

Boswell
Boyd
Brady (PA)
Brady (TX)
Brown (CA)
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Brown (OH)
Bryant
Bunning
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Callahan
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Capps
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Chambliss
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Davis (FL)
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Davis (VA)
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DeFazio
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Diaz-Balart
Dickey
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Doggett
Dooley
Doolittle
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Dreier
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Edwards
Ehlers
Ehrlich
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English
Ensign
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Evans
Everett
Ewing
Farr
Fattah
Fawell
Fazio
Filner
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Fox
Frank (MA)
Franks (NJ)
Frelinghuysen
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Gephardt

Gibbons
Gilchrest
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Hall (TX)
Hamilton
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Hastert
Hastings (FL)
Hastings (WA)
Hayworth
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Hilleary
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Hinchey
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Hobson
Hoekstra
Holden
Hoolley
Horn
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Hutchinson
Hyde
Istook
Jackson (IL)
Jackson-Lee
(TX)
Jefferson
Jenkins
John
Johnson (CT)
Johnson (WI)
Johnson, E. B.
Johnson, Sam
Jones
Kanjorski
Kaptur
Kasich
Kelly
Kennedy (MA)
Kennedy (RI)
Kildee
Kim
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Klug
Knollenberg
Kolbe
Kucinich
LaFalce
LaHood
Lantos
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
Livingston
LoBiondo
Lofgren
Lowey
Lucas
Luther
Maloney (CT)
Maloney (NY)
Manton
Manzullo
Markey
Martinez
Mascara
Matsui
McCarthy (MO)

McCarthy (NY)
McDermott
McGovern
McHale
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McInnis
McIntosh
McIntyre
McKeon
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalfe
Mica
Millender-
McDonald
Miller (CA)
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Minge
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Moakley
Mollohan
Moran (KS)
Moran (VA)
Morella
Murtha
Myrick
Nadler
Neal
Nethercutt
Neumann
Ney
Northup
Norwood
Nussle
Oberstar
Obey
Oliver
Ortiz
Owens
Oxley
Packard
Pallone
Pappas
Parker
Pascarell
Pastor
Paxon
Payne
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Redmond
Regula
Reyes
Riggs
Riley
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Ryun
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Schaefer, Dan
Schaffer, Bob
Schumer

Scott
Sensenbrenner
Serrano
Sessions
Shadeegg
Shaw
Shays
Sherman
Shimkus
Shuster
Sisisky
Skaggs
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (OR)
Smith (TX)
Smith, Adam
Smith, Linda
Snowbarger
Snyder
Solomon
Spence
Stabenow
Stark
Stearns
Stenholm
Stokes
Strickland
Stump
Stupak
Sununu
Talent
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Thomas
Thompson
Thornberry
Thune
Thurman
Tiahrt
Tierney
Torres
Towns
Traficant
Turner
Upton

Velazquez
Vento
Walsh
Wamp
Waters
Watkins
Watt (NC)
Watts (OK)
Waxman
Weldon (FL)
Weldon (PA)
Weller
Weygand
White
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wynn
Yates
Young (AK)
Young (FL)

NOES—3

NOT VOTING—24

Cannon
Chenoweth
Paul
Ackerman
Berman
Boucher
Cooksey
Deutsch
Graham
Hall (OH)
Harman
Hefner
Inglis
Kennelly
Kilpatrick
Lampson
Largent
McCollum
McCrery
McDade
Poshard
Pryce (OH)
Scarborough
Souder
Spratt
Visclosky
Wexler

□ 1636

So (two-thirds having voted in favor thereof) 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.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate had passed with amendments in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 3267. An act to direct the Secretary of the Interior, acting through the Bureau of Reclamation, to conduct a feasibility study and construct a project to reclaim the Salton Sea.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. BOEHLERT). Pursuant to clause 5 of rule I, proceedings on the remainder of the questions currently in postponement will be resumed after debate on further motions to suspend the rules.

WOMEN'S HEALTH RESEARCH AND PREVENTION AMENDMENTS OF 1998

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1722) to amend the Public Health Service Act to revise and extend certain program with respect to women's health research and prevention activities at the National Institutes of Health and the Centers for Disease Control and Prevention.

The Clerk read as follows:

S. 1722

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 "Women's Health Research and Prevention Amendments of 1998".

TITLE I—PROVISIONS RELATING TO WOMEN'S HEALTH RESEARCH AT NATIONAL INSTITUTES OF HEALTH

SEC. 101. RESEARCH ON DRUG DES; NATIONAL PROGRAM OF EDUCATION.

(a) RESEARCH.—Section 403A(e) of the Public Health Service Act (42 U.S.C. 283a(e)) is amended by striking "1996" and inserting "2003".

(b) NATIONAL PROGRAM FOR EDUCATION OF HEALTH PROFESSIONALS AND PUBLIC.—Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following:

"EDUCATION REGARDING DES

"SEC. 1710. (a) IN GENERAL.—The Secretary, acting through the heads of the appropriate agencies of the Public Health Service, shall carry out a national program for the education of health professionals and the public with respect to the drug diethylstilbestrol (commonly known as DES). To the extent appropriate, such national program shall use methodologies developed through the education demonstration program carried out under section 403A. In developing and carrying out the national program, the Secretary shall consult closely with representatives of nonprofit private entities that represent individuals who have been exposed to DES and that have expertise in community-based information campaigns for the public and for health care providers. The implementation of the national program shall begin during fiscal year 1999.

"(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1999 through 2003. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriation that is available for such purpose."

SEC. 102. RESEARCH ON OSTEOPOROSIS, PAGET'S DISEASE, AND RELATED BONE DISORDERS.

Section 409A(d) of the Public Health Service Act (42 U.S.C. 284e(d)) is amended by striking "and 1996" and inserting "through 2003".

SEC. 103. RESEARCH ON CANCER.

(a) RESEARCH ON BREAST CANCER.—Section 417B(b)(1) of the Public Health Service Act (42 U.S.C. 286a-8(b)(1)) is amended—

(1) in subparagraph (A), by striking "and 1996" and inserting "through 2003"; and

(2) in subparagraph (B), by striking "and 1996" and inserting "through 2003".

(b) RESEARCH ON OVARIAN AND RELATED CANCER RESEARCH.—Section 417B(b)(2) of the Public Health Service Act (42 U.S.C. 286a-8(b)(2)) is amended by striking "and 1996" and inserting "through 2003".

