

Mr. SHUSTER. We have none. I am prepared to close.

I have how much time left?

The SPEAKER pro tempore. The gentleman has 5½ minutes.

Mr. SHUSTER. Again, I just want to reiterate the reasons that I oppose this bill today. First and foremost, the Transportation and Infrastructure Committee is a committee that does its homework usually, that works hard to understand the issues and come forth with something that is good legislation, and it's also bipartisan. And I think that in this situation, we're not able to reach that standard that we typically do in the Transportation and Infrastructure Committee. Not bringing in the STB to have them at the table, the experts, to really understand how the nuts and bolts of this legislation going forward is going to have a chilling effect, I believe, on our rail industry.

We do have the most efficient, the safest railroad industry in the world. It's the gold standard. Countries around the world look at our rail industry and want to copy it, want to try to have that type of freight industry in their countries.

But we in Congress sometimes do our best to try to make it extremely difficult for them to operate, to cause them to put mandates on them that I don't believe serve the best interests of not only communities, but of the rail industry and of our economy.

As I said, we have the most efficient and safest rail industry of the world, and we should continue to want to see that so that we don't, down the road 10 years, 15 years, see the rail industry coming to Congress asking them to bail them out.

As I said, I believe there are going to be unintended consequences of this bill. There are going to be negative effects on the growth of the railroad industry which we desperately need to see going forward as I talked earlier about the increase and demand for rail. The retroactive provision is going to undermine the confidence in our regulatory system, and it's going to, as I said, have a chilling effect on investments when rail companies in the future want to merge.

The CN and EJ&E deal, if it's killed, the increase in traffic can still occur on those lines. The situation is going to be, though, that the EJ&E is not going to have to put \$40 million of money into mitigating some of the problems and the increase in traffic. So I think that's going to be bad for those communities.

And we can't forget the benefits that decreased congestion in Chicago is going to have on America. And also, most importantly, as I said earlier, we're not hearing from those low-income communities in Chicago that have hundreds of trains going through their neighborhood every week. They are going to see a decrease. That voice of those low-income neighborhoods is not being heard, is not being addressed

because that is what is going to happen here. Those neighborhoods will benefit also with a decrease in traffic if we are able to spread out trains to decrease that bottleneck that's occurring in Chicago.

So I urge my colleagues to vote "no" on this piece of legislation, and I urge other members of the committee, let's go back to the committee, let's work together and produce something that we can see improvements to the STB that will be a positive for the communities as well as the economy of this country.

With that, I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from Minnesota has 4½ minutes remaining.

Mr. OBERSTAR. Mr. Speaker, I yield myself the balance of our time.

This is not a retroactive measure. It does not undo any transaction in the works or already concluded. It sets standards for all railroads, for all considerations of acquisition by class 1 or class 2 or class 3 railroads, sets up standards, reinforces authority that the Surface Transportation Board chairman has said they thought they had authority over environmental review but they've never exercised it. They're concerned that if they did, they might have some legal difficulties. We're clarifying that the board has authority to act on environmental issues raised by communities.

We did hear from those inner city communities who testified in person at the hearing at the request of the gentleman from Illinois (Mr. LIPINSKI). I have heard railroads don't need help from the Federal Government. Well, they shouldn't. The Federal Government gave the railroads, between 1850 and 1871, 173 million acres of public land, 9 percent of the total surface area of the United States, for the public use, convenience, necessity, and benefit of the Nation to own and control the resources above and below ground: the timber resources as well as the coal and, in many cases, oil and gas, and other minerals; and the right to sell those properties. The railroads have sold billions of dollars' worth of public land that were given to them for the public trust. And they're not without their requests to the Congress. They've spent a considerable amount of time, the Association of American Railroads, lobbying the House and the Senate for a 25 percent investment tax credit to increase their capital investment. I'm for it. I think that's a reasonable investment to make. I think we ought to help railroads do that. I think we ought to ensure that they use that tax credit for those capital investments. It's a reasonable request, but they're not without their hand out to the Federal Government.

Why should the railroads take the position that they are above review? When other forms of transportation are subject to public scrutiny by the communities affected by road construction,

bridge construction, transit, light rail, commuter rail, all are subject to citizen review. Railroads cannot take the position that they're above review. They, too, take actions that affect the citizens and the communities that reside along their lines. And all we're providing in this legislation is a process within which those actions taken by railroads would be subject—class 1 to class 1, and class 1 to class 2 and class 3 should be considered in the same way.

