SEC. 2. LIMITATION ON USE OF FUNDS FOR ATTORNEYS' FEES.

No part of the amount appropriated by section 1 of this Act in addition to the prior year's total thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, any contract to the contrary notwithstanding. Violation of the provisions of this section is a misdemeanor punishable by a fine not to exceed $1,000.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

ANISHA GOVEAS FOTI

The Clerk called the bill (H.R. 2245) for the relief of Anisha Goveas Foti.

There being no objection, the Clerk read the bill as follows:

H.R. 2245

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

SECTION 1. PERMANENT RESIDENT STATUS FOR ANISHA GOVEAS FOTI.

(a) In General.—Notwithstanding subsections (a) and (b) of section 201 of the Immigration and Nationality Act, Anisha Goveas Foti shall be eligible for issuance of an immigrant visa or for adjustment of status to that of an alien lawfully admitted to permanent residence upon filing an application for issuance of an immigrant visa under section 204 of such Act or for adjustment of status under sections (a) and (b) of section 201 of the Immigration and Nationality Act as of the date of the enactment of this Act.

(b) Adjustment of Status.—If Anisha Goveas Foti enters the United States before the filing deadline specified in subsection (c), she shall be considered to have entered and remained lawfully and shall, if otherwise eligible, be eligible for adjustment of status under section 245 of the Immigration and Nationality Act as of the date of the enactment of this Act.

(c) Deadline for Application and Payment of Fees.—Subsections (a) and (b) shall apply only if the application for issuance of an immigrant visa or the application for adjustment of status is filed with appropriate fees within 2 years after the date of the enactment of this Act.

(d) Reduction of Immigrant Visa Numbers.—Upon the granting of an immigrant visa or residence to Anisha Goveas Foti, the Secretary of State shall instruct the proper officer to reduce by 1, during the current or next following fiscal year, the total number of immigrant visas that are made available to natives of the country of the alien’s birth under section 202(a) of the Immigration and Nationality Act or, if applicable, the total number of immigrant visas that are made available to natives of the country of the alien’s birth under section 202(e) of such Act.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

The SPEAKER pro tempore. This concludes the call of the Private Calendar.

THE NIH SECURITY ACT

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

Mrs. MORELLA. Mr. Speaker, today I am introducing the critically impor-
tant National Institutes of Health Security Act.

After September 11, Congress authorized a 322-acre biomedical research facility to bolster its security by doubling its police ranks from 64 officers to 128. This action was made by U.S. intelligence experts who determined that the NIH campus is vulnerable and a potential target for terrorist attack, infiltration or theft of protected materials and research. Unfortunately, the authorizing measure did not allow NIH to bolster its security force. This bill would add no additional cost to the Federal Government. It would simply allow some overdue flexibility to be used by NIH.

With no exceptions, we are undoubtedly allowing a prime target to remain vulnerable to terrorists.

I want to recognize NIH law enforcement personnel specifically Clyde Bartz and the Fraternal Order of Police, for raising my awareness of this issue.

HONORING ENLACE AND GUILLERMINA GARCIA FOR THEIR CONTRIBUTIONS TO EDUCATION

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

Ms. SANCHEZ. Mr. Speaker, I rise today to commend the parents and volunteers who participated in the first Annual Walk for Success, sponsored by ENLACE, to raise the awareness of the importance of registering for school.

I would especially like to honor one mother in particular, Guillermi-
a, for her dedication to her family and to the community. Like many Americans, Guillermi dreams of sending her children to college, and she wants her friends and neighbors to aspire to this lofty goal also.

Despite the many hardships that she faces, Mrs. Garcia finds the time to walk throughout her community door to door and to talk with parents about becoming more involved in their children’s education.

Mrs. Garcia also finds time to attend a weekly math class which teaches her how to play games with her children to help them with math. Through her actions she has proven herself to be a role model for her children and for our community.

PASS H.R. 5272 TO LOWER DRUG PRICES

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

Mr. BROWN of Ohio. Mr. Speaker, according to industry experts, health insurance premiums will jump 13 to 24 percent next year. What is driving this increase? Mostly the cost of prescription drugs.

To deflect attention from these remarkably high prices, the drug industry argues that prescription medicines actually save money by reducing health care costs. If they were more reasonably priced, that might be true. There is no doubt that medicine helps alleviate the need for other health care services. But prescription drugs are priced so outrageously high that their inflationary impact far outstrips any savings. Skyrocket insurance premiums simply do not lie.

There is no excuse for the drug industry’s pricing practices. There is no excuse for the tactics drug makers use to block lower-priced generic drugs from the market. There is no excuse for the drug makers’ lobbying tactics to try to kill our legislation.

This body must act on H.R. 5272, legislation that will stop the gaming and deliver lower drug prices to the American people, an estimated $60 billion in savings.

I urge House Republican leadership, all too often too close to the drug industry, to bring this consumer savings bill up for a vote before Columbus Day.

