-2009-0199; Directorate Identifier 2009-NM-017-AD; Amendment 39-15835; AD 2009-05-11] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1088. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 30657; Amdt. No. 3313] received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1089. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bombardier Model CL-215-6B11 (CL-215T Variant) and CL-215-6B11 (CL-415 Variant) Airplanes [Docket No.: FAA-2009-0159; Directorate Identifier 2008-NM-175-AD; Amendment 39-15828; AD 2009-05-04] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1090. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; BAE Systems (Operations) Limited (Jetstream) Model 4101 Airplanes [Docket No.: FAA-2009-0034; Directorate Identifier 2007-NM-082-AD; Amendment 39-15797; AD 2009-02-07] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1091. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; BURKHART GROB LUFT — UND RAUMFAHRT GmbH & CO KG G103 Series Gliders [Docket No.: FAA-2008-1078 Directorate Identifier 2008-CE-051-AD; Amendment 39-15814; AD 2009-04-08] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1092. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; General Electric Company CF6-80A, CF6-80C2, and CF6-80E1 Series Turbofan Engines [Docket No.: FAA-2008-0952; Directorate Identifier 98-ANE-49-AD; Amendment 39-15816; AD 2009-04-10] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1093. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Pratt & Whitney Canada PW206A, PW206B, PW206B2, PW206C, PW206E, PW207C, PW207D, and PW207E Turbofan Engines [Docket No.: FAA-2007-0219; Directorate Identifier 2007-NE-46-AD; Amendment 39-15806; AD 2009-03-05] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1094. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Turbomeca S.A. Models Arriel 1E2, 1S, and 1S1 Turbofan Engines [Docket No.: FAA-2008-0681; Direc-

torate Identifier 2008-NE-13-AD; Amendment 39-15805; AD 2009-03-04] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1095. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Cessna Aircraft Company Models 182Q and 182R Airplanes [Docket No.: FAA-2008-1205; Directorate Identifier 2008-CE-062-AD; Amendment 39-15811; AD 2009-04-05] (RIN: 2120-AA64) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1096. A letter from the Board of Trustees, National Railroad Retirement Investment Trust, transmitting the Trust's annual management report on its operations and financial condition, pursuant to Section 105 of the Railroad Retirement and Survivors' Improvement Act of 2001; to the Committee on Transportation and Infrastructure.

1097. A letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's "Major" final rule — Post-9/11 GI Bill (RIN: 2900-AN10) received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.

1098. A letter from the Auditor, District of Columbia, transmitting a report entitled, "Implementation of Omnibus Homeland Security Act: D.C. Government Needs to Sharpen Its Focus on Homeland Defense"; jointly to the Committees on Oversight and Government Reform and Homeland Security.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and referenced to the proper calendar, as follows:

[Omitted from the Record of March 26, 2009]

Mr. WAXMAN: Committee on Energy and Commerce. H.R. 1256. A bill to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products (Rept. 111-58 Pt. 1). Ordered to be printed.

Mr. TOWNS: Committee on Oversight and Government Reform. H.R. 1256. A bill to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products; with amendments (Rept. 111-58 Pt. 1). Referred to the Committee of the Whole House on the State of the Union.

[Filed March 27, 2009]

Mr. BRADY of Pennsylvania: Committee on House Administration. House Resolution 279. Resolution providing for the expenses of certain committees of the House of Representatives in the One Hundred Eleventh Congress; with an amendment (Rept. 111-59). Referred to the House Calendar.

Mr. SPRATT: Committee on the Budget. House Concurrent Resolution 85. Resolution setting forth the congressional budget for the United States Government for fiscal year 2010 and including the appropriate budgetary levels for fiscal years 2009 and 2011 through 2014 (Rept. 111-60). Referred to the Committee of the Whole House on the State of the Union.

[Submitted on March 30, 2009]

Mr. CONYERS: Committee on the Judiciary. H.R. 985. A bill to maintain the free flow of information to the public by providing conditions for the federally compelled disclosure of information by certain persons connected with the news media (Rept. 111-61).

Referred to the Committee of the Whole House on the State of the Union.

Mr. WAXMAN: Committee on Energy and Commerce. H.R. 1253. A bill to require that limitations and restrictions on coverage under group health plans be timely disclosed to group health plan sponsors and timely communicated to participants and beneficiaries under such plans in a form that is easily understandable (Rept. 111-62 Pt. 1). Referred to the Committee of the Whole House on the State of the Union.

Mr. HASTINGS of Florida: Committee on Rules. House Resolution 294. A resolution providing for consideration of the resolution (House Resolution 279) providing for the expenses of certain committees of the House of Representatives in the One Hundred Eleventh Congress (Rept. 111-63). Referred to the House Calendar.

