traditional American history, free institutions, and Western civilization, available to students preparing to teach these subjects, and to other students.

S. 1217

At the request of Mr. BINGAMAN, the names of the Senator from Arkansas (Mrs. LINCOLN) and the Senator from Minnesota (Mr. DAYTON) were added as cosponsors of S. 1217, a bill to amend title II of the Social Security Act to phase out the 24-month waiting period for disabled individuals to become eligible for medicare benefits, to eliminate the waiting period for individuals with life-threatening conditions, and for other purposes.

S. 1290

At the request of Mrs. CLINTON, her name was added as a cosponsor of S. 1290, a bill to appropriate $1,975,183,000 for medical care for veterans.

S. 1298

At the request of Mrs. LINCOLN, the name of the Senator from New Jersey (Mr. LAUTENBERG) was added as a cosponsor of S. 1298, a bill to amend titles XIX and XXI of the Social Security Act to permit States to cover low-income youth up to age 23.

S. RES. 42

At the request of Mr. LUGAR, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. Res. 42, a resolution expressing the sense of the Senate on promoting initiatives to develop an HIV vaccine.

S. RES. 154

At the request of Mr. BIDEN, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. Res. 154, a resolution designating October 21, 2005 as ''National Mammography Day''.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. MCCAIN:

S. 1312. A bill to amend a provision relating to employees of the United States assigned to, or employed by, and Indian tribe, and for other purposes; to the Committee on Indian Affairs.

Mr. MCCAIN. Mr. President, today I am introducing legislation to address conflicts of interest and the appearance of conflicts involving former Federal officers and employees who represent Indian tribes.

The legislation amends the Indian Self-Determination and Education Assistance Act (ISDEA), 25 US.C. 450i(j), by limiting the exemption from Federal conflicts of interest laws. Current law exempts from the conflicts laws former Federal officers and employees who ''are employed by Indian tribes'', thus permitting these former Federal employees immediately to lobby the departments they just left and act as agents and attorneys for the tribes. The legislation limits this exemption only to those former Federal employees who are employees of Indian tribes pursuant to self-determination contracts or self-governance compacts.

The bill clarifies what I believe was the intent of the Congress, as evidenced by House Report No. 93–4600 that accompanies the ISDEA, that Federal employees who work in an area that is contracted or compacted to a tribe be able to continue performing their jobs if they become employees of the Indian tribe for purposes of working in the contracted or compacted area. The exception that was made to the conflict laws appeared to have been made in response to the recognition that when Indian tribes took on the responsibility of operating programs traditionally fulfilled by the Federal Government, they would need experienced individuals to fulfill contracted or compacted functions.

Former Federal employees who leave the Federal Government and go to work as outside lawyers or lobbyists for Indian tribes, however, would, under the legislation I am introducing today, be subject to the same conflicts of interest restraints that apply to other former Federal employees who work for other entities. The bill takes effect one year after enactment to allow time for people to familiarize themselves with the new law and for tribes to seek alternative representation if necessary.

Limiting the waiver of conflicts laws in this manner proposed in this bill will address a problem identified by the Inspector General of the Department of Interior. In a report dated February 2002, entitled ''Allegations Involving Irregularities in the Tribal Recognition Process and Concerns Relating to Indian Gaming, the IG laid out a number of contacts by former BIA and DOI officials, who left Federal employment to represent tribes at law firms, to the BIA regarding recognition matters that, but for the exemption from the conflicts rules, they would be barred from making. The IG suggested that these contacts were improper, but not illegal. These contacts were all made by former Federal employees who worked as outside lawyers and lobbyists for tribes. In his testimony before the Senator Committee on Indian Affairs earlier this year, the Inspector General again raised the issue of conflicts of interest and referred to a problem of a ''revolving door'' involving former Department of Interior officials. This legislation seeks to address that problem. I urge my colleagues to support it. I also ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1312

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 ''Reducing Conflicts of Interests in the Representation of Indian Tribes Act of 2005''.

SEC. 2. ADDITIONAL EMPLOYMENT RIGHTS.

Section 104 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450i) is amended by striking subsection (j) and inserting the following:

''(j) ADDITIONAL EMPLOYMENT RIGHTS.—

''(1) IN GENERAL.—Notwithstanding sections 205 and 207 of title 18, United States Code, an officer or employee of the United States assigned to an Indian tribe under section 3372 of title 5, United States Code, or section 2072 of the Revised Statutes (25 U.S.C. 48), or an individual that was formerly an officer or employee of the United States and who is an employee of an Indian tribe employed to perform services pursuant to self-governance contracts or compacts under this Act that the individual formerly performed for the United States, may communicate with and appear before any department, agency, court, or commission on behalf of the Indian tribe with respect to any matter relating to the contract or compact, including any matter in which the United States is a party or has a direct and substantial interest.

''(2) NOTIFICATION OF INVOLVEMENT IN PENDING MATTER.—An officer, employee, or former officer or employee described in paragraph (1) shall submit to the head of each appropriate department, agency, court, or commission, in writing, a notification of any personal and substantial involvement the officer, employee, or former officer or employee had as an officer or employee of the United States with respect to the pending matter.''.

SEC. 3. EFFECTIVE DATE.

The effective date of the amendment made by this Act shall be the date that is 1 year after the date of enactment of this Act.

By Mr. CORNYN:

S. 1313. A bill to protect homes, small businesses, and other private property rights, by limiting the power of eminent domain; to the Committee on the Judiciary.

Mr. CORNYN. Mr. President, I rise today to introduce new legislation, entitled the Protection of Homes, Small Businesses, and Private Property Act of 2005. I introduce this legislation in response to a controversial ruling of the United States Supreme Court issued just last Thursday.