SEC. 104. RESEARCH ON HEART ATTACK, STROKE, AND OTHER CARDIOVASCULAR DISEASES IN WOMEN.

Subpart 2 of part C of title IV of the Public Health Service Act (42 U.S.C. 285b et seq.) is amended by inserting after section 424 the following:

"HEART ATTACK, STROKE, AND OTHER CARDIOVASCULAR DISEASES IN WOMEN

"SEC. 424A. (a) IN GENERAL.—The Director of the Institute shall expand, intensify, and coordinate research and related activities of

the Institute with respect to heart attack, stroke, and other cardiovascular diseases in women.

"(b) COORDINATION WITH OTHER INSTITUTES.—The Director of the Institute shall coordinate activities under subsection (a) with similar activities conducted by the other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to heart attack, stroke, and other cardiovascular diseases in women.

"(c) CERTAIN PROGRAMS.—In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the causes of, and to develop methods for preventing, cardiovascular diseases in women. Activities under such subsection shall include conducting and supporting the following:

"(1) Research to determine the reasons underlying the prevalence of heart attack, stroke, and other cardiovascular diseases in women, including African-American women and other women who are members of racial or ethnic minority groups.

"(2) Basic research concerning the etiology and causes of cardiovascular diseases in women.

"(3) Epidemiological studies to address the frequency and natural history of such diseases and the differences among men and women, and among racial and ethnic groups, with respect to such diseases.

"(4) The development of safe, efficient, and cost-effective diagnostic approaches to evaluating women with suspected ischemic heart disease.

"(5) Clinical research for the development and evaluation of new treatments for women, including rehabilitation.

"(6) Studies to gain a better understanding of methods of preventing cardiovascular diseases in women, including applications of effective methods for the control of blood pressure, lipids, and obesity.

"(7) Information and education programs for patients and health care providers on risk factors associated with heart attack, stroke, and other cardiovascular diseases in women, and on the importance of the prevention or control of such risk factors and timely referral with appropriate diagnosis and treatment. Such programs shall include information and education on health-related behaviors that can improve such important risk factors as smoking, obesity, high blood cholesterol, and lack of exercise.

"(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1999 through 2003. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriation that is available for such purpose."

SEC. 105. AGING PROCESSES REGARDING WOMEN.

Section 445H of the Public Health Service Act (42 U.S.C. 285e-10) is amended—

(1) by striking "The Director" and inserting "(a) The Director"; and

(2) by adding at the end the following subsection:

"(b) For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1999 through 2003. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriation that is available for such purpose."

SEC. 106. OFFICE OF RESEARCH ON WOMEN'S HEALTH.

Section 486(d)(2) of the Public Health Service Act (42 U.S.C. 287d(d)(2)) is amended by

striking "Director of the Office" and inserting "Director of NIH".

TITLE II—PROVISIONS RELATING TO WOMEN'S HEALTH AT CENTERS FOR DISEASE CONTROL AND PREVENTION

SEC. 201. NATIONAL CENTER FOR HEALTH STATISTICS.

Section 306(n) of the Public Health Service Act (42 U.S.C. 242k(n)) is amended—

(1) in paragraph (1), by striking "through 1998" and inserting "through 2003"; and

(2) in paragraph (2), by striking "through 1998" and inserting "through 2003".

SEC. 202. NATIONAL PROGRAM OF CANCER REGISTRIES.

Section 399L(a) of the Public Health Service Act (42 U.S.C. 280e-4(a)) is amended by striking "through 1998" and inserting "through 2003".

SEC. 203. NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

(a) SERVICES.—Section 1501(a)(2) of the Public Health Service Act (42 U.S.C. 300k(a)(2)) is amended by inserting before the semicolon the following: "and support services such as case management".

(b) PROVIDERS OF SERVICES.—Section 1501(b) of the Public Health Service Act (42 U.S.C. 300k(b)) is amended—

(1) in paragraph (1), by striking "through grants" and all that follows and inserting the following: "through grants to public and nonprofit private entities and through contracts with public and private entities."; and

(2) by striking paragraph (2) and inserting the following:

"(2) CERTAIN APPLICATIONS.—If a nonprofit private entity and a private entity that is not a nonprofit entity both submit applications to a State to receive an award of a grant or contract pursuant to paragraph (1), the State may give priority to the application submitted by the nonprofit private entity in any case in which the State determines that the quality of such application is equivalent to the quality of the application submitted by the other private entity."

(c) AUTHORIZATIONS OF APPROPRIATIONS.—

(1) SUPPLEMENTAL GRANTS FOR ADDITIONAL PREVENTIVE HEALTH SERVICES.—Section 1509(d)(1) of the Public Health Service Act (42 U.S.C. 300n-4a(d)(1)) is amended by striking "through 1998" and inserting "through 2003".

(2) GENERAL PROGRAM.—Section 1510(a) of the Public Health Service Act (42 U.S.C. 300n-5(a)) is amended by striking "through 1998" and inserting "through 2003".

SEC. 204. CENTERS FOR RESEARCH AND DEMONSTRATION OF HEALTH PROMOTION.

Section 1706(e) of the Public Health Service Act (42 U.S.C. 300u-5(e)) is amended by striking "through 1998" and inserting "through 2003".

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

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. 1722.

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

There was no objection.

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

Mr. Speaker, I rise in strong support of S. 1722, the Women's Health Research and Prevention Amendments of 1998. This legislation will revise and extend a number of important women's health research and prevention programs at the National Institutes of Health and the Centers for Disease Control and Prevention.

Earlier this month, Mr. Speaker, I introduced the House companion measure, H.R. 4683, with the gentleman from Virginia (Chairman BLILEY), the chairman of the Committee on Commerce. Both S. 1722 and the House bill enjoy strong bipartisan support, including members of the leadership and the chairman and ranking members of the committees of jurisdiction. The American Cancer Society and the American Heart Association have also endorsed this legislation.

In a recent letter, the Secretary of Health and Human Resources expressed the administration's support for passage of the bill. Secretary Shalala stated, "The research, prevention and health promotion activities that would be reauthorized are critical to the health and well-being of the Nation's women."

While noting that the bill does not include some of the administration's legislative proposals on women's health, the Secretary concluded that "extension of the vital efforts that are addressed in the bill should not be delayed."

Mr. Speaker, both the NIH and the CDC play critical roles in efforts to improve women's health through research, screening, prevention, treatment, education and data collection. S. 1722 reauthorizes programs at the NIH for vital research into the causes, prevention and treatment of some of the major diseases affecting women, including osteoporosis, breast and ovarian cancer and for research into the aging processes of women.

