fit with that money to improve their juvenile justice systems, to hire more judges, more prosecutors, have more detention space, more probation officers, whatever they want to do, whatever they need to do, it is their choice. All they have to do to qualify essentially is to provide assurances to the Attorney General that they are punishing those early misdemeanor crimes.

I urge the adoption of this bill. It needs to be passed. It needs to be passed now.

Mr. GREENWOOD. Mr. Speaker, I rise today to support S. 2073, as amended. More than a year ago this House overwhelmingly passed H.R. 3 and H.R. 1818. H.R. 3, the Juvenile Crime Control Act of 1997, sponsored by Congressman BILL MCCOLLUM, focused on the punishment of juvenile offenders. H.R. 1818, The Juvenile Crime Control and Delinquency Prevention Act, provided a balance to punishment by focusing on prevention of juvenile delinquency. H.r. 1818 was designed to assist States and local communities to develop strategies to combat juvenile crime through a wide range of prevention and intervention programs. The Senate has yet to pass companion legislation and we have a limited number of days remaining in this session. I support the procedure we are using today to allow us to get to Conference with the Senate to produce legislation that provides both appropriate punishment for juvenile offenders and the development of intervention and prevention programs to prevent our children from becoming involved in delinquent activities.

H.R. 1818 is a bipartisan bill—it was the result of many hours of discussions between Congressmen RIGGS, MARTINEZ, SCOTT, and myself. The bill represents good policy. In developing this bill we attempted to strike a balance in dealing with children, young people who grow up and come before the juvenile justice system, and tried to recognize that some of these children, at ages 16 and 17, are already very vicious and dangerous criminals. Other children who come before the juvenile justice system are harmless and scared and running away from abuse at home. It is an extraordinarily difficult task to create a juvenile justice system in each of the states and in each of the counties that can respond to these very, very different young people caught up in the law.

We recognized that we needed to build some flexibility into the system, enough flexibility to allow the local officials to use their own good judgement based on the realities of each situation, and yet not give them so much flexibility that harm could be done to the child. We dealt with very sensitive issues like the deinstitutionalization of status offenders, how to address the over representation of minorities in the juvenile justice system, and determining the correct balance between block granting funds to the states and keeping some strings attached.

I believe we found that balance. We have found a way to provide the additional flexibility that our local officials need, still protect society from dangerous teenagers, while protecting scared kids from overly harsh treatment in our juvenile justice system.

A few months ago I chaired a Subcommittee on Early Childhood, Youth and Families hearing on ''Understanding Violent Children'' for Chairman RIGGS. Most witnesses testified to the need for early intervention and prevention programs directed at students with a potential for violence. This legislation will allow for those activities.

I urge my colleagues to support this legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. GOODLING) that the House suspend the rules and pass the Senate bill, S. 2073, as amended.

The question was taken.

Mr. SCOTT. 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.

GENERAL LEAVE

Mr. MCCOLLUM. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on S. 2073.

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

There was no objection.

MAMMOGRAPHY QUALITY STANDARDS REAUTHORIZATION ACT OF 1998

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4382) to amend the Public Health Service Act to revise and extend the program for mammography quality standards, as amended.

The Clerk read as follows:

H.R. 4382

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 ''Mammography Quality Standards Reauthorization Act of 1998''.

SEC. 2. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—Section 354(r)(2) of the Public Health Service Act (42 U.S.C. 263b(r)(2)) is amended in each of subparagraphs (A) and (B) by striking ''1997'' and inserting ''2002''.

(b) TECHNICAL AMENDMENTS.—Section 354(r)(2) of the Public Health Service Act (42 U.S.C. 263b(r)(2)) is amended in subparagraph (A) by striking ''subsection (q)'' and inserting ''subsection (p)'', and in subparagraph (B) by striking ''fiscal year'' and inserting ''fiscal years''.

SEC. 3. APPLICATION OF CURRENT VERSION OF APPEAL REGULATIONS.

Section 354(d)(2)(B) of the Public Health Service Act (42 U.S.C. 263b(d)(2)(B)) is amended by striking ''42 C.F.R. 498 and in effect on the date of the enactment of this section'' and inserting ''part 498 of title 42, Code of Federal Regulations''.

SEC. 4. ACCREDITATION STANDARDS.

(a) IN GENERAL.—Section 354(e)(1)(B) of the Public Health Service Act (42 U.S.C. 263b(e)(1)(B)) is amended—

(1) in clause (i), by striking ''practicing physicians'' each place such term appears and inserting ''review physicians''; and

(2) in clause (ii), by striking ''financial relationship'' and inserting ''relationship''.

(b) DEFINITION.—Section 354(a) of the Public Health Service Act (42 U.S.C. 263b(a)) is amended by adding at the end the following:

''(8) REVIEW PHYSICIAN.—The term 'review physician' means a physician as prescribed by the Secretary under subsection (f)(1)(D) who meets such additional requirements as may be established by an accreditation body under subsection (e) and approved by the Secretary to review clinical images under subsection (e)(1)(B)(i) on behalf of the accreditation body.''.

SEC. 5. CLARIFICATION OF FACILITIES' RESPONSIBILITY TO RETAIN MAMMOGRAM RECORDS.