Mr. FRANK of Massachusetts: Committee on Financial Services. H.R. 1664. A bill to amend the executive compensation provisions of the Emergency Economic Stabilization Act of 2008 to prohibit unreasonable and excessive compensation and compensation not based on performance standards; with an amendment (Rept. 111-64). Referred to the Committee of the Whole House on the State of the Union.

Mr. BRADY of Pennsylvania: Committee on House Administration. H.R. 151. A bill to establish the Daniel Webster Congressional Clerkship Program (Rept. 111-65). Referred to the Committee of the Whole House on the State of the Union.

Mr. BRADY of Pennsylvania: Committee on House Administration. H.R. 151. A bill to make technical corrections to the laws affecting certain administrative authorities of the United States Capitol Police, and for other purposes (Rept. 111-66). Referred to the Committee of the Whole House on the State of the Union.

Mr. MATSUI: Committee on Rules. House Resolution 296. Resolution providing for consideration of the Senate amendments to the bill (H.R. 1388) to reauthorize and reform the national service laws (Rept. 111-67). Referred to the House Calendar.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XII, the Committees on Education and Labor and Ways and Means discharged from further consideration. H.R. 1253 referred to the Committee of the Whole House on the State of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. MCNERNEY:

H.R. 1774. A bill to incorporate smart grid capability into the Energy Star Program, to reduce peak electric demand, to reauthorize energy efficiency public information program to include Smart Grid information, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MCNERNEY:

H.R. 1775. A bill to provide support to develop career and technical education programs of study and facilities in the areas of renewable energy; to the Committee on Education and Labor.

By Mr. ALTMIRE:

H.R. 1776. A bill to amend title XVIII of the Social Security Act to expand the development of quality measures for inpatient hospital services, to implement a performance-based payment methodology for the provision of such services under the Medicare Pro-

gram, and for other purposes; to the Committee on Ways and Means.

By Mr. GEORGE MILLER of California (for himself, Mr. MCKEON, Mr. HINOJOSA, and Mr. GUTHRIE):

H.R. 1777. A bill to make technical corrections to the Higher Education Act of 1965, and for other purposes; to the Committee on Education and Labor; considered and passed.

By Mr. WELCH (for himself, Mr. VAN HOLLEN, Mr. PATRICK J. MURPHY of Pennsylvania, Mrs. MALONEY, Mr. HONDA, Ms. KILPATRICK of Michigan, Mr. CARSON of Indiana, Mrs. DAHLKEMPER, Mr. PALLONE, Mr. ISRAEL, Mr. COHEN, Mr. CUMMINGS, Mr. LANGEVIN, Mr. ELLISON, Mr. HINCHEY, Mr. TONKO, Mr. BLUMENAUER, Ms. SHEA-PORTER, Mrs. CHRISTENSEN, Mr. BRALEY of Iowa, Mr. GEORGE MILLER of California, Mr. TEAGUE, Mr. DELAHUNT, Mr. INSLEE, Mr. COURTNEY, Mr. HEINRICH, Mr. CARNAHAN, Mr. HIMES, Mr. PERLMUTTER, Mrs. CAPPAS, Mr. MASSA, and Mr. POLIS of Colorado):

H.R. 1778. A bill to provide for the establishment of national energy and environmental building retrofit policies for both residential and commercial buildings, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Financial Services, 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 Mr. SCOTT of Virginia:

H.R. 1779. A bill to provide for resources for the investigation and prosecution of financial crimes, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Oversight and Government Reform, and Financial Services, 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 Ms. MATSUI:

H.R. 1780. A bill to amend the Clean Air Act to achieve greenhouse gas emissions reductions through transportation efficiency; to the Committee on Energy and Commerce.

By Mr. SPACE:

H.R. 1781. A bill to direct the Secretary of Labor to carry out a sustainability workforce training and education program; to the Committee on Education and Labor.

By Mr. ELLISON:

H.R. 1782. A bill to amend the Truth in Lending Act to protect consumers from certain practices in connection with the origination of consumer credit transactions secured by the consumer's principal dwelling, and for other purposes; to the Committee on Financial Services.

By Mr. POLIS of Colorado:

H.R. 1783. A bill to amend the Internal Revenue Code of 1986 to encourage investment in certain industries by providing an exclusion from tax on certain gains; to the Committee on Ways and Means.

By Mr. POLIS of Colorado:

H.R. 1784. A bill to amend the Internal Revenue Code of 1986 to encourage the purchase of residential property by providing an exclusion from tax on certain gains; to the Committee on Ways and Means.

By Mr. BERMAN (for himself, Mr. DANIEL E. LUNGREN of California, Mr. NADLER of New York, Mr. MCCAUL, Mr. SCHIFF, Mrs. BLACKBURN, Mr. COBLE, Mr. WEINER, and Ms. LINDA T. SANCHEZ of California):

H.R. 1785. A bill to expedite adjudication of employer petitions for aliens of extraordinary artistic ability; to the Committee on the Judiciary.