In addition, the bill authorizes a new research program at the National Heart, Lung and Blood Institute to target heart attacks, strokes and other cardiovascular diseases in women, and this program will advance research into cardiovascular disease, which is the leading cause of death in women. In fact, one in ten American women between the ages of 45 and 64 has some form of heart disease, and this increases to one in five women over 65. According to the American Heart Association, more than 500,000 American women die of cardiovascular diseases each year.

NIH data indicates that 1.6 million women have had a stroke and 90,000 women die of strokes each year. In the past, the medical community has focused on men in research, treatment and counseling for heart disease and stroke. Clearly we need to do more to prevent and treat these diseases in women.

S. 1722 also reauthorizes several major programs at the CDC for prevention and education activities in women's health issues. These include the

National Center for Health Statistics, the National Program of Cancer Registries, the National Breast and Cervical Cancer Early Detection Program, and the Centers for Research and Demonstration of Health Promotion and Disease Prevention.

It is particularly important that we reauthorize these programs this year, Mr. Speaker. While funding is currently available, the CDC relies on its statutory authorization for certain critical activities. For example, the National Center on Health Statistics relies on its legal authority to ensure complete privacy of the data collected. Without this authority, the center's ability to collect the data is threatened.

The Congressional Budget Office has issued a preliminary estimate of the bill's cost, which totals \$5.1 billion over five years. However, and it is important to realize this, all of the spending authorized in this bill is discretionary, subject to appropriation. The bill reauthorizes programs that are already funded, already funded, with the exception of the new cardiovascular disease program. However, NIH is currently conducting research in this area and the new cardiovascular research program will expand and coordinate those efforts.

Mr. Speaker, we have worked very, very hard to develop legislation that enjoys strong bipartisan support. The bill does not purport to address every woman's health concern, and there is clearly more work ahead for our committee.

□ 1645

To avoid unnecessary controversy and to speed reauthorization of these important programs, however, it was necessary to maintain a consensus-based approach in developing the bill.

The legislation also represents the work product of several Members. Mr. Speaker, I want to take a moment to acknowledge their contributions. Section 101, which establishes a national education and research program regarding the drug DES, is modeled on legislation introduced by the gentleman from New York (Ms. SLAUGHTER).

Section 104, which promotes research related to cardiovascular diseases in women, is similar to provisions of H.R. 2130 introduced by the gentleman from California (Ms. WATERS).

I also want to recognize the efforts of the gentleman from New York (Mr. LAZIO) to promote access to treatment for patients screened under the CDC's National Breast and Cervical Cancer Early Detection Program.

At the urging of the gentleman from New York (Mr. LAZIO) and the American Cancer Society, provisions were added to section 203 of the bill to emphasize the importance of case management services. This language recognizes the critical role of case managers in assisting breast cancer patients in obtaining access to treatment.

Mr. Speaker, I believe the Congress must play an active role in promoting women's health research and prevention efforts. I am particularly proud of the Committee on Commerce's role this year in reauthorizing the Mammography Quality Standards Act, which ensures safe and accurate mammography services for women.

The measure before us today reauthorizes a number of other critical women's health programs, and I urge all Members to join me in supporting passage of this important legislation.

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

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

Mr. Speaker, I am pleased to support S. 1722, the Women's Health Research and Prevention Amendments of 1998. For far too long, women's health issues have been neglected. The bill is a necessary step to begin addressing critical health issues that are affecting women exclusively or at highly disproportionate rates. Eighty percent of Americans who suffer from osteoporosis are women. One in eight women develop breast cancer, one in 25 will die of breast cancer, the second leading cause of cancer deaths. Despite the misconception that women rarely suffer from heart attacks, cardiovascular disease is the leading cause of death among American women. These are only a few of the devastating statistics concerning women's health issues that signal the need for more research, treatment, and education to prevent women's needless suffering.

H.R. 4683 and S. 1722 would extend research and prevention efforts of the National Institutes of Health to explore some of the most dangerous and critical diseases and conditions affecting women, including osteoporosis, cancer, and cardiovascular disease, the leading causes of death in American women.

The bill also extends women's health programs at the Centers for Disease Control, such as the National Center for Health Statistics, the National Program of Cancer Registries, and the National Breast and Cervical Cancer Early Detection Program.

Expanding these programs will allow the CDC to conduct more research to prevent and treat women's health issues, insure screening for early detection of breast and cervical cancer, and curb premature morbidity and mortality that lead to excessive health care costs.

The job will not be finished with the enactment of this bill alone. Issues of quality and access need to be addressed. The Patients' Bill of Rights should be enacted without further delay.

The National Partnership for Women and Families and more than 30 other women's organizations have listed numerous elements of the Patients' Bill of Rights that are particularly important to the health of women.

This bill would allow women to choose an OB-GYN as a primary health provider, and have direct access to their services or to those of allied health professionals, such as nurse midwives. The Patients' Bill of Rights would require managed care companies to provide access to clinical trials, a direct link between the research authorized by the bill before us today and the actual receipt of health care by women.

Listen to what a couple of witnesses at our July hearing on the Subcommittee on Health and Environment said about the importance of clinical trials. Dr. Edison Liu of the National Cancer Institute said, "Clinical trials are instrumental in these improvements. As examples, within the last two years we have established new standards of optimal therapy for women with node-negative and locally advanced breast cancer, for women with advanced ovarian cancer, for melanoma, and for childhood renal cancer. These new approaches to cancer therapy are the direct result of the Nation's clinical trials system."

Dr. Leonard Zwelling with the Anderson Cancer Center said at the same hearing, "Remember, all of the great approved cancer therapies in use today were once being tested in the clinical trial setting. Without clinical trials, we would have made no progress at all."

The Patients' Bill of Rights would allow women to continue to see the same provider throughout a pregnancy, even if the provider left the plan or their employer changed plans. Prescription drugs that are medically indicated but are not on an HMO's formulary would also be covered. Drive-by mastectomies would be eliminated, performance and quality measures would take the special needs of women into account, as would data collections and plan summaries. Plans would be prohibited from discriminating on the basis of sex. All of that is in the Patients' Bill of Rights.

I would hope, Mr. Speaker, that we will authorize all NIH programs so the research priorities of our Nation will be openly and equitably addressed. Although S. 1722 deals with some of the health research issues that impact women, it by no means addresses all of them. A comprehensive reauthorization of NIH programs, coupled with passage of the Patients' Bill of Rights, would achieve this objective.