The protection of homes, small businesses, and other private property rights against government seizure and other unreasonable government interference is a fundamental principle and core commitment of our Nation's Founders. As Thomas Jefferson famously wrote on April 6, 1816, the protection of such rights is:

the first principle of association, ''the guarantee to everyone of a free exercise of his industry, and the fruits acquired by it.''

The Fifth Amendment of the United States Constitution specifically provides that ''private property'' shall not ''be taken for public use without just compensation.'' The Fifth Amendment thus provides an essential guarantee of liberty against the abuse of the power of eminent domain, by permitting government to seize private property only ''for public use.''

On June 23, 2005, the U.S. Supreme Court issued its controversial 5–4 decision in Kelo v. City of New London. In that ruling, the Court acknowledged that ''it has long been accepted that the sovereign may not take the property of A for the sole purpose of transferring it to another private party B,''

and that under the Fifth Amendment, the power of eminent domain may be used only ''for public use.''

Yet the Court nevertheless held, by a 5–4 vote, that government may seize the home, small business, or other private property of one owner, and transfer that same property to another private owner, simply by concluding that such a transfer would benefit the community through increased economic development.

This is an alarming decision. As the Houston Chronicle editorialized this past weekend:

It seems a bizarre anomaly. The government in China or Russia might take private property to hand over to wealthy developers to build shopping malls and office plazas, but it wouldn't happen in the United States. Yet, that is the practice the U.S. Supreme Court narrowly approved this week. Local governments, the court ruled, may seize private homes and businesses so that other private entities can develop the land into enterprises that generate higher taxes.

I ask unanimous consent that a copy of this editorial be printed in the RECORD at the close of my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered. (See exhibit 1.)

Mr. CORNYN. The Court's decision in Kelo is alarming because, as Justice O'Connor accurately noted in her dissenting opinion, joined by the Chief Justice and Justices Scalia and Thomas, the Court has:

effectively . . . delete[d] the words ''for public use'' from the Takings Clause of the Fifth Amendment and thereby ''refus[ed] to enforce properly the Federal Constitution.''

Under the Court's decision in Kelo, Justice O'Connor warns,

[t]he specter of condemnation hangs over all property. Nothing is to prevent the State from replacing any Motel 6 with a Ritz-Carlton, any home with a shopping mall, or any farm with a factory.

She further warns that, under Kelo,

[a]ny property may now be taken for the benefit of another private party, [and] the fallout from this decision will not be random. The beneficiaries are likely to be those citizens with disproportionate influence and power in the political process, including large corporations and development firms. As for the victims, the government now has license to transfer property from those with fewer resources to those with more. The Founders cannot have intended this perverse result.

Indeed, as an amicus brief filed by the National Association for the Advancement of Colored People, AARP, and other organizations noted:

[a]bsent a true public use requirement, the takings power will be employed more frequently. The takings that result will disproportionately affect and harm the economically disadvantaged and, in particular, racial and ethnic minorities and the elderly.

In a way, the Kelo decision at least vindicates supporters of the nomination of Justice Janice Rogers Brown to the U.S. Court of Appeals for the D.C. Circuit. That nomination attracted substantial controversy in some quarters, because of Justice Brown's personal passion for the protection of private property rights. The Kelo decision announced last Thursday demonstrates that her concerns about excessive government interference with property rights is well-founded and well within the mainstream of American jurisprudence.

The Houston Chronicle has called upon lawmakers to take action, editorializing this past weekend that:

lawmakers would do well to pass restrictions on this distasteful form of eminent domain.

I firmly agree.

It is appropriate for Congress to take action, consistent with its limited powers under the Constitution, to restore the vital protections of the Fifth Amendment and to protect homes, small businesses, and other private property rights against unreasonable government use of the power of eminent domain.

That is why I am introducing today the Protection of Homes, Small Businesses, and Private Property Act of 2005. The legislation would declare Congress's view that the power of eminent domain should be exercised only ''for public use,'' as guaranteed by the Fifth Amendment, and that this power to seize homes, small businesses, and other private property should be reserved only for true public uses. Most importantly, the power of eminent domain should not be used simply to further private economic development. The act would apply this standard to two areas of government action which are clearly within Congress's authority to regulate: (1) All exercises of eminent domain power by the Federal Government, and (2) all exercises of eminent domain power by State and local government through the use of Federal funds.

It would likewise be appropriate for states to take action to voluntarily limit their own power of eminent domain. As the Court in Kelo noted, ''nothing in our opinion precludes any State from placing further restrictions on its exercise of the takings power.''

The protection of homes, small businesses, and other private property rights against government seizure and other unreasonable government interference is a fundamental principle and core commitment of our Nation's Founders. The Kelo decision was a disappointment, but I congratulate the attorneys at the Institute for Justice for their exceptional legal work and for their devotion to liberty. We must not give up, and I know that the talented lawyers at the Institute for Justice have no intention of giving up. In the aftermath of Kelo, we must take all necessary action to restore and strengthen the protections of the Fifth Amendment. I ask my colleagues to lend their support to this effort, by supporting the Protection of Homes, Small Businesses, and Private Property Act of 2005.

EXHIBIT 1

STEALING HOME

It seems a bizarre anomaly. The government in China or Russia might take private property to hand over to wealthy developers to build shopping malls and office plazas, but it wouldn't happen in the United States. Yet, that is the practice the U.S. Supreme Court narrowly approved this week. Local governments, the court ruled, may seize private homes and businesses so that other private entities can develop the land into enterprises that generate higher taxes.