Section 354(f)(1)(G) of the Public Health Service Act (42 U.S.C. 263b(f)(1)(G)) is amended by striking clause (i) and inserting the following:

''(i) a facility that performs any mammogram—

''(I) except as provided in subclause (II), maintain the mammogram in the permanent medical records of the patient for a period of not less than 5 years, or not less than 10 years if no subsequent mammograms of such patient are performed at the facility, or longer if mandated by State law; and

''(II) upon the request of or on behalf of the patient, transfer the mammogram to a medical institution, to a physician of the patient, or to the patient directly; and''.

SEC. 6. DIRECT REPORTS TO PATIENTS.

Section 354(f)(1)(G)(ii) of the Public Health Service Act (42 U.S.C. 263b(f)(1)(G)(ii)) is amended by striking subclause (IV) and inserting the following:

''(IV) whether or not such a physician is available or there is no such physician, a summary of the written report shall be sent directly to the patient in terms easily understood by a lay person; and''.

SEC. 7. SCOPE OF INSPECTIONS.

Section 354(g)(1)(A) of the Public Health Service Act (42 U.S.C. 263b(g)(1)(A)) is amended in the first sentence—

(1) by striking ''certified''; and

(2) by inserting ''the certification requirements under subsection (b) and'' after ''compliance with''.

SEC. 8. DEMONSTRATION PROGRAM REGARDING FREQUENCY OF INSPECTIONS.

Section 354(g) of the Public Health Service Act (42 U.S.C. 263b(g)) is amended—

(1) in paragraph (1)(E), by inserting '', subject to paragraph (6)'' before the period; and

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

''(6) DEMONSTRATION PROGRAM.—

''(A) IN GENERAL.—The Secretary may establish a demonstration program under which inspections under paragraph (1) of selected facilities are conducted less frequently by the Secretary (or as applicable, by State or local agencies acting on behalf of the Secretary) than the interval specified in subparagraph (E) of such paragraph.

''(B) REQUIREMENTS.—Any demonstration program under subparagraph (A) shall be carried out in accordance with the following:

''(i) The program may not be implemented before April 1, 2001. Preparations for the program may be carried out prior to such date.

''(ii) In carrying out the program, the Secretary may not select a facility for inclusion in the program unless the facility is substantially free of incidents of noncompliance with the standards under subsection (f). The Secretary may at any time provide that a facility will no longer be included in the program.

''(iii) The number of facilities selected for inclusion in the program shall be sufficient to provide a statistically significant sample, subject to compliance with clause (ii).

''(iv) Facilities that are selected for inclusion in the program shall be inspected at such intervals as the Secretary determines will reasonably ensure that the facilities are maintaining compliance with such standards.''.

SEC. 9. CLARIFICATION OF AUTHORITY TO DELEGATE INSPECTION RESPONSIBILITY TO LOCAL GOVERNMENT AGENCIES.

Section 354 of the Public Health Service Act (42 U.S.C. 263b) is amended—

(1) in subsections (a)(4), (g)(1), (g)(3), and (g)(4), by inserting ''or local'' after ''State'' each place such term appears;

(2) in the heading of subsection (g)(3), by inserting ''OR LOCAL'' after ''STATE''; and

(3) in subsection (i)(1)(D)—

(A) by inserting ''or local'' after ''State'' the first place such term appears; and

(B) by inserting ''or local agency'' after ''State'' the second place such term appears.

SEC. 10. PATIENT NOTIFICATION CONCERNING HEALTH RISKS.

(a) REQUIREMENT.—Section 354(h) of the Public Health Service Act (42 U.S.C. 263b(h)) is amended—

(1) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(2) by inserting after paragraph (1) the following:

''(2) PATIENT INFORMATION.—If the Secretary determines that the quality of mammography performed by a facility (whether or not certified pursuant to subsection (c)) was so inconsistent with the quality standards established pursuant to subsection (f) as to present a significant risk to individual or public health, the Secretary may require such facility to notify patients who received mammograms at such facility, and their referring physicians, of the deficiencies presenting such risk, the potential harm resulting, appropriate remedial measures, and such other relevant information as the Secretary may require.''.

(b) CIVIL MONEY PENALTY.—Section 354(h)(3) of the Public Health Service Act (42 U.S.C. 263b(h)(3)), as redesignated by subsection (a)(1), is amended—

(1) by striking ''and'' at the end of subparagraph (B);

(2) by redesignating subparagraph (C) as subparagraph (D); and

(3) by inserting after subparagraph (B) the following:

''(C) each failure to notify a patient of risk as required by the Secretary pursuant to paragraph (2), and''.

(c) CONFORMING AMENDMENT.—Section 354(h)(4) of the Public Health Service Act (42 U.S.C. 263b(h)(4)), as redesignated by subsection (a)(1), is amended by striking ''paragraphs (1) and (2)'' and inserting ''paragraphs (1) through (3)''.

SEC. 11. REQUIREMENT TO COMPLY WITH INFORMATION REQUESTS.

Section 354(i)(1)(C) of the Public Health Service Act (42 U.S.C. 263b(i)(1)(C)) is amended—

(1) by inserting after ''Secretary'' the first place such term appears the following: ''(or of an accreditation body approved pursuant to subsection (e))''; and

(2) by inserting after ''Secretary'' the second place such term appears the following: ''(or such accreditation body or State carrying out certification program requirements pursuant to subsection (q))''.