By Ms. HARMAN:

H.R. 1786. A bill to establish a Best-in-Class Appliances Deployment Program; to the Committee on Energy and Commerce.

By Mr. INSLEE:

H.R. 1787. A bill to amend the Clean Air Act regarding transportation fuels and establishment of a low carbon fuel standard; to the Committee on Energy and Commerce.

By Mr. BERMAN (for himself, Mr. SENBRENNER, Mr. DANIEL E. LUNGREN of California, Mr. CONYERS, and Mr. COHEN):

H.R. 1788. A bill to amend the provisions of title 31, United States Code, relating to false claims to clarify and make technical amendments to those provisions, and for other purposes; to the Committee on the Judiciary.

By Ms. CORRINE BROWN of Florida:

H.R. 1789. A bill to amend the Internal Revenue Code of 1986 to provide incentives to encourage investment in the expansion of freight rail infrastructure capacity and to enhance modal tax equity; to the Committee on Ways and Means.

By Mr. ENGEL:

H.R. 1790. A bill to reduce global greenhouse gas emissions resulting from land conversion and deforestation in developing countries, to provide incentives for developing countries to increase forest carbon stocks, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committee on Energy and Commerce, 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 Mr. FLAKE:

H.R. 1791. A bill to amend the Immigration and Nationality Act to authorize certain aliens who have earned a Ph.D. degree from a United States institution of higher education in a field of science, technology, engineering, or mathematics to be admitted for permanent residence and to be exempted from the numerical limitations on H-1B non-immigrants; to the Committee on the Judiciary.

By Mr. KING of New York (for himself, Mr. PASCRELL, Mr. CROWLEY, and Mr. SHULER):

H.R. 1792. A bill to amend the Internal Revenue Code of 1986 to provide recruitment and retention incentives for volunteer emergency service workers; to the Committee on Ways and Means, and in addition to the Committee on Education and Labor, 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 Mr. DANIEL E. LUNGREN of California (for himself and Mr. SMITH of Texas):

H.R. 1793. A bill to amend title 18, United States Code, with respect to money laundering; to the Committee on the Judiciary.

By Mr. DANIEL E. LUNGREN of California (for himself and Mr. COSTA):

H.R. 1794. A bill to provide incentives to reduce dependence on foreign oil; to the Committee on Ways and Means, and in addition to the Committees on Science and Technology, and Energy and Commerce, 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 Mr. MATHESON:

H.R. 1795. A bill to provide for the establishment of an Offsets Integrity Advisory Board, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MATHESON:

H.R. 1796. A bill to amend the Consumer Product Safety Act to require residential carbon monoxide detectors to meet the applicable ANSI/UL standard by treating that

standard as a consumer product safety rule, to encourage States to require the installation of such detectors in homes, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MEEKS of New York:

H.R. 1797. A bill to reform certain provisions of section 404 of the Sarbanes-Oxley Act of 2002 to make compliance with that section more efficient, with the goal of maintaining United States capital market global competitiveness; to the Committee on Financial Services.

By Mr. MEEKS of New York:

H.R. 1798. A bill to amend the Internal Revenue Code of 1986 to eliminate the limitation on the foreign earned income exclusion, and for other purposes; to the Committee on Ways and Means.

By Mr. MICHAUD (for himself and Mrs. SCHMIDT):

H.R. 1799. A bill to amend title 23, United States Code, with respect to vehicle weight limitations applicable to the Interstate System, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Ways and Means, 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 Mr. NADLER of New York (for himself, Mr. FLAKE, Mr. DELAHUNT, Mr. PAUL, Mr. SCOTT of Virginia, Ms. JACKSON-LEE of Texas, Mr. HOLT, Mrs. MALONEY, Mr. GRIJALVA, Mr. FARR, Mr. GUTIERREZ, Mr. STARK, Ms. WOOLSEY, Mr. CARSON of Indiana, Ms. SHEA-PORTER, Mr. McDERMOTT, Ms. LEE of California, and Mr. HINCHEY):

H.R. 1800. A bill to establish reasonable procedural protections for the use of national security letters, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Financial Services, 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 Mr. SHERMAN (for himself, Ms. KAPTUR, Mr. FILNER, Mr. KUCINICH, and Mr. DEFazio):

H.R. 1801. A bill to amend the Internal Revenue Code of 1986 to impose a 70 percent tax on certain compensation received from certain companies receiving Federal bailout funds; to the Committee on Ways and Means.