The Supreme Court found, 5–4, that local elected officials are not barred by the Constitution from condemning whole neighborhoods and small businesses if, in their view, doing so would lead to redevelopment that increases tax collections.

A majority on the court was convinced that the possibility of improving the tax base for the benefit of the wider community satisfies the Fifth Amendment's requirement that private property can be taken by eminent domain only for a public purpose.

Justice Sandra Day O'Connor, who dissented, pinpointed the problem with the majority's argument. It cedes ''disproportionate influence and power'' to a community's most powerful and well-connected residents.

Public parks, schools and right of way for thoroughfares traditionally have provided the sort of public purpose to justify government's use of eminent domain. Grand redevelopment schemes, especially when they are cooked up by government officials, often lack a sound economic basis and carry the potential of becoming boondoggles that hurt taxpayers.

Justice John Paul Stevens wrote for the majority that local officials are qualified judges of whether an economic development project will benefit the community. In this case, city officials in New London, Conn., plan to tear down private homes to make way for a riverfront hotel, offices and a fitness club.

''The city has carefully formulated an economic development that it believes will provide appreciable benefits to the community, including—but by no means limited to—new jobs and increased tax revenue,'' Stevens wrote.

But is that universally true? Municipal and county governing bodies frequently miscalculate or wildly overestimate the benefits of tax abatements and other incentives.

Besides that, individual taxpayers don't necessarily benefit from increased government revenues.

Sometimes the increased revenue proves insufficient to cover the cost of providing services to new development. Sometimes increased revenues are wasted on things other than essential services.

Now that the high court has cleared the way for elected officeholders to trump private property rights, abuse of eminent domain becomes more likely, particularly in neighborhoods populated by the least influential citizens. In Texas, lawmakers would do well to pass restrictions on this distasteful form of eminent domain.

By Mr. LUGAR:

S. 1315. A bill to require a report on progress toward the Millennium Development Goals, and for other purposes; to the Committee on Foreign Relations.

Mr. LUGAR. Mr. President, I rise today to introduce a bill that calls on the administration to assess the progress of poverty reduction efforts around the world since September 2000, when the Millennium Declaration was unanimously adopted by more than 180 nations, including the United States. Each of these nations signed an agreement to work toward defined objectives, called the Millennium Development Goals, which include the commitments to: build a global partnership for

development; eradicate extreme poverty by halving the number of people living on less than one dollar a day and the number who suffer hunger; achieve universal primary education for boys and girls alike; reduce by two-thirds the under-5 child mortality rate; halt and reverse the spread of AIDS, malaria and other major disease; promote gender equality, reduce maternal mortality by two-thirds; and ensure environmental sustainability.

This bill also highlights the important research and recommendations of the Report of the Commission for Africa that was commissioned by Prime Minister Tony Blair in preparation for the July 2005 G8 Summit in Scotland. The report, entitled ''Our Common Interest,'' is an excellent study of past development efforts and current opportunities to respond to the challenges of extreme poverty in Africa.

Three important international forums will occur this year that will help define the world's response to extreme poverty; the group of Eight highly industrialized countries will meet in July at Gleneagles, Scotland and will address the challenges and opportunities of the African continent; The United Nations Summit to review progress on the Millennium Development Goals will occur in September. It will provide an opportunity to measure global coherence and commitment to specific objectives in eradicating extreme poverty by 2015; and the The Sixth Ministerial Conference of the World Trade Organization will meet in Hong Kong in December. Progress toward a genuinely equitable trade round in Hong Kong could provide a significant boost to global international development.

This bill asks that the Secretary of State produce a report on the commitments made by the United States and the international community to achieve the Millennium Development Goals, including the decisions made in regard to these goals in the three upcoming summits. It asks that the report assess the prospects of achieving these goals by 2015 and to review policies that maintain continued United States leadership in reducing poverty worldwide. The report would be due 60 days after the completion of the WTO summit December 13–18, 2005.

The purpose of this report is to encourage a discussion of the goals themselves and the practical challenges with which each of these goals must contend. This discussion should take place within and among donor and developing governments, on a continuing basis. The upcoming summits are an important opportunity to continue that discussion as well as to make concrete efforts, and if necessary adjustments, to achieving such goals.

Since the Millennium Summit in 2000, the United States has taken steps to invest in development in a more comprehensive manner. President Bush made an historic commitment to address the threat and impact of HIV–AIDS on the countries most affected by this pandemic. The United States also established a bold new development initiative that closely parallels important elements of the MDGs and the recommendations of the Commission for Africa report. The Millennium Challenge Corporation has begun to deliver billions in assistance to developing nations that are committed to investing in their own people, to ruling justly, and to encouraging economic freedom. In addition, the United States removed barriers to trade with eligible African countries through the successful Africa Growth and Opportunity Act.

There are many other significant efforts by the United States to address the challenges to poor countries face, from technical assistance to bilateral and multi-lateral debt relief, from peacekeeper training and equipping to capacity building and emergency assistance. Whether bilaterally or through multilateral institutions, the international community should capitalize on a coordinated strategy that reinforces the prospect of a more peaceful and stable world.

The commitment of the United States to the moral and humanitarian goal of reducing the inequities seen across the developing world is a key factor in achieving greater security at home and abroad. Since September 11, 2001, our nation has been engaged in a debate over how to apply national power and resources most effectively to realize the maximum degree of security. Throughout this process, I have been making the point that we are not placing sufficient weight on the diplomatic and economic tools of national power.