SEC. 12. ADJUSTMENT TO SEVERITY OF SANCTIONS.

Section 354(i)(2)(A) of the Public Health Service Act (42 U.S.C. 263b(i)(2)(A)) is amended by striking ''makes the finding'' and all that follows and inserting the following: ''has reason to believe that the circumstance of the case will support one or more of the findings described in paragraph (1) and that—

''(i) the failure or violation was intentional; or

''(ii) the failure or violation presents a serious risk to human health.''.

SEC. 13. TECHNICAL AMENDMENT.

Section 354(q)(4)(B) of the Public Health Service Act (42 U.S.C. 263b(q)(4)(B)) is amended by striking ''accredited'' and inserting ''certified''.

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 this legislation.

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, without question the Mammography Quality Standards Act of 1992 has been an overwhelming success. In May my Subcommittee on Health and Environment heard extensive testimony regarding the Act from program experts and patient groups. Officials from the General Accounting Office reported that the Act has increased mammography facilities' adherence to acceptable quality assurance standards, thus improving mammography services. Before it took effect, 11 percent of facilities tested were unable to pass image quality tests, and now the nationwide figure is 2 percent.

Screening mammography is currently the most effective technique for early detection of breast cancer. This procedure can identify small tumors and breast abnormalities up to two years before they can be detected by touch. More than 90 percent of these early stage cancers can be cured, according to the Food and Drug Administration.

Today, the House is considering legislation to reauthorize this most important act. Last November, the Senate passed its own reauthorization bill by unanimous consent, without discussion or amendment. During the course of my subcommittee's hearing in May, however, we learned that some important issues were not addressed in the Senate bill.

The measure before us, the Mammography Quality Standards Reauthorization Act of 1998, includes language approved by the full Committee on Commerce to address these concerns.

H.R. 4382 differs in two major respects from the Senate-passed bill. First, it provides for direct patient notification of all mammography examinations, in language that is easy for patients to understand. Second, it permits the Food and Drug Administration to conduct a demonstration project to address the feasibility of inspecting high quality mammography facilities at less than annual intervals.

The need, Mr. Speaker, for this legislation is clear. Breast cancer is the most commonly diagnosed nonskin cancer and the second leading cause of cancer deaths among women. Tragically, experts predict that during this decade alone, as many as 1.8 million women will be diagnosed with breast cancer, and 500,000 will die from it.

There is a ray of hope, however, in the use of mammography for early detection of breast cancer. The probability of survival and the avoidance of mastectomy increases significantly when the disease is discovered in its early stages.

Today, the House, Mr. Speaker, can continue to ensure safe and accurate mammography services for women by approving this important bipartisan legislation. I join the gentleman from Virginia (Mr. BLILEY) full committee chairman, the gentleman from Michigan (Mr. DINGELL) ranking member, and the gentleman from Ohio (Mr. BROWN) ranking member of the subcommittee in urging Members' support for passage of the Mammography Quality Standards Reauthorization Act.

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

□ 1500

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

Mr. Speaker, I rise today in support of H.R. 4382, the Mammography Quality Standards Reauthorization Act of 1998. Breast cancer is the second leading cause of cancer deaths in American women. According to the Department of Health and Human Services the incidence of breast cancer has increased by approximately 1 percent per year since the early 1970's. HHS estimates that 44,000 women died from breast cancer last year, more than 180,000 new cases of breast cancer were diagnosed. According to the same HHS report nearly half a million women will die from breast cancer in the 1990's, more than a million and a half new cases will be diagnosed during this same period of time. They are our mothers, our spouses, our sisters, our daughters and our friends.

In 1994 I founded in response to breast cancer rates and incidence being much higher in northeast Ohio than in many other parts of the Nation, I founded the Northeast Ohio Breast Cancer Task Force to increase awareness of the value of early detection of breast cancer. Over and over the task force members have stressed the value of mammographies in this process.

Mammography is considered to be the most effective method for early detection of breast cancer. In women over 50 the detection rate can exceed 90 percent resulting in a decrease in breast cancer deaths among women as much as 30 percent. The Mammography Quality Standards Act was first enacted 6 years ago to ensure that the mammographies performed at approximately 10,000 facilities throughout the United States are safe and reliable.

The GAO stated that the MQSA increased the quality of mammography services while not decreasing access to them. The key to MQSA is its system of annual inspections of mammography

facilities by FDA-approved accreditation bodies. These comprehensive examinations and mammography facility equipment and personnel assure the mammographies are of the highest quality. These inspections are funded by using a user fee, so our action is both timely and necessary to the smooth continuation of this important and successful program.

The bill before us today makes some changes and, I believe, improvements in the existing statute.

First, H.R. 4382 contains a provision requiring direct patient notification of the results of mammography test results. Under the current program patients who are self-referred, meaning they were not referred to the mammography facility by a physician, are already notified of the test results directly by the facility. Our hearing earlier this year in the subcommittee of the gentleman from Florida (Mr. BILIRAKIS) showed that some facilities voluntarily directly notify their patients in addition to notifying the referring physician to ensure the patient receives the test results in a timely manner.

This bill is a common sense extension of direct patient notification to all mammography facility patients, self-referred and physician-referred. Good practice guidelines published by the Agency for Health Care Policy and Research spell out in detail the manner for providing direct patient notification. This is a good addition to the MQSA and one which is supported by all breast cancer patient advocacy organizations.