By Mr. TIAHRT:

H.R. 1802. A bill to establish a commission to conduct a comprehensive review of Federal agencies and programs and to recommend the elimination or realignment of duplicative, wasteful, or outdated functions, and for other purposes; to the Committee on Oversight and Government Reform, and in addition to the Committee on Rules, 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 Ms. JACKSON-LEE of Texas:

H. Con. Res. 86. Concurrent resolution authorizing the use of Emancipation Hall in the Capitol Visitor Center for the unveiling of a bust of Sojourner Truth; to the Committee on House Administration.

By Ms. ROS-LEHTINEN (for herself, Mr. ROYCE, Mr. SMITH of New Jersey, Mr. BURTON of Indiana, Mr. PENCE, Mr. BILIRAKIS, Mr. INGLIS, and Ms. JACKSON-LEE of Texas):

H. Con. Res. 87. Concurrent resolution observing the 15th anniversary of the Rwandan genocide and calling on all responsible nations to uphold the principles of the Convention on the Prevention and Punishment of

the Crime of Genocide; to the Committee on Foreign Affairs.

By Mr. STUPAK:

H. Con. Res. 88. Concurrent resolution urging local tax assessors, in light of the current housing market and economic struggles of people in the United States, to more frequently reassess the property values used to determine property taxes for primary residences, and encouraging local governments to provide property tax relief to those whose home values have declined; to the Committee on Financial Services.

By Mr. WEXLER (for himself, Mr. BERMAN, Mr. GALLEGLY, Mr. HASTINGS of Florida, Mr. MCMAHON, Mr. SMITH of New Jersey, and Mr. WAXMAN):

H. Con. Res. 89. Concurrent resolution supporting the goals and objectives of the Prague Conference on Holocaust Era Assets; to the Committee on Foreign Affairs.

By Mr. FLAKE:

H. Res. 295. A resolution raising a question of the privileges of the House.

By Mrs. BIGGERT (for herself, Mr. WOLF, Mr. STUPAK, Ms. ZOE LOFGREN of California, and Mr. ROONEY):

H. Res. 297. A resolution recognizing May 25, 2009, as National Missing Children's Day; to the Committee on Education and Labor.

By Mr. KING of Iowa (for himself, Ms. HERSETH SANDLIN, and Mr. BOREN):

H. Res. 298. A resolution congratulating the on-premise sign industry for its contributions to the success of small businesses; to the Committee on Small Business.

By Mr. LYNCH (for himself, Mr. DAVIS of Illinois, Mr. TOWNS, Mr. VAN HOLLEN, Mr. MORAN of Virginia, Mr. CONNOLLY of Virginia, Mr. CUMMINGS, and Ms. EDWARDS of Maryland):

H. Res. 299. A resolution expressing the sense of the House of Representatives that public servants should be commended for their dedication and continued service to the Nation during Public Service Recognition Week, May 4 through 10, 2009, and throughout the year; to the Committee on Oversight and Government Reform.

By Mr. McHUGH:

H. Res. 300. A resolution congratulating Camp Dudley YMCA of Westport, New York, on the occasion of its 125th anniversary; to the Committee on Education and Labor.

By Mr. PRICE of North Carolina (for himself, Mr. WATT, Mr. BUTTERFIELD, Mr. MILLER of North Carolina, Mr. KISSELL, Mr. McINTYRE, Mr. SHULER, Ms. FOXX, Mr. ETHERIDGE, Mr. JONES, Mrs. MYRICK, Mr. McHENRY, and Mr. COBLE):

H. Res. 301. A resolution honoring the life of Dr. John Hope Franklin; to the Committee on Oversight and Government Reform.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 22: Mr. ENGEL, Mr. REICHERT, Mr. JONES, Mr. GARRETT of New Jersey, Mr. MOLLOHAN, Mr. CHAFFETZ, Mr. POLIS of Colorado, Mr. MARKEY of Massachusetts, Mr. BOUCHER, Ms. GRANGER, Mr. CALVERT, Mrs. TAUSCHER, Mr. SMITH of Nebraska, Mr. SARBANES, Mr. SCOTT of Georgia, Mr. WU, and Mr. PUTNAM.

H.R. 24: Mr. WESTMORELAND, Mr. PATRICK J. MURPHY of Pennsylvania, Ms. SCHWARTZ, Mrs. DAHLKEMPER, Mr. COHEN, Mr. RUPPERSBERGER, Mr. TIAHRT, Mr. TIBERI, Mr. KAGEN, Mr. HOLDEN, Mr. KANJORSKI, Mr. PRICE of North Carolina, Mr. DAVIS of Kentucky, Mr. BOUSTANY, Mr. ADERHOLT, Mr. RADANOVICH, and Mr. BOEHRER.

H.R. 27: Ms. GINNY BROWN-WAITE of Florida.

H.R. 83: Mr. MARIO DIAZ-BALART of Florida.