Even as we seek to capture key terrorists and destroy terrorist units, we must be working to perfect a longer term strategy that reshapes the world in ways that are not conducive to terrorist recruitment and influence. To win the war against terrorism, the United States must assign U.S. economic and diplomatic capabilities the same strategic priority that we assign to military capabilities. There are no shortcuts to victory. We must commit ourselves to the painstaking work of foreign policy day by day and year by year. As we undertake this mission, we must be persistent in our advocacy among our fellow nations to encourage a global partnership and commitment to eradicating poverty.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1315

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 ''International Cooperation to Meet the Millennium Development Goals Act of 2005''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) At the United Nations Millennium Summit in 2000, the United States joined more than 180 other countries in committing to work toward goals to improve life for the world's poorest people by 2015.

(2) Such goals include reducing the proportion of people living on less than $1 per day by ½, reducing child mortality by ⅔, and assuring basic education for all children, while sustaining the environment upon which human life depends.

(3) At the 2002 International Conference on Financing for Development, the United States representative reiterated the support of the United States for the Millennium Development Goals and advocated, along with other international participants, for a stronger focus on measurable outcomes derived from a global partnership between developed and developing countries.

(4) On March 22, 2002, President Bush stated, ''We fight against poverty because hope is an answer to terror. We fight against poverty because opportunity is a fundamental right to human dignity. We fight against poverty because faith requires it and conscience demands it. We fight against poverty with a growing conviction that major progress is within our reach.''.

(5) The 2002 National Security Strategy of the United States notes that ''a world where some live in comfort and plenty, while half of the human race lives on less than $2 per day, is neither just nor stable. Including all of the world's poor in an expanding circle of development and opportunity is a moral imperative and one of the top priorities of U.S. international policy''.

(6) The National Commission on Terrorist Attacks Upon the United States concluded that the Government of the United States must offer an example of moral leadership in the world and offer parents and their children a vision of the future that emphasizes individual educational and economic opportunity as essential to the efforts of the United States to defeat global terrorism.

(7) The summit of the Group of Eight scheduled for July 2005, the United Nations summit scheduled for September 2005, and the Sixth Ministerial Conference of the World Trade Organization scheduled for December 2005 will provide opportunities to measure and continue to pursue progress on the Millennium Development Goals.

(8) The summit of the Group of Eight scheduled for July 6 through July 8, 2005, in Gleneagles, Scotland, will bring together the countries that can make the greatest contribution to alleviating extreme poverty in Africa, the region of the world where extreme poverty is most prevalent.

(9) On June 11, 2005, the United States helped secure the agreement of the Group of Eight Finance Ministers to cancel 100 percent of the debt obligations owed to the World Bank, African Development Bank, and International Monetary Fund by countries that are eligible for debt relief under the Highly Indebted Poor Countries Initiative, the initiative established in 1996 by the World Bank and the International Monetary Fund for the purpose of reducing the debt burdens of the world's poorest countries, or under the Enhanced HIPC Initiative, as defined in section 1625 of the International Financial Institutions Act (22 U.S.C. 262p–8), which are poor countries that are on the path to reform.

(10) The report prepared by the Commission for Africa and issued by Prime Minister Tony Blair on March 11, 2005, entitled ''Our Common Interest'', called for coherence and coordination in the development of an overarching package of actions to be carried out by the countries of Africa and the international community to address the complex

interlocking issues that challenge the continent, many of which have already been addressed individually in previous summits and under the Africa Action Plan enacted by the Group of Eight.

(11) The United States has recognized the need for strengthened economic and trade opportunities, as well as increased financial and technical assistance to Africa and other countries burdened by extreme poverty, through significant initiatives in recent years, including—

(A) the African Growth and Opportunity Act (19 U.S.C. 3701 et seq.) that has opened United States markets to thousands of products from Africa;

(B) the President's Emergency Plan for AIDS Relief developed under section 101 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611), the major focus of which has been on African countries;

(C) the Millennium Challenge Corporation established under section 604 of the Millennium Challenge Act of 2003 (22 U.S.C. 7703) that is in the process of committing new and significant levels of assistance to countries, including countries in Africa, that are poor but show great promise for boosting economic growth and bettering the lives of their people; and

(D) the United States has canceled 100 percent of the bilateral debt owed to the United States by countries eligible for debt relief under the Enhanced HIPC Initiative.

(12) The report prepared by the Commission for Africa entitled ''Our Common Interest'' includes the following findings:

(A) The people of Africa must demonstrate the leadership necessary to address the governance challenges they face, setting priorities that ensure the development of effective civil and police services, independent judiciaries, and strong parliaments, all of which reinforce a stable and predictable economic environment attractive to investment.

(B) Many leaders in Africa have pursued personal self-interest rather than national goals, a tendency that has been in some instances exacerbated and abetted by the manipulation of foreign governments pursuing their own agenda in the region to the detriment of the people of Africa.

(C) More violent conflict has occurred in Africa during the period between 1965 and 2005 than occurred in any other continent during that period, and the countries of Africa must engage on the individual, national, and regional level to prevent and manage conflict.

(D) The capacity to trade is constrained by a derelict or nonexistent infrastructure in most African countries as well as by the double-edged sword of tariff and nontariff barriers to trade that complicate markets and discourage investment both within and beyond the continent.

(E) The local resources for investment in people and the institutions necessary for good governance have been squandered, misappropriated, and, to an increasingly devastating effect, spent on servicing debt to the developed world. Such resources should be reoriented to serve the needs of the people through the use of debt forgiveness and support for institutional reform and internal capacity building.

(F) Failing to prevent conflict in Africa results in incalculable costs to African development and expense to the international community and the investment in preventing conflict is a fraction of such costs and expenses, in human, security, and financial terms.