That's all this legislation does.

I ask for a very resounding "aye" vote for this long overdue legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. OBERSTAR) that the House suspend the rules and pass the bill, H.R. 6707, as amended.

The question was taken.

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

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

The yeas and nays were ordered.

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

#### APPOINTMENT OF HON. STENY HOYER AND HON. CHRIS VAN HOLLEN TO ACT AS SPEAKER PRO TEMPORE TO SIGN ENROLLED BILLS AND JOINT RESOLUTIONS THROUGH REMAINDER OF SECOND SESSION OF 110TH CONGRESS

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

WASHINGTON, DC,

September 27, 2008.

I hereby appoint the Honorable STENY H. HOYER and the Honorable CHRIS VAN HOLLEN to act as Speaker pro tempore to sign enrolled bills and joint resolutions through the remainder of the second session of the One Hundred Tenth Congress.

NANCY PELOSI,

*Speaker of the House of Representatives.*

The SPEAKER pro tempore. Without objection, the appointment is approved.

There was no objection.

#### PROVIDING FOR THE PRINTING OF A REVISED EDITION OF THE RULES AND MANUAL OF THE HOUSE OF REPRESENTATIVES FOR THE 111TH CONGRESS

Mr. FOSTER. Mr. Speaker, I send to the desk a resolution and ask unanimous consent for its immediate consideration.

The Clerk read the title of the resolution.

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

There was no objection.

The text of the resolution is as follows:

H. RES. 1513

*Resolved*, That a revised edition of the Rules and Manual of the House of Representatives for the One Hundred Eleventh Congress be printed as a House document, and that three thousand additional copies shall be printed and bound for the use of the House of Representatives, of which nine hundred copies shall be bound in leather with thumb index and delivered as may be directed by the Parliamentarian of the House.

The resolution was agreed to.

A motion to reconsider was laid on the table.

#### AUTHORIZING CHAIRMAN AND RANKING MINORITY MEMBER OF EACH STANDING COMMITTEE AND SUBCOMMITTEE TO EXTEND REMARKS IN RECORD

Mr. FOSTER. Mr. Speaker, I ask unanimous consent that the chairman and ranking minority member of each standing committee and each subcommittee be permitted to extend their remarks in the CONGRESSIONAL RECORD, up to and including the RECORD's last publication, and to include a summary of the work of that committee or subcommittee.

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

There was no objection.

#### GRANTING MEMBERS OF THE HOUSE PRIVILEGE TO REVISE AND EXTEND REMARKS IN CONGRESSIONAL RECORD UNTIL LAST EDITION IS PUBLISHED

Mr. FOSTER. Mr. Speaker, I ask unanimous consent that Members may have until publication of the last edition of the CONGRESSIONAL RECORD authorized for the Second Session of the 110th Congress by the Joint Committee on Printing to revise and extend their remarks and to include brief, related extraneous material on any matter occurring before the adjournment of the Second Session sine die.

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

There was no objection.

#### ARTHRITIS PREVENTION, CONTROL, AND CURE ACT OF 2008

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 1283) to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The text of the bill is as follows:

H.R. 1283

*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 "Arthritis Prevention, Control, and Cure Act of 2007".

#### SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Arthritis and other rheumatic diseases are among the most common chronic conditions in the United States. There are more than 100 different forms of arthritis, which affect joints, the tissues which surround the joint, and other connective tissue. Two of the most common forms are osteoarthritis, which affects approximately 21,000,000 Americans, and rheumatoid arthritis.

(2) Arthritis and other rheumatic diseases cause severe and chronic pain, swollen tissue, ligament and joint destruction, deformities, permanent disability, and death. Arthritis and other rheumatic diseases erode patients' quality of life and can diminish their mental health, impose significant limitations on their daily activities, and disrupt the lives of their family members and caregivers.

(3) One out of every 5 or 46 million adults in the United States suffers from arthritis. The number of individuals in the United States with arthritis will grow as the number of older Americans continues to increase dramatically in the next few decades.