H.R. 97: Mr. HOLT.

H.R. 103: Mr. HOLT.

H.R. 155: Mrs. MCMORRIS RODGERS.

H.R. 197: Mr. BISHOP of Utah and Mr. SCHOCK.

H.R. 205: Mr. BACHUS.

H.R. 275: Mr. SCHOCK, Mrs. BLACKBURN, and Mrs. BACHMANN.

H.R. 302: Mr. COURTNEY and Mr. TERRY.

H.R. 388: Mr. SESTAK.

H.R. 403: Mr. VAN HOLLEN, Ms. GIFFORDS, Mr. CONYERS, Mr. STARK, Mr. BISHOP of New York, Mr. BLUMENAUER, Ms. SCHAKOWSKY, and Mr. MCMAHON.

H.R. 422: Mr. YOUNG of Alaska, Mr. LARSON of Connecticut, and Mr. SESTAK.

H.R. 442: Mr. CALVERT and Mr. BROWN of South Carolina.

H.R. 444: Mr. KISSELL, Ms. LEE of California, and Mr. SARBANES.

H.R. 498: Mr. YOUNG of Alaska.

H.R. 521: Mr. MOORE of Kansas.

H.R. 528: Ms. MOORE of Wisconsin.

H.R. 558: Mr. ROSS.

H.R. 610: Mr. MEEKS of New York and Mr. HINCHEY.

H.R. 613: Mr. WOLF, Ms. GIFFORDS, Mr. SPRATT, Mr. LOBIONDO, Mr. MASSA, and Mr. PAUL.

H.R. 620: Mr. LAMBORN.

H.R. 621: Mr. SPACE.

H.R. 626: Ms. CLARKE and Mr. RUSH.

H.R. 627: Mr. WAXMAN, Mr. BACA, and Mr. HONDA.

H.R. 634: Mr. MOLLOHAN and Mr. SULLIVAN.

H.R. 644: Mr. HONDA.

H.R. 666: Ms. KILPATRICK of Michigan and Mr. LAMBORN.

H.R. 667: Mr. TIM MURPHY of Pennsylvania and Mr. LUJAN.

H.R. 669: Mr. HINCHEY.

H.R. 676: Ms. ROYBAL-ALLARD.

H.R. 707: Mr. BAIRD, Mrs. BLACKBURN, Mr. BARRETT of South Carolina, Mrs. BACHMANN, Mr. KRATOVIL, Mr. VISCLOSKEY, and Mr. CAMPBELL.

H.R. 729: Mr. PAYNE, Mr. PALLONE, Mr. SHERMAN, Mr. MEEKS of New York, and Mr. SIRES.

H.R. 731: Mrs. MYRICK.

H.R. 745: Ms. WASSERMAN SCHULTZ, Mr. SERRANO, Mrs. NAPOLITANO, and Mr. BURTON of Indiana.

H.R. 805: Mr. TONKO.

H.R. 848: Mr. CLEAVER and Mr. THOMPSON of Mississippi.

H.R. 864: Mr. HARE.

H.R. 868: Mr. FORTENBERRY, Mr. GORDON of Tennessee, Mr. SESTAK, Mr. MICHAUD, and Mr. WOLF.

H.R. 874: Mr. DOYLE, Mr. BERRY, Mr. SERRANO, Mr. WALZ, Ms. BALDWIN, Mr. CAPUANO, Ms. WOOLSEY, Mr. OBERSTAR, Mr. MOORE of Kansas, Mr. DAVIS of Tennessee, Mr. SNYDER, Mr. FILNER, Mr. WAXMAN, Ms. NORTON, Mr. ROSS, Mr. ABERCROMBIE, Mr. NADLER of New York, Mrs. CAPPS, Mr. HINCHEY, Mr. TANNER, Mr. BOOZMAN, Mrs. TAUSCHER, Ms. SCHWARTZ, Ms. JACKSON-LEE of Texas, Mr. GEORGE MILLER of California, Mr. COSTELLO, Mr. NEAL of Massachusetts, Mr. COHEN, Mr. LARSON of Connecticut, Ms. LEE of California, Mr. CLAY, Mr. GRIJALVA, Mr. HONDA, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. BROWN of South Carolina, Mr. MORAN of Virginia, Mr. MEEKS of New York, Mr. GORDON of Tennessee, Ms. SCHAKOWSKY, Ms. WATSON, Mr. COOPER, Mr. FATTAH, Mr. KIND, Mrs. BIGGERT, Ms. HARMAN, Ms. MCCOLLUM, Mr. VAN HOLLEN, Mr. CUMMINGS, Mr. BISHOP of New York, Mr. SMITH of Washington, Mr. ETHERIDGE, Mr. PAYNE, Mr. THOMPSON of California, Ms. WATERS, Mr. OLVER, Mr. WELCH, Mr. BOSWELL, Ms. CLARKE, Mr. KUCINICH, Mr. MICHAUD, Mr. CONYERS, Ms. PINGREE of Maine, Mr. CLEAVER, Mr. KAGEN, Mr. CROWLEY, Mrs. LOWEY,