Second, H.R. 4382 authorizes a limit on demonstration project to determine whether inspections may be required less than annually for those facilities with excellent records. Currently violations of standards are ranked into three levels according to their severity with Level One being the most serious, Level Three being the least serious. It is intended that only facilities with minor violations or clean records may qualify for the demonstration program.

Also the authorization is timed such that facilities must compile an excellent record under HHS final rules, not the less rigorous interim rules currently in place. This is an authorization, not a requirement. It is intended that HHS not approve any demonstration program unless it is satisfied that patient safety will not be compromised.

Mr. Speaker, I congratulate my colleagues who have worked hard to make this day happen. I particularly want to thank the chairman of the Subcommittee on Health and the Environment, the gentleman from Florida (Mr. BILIRAKIS) thank the gentleman from Virginia (Mr. BLILEY) and the gentleman from Michigan (Mr. DINGELL), the full committee chair and ranking member, the gentlewoman from Colorado (Ms. DEGETTE) who is sitting here today for her good work in this, and I also want to thank the majority counsel, Mark Wheat, and the democratic staff, John Ford in particular, and Kevin Brennan from my office for their tireless work.

I urge my colleagues' support of this legislation.

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

Mr. BILBRAY. Mr. Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. BLILEY) the chairman of the full Committee on Commerce.

Mr. BLILEY. Mr. Speaker, I thank the gentleman for yielding this time to me.

Mr. Speaker, I am pleased that the House will pass H.R. 4382, the Mammography Quality Standards Reauthorization Act of 1998 today. The bill will assure the safety, accuracy and overall quality in mammography services for the early detection of breast cancer. I want to thank the ever diligent chairman of the Subcommittee on Health and Environment, the gentleman from Florida (Mr. BILIRAKIS) the ranking minority member of the full committee, the gentleman from Michigan (Mr. DINGELL), the ranking minority member of the subcommittee, the gentleman from Ohio (Mr. BROWN) for their hard work and close cooperation to make this bill a reality today.

Mr. Speaker, breast cancer is the most common cancer among women. Experts tell us each year that 46,000 women die of this disease. We must remember that these women are not mere numbers; they are mothers, daughters, friends and colleagues, and even my own wife. The fact that 1 in 9 women will develop breast cancer at some point in their lives compels us to action. We must act now.

Mr. Speaker, the front line against breast cancer is early detection through mammography, a procedure which can identify small tumors and breast abnormalities up to 2 years before they can be detected by touch. The FDA, the GAO, the College of Radiology and breast cancer patients themselves all agree that mammography provides the best source of detection for the diagnosis and treatment of this deadly disease.

Women who seek mammograms, however, must be assured that their results will be accurate and not misleading. The bill will help to prevent mammograms of poor quality which instill false sense of security in the patient who may be in the early stages of breast cancer.

H.R. 4382 improves current law in two key ways. First, H.R. 4382 provides for direct patient notification, in layman's terms, of all mammography examinations so that women are fully informed of their results. As the August 4 joint letter of endorsement from the American Cancer Society the National Alliance of Breast Cancer Organizations and the Susan G. Coleman Breast Cancer Foundation states, quote:

Studies have shown that women believe their mammography results are normal if they are not contacted after their examination. An increasing number of mammography facilities have begun to report both normal and abnormal findings directly to women as well as her referring physician without disrupting the relationships with her referring provider.

Second, 4382 authorizes the Food and Drug Administration to conduct a demonstration project to determine the merits of inspecting mammography centers of excellence less frequently than once a year so that inspection resources can be freed up to monitor other mammography facilities through it that need greater attention.

Passage of this bipartisan legislation is a critical step in the war on breast cancer. We have already witnessed the success of the Mammography Quality Standards Act of 1992, and I am hopeful that today we will be able to reauthorize the act and continue to improve our efforts to save the lives of many women.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Speaker, I thank the gentleman for yielding this time to me, and I want to thank him and the Chair of the subcommittee for their hard work on this very important bill, a bill that had the very special concern of the Congressional Women's Caucus as well.

Mr. Speaker, there was a time when talk of mammograms was for the ''cognizentti'' the most conscious of women. Today mammography has become the primary engine for a virtual revolution in the battle against breast cancer. Women of all backgrounds and income groups are coming forward in large numbers to take advantage of mammography.

Why has mammography become so important and so widely used? Part of the reason is that women are now convinced that the machinery is safe and reliable and that the people who in fact implement that procedure know what they are doing. The Mammography Quality Standards Act is at the center of this confidence of women and their families.

The bill before us would reauthorize the act to 2002. It is important to have it reauthorized every few years because of changes in science. We who are in the Women's Congressional Caucus, virtually all the women in Congress, are particularly grateful for this bill because we choose this bill among seven as our priority must-pass bills. Already this body has passed four of the seven must-pass bills, provisions of the Violence Against Women Act, the bill that allows Federal employees choices in contraception; a bill that will set up a commission on women and minorities in science and technology, and this most important mammography standards act.

The act is critical because untrained and unqualified physicians and technicians may be people who misread mammograms, may cause more problems

than they solve. It is bad enough to suspect having this disease, but false positives are quite intolerable. The bill assures us that equipment and personnel will be FDA approved.