Women are disproportionately affected by disease and conditions that our medical community has the ability to halt. It is essential that we do a better job in addressing women's health care issues. I commend the gentleman from Florida (Chairman Bilirakis) for leading us to act on solid bipartisan legislation. I commend the gentleman from Michigan (Mr. JOHN DINGELL), ranking member of the full committee, for his work on this issue, on women's health generally, and specifically, for his leadership on the Patients' Bill of

Rights, legislation that this Congress should be addressing before it adjourns.

I look forward to working with the gentleman from Florida (Mr. BILIRAKIS), the gentleman from Michigan (Mr. DINGELL), and others on other pressing health care issues that are beyond the scope of this bill.

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

Mr. BILIRAKIS. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. FOX).

Mr. FOX of Pennsylvania. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, I appreciate the time to speak on behalf of the Women's Health Research and Prevention Amendments of 1998. This is legislation long overdue, and certainly the number one priority in the public health interest. This legislation will help overall the women's health research and prevention activities at the National Institutes of Health and, of course, the Centers for Disease Control and Prevention of the CDC.

Specifically, it will extend the research program on DES, the drug widely prescribed years ago from 1938 to 1971, which has been shown to be harmful to pregnant women and their children.

Moreover, the bill deals with research on osteoporosis, extends the research program in that regard, and on Paget's Disease and related bone disorders.

It also further will conduct research on cancer, breast cancer and ovarian cancer especially. This is an area of great interest of mine. Many people in Pennsylvania and across the country are trying to support the additional efforts for breast cancer outreach, detection, prevention, treatment. I just have to look to Suzanne Kay from my district, who fought a long battle with breast cancer and it was her life's hope, and I hope that we continue her dream, to have that cure in our lifetime.

On ovarian cancer, we only have to look to Laurie Beecham from my district, who has had a 9-year battle with ovarian cancer. This is especially troublesome since ovarian cancer is so hard to detect and has alluded us up until now. So with these additional women's health research and prevention amendments, we will be able to win the war against breast cancer, win the war against ovarian cancer.

This legislation goes further, Mr. Speaker, into research on heart attacks, stroke and other cardiovascular diseases. The new authorization is included to support research into something which has been the leading cause of death in women, cardiovascular disease; long overlooked. As prior speakers may have related, we have been looking, from a male point of view, at heart disease but now this is an area of interest we must pursue in order to be receiving the kind of information that we can attack this cardiovascular disease and be successful for women as well.

The aging processes in women, this legislation will also study the effects and come up with cures regarding the diagnosis, disorders and complications relating to menopause.

The legislation also goes into the National Center for Health Statistics by producing data regarding systems to identify and address a wide spectrum, Mr. Speaker, of health concerns from birth to death, including overall health status, life-style, exposure to unhealthy influences, the onset and diagnosis of illness and disability, and the use of health care and rehabilitation services.

The National Program of Cancer Registries will be aided by this bill because it will generate reliable cancer surveillance and data collection to monitor trends, guide cancer control programs, to assist in allocations of health resources, to advance population based health services research.

Mr. Speaker, I just want to conclude by saying that we have just seen a March Against Cancer here in Washington. We have our anti-cancer caucus led by the gentleman from New York (Mr. LAZIO), we have our women's caucus, all working together.

With the passage of this legislation, S. 1722, we will be able to move forward for women, for health care, for America. So I am pleased to lend my support to this important legislation.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Michigan (Mr. DINGELL). He has done great work on all of these health care issues.

Mr. DINGELL. Mr. Speaker, I thank the gentleman from Ohio (Mr. BROWN) for yielding time to me.

Mr. Speaker, I rise in support of S. 1722, and H.R. 4683, its identical version in the House, which is not at this moment before us.

I am pleased to be the cosponsor of this legislation recently introduced by my good friend and colleague, the gentleman from Florida (Mr. BILIRAKIS).

I do note, however, Mr. Speaker, that this is a very good bill, worthy of support, but unfortunately in the haste of the conclusion of this session it has not had the benefits of hearings or markup sessions in the Subcommittee on Health and Environment or in the Committee on Commerce. That normal and usual practice undoubtedly would have improved the bill.

My colleagues on the committee from both sides of the aisle possess great expertise in matters of this kind and they would have given generously of their time and knowledge and thereby added greatly to the quality of the legislation.

The legislation before us enjoys the support of many organizations with strong credentials in the area of women's health issues. The administration also supports the bills, but each of these supporters would have welcome opportunities to come before the committee to convey comments and concerns.

The hearings would have revealed that this bill is a bit limited in scope, with many serious and controversial issues left unaddressed. In the area of research, the bill does not address controversial issues that affect women's health, such as sexually transmitted diseases. Other than a few programs named, the bill does not address the broad band of diseases that affect both genders and therefore, significantly, women's health issues, as well as men's health issues. This is why reauthorization of all NIH programs is urgently needed.

I hope that this bill begins that process and that we deal with NIH in a more comprehensive and thorough going fashion in the next session.

Moreover, the bill does nothing to improve women's access to quality health care. Women are the majority of enrollees in managed care plans. Women have unique health care needs that go well beyond reproductive health, and indeed their needs are quite different than those of men.

The National Partnership for Women and Families, along with more than 30 other organizations, has outlined a long list of women's health issues that are addressed by the Patients' Bill of Rights, which regrettably will not be passed by this Congress and which urgently needs to be done.

Those include selection of an OB-GYN or allied health professional as a primary care provider; access to clinical trials; gender specific data; plan evaluation criteria, and a ban on gender discrimination by HMOs. The legislation before us is regrettably silent on these issues.

Mr. Speaker, I support this bill. It is a good bill. It has, regrettably, limitations, and we are now finding ourselves in a curious procedural setting into which we need not have been cast had this matter been brought up earlier and on which we had done perhaps a better job of evoking hearings and all of the normal processes that are undertaken in the Committee on Commerce.

It is important to know here today that as we pass a good bill, many important women health care issues remain to be addressed. None of this should be satisfied until this work is done.

Mr. BILIRAKIS. Mr. Speaker, I yield 4 minutes to the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Speaker, every day when I am not here I practice medicine, and 70 percent of my patients are women.

There are wonderful things in this bill. However, this bill comes up short, especially in addressing cervical cancer in our country.