- Mr. JOHNSON of Georgia, Mrs. LUMMIS, Ms. MOORE of Wisconsin, Mr. PASTOR of Arizona, Mr. RANGEL, Mr. GONZALEZ, Mr. TOWNS, Ms. VELÁZQUEZ, Mr. JACKSON of Illinois, Mr. BLUMENAUER, Mr. MATHESON, Ms. KILPATRICK of Michigan, Mr. DEFAZIO, Mr. RYAN of Ohio, Mr. FRANK of Massachusetts, Mrs. MCCARTHY of New York, Mr. LARSEN of Washington, Ms. ESHOO, Mr. BAIRD, Ms. KILROY, Mr. PRICE of North Carolina, Mr. ORTIZ, Mr. TIERNEY, Mr. LYNCH, Mrs. MALONEY, Mr. ISRAEL, Mr. POLIS of Colorado, Ms. SLAUGHTER, Mr. YARMUTH, Mr. MOLLOHAN, Mr. PETERSON, Mr. CHAFFETZ, Ms. ZOE LOFGREN of California, Mr. ELLISON, Mr. EHLERS, Ms. KAPTUR, Mr. DOGGETT, Mr. THOMPSON of Mississippi, Ms. MATSUI, Mr. COURTNEY, Mr. MCDERMOTT, Mr. MARKEY of Massachusetts, Mr. JOHNSON of Illinois, Mr. BRADY of Pennsylvania, Ms. LORETTA SANCHEZ of California, Mr. STARK, and Mr. COSTA.
- H.R. 930: Mrs. NAPOLITANO.
H.R. 932: Ms. FUDGE, Mr. DINGELL, and Mr. BOCCIERI.
H.R. 936: Ms. KILPATRICK of Michigan.
H.R. 959: Mr. HOLDEN, Mr. SESTAK, Mr. GERLACH, and Mr. ALTMIRE.
H.R. 968: Mr. SESSIONS.
H.R. 1029: Mr. SMITH of Texas.
H.R. 1098: Mr. MCNERNEY, Mr. REYES, and Mr. GRAYSON.
H.R. 1134: Mr. MARKEY of Massachusetts.
H.R. 1171: Ms. HARMAN and Mrs. HALVORSON.
H.R. 1179: Mr. HINCHEY, Mr. MURPHY of Connecticut, Mr. HALL of New York, Mr. GENE GREEN of Texas, Mr. DELAHUNT, Mr. LATHAM, Mr. GERLACH, Mr. GORDON of Tennessee, Mr. NADLER of New York, and Mrs. DAVIS of California.
H.R. 1189: Mr. OBERSTAR.
H.R. 1190: Mrs. MCMORRIS RODGERS.
H.R. 1203: Ms. HERSETH SANDLIN, Mr. POSEY, Mr. PAUL, Mr. SPACE, Mr. BROUN of Georgia, Mr. KANJORSKI, Mr. SESTAK, Mr. OBERSTAR, Mr. GARRETT of New Jersey, Mr. DAVIS of Kentucky, and Mr. CLAY.
H.R. 1204: Mr. REHBERG.
H.R. 1205: Mr. OLSON, Mr. BOOZMAN, Mrs. SCHMIDT, and Mr. DAVIS of Kentucky.
H.R. 1207: Mr. PAULSEN, Mr. GINGREY of Georgia, and Mr. TERRY.
H.R. 1214: Ms. LORETTA SANCHEZ of California.
H.R. 1220: Mr. KANJORSKI.
H.R. 1238: Mr. SAM JOHNSON of Texas.
H.R. 1240: Mr. SMITH of Washington and Mr. SESTAK.
H.R. 1242: Ms. EDDIE BERNICE JOHNSON of Texas.
H.R. 1255: Mr. STARK.
H.R. 1261: Mr. PERRIELLO, Mr. MILLER of North Carolina, and Mr. BRIGHT.
H.R. 1305: Mr. ALTMIRE.
H.R. 1310: Mr. GORDON of Tennessee and Mr. BAIRD.
H.R. 1327: Mr. MCCLINTOCK, Mr. FLEMING, Mrs. BIGGERT, Mr. SCHOCK, Mr. MCCOTTER, Mr. RUPPERSBERGER, Mr. MELANCON, and Ms. LORETTA SANCHEZ of California.
H.R. 1362: Mr. SESTAK, Mr. RUSH, Mr. SPACE, Ms. SCHWARTZ, Mr. DAVIS of Alabama, Mrs. SCHMIDT, Mr. GERLACH, Mr. CLEAVER, Mr. HARE, Mr. LEE of New York, and Ms. FUDGE.