(4) By 2030, nearly 67,000,000 or 25 percent of the projected United States adult population will have arthritis, and arthritis will limit the daily activities of nearly 25,000,000 individuals. These estimates may be conservative as they do not account for the current trends in obesity, which may contribute to future cases of osteoarthritis.

(5) According to the Centers for Disease Control and Prevention, the total costs attributable to arthritis and other rheumatic conditions in the United States in 2003 was approximately \$128,000,000,000. This equaled 1.2 percent of the 2003 United States gross domestic product. \$80,800,000,000 of such costs consisted of direct costs for medical care, and \$47,000,000,000 consisted of indirect costs for lost earnings. National medical costs attributable to arthritis grew by 24 percent between 1997 and 2003. This rise in medical costs resulted from an increase in the number of people with arthritis and other rheumatic conditions.

(6) Arthritis and other rheumatic diseases affect all types of people of the United States, not just older individuals. Arthritis and other rheumatic diseases disproportionately affect women in the United States. 8,700,000 young adults ages 18 through 44 have arthritis, and millions of others are at risk for developing the disease.

(7) Nearly 300,000 children in the United States, or 3 children out of every 1,000, have some form of arthritis or other rheumatic disease. It is the sense of the Congress that the substantial morbidity associated with pediatric arthritis warrants a greater Federal investment in research to identify new and more effective treatments for these diseases.

(8) Arthritis and other rheumatic diseases are the leading cause of disability among adults in the United States. Over 40 percent, or nearly 19,000,000, adults with arthritis are limited in their activities because of their arthritis. In addition to activity limitations, 31 percent or 8,200,000 of working age adults with arthritis report being limited in work activities due to arthritis.

(9) Obese adults are up to 4 times more likely to develop knee osteoarthritis than

normal weight adults. Excess body weight is also associated with worse progression of arthritis, contributing to functional limitation, mobility problems, and disability. About 35 percent of adults with arthritis are obese compared to only 21 percent of those without arthritis.

(10) Arthritis results in 744,000 hospitalizations and 36,500,000 outpatient care visits every year.

(11) In 1975, the National Arthritis Act of 1974 (Public Law 93-640) was enacted to promote basic and clinical arthritis research, establish multipurpose arthritis centers, and expand clinical knowledge in the field of arthritis. The Act was successfully implemented, and continued funding of arthritis-related research has led to important advances in arthritis control, treatment, and prevention.

(12) Early diagnosis, treatment, and appropriate management of arthritis can control symptoms and improve quality of life. Weight control and exercise can demonstrably lower health risks from arthritis, as can other forms of patient education, training, and self-management. The genetics of arthritis are being actively investigated. New, innovative, and increasingly effective drug therapies, joint replacements, and other therapeutic options are being developed.

(13) While research has identified many effective interventions against arthritis, such interventions are broadly underutilized. That underutilization leads to unnecessary loss of life, health, and quality of life, as well as avoidable or unnecessarily high health care costs. Increasing physical activity, losing excess weight, and participating in self-management education classes have been shown to reduce pain, improve functional limitations and mental health, and reduce disability among persons with arthritis. Some self-management programs have been proven to reduce arthritis pain by 20 percent and physician visits by 40 percent. Despite this fact, less than 1 percent of the people in the United States with arthritis participate in such programs, and self-management courses are not offered in all areas of the United States.

(14) Rheumatologists are internists or pediatric sub-specialists who are uniquely qualified by an additional 2 to 4 years of training and experience in the diagnosis and treatment of rheumatic conditions. Typically, rheumatologists act as consultants, but also often act as managers, relying on the help of many skilled professionals, including nurses, physical and occupational therapists, psychologists, and social workers. Many rheumatologists conduct research to determine the cause and effective treatment of disabling and sometimes fatal rheumatic diseases.

(15) Recognizing that the Nation requires a public health approach to arthritis, the Department of Health and Human Services established important national goals related to arthritis in its Healthy People 2010 initiative. Moreover, various Federal and non-Federal stakeholders have worked cooperatively to develop a comprehensive National Arthritis Action Plan: A Public Health Strategy.

(16) Greater efforts and commitments are needed from Congress, the States, providers, and patients to achieve the goals of Healthy People 2010, implement a national public health strategy consistent with the National Arthritis Action Plan, and lessen the burden of arthritis on citizens of the United States.