COMMUNICATION FROM THE CLERK OF THE HOUSE

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

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
WASHINGTON, DC, September 13, 2002.

Hon. J. Dennis Hastert,
The Speaker, U.S. House of Representatives,
Washington, DC.

Dear Mr. Speaker:

Pursuant to the permission granted in Clause 2(b) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on September 13, 2002 at 4:43 p.m.:

That the Senate passed without amendment H.R. 5157.

With best wishes, I am

Sincerely,
Jeff Trandahl,
Clerk of the House.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Any record votes on postponed motions will be taken after debate has concluded on all motions to suspend the rules, but not before 6:30 p.m. today.

WOMEN’S HEALTH OFFICE ACT OF 2002

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1784) to establish an Office on Women’s Health within the Department of Health and Human Services, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1784

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 Office Act of 2002.”

SEC. 2. HEALTH AND HUMAN SERVICES OFFICE ON WOMEN’S HEALTH.
(a) ESTABLISHMENT.—Part A of title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by striking at the end the following:

“HEALTH AND HUMAN SERVICES OFFICE ON WOMEN’S HEALTH

SEC. 229. (a) ESTABLISHMENT OF OFFICE.—The Secretary shall establish through the last date for which appropriations are authorized under subsection (e), within the Office of the Secretary, an Office on Women’s Health (referred to in this section as the ‘Office’). The Office shall be headed by a Deputy Assistant Secretary for Women’s Health.

(b) DUTIES.—The Secretary, acting through the Office, with respect to the health concerns of women, shall—

“(1) establish short-range and long-range goals and objectives within the Department of Health and Human Services and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and private entities, agencies, and organizations, for projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as a result of such projects;

“(4) report to the Director of the Centers for Disease Control and Prevention on the current and future priorities of the Office’s activity regarding women’s health conditions across, where appropriate, age, biological, and sociocultural contexts, in all aspects of the Centers’ work, including prevention programs, public and professional education, services, and treatment;

“(5) establish short-range and long-range goals and objectives within the Centers for women’s health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development, for issues of particular concern to women;

“(6) identify projects in women’s health that should be conducted or supported by the Centers;

“(7) consult with health professionals, non-governmental organizations, consumer organizations, women’s health professionals, and other individuals and groups, as appropriate, on the priorities and needs regarding women’s health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development, for issues of particular concern to women;

“(8) establish short-range and long-range goals and objectives within the Department of Health and Human Services, and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and private entities, agencies, and organizations, for projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as a result of such projects;

“(9) establish a National Women’s Health Information Center to—

“(A) facilitate the exchange of information regarding matters relating to health information, health promotion, preventive health services, research advances, and education in the appropriate use of health care;

“(B) facilitate access to such information;

“(C) conduct an analysis of issues and problems relating to the matters described in this paragraph; and

“(D) provide technical assistance with respect to the exchange of information (including facilitating the development of materials for such technical assistance).

“(10) coordinate efforts to promote women’s health programs and policies with the private sector;

“(11) through publications and any other means appropriate, provide for the exchange of information between the Office and recipients of grants, contracts, and agreements under subsection (c), and between the Office and health professionals, organizations, and governmental organizations, consumer organizations, women’s health professionals, and other individuals and groups, as appropriate, on the priorities and needs regarding women’s health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development, for issues of particular concern to women;

“(12) identify projects in women’s health that should be conducted or supported by the Centers;

“(13) consult with health professionals, non-governmental organizations, consumer organizations, women’s health professionals, and other individuals and groups, as appropriate, on the priorities and needs regarding women’s health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development, for issues of particular concern to women;

“(14) establish short-range and long-range goals and objectives within the Department of Health and Human Services, and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and private entities, agencies, and organizations, for projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as a result of such projects;

“(15) establish a National Women’s Health Information Center to—

“(A) facilitate the exchange of information regarding matters relating to health information, health promotion, preventive health services, research advances, and education in the appropriate use of health care;

“(B) facilitate access to such information;

“(C) conduct an analysis of issues and problems relating to the matters described in this paragraph; and

“(D) provide technical assistance with respect to the exchange of information (including facilitating the development of materials for such technical assistance).

“(16) coordinate efforts to promote women’s health programs and policies with the private sector;

“(17) through publications and any other means appropriate, provide for the exchange of information between the Office and recipients of grants, contracts, and agreements under subsection (c), and between the Office and health professionals, organizations, and governmental organizations, consumer organizations, women’s health professionals, and other individuals and groups, as appropriate, on the priorities and needs regarding women’s health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development, for issues of particular concern to women;

“(18) identify projects in women’s health that should be conducted or supported by the Centers;

“(19) consult with health professionals, non-governmental organizations, consumer organizations, women’s health professionals, and other individuals and groups, as appropriate, on the priorities and needs regarding women’s health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development, for issues of particular concern to women;