Mr. Speaker, the Women's Caucus had its own hearings this year on tamoxifen, this great new discovery that looks as if it can prevent and cure cancer, but no miracle drugs can be effective without reliable detection. Today's legislation will save lives, it fulfills an important obligation of the 105th Congress. On behalf of the Congressional Women's Caucus, I want to extend my appreciation for those who have worked so hard to bring this bill forward.

Mr. BILBRAY. Mr. Speaker, I yield 3 minutes to the gentlewoman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Mr. Speaker, I rise in very strong support of H.R. 4382, the Mammography Quality Standards Reauthorization Act. My special thanks to the gentleman from Florida (Mr. BLILEY), to the subcommittee chairman, the gentleman from Florida (Mr. BILIRAKIS) and for the ranking members of the full committee, the gentleman from Michigan (Mr. DINGELL) and the subcommittee, the gentleman from Ohio (Mr. BROWN). I also want to commend the gentlewoman from Connecticut (Mrs. JOHNSON). She has worked so hard to ensure passage of this very important legislation, and I want to reiterate the fact that this bill has been one of the list of legislative priorities for the Congressional Caucus for Women's Issues co-chaired by the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentlewoman from the District of Columbia (Ms. NORTON). I am proud to be a co sponsor of this bill which enjoys strong bipartisan support in the Women's Caucus and, as I am certain in, the Congress as a whole.

As my colleagues know, a recent GAO report indicates that facility compliance has expanded significantly under the current mammography facility inspection program. During the first year inspections in more than one quarter of the facilities had significant violations. However during the second year inspection, the number of such violations had dropped to about 10 percent. At the same time, however, GAO found inconsistencies in the way the inspections had been conducted and a lack of procedures to ensure that the expeditious reporting and correction of violations.

Now H.R. 4382 expands the protections in the current law, and it will help us to address some of these concerns.

We have come a long way over the past decade as mammography screening technologies have steadily improved. Indeed exciting progress is being made through the transfer have imaging technology from the defense, space, intelligence and computer graphics fields to improving the early detection of breast cancer. We in Congress must do everything possible to encourage the current partnership among HHS, the Department of Defense, the CIA, Department of Commerce, NASA and other Federal agencies. We must also ensure the collaborations between government and industry are encouraged for the development of new imaging technologies. As we make these strides in screening technologies, it is imperative that facilities and personnel performing these procedures provide high quality services.

This reauthorization bill is also very timely as Medicare coverage of mammography screening has been expanded from every 2 years to annual coverage as a result of last year's Balanced Budget Act, and we all deserve a pat on the back for that. It is incumbent upon us to ensure that high quality screening is available to all women regardless of where they live, their age and their economic circumstances.

□ 1515

This legislation will further this goal by providing additional protections beyond the current law.

Mr. Speaker, I urge my colleagues to vote for this critical legislation.

Mr. BROWN of Ohio. Mr. Speaker, I yield 5 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, I rise in strong support of H.R. 4382, the Mammography Quality Standards Reauthorization Act.

I want to take a moment to thank the chairman and ranking member of the Subcommittee on Health and Environment for their steadfast commitment to reauthorizing and improving this act in such an expeditious and thoughtful manner. I am particularly grateful to the subcommittee chairman the gentleman from Florida (Mr. BILIRAKIS) for hearing a request from the gentleman from Ohio (Mr. BROWN) and me in July to ensure that the MQSA included the provision we cared so much about on direct patient notification.

Mr. Speaker, few public health initiatives that we have undertaken in this Congress are as vital to American women as the MQSA. Before this test, there were no Federal standards for labs, technicians, physicians and quality controls. Women were subject to inconsistent and nonuniform regulations, depending on what State they lived in. Women were literally putting their health and their lives at risk when they obtained mammograms from unregulated or poorly regulated facilities.

Reauthorizing and strengthening the MQSA has added importance in 1998. Breast cancer today remains the second leading cause of cancer deaths among women. Mr. Speaker, 44,000 women died from breast cancer in 1997, and 180,000 new cases of the disease were reported. In this decade alone, 1.8 million women will be diagnosed with breast cancer, and 500,000 of them will die from it. Congress must continue to help American women attack this devastating disease in its early stages.

We know that surviving breast cancer and avoiding mastectomy depends on early discovery of the disease. But of course, mammography as a tool is only as good as the equipment used to detect the cancer. Therefore, it is absolutely critical that we improve our ability to detect breast cancer by improving the safety, accuracy and overall quality of mammography services.

Strict and frequent certification of mammography facilities is essential to this program's success. I believe that the demonstration project in the bill which examines the feasibility of inspecting high-performing mammography facilities on a less than annual basis is thoughtfully designed and sufficiently limited to protect the best interests of patients. Nevertheless, I want to urge my colleagues to be cautious about expanding this demonstration project until we have more information. MQSA itself has only been fully operational for 3 years, and we want to make sure whatever changes we make still protect the lives and health of women.

As I said earlier, I am very pleased that the chairman and ranking member worked cooperatively to include a provision on direct patient notification. I personally have met too many women who have had mammograms and never received the results. Whether it be physician failure, whether it be clinic failure, they never got a copy of the results. Unfortunately and too often, tragically, women who do not hear anything assume no news is good news. We are making an extremely valuable and potentially life-threatening improvement to MQSA today by including written notification to patients.