□ 1700

Mr. Speaker, 43 percent of the young women in this country today are carrying human papilloma virus. That is important. The reason that it is important is because that causes 94 percent of the cancer of the cervix to women in this country.

We also have in the bill a complete section on diethylstilbestrol, which has not been used in almost 30 years in this country. The last time it was used in any frequency was in the mid-1960s. The consequence of cancer associated with that drug shows itself before the woman is 30 years of age. So, in fact what we are doing is authorizing a program that is no longer needed with this bill.

My concerns, regardless of all the positive things in this bill, are that we should make sure we reach beyond where we have been in the past. And there is no question, breast cancer affects a vast majority. My sister, my sister-in-law both had breast cancer as well as many patients that I diagnose that disease in, and this bill is great in that regard. This bill is great in cardiovascular health risks for women. But it comes up very short in addressing a problem that is going to burgeon and balloon on us.

Cervical cancer is going to grow at the rate of 10 or 15 percent per year each year in the future. We have not instructed the CDC to do the proper job with this bill. The CDC should have a program that mandates human papilloma virus, the agent that causes cervical cancer, as a reportable disease. They have refused to do that.

Mr. Speaker, 40 percent of the women in this country now have herpes. It is also associated with anomalies and carcinomas of the reproductive tract of women. We have done nothing to address that in this bill.

Mr. Speaker, I am going to support this bill, and I want us to move forward with this. But I would like to have a colloquy with the gentleman from Florida (Mr. BILIRAKIS), chairman of the committee, to in fact see if we cannot address these issues and send out a supplemental authorization in the next Congress so that we can impact cervical cancer the way we are attempting to impact breast cancer in this bill.

It is my hope that we will have a hearing so that what I have just stated can be put in the RECORD by not me as a practicing physician, but the scientists who know these issues well, and that that will become a part of what we do in the future.

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

Mr. COBURN. I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Speaker, I would say that not only talking about the scientific community, but certainly the gentleman's knowledge on these areas certainly greatly exceeds that of ours, and I have no reason to dispute what the gentleman says.

I have already indicated that what we try to do with this legislation was try to work it out with the other body, with the other side, so that we could have a piece of legislation which would be a good piece of legislation, but certainly far from perfect.

So having said all of that, I assure the gentleman that we will address those issues in the next Congress.

Mr. COBURN. Mr. Speaker, reclaiming my time, I thank the gentleman for that assurance.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2½ minutes to the gentleman from Vermont (Mr. SANDERS).

Mr. SANDERS. Mr. Speaker, I thank the gentleman from Ohio (Mr. BROWN) for yielding me this time.

Mr. Speaker, I am pleased today to support S. 1722, the Women's Health Research and Prevention Amendments. I am an original cosponsor of the House version, H.R. 4683, and I congratulate the gentleman from Florida (Chairman BILIRAKIS) and the gentleman from Ohio (Mr. BROWN), the ranking member, for their efforts.

This is a good piece of legislation which authorizes or reauthorizes a number of important acts. I am especially pleased that the National Cancer Registries Act, which I introduced in 1992, is included for reauthorization in this legislation.

Mr. Speaker, we all understand that cancer is a terrible disease striking millions of Americans of all ages and from all walks of life. The National Cancer Registries Act, which is being reauthorized now, provides detailed information about who is coming down with cancer, where they live, where they work, and how effective the treatment is that they are receiving.

For years, cancer researchers wanted information, for example, about the incidence of breast cancer in Vermont as opposed to the incidence of breast cancer in another region. What might be the factors which cause the difference in incidence rates? In other words, why is a particular type of cancer more prevalent in one area of the country than in another area?

Why within a given community is cancer more prevalent in one part of that community than in another part of that community? In other words, why are there certain hot spots that have developed?

All of that information is important because the more information that researchers have, the better able they will be to understand what might be causing different types of cancer, and also in developing prevention efforts to stop the spread of cancer as well as better treatments to treat cancer.

Clearly, the more detailed information that we have about cancer, the better able we will be to understand the cause of this terrible disease which is killing more than a half million Americans every year and will account for one out of every four deaths in the United States this year.

Mr. Speaker, I want to mention that several years ago when Senator LEAHY and I successfully introduced this legislation, we were given the means to do so by a number of breast cancer survivors in the State of Vermont, women who stood up and said, "We are going to fight back." Among those were Joann Rathgeb, who passed away several years ago, and Pat Barr and Virginia Soffa, who are continuing their battle against cancer today.

Mr. BILIRAKIS. Mr. Speaker, how much time do we have remaining?

The SPEAKER pro tempore (Mr. BOEHLERT). The gentleman from Florida (Mr. BILIRAKIS) has 7 minutes remaining, and the gentleman from Ohio (Mr. BROWN) has 9½ minutes remaining.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield 1½ minutes to the gentlewoman from New York (Ms. SLAUGHTER).

Ms. SLAUGHTER. Mr. Speaker, I thank the gentleman from Ohio (Mr. BROWN) for yielding me this time, and I rise in strong support of this legislation.

I am particularly proud to vote for it today. I am thankful for the good work of the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) for bringing this to us this afternoon.

This bill contains a vital section extending Federal research and education on the drug diethylstilbestrol, or DES. It was prescribed to pregnant American women from 1938 to 1971 in the mistaken belief that it would prevent miscarriage. Not only did DES fail to impact miscarriage rates, but it caused deformities and other health problems in the reproductive systems of many of the children exposed in utero.

Touted as a "wonder drug," DES was taken by women who believed they were getting the best medical care in the world. But DES is now known to cause a fivefold increased risk for ectopic pregnancy as well as a threefold increase for a risk of miscarriage and preterm labor. One in every 1,000 girls and women exposed to DES in utero will develop clear cell of the vagina or cervix and will have to undergo treatment that ends their fertility. Men exposed in utero have a higher incidence of undescended testicles and fertility problems. Recent studies have hinted, and this is one of the reasons that research is so important, that DES may cause similar reproductive tract problems in a third generation of grandsons and granddaughters.

In 1992, I was proud to sponsor the legislation that established the first Federal research and education programs on DES. And last year, we introduced H.R. 1788, the DES Education Research Amendments, to authorize and expand the education efforts nationally.

Congress has a rare opportunity to act today to ensure that all men and women exposed to DES are made aware of their special health risks and needs. Further, we must continue research into the effects of DES, research which is yielding such important insights into the effects of environmental estrogens on the human body.