(G) Despite difficulties, there is optimism and energy reflected in the scope of activities of individuals such as 2004 Nobel Peace Prize recipient, Wangari Maathai, as well as those of improved regional organizations such as the African Union and the New Partnership for Economic Development's Peer Review Mechanism, and subregional entities such as the Economic Community of West African States, the Inter-Governmental Authority on Development, and the potential of the Southern African Development Community.

(H) Political reform in Africa has produced results. For example, while in 1985 countries of sub-Saharan Africa ruled by dictators were the norm, by 2005 dictatorships are a minority and democracy has new life with governments chosen by the people increasing fourfold since 1991.

(13) The report prepared by the Commission for Africa entitled ''Our Common Interest'' includes the following recommendations:

(A) At this vital moment when globalization and growth, technology and trade, and mutual security concerns allow, and common humanity demands, a substantial tangible and coherent package of actions should immediately be taken by the international community, led by the most industrialized countries, in partnership with the countries of Africa, to address the poverty and underdevelopment of the African continent.

(B) The people of Africa must take responsibility and show courageous leadership in addressing problems and taking ownership of solutions as the means for ensuring sustainable development, while implementing governance reform as an underlying prerequisite for foreign assistance effectiveness.

(C) Each developed country has unique strengths and capacity to add value to a comprehensive assistance plan and should join their individual efforts to a coherent whole that is more efficient and responsive to Africa and the people of Africa.

(D) The international community must honor existing commitments to strengthen African peacekeeping capacity and go beyond those commitments to invest in more effective prevention and nonmilitary means to resolve conflict through such regional organizations as the African Union and the subregional Economic Community for West African States.

(E) A massive investment in physical infrastructure should be made to support commerce, extend governance, and provide opportunities for education, healthcare, investment and growth.

(F) Donors and the governments of the countries of Africa should devote substantial investment in the men and women of Africa through the education and health sectors, enabling and extending recent gains made to reach far more broadly into remote regions.

(G) The public sector should actively engage the private sector in driving growth through partnerships by reforming the laws, bureaucracy, and infrastructure necessary to maintain a climate that fosters investment by developing public-private centers of excellence to pursue such reforms.

(H) The countries of Africa must maximize the participation of women in both business and government, protect the rights of women, and work to increase the number of women in leadership positions so as to capitalize on the ability of women to deliver scarce resources effectively and fairly.

(I) The international community must work together to dismantle trade barriers, including the immediate elimination of trade-distorting commodity support.

(J) International donors should strengthen multilateral institutions in Africa to respond appropriately to local and regional crises as well as to promote economic development and ensure the people of Africa are granted a stronger voice in international forums.

(K) The international community must join in providing creative incentives for commercial firms to research and develop products that improve water, sanitation, health, and the environment in ways that would dramatically reduce suffering and increase productive life-spans in Africa.

SEC. 3. DEFINITIONS.

In this Act:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ''appropriate congressional committees'' means the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives.

(2) GROUP OF EIGHT.—The term ''Group of Eight'' means the forum for addressing international economic, political, and social issues attended by representatives of Canada, France, Germany, Italy, Japan, Russia, the United Kingdom, and the United States.

(3) MILLENNIUM DEVELOPMENT GOALS.—The term ''Millennium Development Goals'' means the goals set out in United Nations Millennium Declaration, resolution 55/1 adopted by the General Assembly of the United Nations on September 8, 2000.

SEC. 4. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) the President should continue to provide the leadership necessary at the summit of the Group of Eight scheduled for July 2005 at Gleneagles, Scotland, to encourage other countries to develop a true partnership to pursue the Millennium Development Goals;

(2) the President should urge the Group of Eight to consider the findings and recommendations contained in the report prepared by the Commission for Africa entitled ''Our Common Interest'', as a fundamental guide on which to base their planning, in partnership with the nations of Africa, for the development of Africa;

(3) the Group of Eight, as well as governments of the countries of Africa and regional organizations of such governments, should reaffirm and honor the commitments made in the Africa Action Plan enacted by the Group of Eight in previous years; and

(4) the international community should pursue further progress toward achieving the Millennium Development Goals at the summit of the Group of Eight scheduled for July 2005, the United Nations summit scheduled for September 2005, and the Sixth Ministerial Conference of the World Trade Organization scheduled for December 2005.

SEC. 5. REPORT.

(a) REQUIREMENT.—Not later than 60 days after the date of the conclusion of the World Trade Organization Ministerial meeting in Hong Kong that is scheduled to be held December 13 through December 18, 2005, the Secretary of State in consultation with other appropriate United States and international agencies shall submit a report to the appropriate congressional committees on the progress the international community is making toward achieving the Millennium Development Goals.

(b) CONTENT.—The report required by subsection (a) shall include the following:

(1) A review of the commitments made by the United States and other members of the international community at the summit of the Group of Eight scheduled for July 2005, the United Nations summit scheduled for September 2005, and the Sixth Ministerial Conference of the World Trade Organization scheduled for December 2005, that pertain to the ability of the developing world to achieve the Millennium Development Goals.

(2) A review of United States policies and progress toward achieving the Millennium

Development Goals by 2015, as well as policies to provide continued leadership in achieving such goals by 2015.

(3) An evaluation of the contributions of other national and international actors in achieving the Millennium Development Goals by 2015.

(4) An assessment of the likelihood that the Millennium Development Goals will be achieved.