Mr. Speaker, I am proud of the Committee on Commerce's hard work on this bill and its commitment to reach a consensus on this vital piece of legislation. I believe while relatively simple, this bill is one of our most important achievements of this Congress, and it will save millions of lives and the health of millions of women.

Mr. BILIRAKIS. Mr. Speaker, I yield 5 minutes to the gentlewoman from Connecticut (Mrs. JOHNSON), who has already been recognized as being one of the real motivators behind this legislation.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I rise today in support of this legislation to reauthorize the Mammogram Quality Standards Act. I want to thank the gentleman from Florida (Mr. BILIRAKIS) and his subcommittee for their thoughtful work on this legislation and for significant improvements in this bill over current law.

This has been a priority of the Congresswomen's Caucus, and we appreciate the commitment of the gentleman from Florida (Mr. BILIRAKIS) for reauthorization and his commitment to improving current law.

The Mammogram Quality Standards Act has given women and their health care providers the assurance that they

will receive high quality mammogram services, services meeting the standards set by the National Cancer Institute mammography screening guidelines. Early detection is still our best hope in the war against cancer, and high quality mammograms are still our best tool for early detection of breast cancer.

Prior to the implementation of the Mammogram Quality Standards Act, there was a long history of public and professional concern over the safety and quality of mammogram services. The American Cancer Society and the General Accounting Office found a wide range of image, quality and patient radiation doses from dedicated mammography equipment. In addition, FDA surveys found wide variations in image quality and radiation dosages from site-to-site, and even day-to-day. These studies and surveys confirm the need for national compliance standards.

The MQSA established the first comprehensive quality standards for mammography. Before these standards, the burden was on a woman and the health care providers to determine what health and safety standards applied in their State or geographic area. Only 11 States had comprehensive quality standards, so most women could not be assured that their mammograms were administered safely or interpreted correctly. Facing those facts, it is no wonder that mammograms were not effectively promoted to women who could benefit from early detection.

The Mammogram Quality Safety Act has changed this rather sobering picture. Over the past 3 years, the quality of mammography has improved dramatically. According to a GAO report issued last October, the Mammogram Quality Standards Act has increased mammography facilities' adherence to accepted quality standards which has, in turn, had a positive effect on mammography services. Because of the Mammogram Quality Standards Act, almost all of the Nation's 10,000 facilities have been inspected and accredited. This process has a direct impact on the quality of mammography, as evidenced by the fact that nearly all of the facilities are now passing image quality tests as part of the inspection process.

The Committee on Commerce's bill, under the leadership of the gentleman from Florida (Mr. BILIRAKIS), represents an advance over current law. It gives women an additional protection: the assurance that they will receive direct notification of their mammogram results. This protection is critical to ensure that women do not miss the opportunity for an early diagnosis by assuming that no news is good news, when no news could be bad news.

Mr. Speaker, this addition builds on the guarantee in H.R. 4832 based on a provision in my legislation that women can access an original copy of their mammogram and are notified if a facility has failed its Mammogram Quality Standards Act inspection. I now hope that the Senate acts quickly on the amended House legislation, so that we can reauthorize this legislation before Congress adjourns. We must send the message to women that Congress is taking action to protect the quality of their health care, and that, in fact, we are modernizing current law to keep abreast of our improved knowledge of how to prevent cancer, how to identify it early, and how to assure that women have access to high quality health care services in our Nation.

Mr. BROWN of Ohio. Mr. Speaker, I would inquire of the gentleman from Florida if he has any more speakers.

Mr. BILIRAKIS. Mr. Speaker, I too do not have any further requests for time.

At this point I yield myself such time as I may consume to again express what can be accomplished when people are willing to sit down around a table and give and take, if you will, and to work together. I want to add to the gentleman's previous comments regarding gratitudes to the chairman of the full committee and the ranking member of the full committee, as well as the members of the staff, and the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentlewoman from Colorado (Ms. DEGETTE), who was really quite a significant player in the workup of this legislation.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume to echo the words of the gentleman from Florida, and I ask for support of the bill.

Mr. DINGELL. Mr. Speaker, I rise in strong support of H.R. 4382, the Mammography Quality Standards Reauthorization Act of 1998. I am proud to have been one of the authors of the Mammography Quality Standards Act (MQSA). Breast cancer remains one of the leading causes of death in women, and its victims are our mothers, sisters, spouses, daughters, or friends. I hope that we will quickly reauthorize the MQSA so that it will continue to provide the incalculable benefit of early detection, with the hope of successful treatment.

Those who administer the MQSA, the Food and Drug Administration's Center of Devices and Radiological Health, and those who benefit from it, patients represented by organizations such as the National Breast Cancer Coalition, the National Alliance of Breast Cancer Organizations, and the American Cancer Society, have judged the MQSA a success and support its reauthorization.

GAO recently reported that the MQSA ''has had a positive impact on the quality of mammography services and no effect on access to them.'' There has been a dramatic decline in facilities that failed to meet the interim regulations. FDA has estimated that the MQSA's benefits have greatly exceeded its costs. Of course, the benefits of early diagnosis and treatment are priceless to patients and their family and friends.

The bill before us contains two important new provisions: First, there is direct patient notification for all mammography patients. Second, it authorizes a demonstration program for less than annual inspections for facilities with excellent compliance records.