Mr. Speaker, I am proud to support S. 1722, and urge my colleagues to do so as well.

Mr. BILIRAKIS. Mr. Speaker, I yield 4 minutes to the gentlewoman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) for yielding me this time.

Mr. Speaker, I rise in very strong support of what I call the B&B bill, "Bilirakis and Brown." I want to congratulate the gentleman from Florida (Chairman BILIRAKIS) and the gentleman from Ohio (Mr. BROWN), the ranking member, for bringing this bill before us.

Why am I interested? Not only because as a woman, but I represent the National Institutes of Health and work very closely with the Centers for Disease Control, and I remember when we worked very hard and inspired the National Institutes of Health to establish their Office of Research on Women's Health, which has worked very effectively. Now codified is the fact that women will be included in all clinical trials and protocols, unless there is adequate reason why they would not be.

So, this bill really follows along beautifully, reauthorizing many of the programs at NIH that really pretty much come under the jurisdiction of the Office of Research on Women's Health and the Centers for Disease Control in terms of research and prevention.

Just looking at it, for instance the DES bill, I am on a bill with the gentlewoman from New York (Ms. SLAUGHTER) dealing with DES. Much more needs to be done. We need to do more research on it.

Osteoporosis. I am very pleased with the fact that in Medicare, bone mass measurement standardization for osteoporosis is part of that. I pushed it and am continuing to work on research for it. We know that one out of every eight men will have an osteoporotic fracture over the age of 50, and one out of every two women after the age of 50.

The research on cancer. Look at breast cancer. Mr. Speaker, 182,000 women will be touched by breast cancer, diagnosed having breast cancer every year, and 46,000 of them are going to die because of that. Much more is being done with that research.

We could cite all kinds of examples. For instance, at the Race for the Cure to see those women wearing those pink hats, which means they are survivors, and each year the numbers increase because each year we do a lot more with research, making sure that quality mammograms are available, notification.

Ovarian cancer is increasing, and yet we know now that it is treatable. If we can learn how to detect it earlier, it can make a difference between life and death.

Heart attack, stroke, cardiovascular diseases. Remember the famous aspirin test where they used 43,000 male medical students to determine the effect of aspirin on cardiovascular diseases, and used no women, and yet they extrapolated from that that this is the way that women would be responding to it. They did the same thing with coffee.

They did a test with how would coffee and caffeine affect cardiovascular diseases, and it was done with all men.

Well, we know that it is the number one killer of men and women, but it kills even more women than it does men. And with women, they get it later and they die faster.

Mr. Speaker, these are the kinds of things that mean that this bill, with its reauthorization, is critically important. Of course, aging processes. Obviously, I stand here and I can say that I am a testament to the fact that we need to do more work with regard to the aging processes. And, of course, people are living longer lives, too.

The Office of Research on Women's Health. That is kind of a technical amendment that is put in there to allow Dr. Varmus, for instance, to do the appointing of the Advisory Committee on Research on Women's Health.

Also with regard to CDC, we had the gentleman from Vermont (Mr. SANDERS) speak. I am cosponsor of his legislation. I think it is important that we look at the Cancer Registry and find out whether we have some other facets or conditions that yield an extraordinary number of cancer deaths in particular regions. So, in the CDC National Breast and Cervical Cancer Early Detection Program, again looking at the underserved women.

So, all in all, maybe as someone said, this bill could even go further. But I think it is terrific. I think it is a great piece of legislation. Again, I want to commend the authors of it, who have worked very hard to make sure that here in this penultimate day of session, that we have an opportunity to vote on it. So I congratulate them and say let us move on.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. WATERS).

Ms. WATERS. Mr. Speaker, I rise today in strong support of H.R. 4683, the Women's Health Research and Prevention Amendments of 1998.

I would like to thank the gentleman from Florida (Mr. BILIRAKIS), chairman of the Subcommittee on Health and Environment of the Committee on Commerce, and the gentleman from Ohio (Mr. BROWN), ranking Democrat, for sponsoring this most important bill here in the House.

This bill would bring much-needed attention to research and prevention programs at the National Institutes of Health and the Centers for Disease Control and Prevention that target the particular health concerns of women, including osteoporosis, breast and ovarian cancer and the aging process.

I am particularly pleased that in addition to the reauthorization of these important programs, the bill includes a new research program at the National Heart, Lung, and Blood Institute to target heart attack, stroke, and other cardiovascular diseases in women.

□ 1715

The language of this provision was drawn from the Women's Cardio-

vascular Diseases Research and Prevention Act that I and Senator BOXER introduced earlier in the Congress. I introduced this bill because I strongly believe that aggressive steps needed to be taken to combat this silent killer of American women.

There has been far too little focus on the number one killer of women in the United States, cardiovascular disease. This is despite the fact that more than 500,000 women die of heart attack, stroke and other cardiovascular diseases. One in five females has some form of cardiovascular disease. While all women are at risk, statistics show that African American women are especially at risk. For African American women between the ages of 35 and 74, the death rate from heart attacks is twice that of Caucasian women. Yet studies show that four out of five women are unaware of the threat of cardiovascular diseases.

It is tragic that the symptoms of women's heart disease often go unrecognized or are often misdiagnosed. H.R. 4683 would target this killer of American women. It would educate women and doctors about the dire threat heart disease poses to them, educate doctors on the risks and symptoms unique to women and improve research and services for women in cardiovascular disease.

I want to thank the American Heart Association, the American Medical Women's Association, the Washington Hospital Center and many other organizations and individuals for all of their work on this issue, and especially Dr. Davidson.

In particular, I want to recognize the work of the American Heart Association. They have worked tirelessly to educate the public about women's heart disease. They have launched a special initiative focusing on women and heart disease and made the Women's Cardiovascular Diseases Research and Prevention Act a centerpiece of their legislative strategy.

Once again, I would like to thank the gentleman from Florida (Mr. BILIRAKIS) for all that he has done and Senator FRIST, who carried the bill on the Senate side, for including heart disease in this important women's health research and prevention bill.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. FOX).

Mr. FOX of Pennsylvania. Mr. Speaker, great credit is owed to the gentleman from Florida (Mr. BILIRAKIS), chairman of the Subcommittee on Health and Environment, for his leadership in moving this legislation forward and really making a difference for all Americans. This legislation obviously affects the women in our families, and we certainly know that is the number one health care issue, funding for the NIH, National Institutes of Health, and the Centers for Disease Control. That kind of funding then goes to teaching hospitals, to research centers all across the country, coming

forth with new discoveries on strategies to help women's health care.