By Mr. HATCH (for himself, Mr. DODD, Mr. BURR, Mr. REED, and Mr. ENSIGN):

S. 1317. A bill to provide for the collection and maintenance of cord blood units for the treatment of patients and research, and to amend the Public Health Service Act to authorize the Bone Marrow and Cord Blood Cell Transplantation Program to increase the number of transplants for recipients suitable matched to donors of bone marrow and cord blood; to the Committee on Health, Education, Labor, and Pensions.

Mr. HATCH. Mr. President, today, I am pleased to introduce ''The Bone Marrow and Cord Blood Therapy and Research Act of 2005.'' I am grateful that Senators DODD, BURR, REED and ENSIGN have joined me as sponsors of this important, bipartisan bill. All five sponsors of this bill have been working on this legislation for the past few months. We have met with organizations that are deeply interested in participating in this new program and heard their input. We talked to other Senators, including members of the Senate Health, Education, Labor and Pension Committee, who have a deep commitment to getting this legislation signed into law by the President. This bill was a group effort and I commend the sponsors of this bill on a job well done.

I am pleased that this legislation will be considered by the Senate HELP Committee on Wednesday; we are hopeful it will then be passed by the Senate in the near future. HELP Chairman ENZI and Ranking Democrat KENNEDY and their staffs have been very supportive of our efforts in getting this bill through the Senate in a timely manner. I greatly appreciate their willingness to work with all of us on this important issue.

As many of my colleagues know, I introduced a bill earlier this year S. 681, the Cord Blood Stem Cell Act of 2005. I have introduced that legislation during the past three Congresses. The bill I have introduced with my colleagues today is a much improved version of my original cord blood legislation, primarily because it reflects a compromise between the key stakeholder groups that are deeply interested in providing federal funding to establish cord blood banks for public use. This legislation creates an easily accessible network of adult stem cell transplant material for the treatment of patients and supports the research into the uses of such cells.

One of the biggest changes in this bill is the establishment of a three year demonstration project for the collection and storage of cord blood units for a family in which a child has been diagnosed with a condition that will benefit from a cord blood transplant at no cost to the family. When we were meeting with individuals interested in this legislation, we were told by scientific experts that the most successful cord blood transplants come from a sibling's cord blood. Once a cord blood unit is put in a public cord blood bank, there is no guarantee that a family will be able to get that specific cord blood unit back if it is needed. Therefore, we believed that it was necessary to create this demonstration project so that families would have immediate access to its cord blood units. It is important to emphasize that the only families that may participate in this demonstration project are those that have a sick child or parent.

In addition, this legislation includes language calling for single point of access. The purpose of a single point of access is to provide health care providers with the ability to search for bone marrow donors and cord blood units through a single electronic point of access. Today, doctors have to search several places in order to find available cord blood units and bone marrow donors. A single point of access improves this process dramatically for both doctor and patient by making the search process much more efficient.

There is strong, bipartisan interest throughout the Congress for using adult stem cells to treat a wide variety of medical conditions. Our bill not only reauthorizes the National Marrow Donor Program, but it also creates a national network of public cord blood banks. Together, these two programs for umbilical cord blood and adult bone marrow will provide us with a widely-accepted source of hematopoietic stem cells for transplant and research.

For several decades, thousands of Americans have received and been saved by bone marrow transplants. But thousands more die for lack of an appropriate donor. The good news is that research now suggests that the blood and stem cells from human placenta and umbilical cords may in some cases provide an alternative to bone marrow transplantation. For some patients, particularly those for whom a bone marrow match cannot be found, transplantation of these cells may be a life-saving therapy. Cord blood stem cells are readily available, and they require less-stringent matching from donors to recipients, thus decreasing the difficulty of finding a fully matched donor.

Cord blood transplantation has been used successfully to treat leukemia, lymphoma, immunodeficiency diseases, sickle cell anemia, and certain metabolic diseases. However, the number of available cord blood stem cell units in the United States is insufficient to meet the need. The Bone Marrow and Cord Blood Therapy and Research Act of 2005 will establish an inventory of 150,000 new cord blood stem cell units that reflects the diversity of the United States' population. In conjunction with the five million potential bone marrow donors registered through the National Marrow Donor Program, this cord blood network will enable 95 percent of Americans to receive an appropriately matched transplant.

The Bone Marrow and Cord Blood Therapy and Research Act of 2005 also incorporates recommendations from the Institute of Medicine's recent report on cord blood. The Institute provided Congress with guidelines and recommendations to enhance the structure, function, and utility of the program. As a result, I am confident that this Nation's system for obtaining adult stem cells for transplantation purposes will improve dramatically, and that many more of our citizens will have access to the life-saving therapies they offer. Through transplants of this nature, we can finally cure previously incurable diseases such as sickle cell anemia. It is my hope that this legislation will help us ensure that children with this and other illnesses will be able to achieve their full potential, unhindered by poor health.

My goal, which I share with the other sponsors of this bill, is to create the best possible system to provide patients, clinicians, and families with access to these life-saving treatments. I believe the current bill does this by ensuring that the number of bone marrow donors and cord blood units available for transplant and research increases in the coming years.

The integrated system will include not only the international bone marrow donor registry, but also a network of qualified cord blood banks which will collect, test, and preserve cord blood stem cells. In addition, the system will educate and recruit donors, facilitate the rapid matching of donors and recipients, and quickly make such cells available to transplant centers for stem cell transplantation.

The establishment of a national infrastructure for transplant material will help save the lives of thousands of critically ill Americans. We must be sure that our Nation can meet the needs of patients and physicians by ensuring a strong future for bone marrow and cord blood in this country. My primary goal is to ensure that the amount of transplant material available for patient care and research increases in the coming years. The only way that goal may be accomplished is through strong federal support. I look forward to working with my colleagues on doing everything possible to provide transplant patients with the best possible options by ensuring a strong future for bone marrow and cord blood transplantation in this country. This is a good bill and I urge my colleagues to support it.