Direct patient notification is already provided for self-referred patients, as well as voluntarily by a growing number of facilities in response to widespread patient support. Direct patient notification is in addition to, and not in lieu of, the notification a mammography facility provides to the referring physician. This is an important safeguard. It ensures that patients have the information they need in a timely fashion so that they can take any additional steps warranted by the test. Guidelines promulgated by the Agency for Health Care Policy and Research contain sample communications to patients and other safeguards to assure that direct patient notification is done in a timely, accurate, and sensitive manner. As I noted, direct patient notification is provided today for self-referred patients and for many, many others. The provision in the bill simply extends this to *all* patients of mammography services facilities.

The bill's authorization of a carefully limited demonstration program for less than annual inspections of facilities with excellent compliance records is intended to be carried out at the discretion of the Secretary of HHS under criteria that assure no compromise in patient safety. The demonstration must occur after facilities have compiled a compliance record under the final regulations which have yet to go into effect, not the interim standards in force today.

Mr. Speaker, the Senate has already passed a MQSA reauthorization bill that is somewhat different than the bill before us today. I would like to think that we took that body's product and improved upon it. The bill before us today is endorsed by the major breast cancer patient groups. I fervently hope that we will reauthorize this law this year so that the excellent progress of the MQSA can continue.

Finally, Mr. Speaker, I wish to congratulate my colleagues whose work made this day possible. I especially want to note the efforts of the distinguished Chairman of the Subcommittee on Health and Environment, Mr. BILIRAKIS, as well as the Ranking Member of that Subcommittee, Mr. BROWN. Many other members with passionate and longstanding interests in the MQSA and related issues have also worked hard and I note particularly the bipartisan efforts of my colleagues Representatives NORTON and NANCY JOHNSON.

Ms. DELAURO. Mr. Speaker, as a cancer survivor, I am proud to join my colleagues in expressing my support for the Mammography Quality Standards Reauthorization Act.

This bill improves the high national standards for mammography. It requires breast cancer screening centers to use only radiology technologists and equipment designed for mammography, and to hire only qualified physicians to analyze mammograms. It also requires facility inspections by qualified inspectors to ensure that Health and Human Service mammography standards are adhered to.

The women who will benefit from this legislation are our neighbors, our colleagues, our kids' teachers, the women we stand in line with at the store. Early detection truly gives women a fighting chance against cancer. That's why enforcing the quality standards for a mammograms is essential to winning the battle.

I would also like to take this opportunity to honor the women who are bravely fighting this deadly disease right now, to remember those

we loved who have lost that fight, and to renew our commitment to funding a cure. Many of us have already won the fight of our lives. With the help of early detection we beat a cancer diagnosis. Now we have an obligation to help breast cancer patients win their fights.

Thank you again for the opportunity to speak on this important issue that touches the lives of so many American women and their families.

Mr. RILEY. Mr. Speaker, I rise today in support of H.R. 4382, the Mammography Quality Standards Reauthorization Act, which establishes national, uniform standards for mammography. Mammograms are universally recognized as the best chance of discovering the presence of breast cancer at its earliest, most treatable stages. In fact, mammograms can detect breast cancer up to two years before it can be found through self-examination. When breast cancer is found and treated early, a woman has more treatment options and a good chance of complete recovery. Thus, it is important to detect breast cancer as early as possible.

According to the American Cancer Society, it is estimated this year, that 178,700 women will be diagnosed with breast cancer, and 43,500 women will die because of this terrible disease. These women are mothers, wives, daughters, sisters, friends, and neighbors.

We do not know what causes breast cancer, nor can we cure the disease at this time. We do know, however, that early detection and prompt treatment, including mammography screening, represent a woman's best chance of discovering the presence at its earliest, most treatable stages. I urge my colleagues to support H.R. 4382.

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

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 4382, as amended.

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.

GLACIER BAY NATIONAL PARK BOUNDARY ADJUSTMENT ACT OF 1998

Mr. YOUNG of Alaska. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3903) to provide for an exchange of lands near Gustavus, Alaska, and for other purposes, as amended.

The Clerk read as follows:

H.R. 3903

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 ''Glacier Bay National Park Boundary Adjustment Act of 1998''.

SEC. 2. LAND EXCHANGE AND WILDERNESS DESIGNATION.

(a) IN GENERAL.—(1) Subject to conditions set forth in subsection (c), if the State of Alaska, in a manner consistent with this Act, offers to transfer to the United States the lands identified in paragraph (4) in exchange for the lands identified in paragraph (3), selected from the area described in section 3(b)(1), the Secretary of the Interior (in this Act referred to as the ''Secretary'') shall complete such exchange no later than 6 months after the issuance of a license to Gustavus Electric Company by the Federal Energy Regulatory Commission (in this Act referred to as ''FERC''), in accordance with this Act. This land exchange shall be subject to the laws applicable to exchanges involving lands managed by the Secretary as part of the National Park System in Alaska and the appropriate process for the exchange of State lands required by State law.

(2) The lands to be conveyed to the United States by the State of Alaska shall be determined by mutual agreement of the Secretary and the State of Alaska. Lands that will be considered for conveyance to the United States pursuant to the process required by State law are lands owned by the State of Alaska in the Long Lake area within Wrangell-St. Elias National Park and Preserve, or other lands owned by the State of Alaska.