H.R. 1384: Mr. YOUNG of Alaska, Mr. AKIN, Mr. MILLER of Florida, and Mr. WILSON of South Carolina.
- H.R. 1402: Mr. GORDON of Tennessee, Mr. WELCH, and Mr. NYE.
H.R. 1403: Mr. YOUNG of Alaska, Mr. MANZULLO, and Mr. EDWARDS of Texas.
H.R. 1405: Mr. FILNER and Mr. DRIEHAUS.
H.R. 1452: Mr. BOUCHER.
H.R. 1454: Mr. ABERCROMBIE and Mr. CALVERT.
H.R. 1456: Mr. CAPUANO.
H.R. 1458: Mr. SCHIFF.
H.R. 1466: Mr. FRANK of Massachusetts.
H.R. 1476: Mr. BARROW.
H.R. 1499: Mr. CARNAHAN and Mr. MCDERMOTT.
H.R. 1505: Mr. JOHNSON of Georgia.
H.R. 1509: Mr. LAMBORN and Mr. MASSA.
H.R. 1551: Mr. RUSH, Ms. WOOLSEY, Mr. CUMMINGS, Mr. AL GREEN of Texas, Mr. FILNER, Mr. GUTIERREZ, Ms. TITUS, and Mr. TIERNEY.
H.R. 1552: Mr. DRIEHAUS, Mr. MASSA, Ms. GIFFORDS, Ms. KOSMAS, and Mr. SCHRADER.
H.R. 1558: Mr. GEORGE MILLER of California, Mr. LOEBSACK, Ms. EDWARDS of Maryland, Mr. KENNEDY, and Mr. TOWNS.
H.R. 1566: Mr. PAULSEN.
H.R. 1571: Mr. STARK and Mr. CARNAHAN.
H.R. 1587: Mr. COBLE, Mr. MCHUGH, and Mr. GINGREY of Georgia.
H.R. 1588: Mrs. MYRICK, Mr. PITTS, Mr. BOOZMAN, and Mr. CAMPBELL.
H.R. 1590: Mr. LAMBORN, Mr. HASTINGS of Florida, Mr. WEINER, Mr. WEXLER, and Mr. GENE GREEN of Texas.
H.R. 1615: Mrs. BONO MACK, Mr. LEE of New York, and Mr. TERRY.
H.R. 1646: Mr. SENSENBRENNER.
H.R. 1664: Ms. FUDGE.
H.R. 1670: Mr. PERLMUTTER, Mr. GORDON of Tennessee, Mr. MURTHA, Mr. CUMMINGS, Mr. BONNER, and Mr. PLATTS.
H.R. 1681: Ms. BORDALLO, Mr. ROSS, and Mr. BLUMENAUER.
H.R. 1685: Mr. STARK and Mr. BLUMENAUER.
H.R. 1691: Mr. NEAL of Massachusetts, Mr. GRAYSON, and Mr. SCHAUER.
H.R. 1692: Mr. BURGESS.
H.R. 1696: Mr. STARK and Mr. PAYNE.
H.R. 1700: Mr. MASSA.
H.R. 1708: Mr. SMITH of New Jersey, Mr. DEFAZIO, Mrs. BONO MACK, Ms. KILROY, Mr. LEWIS of Georgia, Mr. FRELINGHUYSEN, Mr. OLVER, Mr. PAUL, Mr. RYAN of Ohio, Mr. BISHOP of Georgia, Mr. KENNEDY, Mr. DOYLE, Mr. MCDERMOTT, and Ms. DELAURO.
H.R. 1715: Mr. DOGGETT and Mr. BURGESS.
H.R. 1725: Ms. EDWARDS of Maryland and Mr. SARBANES.
H.R. 1731: Mr. SHULER.
H.R. 1740: Mr. CONNOLLY of Virginia, Ms. GIFFORDS, Mr. POLIS of Colorado, Mr. GRAYSON, Ms. BERKLEY, Ms. JENKINS, Mr. PASCRELL, Mr. DINGELL, Mr. MCNERNEY, Mr. GORDON of Tennessee, Ms. CORRINE BROWN of Florida, Mr. BOUCHER, Mr. MINNICK, Mr. JOHNSON of Georgia, Mr. ACKERMAN, Mr. ROTHMAN of New Jersey, Mr. HINOJOSA, Mr. SALAZAR, Mr. FARR, Mr. SARBANES, Mr. LEWIS of Georgia, Mr. PIERLUISI, Mr. DRIEHAUS, Mr. ABERCROMBIE, Mrs. NAPOLITANO, Mr. HOLT, Mr. LEVIN, Mr. CARSON of Indiana, Mr. HARE, Mr. FILNER, Mr. SCOTT of Virginia, Mr. PETERS, Ms. WATSON, Mr. GRIFFITH, Mr. SCHRADER, Ms. TSONGAS, Ms. PINGREE