I ask unanimous consent that the text of this bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1317

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 ''Bone Marrow and Cord Blood Therapy and Research Act of 2005''.

SEC. 2. CORD BLOOD INVENTORY.

(a) IN GENERAL.—The Secretary of Health and Human Services shall enter into one-time contracts with qualified cord blood banks to assist in the collection and maintenance of 150,000 new units of high-quality cord blood to be made available for transplantation through the Bone Marrow and Cord Blood Cell Transplantation Program and to carry out the requirements of subsection (b).

(b) REQUIREMENTS.—The Secretary shall require each recipient of a contract under this section—

(1) to acquire, tissue-type, test, cryopreserve, and store donated units of cord blood acquired with the informed consent of the donor in a manner that complies with applicable Federal and State regulations;

(2) to encourage donation from a genetically diverse population;

(3) to make cord blood units that are collected pursuant to this section or otherwise and meet all applicable Federal standards available to transplant centers for transplantation;

(4) to make cord blood units that are collected, but not appropriate for clinical use, available for peer-reviewed research;

(5) to make data available, as required by the Secretary and consistent with section 379(c)(3) of the Public Health Service Act (42 U.S.C. 274k(c)(3)), as amended by this Act, in a standardized electronic format, as determined by the Secretary, for the Bone Marrow and Cord Blood Cell Transplantation Program; and

(6) to submit data in a standardized electronic format for inclusion in the stem cell therapeutic outcomes database maintained under section 379A of the Public Health Service Act, as amended by this Act.

(c) RELATED CORD BLOOD DONORS.—

(1) IN GENERAL.—The Secretary shall establish a 3-year demonstration project under which qualified cord blood banks receiving a contract under this section may use a portion of the funding under such contract for the collection and storage of cord blood units for a family where a first-degree relative has been diagnosed with a condition that will benefit from transplantation (including selected blood disorders, malignancies, metabolic storage disorders, hemoglobinopathies, and congenital immunodeficiencies) at no cost to such family. Qualified cord blood banks collecting cord blood units under this paragraph shall comply with the requirements of paragraphs (1), (2), (3), and (5) of subsection (b).

(2) AVAILABILITY.—Qualified cord blood banks that are operating a program under paragraph (1) shall provide assurances that the cord blood units in such banks will be available for directed transplantation until such time that the cord blood unit is released for transplantation or is transferred by the family to the Bone Marrow and Cord Blood Cell Transplantation Program in accordance with guidance or regulations promulgated by the Secretary.

(3) INVENTORY.—Cord blood units collected through the program under this section shall not be counted toward the 150,000 inventory goal under the Bone Marrow and Cord Blood Cell Transplantation Program.

(4) REPORT.—Not later than 90 days after the date on which the project under paragraph (1) is terminated by the Secretary, the Secretary shall submit to Congress a report on the outcomes of the project that shall include the recommendations of the Secretary with respect to the continuation of such project.

(d) APPLICATION.—To seek to enter into a contract under this section, a qualified cord blood bank shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require. At a minimum, an application for a contract under this section shall include a requirement that the applicant—

(1) will participate in the Bone Marrow and Cord Blood Cell Transplantation Program for a period of at least 10 years;

(2) will make cord blood units collected pursuant to this section available through the Bone Marrow and Cord Blood Cell Transplantation Program in perpetuity; and

(3) if the Secretary determines through an assessment, or through petition by the applicant, that a cord blood bank is no longer operational or does not meet the requirements of section 379(c)(4) of the Public Health Service Act (as added by this Act) and as a result may not distribute the units, transfer the units collected pursuant to this section to another qualified cord blood bank approved by the Secretary to ensure continued availability of cord blood units.

(e) DURATION OF CONTRACTS.—

(1) IN GENERAL.—Except as provided in paragraph (2), the term of each contract entered into by the Secretary under this section shall be for 10 years. The Secretary shall ensure that Federal funds provided under any such contract terminate on the earlier of—

(A) the date that is 3 years after the date on which the contract is entered into; or

(B) September 30, 2010.

(2) EXTENSIONS.—Subject to paragraph (1)(B), the Secretary may extend the period of funding under a contract under this section to exceed a period of 3 years if—

(A) the Secretary finds that 150,000 new units of high-quality cord blood have not yet been collected pursuant to this section; and

(B) the Secretary does not receive an application for a contract under this section from any qualified cord blood bank that has not previously entered into a contract under this section or the Secretary determines that the outstanding inventory need cannot be met by the one or more qualified cord blood banks that have submitted an application for a contract under this section.

(3) PREFERENCE.—In considering contract extensions under paragraph (2), the Secretary shall give preference to qualified cord blood banks that the Secretary determines have demonstrated a superior ability to satisfy the requirements described in subsection (b) and to achieve the overall goals for which the contract was awarded.

(f) REGULATIONS.—The Secretary may promulgate regulations to carry out this section.

(g) DEFINITIONS.—In this section:

(1) The term ''Bone Marrow and Cord Blood *Cell Transplantation Program*'' means the Bone Marrow and Cord Blood Cell Transplantation Program under section 379 of the Public Health Service Act, as amended by this Act.

(2) The term ''cord blood donor'' means a mother who has delivered a baby and consents to donate the neonatal blood remaining in the placenta and umbilical cord after separation from the newborn baby.

(3) The term ''cord blood unit'' means the neonatal blood collected from the placenta and umbilical cord of a single newborn baby.