(3) If the Secretary and the State of Alaska have not agreed on which lands the State of Alaska will convey by a date not later than 6 months after a license is issued pursuant to this Act, the United States shall accept, within 1 year after a license is issued, title to land having a sufficiently equal value to satisfy State and Federal law, subject to clear title and valid existing rights, and absence of environmental contamination, and as provided by the laws applicable to exchanges involving lands managed by the Secretary as part of the National Park System in Alaska and the appropriate process for the exchange of State lands required by State law. Such land shall be accepted by the United States, subject to the other provisions of this Act, from among the following State lands in the priority listed:

COPPER RIVER MERIDIAN

(A) T.6 S., R. 12 E., partially surveyed, Sec. 5, lots 1, 2, and 3, NE¼, S½NW¼, and S½. Containing 617.68 acres, as shown on the plat of survey accepted June 9, 1922.

(B) T.6 S., R. 11 E., partially surveyed, Sec. 11, lots 1 and 2, NE¼, S½NW¼, SW¼, and N½SE¼; Sec. 12; Sec. 14, lots 1 and 2, NW¼NW¼. Containing 838.66 acres, as shown on the plat of survey accepted June 9, 1922.

(C) T.6 S., R. 11 E., partially surveyed, Sec. 2, NW¼NE¼ and NW¼. Containing 200.00 acres, as shown on the plat of survey accepted June 9, 1922.

(D) T.6 S., R. 12 E., partially surveyed, Sec. 6. lots 1 through 10, E½SW¼ and SE¼. Containing approximately 529.94 acres, as shown on the plat of survey accepted June 9, 1922.

(4) The lands to be conveyed to the State of Alaska by the United States under paragraph (1) are lands to be designated by the Secretary and the State of Alaska, consistent with sound land management principles, based on those lands determined by FERC with the concurrence of the Secretary and the State of Alaska, in accordance with section 3(b), to be the minimum amount of land necessary for the construction and operation of a hydroelectric project.

(5) The time periods set forth for the completion of the land exchanges described in this Act may be extended as necessary by the Secretary should the processes of State law or Federal law delay completion of an exchange.

(6) For purposes of this Act, the term ''land'' means lands, waters, and interests therein.

(b) WILDERNESS.—(1) To ensure that this transaction maintains, within the National Wilderness Preservation System, approximately the same amount of area of designated wilderness as currently exists, the following lands in Alaska shall be designated as wilderness in the priority listed, upon consummation of the land exchange authorized by this Act and shall be administered according to the laws governing national wilderness areas in Alaska:

(A) An unnamed island in Glacier Bay National Park lying southeasterly of Blue Mouse Cove in sections 5, 6, 7, and 8, T. 36 S., R. 54 E., CRM, and shown on United States Geological Survey quadrangle Mt. Fairweather (D–2), Alaska, containing approximately 789 acres.

(B) Cenotaph Island of Glacier Bay National Park lying within Lituya Bay in sections 23, 24, 25, and 26, T. 37 S., R. 47 E., CRM, and shown on United States Geological Survey quadrangle Mt. Fairweather (C–5), Alaska, containing approximately 280 acres.

(C) An area of Glacier Bay National Park lying in T. 31. S., R. 43 E and T. 32 S., R. 43 E., CRM, that is not currently designated wilderness, containing approximately 2,270 acres.

(2) The specific boundaries and acreage of these wilderness designations may be reasonably adjusted by the Secretary, consistent with sound land management principles, to approximately equal, in sum, the total wilderness acreage deleted from Glacier Bay National Park and Preserve pursuant to the land exchange authorized by this Act.

(c) CONDITIONS.—Any exchange of lands under this Act may occur only if—

(1) following the submission of a complete license application, FERC has conducted economic and environmental analyses under the Federal Power Act (16 U.S.C. 791–828) (notwithstanding provisions of that Act and the Federal regulations that otherwise exempt this project from economic analyses), the National Environmental Policy Act of 1969 (42 U.S.C. 4321–4370), and the Fish and Wildlife Coordination Act (16 U.S.C. 661–666), that conclude, with the concurrence of the Secretary of the Interior with respect to subparagraphs (A) and (B), that the construction and operation of a hydroelectric power project on the lands described in section 3(b)—

(A) will not adversely impact the purposes and values of Glacier Bay National Park and Preserve (as constituted after the consummation of the land exchange authorized by this section);

(B) will comply with the requirements of the National Historic Preservation Act (16 U.S.C. 470–470w); and

(C) can be accomplished in an economically feasible manner;

(2) FERC held at least one public meeting in Gustavus, Alaska, allowing the citizens of Gustavus to express their views on the proposed project;

(3) FERC has determined, with the concurrence of the Secretary and the State of Alaska, the minimum amount of land necessary to construct and operate this hydroelectric power project; and

(4) Gustavus Electric Company has been granted a license by FERC that requires Gustavus Electric Company to submit an acceptable financing plan to FERC before project construction may commence, and the FERC has approved such plan.

SEC. 3. ROLE OF FERC.

(a) LICENSE APPLICATION.—(1) The FERC licensing process shall apply to any application submitted by Gustavus Electric Company to the FERC for the right to construct and operate a hydropower project on the lands described in subsection (b).