of Maine, Mr. HILL, Mr. ALTMIRE, Ms. ESHOO, Mr. GEORGE MILLER of California, Mr. COURTNEY, Mr. ETHERIDGE, Mr. MARKEY of Massachusetts, Mr. GUTIERREZ, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. MARSHALL, Mr. TANNER, Mr. WU, Mr. KISSELL, Ms. GRANGER, Mr. BRADY of Pennsylvania, Mr. ISRAEL, Mr. BERRY, Mr. MILLER of North Carolina, Mr. STARK, Mr. SMITH of Washington, Mr. SNYDER, Mr. LYNCH, Mr. DELAHUNT, Mr. MOLLOHAN, Mrs. MILLER of Michigan, and Mr. DEFAZIO.
H.R. 1750: Mrs. MYRICK.
H.R. 1753: Mr. BARTLETT.
H.R. 1761: Mr. CARNEY and Ms. KILPATRICK of Michigan.
H.R. 1770: Ms. BERKLEY, Mr. WILSON of Ohio, and Mr. LOBIONDO.
H.J. Res. 41: Mr. MCCOTTER and Mr. BACHUS.
H. Con. Res. 29: Mr. LINDER and Mr. GINGREY of Georgia.
H. Con. Res. 36: Mr. WEINER.
H. Con. Res. 60: Ms. CORRINE BROWN of Florida, Mr. MILLER of North Carolina, Mr. AL GREEN of Texas, Mr. DAVIS of Kentucky, Mr. RAHALL, and Ms. WASSERMAN SCHULTZ.
H. Con. Res. 70: Mr. LANCE, Mr. ADERHOLT, Mr. PITTS, Mrs. BACHMANN, and Mr. SOUDER.
H. Con. Res. 74: Ms. MCCOLLUM.
H. Con. Res. 78: Mrs. TAUSCHER.
H. Res. 111: Mr. INGLIS and Mr. PUTNAM.
H. Res. 130: Mr. PALLONE and Ms. JACKSON-LEE of Texas.
H. Res. 170: Mr. INSLEE, Mrs. MCMORRIS RODGERS, Mr. DICKS, Mr. REICHERT, Mr. RAHALL, Mr. WALZ, Mr. STARK, Ms. RICHARDSON, and Mr. HOLDEN.
H. Res. 197: Mr. BROWN of South Carolina.
H. Res. 209: Mr. WEXLER and Ms. LEE of California.
H. Res. 243: Ms. BERKLEY.
H. Res. 244: Mrs. MYRICK.
H. Res. 247: Mr. CONNOLLY of Virginia.
H. Res. 249: Mr. LAMBORN, Mr. SHADEGG, and Mr. MANZULLO.
H. Res. 251: Mr. MCCAUL and Mr. WAMP.
H. Res. 254: Mr. COSTELLO, Mr. GARRETT of New Jersey, and Mr. WEINER.
H. Res. 266: Mr. MCCOTTER.
H. Res. 271: Mr. NADLER of New York, Mr. CLEAVER, Ms. NORTON, and Ms. KILPATRICK of Michigan.
H. Res. 274: Mr. MATHESON, Mr. BOUSTANY, Mr. KIRK, Mrs. BLACKBURN, Ms. KAPTUR, Ms. HARMAN, Mr. WHITFIELD, Mr. HOLDEN, Mr. OBERSTAR, Mr. MASSA, Ms. MCCOLLUM, Ms. WASSERMAN SCHULTZ, Mr. HARE, Mr. INSLEE, Mr. ENGEL, Mr. ROSS, Mr. SKELTON, Mr. MCDERMOTT, Mr. KENNEDY, Mr. BLUMENAUER, Mr. RUSH, Mr. CLEAVER, Mr. MOORE of Kansas, Mr. COHEN, Ms. EDWARDS of Maryland, Mr. HASTINGS of Florida, Ms. MATSUI, Mr. PUTNAM, Mr. WELCH, and Mr. WOLF.
H. Res. 282: Ms. ROS-LEHTINEN.
H. Res. 290: Mr. BILBRAY, Mr. ROYCE, Mr. MCKEON, Mrs. BONO MACK, Mr. HERGER, Mr. MCCARTHY of California, Mr. HUNTER, Mr. NUNES, Mr. MCCLINTOCK, and Mr. GALLEGLY.

DELETION OF SPONSORS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

- H. Res. 111: Mr. DEAL of Georgia.