My thanks again to the American Heart Association for what they are doing to move forward, as the gentlewoman from California just outlined. I also have to look to the Philadelphia Stroke Council, to Toby Mazer, who has been a trailblazer in this area. Every one knows that stroke is a brain attack. And what people may not know is there are warning signs for stroke just like there are warning signs for heart attack. What she is trying to do in her Philadelphia Stroke Council is to make sure that we know about those warning signs, that there is public education in that regard, that there are prevention strategies. Just like every other major illness, we want to get people to the hospitals as quickly as possible in that golden hour.

This legislation goes to the research to determine the reasons underlying the prevalence of heart attack, stroke and other cardiovascular diseases in women. This legislation will give us the funding for basic research concerning the etiology and causes of cardiovascular diseases in women. It also will give us the epidemiological studies to address the frequency and natural history of such diseases and the development of safe, efficient and cost-effective diagnostic approaches.

Our thanks to the Linda Creed Foundation, the Susan Komen Foundation, the National Ovarian Cancer Council and the American Cancer Society. All of them have worked, together with the gentleman from Florida (Mr. BILIRAKIS) and with the gentleman from Virginia (Mr. BLILEY), to make sure that working with the Senate legislation like this, which is going to help us prevent cardiovascular disease, will in fact be an accomplished fact. It will include applications of affected methods for the control of blood pressure and obesity, information and education programs for patients and health care providers regarding risk factors associated with heart attack, stroke and other cardiovascular diseases.

I stand to support again this important legislation. And one last item, Mr. Speaker, the cancer registry will help us with the regional aspects of diseases and what we can do as States and regions to make sure we are changing the environmental factors that may be affecting a very large health care concern.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 2 minutes.

I want to point out as several of us have mentioned but discuss for another moment part of this bill. The only part of this bill that is a new authorization deals with research in heart attack, stroke and other cardiovascular diseases in women. During a women's health seminar, a program that my office put on in Medina, Ohio some time ago, a cardiovascular surgeon, a female cardiovascular surgeon from Cleveland pointed out to us something that I think women across the country are

too often unaware of. That is that while men more often have heart attacks than women do, women are more often, more likely to die of heart attacks than men because women do not really think of themselves as likely victims of heart disease because our society, for whatever reason, has led most of us to believe that men get heart attacks and women get other diseases. And so I think it is particularly important that more research is done on this.

It is particularly important that we do better education, among women especially. Whether it is my mother in Mansfield, Ohio or whether it is women across this country, they need to obviously be aware to look for those symptoms, as men I think in society are conditioned to look at those symptoms that might be leading up to a heart attack.

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

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

I would like to close strongly recommending an aye vote on this legislation. It is really the result of a work in progress over a period of time. We have recognized other Members who have introduced pieces of legislation which we have incorporated in so many words into this piece of legislation. And certainly my gratitude to Senator FRIST was mentioned. He has been very, very cooperative. We have worked with him for quite some time on this. His staff, the gentleman from Virginia (Mr. BLILEY), the majority committee staff, the gentleman from Michigan (Mr. DINGELL) and the gentleman from Ohio (Mr. BROWN) and their fine staff over there. We were able to show what can be done, another illustration of what can be done when Members are willing to sit around the table and work in a bipartisan fashion.

Ms. DELAURO. Mr. Speaker, I rise today in support of the Women's Health Research and Prevention Amendments of 1998. This bill will make significant contributions to research in many diseases which affect women. I thank Chairman BILIRAKIS for his work in drafting this legislation and moving it to the floor so quickly at the end of this session.

Women's health research and has been ignored for far too long, and this bill will add to the important progress we have made over the last several years. As an ovarian cancer survivor, I am particularly pleased that this bill will reauthorize programs into research for ovarian cancer.

Currently there is no diagnostic test to detect ovarian cancer in the early stages when it is highly curable. Instead, most cases of ovarian cancer are found in the advanced stages, and nearly two-thirds of women with the disease die within 5 years of diagnosis because their illness was detected too late. This research will help the National Institutes of Health to continue its work to improve early detection, find new treatments, and one day find a cure.

But there are a number of other bills before this Congress which would do just as much to

promote women's health, and I am deeply disappointed that we have not yet had the opportunity to act on them. We have not yet taken any action to outlaw drive through mastectomies by passing the Breast Cancer Patient Protection Act. I introduced this bipartisan bill in the first days of the 105th Congress, and it has 219 cosponsors—Republicans and Democrats alike, enough to pass it today if it was brought to the floor for a vote. This bill is vitally important in ensuring that breast cancer patients get the care they need to recover from this devastating surgery.

Congress has not yet acted to pass legislation that would ensure that women with no health insurance, who are diagnosed with breast cancer after getting a mammogram through the Breast and Cervical Cancer Early Detection Program, have access to treatment. As it stands now, many women who discover through this screening program that they have breast cancer are left in the unfathomable position of being unable to afford the treatment they need to survive.

Other important women's health bills we have yet to address include: legislation which would provide coverage of reconstructive surgery after mastectomies for breast cancer patients; legislation which would outlaw genetic discrimination by insurance companies; and legislation which would allow women to choose OB/GYNs as their primary care physicians.

I am also disappointed that this bill does not expand the Centers for Disease Control's WiseWoman project. During the 103rd Congress, we started this demonstration project at three clinics which participated in the Breast and Cervical Cancer Early Detection Program. WiseWoman gives uninsured women access to better all-around health care, and allows them to develop relationships with staff that keeps them going back for follow-up care.

The clinics participating in this project do more than just test for breast and cervical cancer—they test for high blood pressure, diabetes, and other illnesses. The WiseWoman program has been highly successful in improving women's health and I would hope that as Congress expands funding for the successful Breast and Cervical Cancer Early Detection Program, we would expand the WiseWoman program as well.

This bill is a good first step in furthering a research agenda that will improve women's lives. I hope that we can continue to work together to pass all of these bills which are vital to the health of American women.

Mr. BLILEY. Mr. Speaker, I am pleased the House will pass S. 1722, "The Women's Health Research and Prevention Amendments of 1998."

This bill revises and extends a number of important women's health research and prevention programs at the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). Mr. BILIRAKIS and I introduced the companion measure to S. 1722, the "Women's Health Research and Prevention Amendments of 1998." S. 1722 was introduced by Senator BILL FRIST and enjoys strong bipartisan support, including Senators LOTT, DASCHLE, JEFFORDS and KENNEDY.

One of the most important programs reauthorized by this bill is the National Breast and Cervical Cancer Early Detection Program. S. 1722 extends this important program, which provides for regular screening for breast and cervical cancers to underserved women, prompt follow-up if necessary, and assurance that the tests are performed in accordance with current quality recommendations. The CDC supports activities at the State and national level in the areas of screening referral and follow-up services, quality assurance, public and provider education, surveillance, collaboration and partnership development. S. 1722 would assist CDC to be more aggressive in helping women fight the twin scourges of breast and cervical cancer.

I am very proud that our Committee has done more than reauthorize the National Breast and Cervical Cancer Early Detection Program. Just a few weeks ago this committee led the effort on the floor to pass H.R. 4382, the Biley-Bilakis Mammography Quality Standards Reauthorization Act of 1998. This bill assured the safety, accuracy, and overall quality in mammography services for the early detection of breast cancer. Women who seek mammograms, however, must be assured that their results will be accurate and not misleading. I am pleased that the President has signed the Mammography Quality Standards Reauthorization Act of 1998 into law.

I urge my colleagues to join me in voting for S. 1722 "The Women's Health Research and Prevention Amendments of 1998" and I urge the President to sign this bill into law as well.

Mr. GILMAN. Mr. Speaker, I rise today in support of S. 1722, the Women's Health Research and Prevention Amendments of 1998. Since October is National Breast Cancer month, it is appropriate that this legislation, that not only deals with breast cancer, but also cervical and ovarian cancer and cardiovascular diseases, be brought to the floor today.

This legislation will reauthorize many important programs at the National Institutes of Health and the Centers for Disease Control which have been instrumental in combating various diseases such as breast, cervical and ovarian cancers and heart attacks and strokes. Studies performed by NIH and the CDC have helped educate many women about the advantages of early detection and prevention and have saved millions of lives. Further funding for these programs will help to ensure that research and studies of diseases affecting women continue.

Without past studies and demonstration projects, many women would not have been informed about early detection and as a result would have succumbed to the horrible effects of cancer and cardiovascular diseases. This bill will not only educate the public, but will also help educate the doctors and nurses who treat women about how these diseases specifically attack women.

I applaud the efforts of my colleague, the gentleman from Florida, Mr. BILIRAKIS, for bringing this important legislation forward today. Accordingly, I urge my colleagues to support this significant legislation.

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

The SPEAKER pro tempore (Mr. BOEHLERT). The question is on the motion offered by the gentleman from

Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the Senate bill, S. 1722.

The question was taken.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 5 of rule I and the Chair's prior announcement, further proceedings on this motion will be postponed.

DRIVE FOR TEEN EMPLOYMENT ACT

Mr. FAWELL. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 2327) to provide for a change in the exemption from the child labor provisions of the Fair Labor Standards Act of 1938 for minors who are 17 years of age and who engage in the operation of automobiles and trucks.

The Clerk read as follows:

Senate amendment:

Page 4, strike out all after line 4, down to and including line 10, and insert:

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—This Act shall become effective on the date of enactment of this Act.

(2) EXCEPTION.—The amendment made by subsection (a) defining the term "occasional and incidental" shall also apply to any case, action, citation or appeal pending on the date of enactment of this Act unless such case, action, citation or appeal involves property damage or personal injury.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. FAWELL) and the gentleman from California (Mr. MARTINEZ), each will control 20 minutes.

The Chair recognizes the gentleman from Illinois (Mr. FAWELL).

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

Mr. Speaker, H.R. 2327, the Drive for Teen Employment Act, is a bipartisan bill introduced by the gentleman from California (Mr. COMBEST), the gentleman from Texas (Mr. GREEN), and the gentleman from California (Mr. MARTINEZ).

The bill previously passed the House by a voice vote on September 28. The bill modifies a regulation of the Department of Labor which has been narrowly interpreted to essentially prohibit 16- and 17-year-old employees from driving on public roads as part of their employment. The Department of Labor's current interpretation, which is not required by the regulation itself, was announced in the context of enforcement actions against certain employers who received no advanced notice of this narrow interpretation of the child labor laws.

Although existing regulations allow for occasional and incidental driving on the job by 16- and 17-year-olds, the department's interpretation has the effect of preventing young people under the age of 18 from any driving during employment except perhaps in "rare and emergency" situations.

The department's current interpretation has jeopardized important job op-

portunities for many teenagers without demonstrating any increase in safety on the job. Furthermore, many innocent small business owners have been fined by the Department of Labor on the basis of an interpretation of a regulation of which they did not have any notice.

H.R. 2327 will put into law a new test with regard to the amount of time that teenage employees can drive on the job. Under the bill, only 17-year-olds will be permitted to drive during employment. In addition, there is a limitation on the number of trips per day that a 17-year-old may drive for the purposes of delivering packages or transporting other persons. The bill retains all of the other conditions that are now part of the current regulation. That is, the vehicle must weigh less than 6,000 pounds, the driving must be restricted to daylight hours, the minor must hold a State driver's license, the vehicle must be equipped with a seat belt or similar restraining device for the driver and for each helper, and the employer must instruct each minor that seat belts must be used, and the driving does not involve the towing of other vehicles and the driving is occasional and incidental to the minor's employment.

This bill was passed yesterday by the Senate with an amendment to clarify the effective date of the legislation. The Senate change clarifies the House-passed bill to specify that the bill will apply to any case action, citation or appeal which is pending on date of the enactment of the bill unless the case action, citation or appeal involves property damage or personal injury.

H.R. 2327 will not decrease safety on the roads or endanger teenage employees. It is a reasonable and practical solution to the Department of Labor's overly restrictive and unfairly enforced interpretation which has denied job opportunities to young people without increasing safety.

This clarification will help to make driving on the job by teens safer and employers will still have every incentive to ensure that their teenage employees drive safely.

I urge my colleagues to support this bipartisan legislation.

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

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

Mr. Speaker, as the gentleman from Illinois (Mr. FAWELL) has said, two weeks ago the House considered H.R. 2327, the Drive for Teen Employment Act. I will not go through the myriad of conditions of the bill.

Under current law minors are permitted to drive on the job under occasional and incidental circumstances. Under that definition, the automobile dealerships across the country regularly employed minors to wash and detail cars, move cars on lots and occasionally drive an automobile to a nearby lot or gas station.