(4) The term ''first-degree relative'' means a sibling or parent who is one meiosis away from a particular individual in a family.

(5) The term ''qualified cord blood bank'' has the meaning given to that term in section 379(c)(4) of the Public Health Service Act, as amended by this Act.

(6) The term ''Secretary'' means the Secretary of Health and Human Services.

(h) AUTHORIZATION OF APPROPRIATIONS.—

(1) EXISTING FUNDS.—Any amounts appropriated to the Secretary for fiscal year 2004 or 2005 for the purpose of assisting in the collection or maintenance of cord blood shall remain available to the Secretary until the end of fiscal year 2007.

(2) SUBSEQUENT FISCAL YEARS.—There are authorized to be appropriated to the Secretary $15,000,000 for each of fiscal years 2007, 2008, 2009, and 2010 to carry out this section.

(3) LIMITATION.—Not to exceed 5 percent of the amount appropriated under this section in each of fiscal years 2007 through 2009 may be used to carry out the demonstration project under subsection (c).

SEC. 3. BONE MARROW AND CORD BLOOD CELL TRANSPLANTATION PROGRAM.

(a) NATIONAL PROGRAM.—Section 379 of the Public Health Service Act (42 U.S.C. 274k) is amended to read as follows:

''SEC. 379. NATIONAL PROGRAM.

''(a) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall by one or more contracts establish and maintain a Bone Marrow and Cord Blood Cell Transplantation Program (referred to in this section as the 'Program') that has the purpose of increasing the number of transplants for recipients suitably matched to biologically unrelated donors of bone marrow and cord blood, and that meets the requirements of this section. The Secretary may award a separate contract to perform each of the major functions of the Program described in paragraphs (1) and (2) of subsection (c) if deemed necessary by the Secretary to operate an effective and efficient system that is in the best interest of patients. The Secretary shall conduct a separate competition for the initial establishment of the cord blood functions of the Program. The Program shall be under the general supervision of the Secretary. The Secretary shall establish an Advisory Council to advise, assist, consult with, and make recommendations to the Secretary on matters related to the activities carried out by the Program. The members of the Advisory Council shall be appointed in accordance with the following:

''(1) Each member of the Advisory Council shall serve for a term of 2 years, and each such member may serve as many as 3 consecutive 2-year terms, except that

''(A) such limitations shall not apply to the Chair of the Advisory Council (or the Chair-elect) or to the member of the Advisory Council who most recently served as the Chair; and

''(B) 1 additional consecutive 2-year term may be served by any member of the Advisory Council who has no employment, governance, or financial affiliation with any donor center, recruitment organization, transplant center, or cord blood bank.

''(2) A member of the Advisory Council may continue to serve after the expiration of the term of such member until a successor is appointed.

''(3) In order to ensure the continuity of the Advisory Council, the Advisory Council shall be appointed so that each year the terms of approximately one-third of the members of the Advisory Council expire.

''(4) The membership of the Advisory Council—

''(A) shall include as voting members a balanced number of representatives including representatives of marrow donor centers and marrow transplant centers, representatives of cord blood banks and participating birthing hospitals, recipients of a bone marrow transplant, recipients of a cord blood transplant, persons who require such transplants, family members of such a recipient or family members of a patient who has requested the assistance of the Program in searching for an unrelated donor of bone marrow or cord blood, persons with expertise in bone marrow and cord blood transplantation, persons with expertise in typing, matching, and transplant outcome data analysis, persons with expertise in the social sciences, basic scientists with expertise in the biology of adult stem cells, and members of the general public; and

''(B) shall include as nonvoting members representatives from the Department of Defense Marrow Donor Recruitment and Research Program operated by the Department of the Navy, the Division of Transplantation of the Health Resources and Services Administration, the Food and Drug Administration, and the National Institutes of Health.

''(5) Members of the Advisory Council shall be chosen so as to ensure objectivity and balance and reduce the potential for conflicts of interest. The Secretary shall establish bylaws and procedures—

''(A) to prohibit any member of the Advisory Council who has an employment, governance, or financial affiliation with a donor center, recruitment organization, transplant center, or cord blood bank from participating in any decision that materially affects the center, recruitment organization, transplant center, or cord blood bank; and

''(B) to limit the number of members of the Advisory Council with any such affiliation.

''(6) The Secretary, acting through the Advisory Council, shall submit to the Congress—

''(A) an annual report on the activities carried out under this section; and

''(B) not later than 6 months after the date of the enactment of the Bone Marrow and Cord Blood Therapy and Research Act of 2005, a report of recommendations on the scientific factors necessary to define a cord blood unit as a high-quality unit.

''(b) ACCREDITATION.—The Secretary shall, through a public process, recognize one or more accreditation entities for the accreditation of cord blood banks.

''(c) FUNCTIONS.—

''(1) BONE MARROW FUNCTIONS.—With respect to bone marrow, the Program shall—

''(A) operate a system for listing, searching, and facilitating the distribution of bone marrow that is suitably matched to candidate patients;

''(B) consistent with paragraph (3), permit transplant physicians, other appropriate health care professionals, and patients to search by means of electronic access all available bone marrow donors listed in the Program;

''(C) carry out a program for the recruitment of bone marrow donors in accordance with subsection (d), including with respect to increasing the representation of racial and ethnic minority groups (including persons of mixed ancestry) in the enrollment of the Program;

''(D) maintain and expand medical contingency response capabilities, in coordination with Federal programs, to prepare for and respond effectively to biological, chemical, or radiological attacks, and other public health emergencies that can damage marrow, so that the capability of supporting patients with marrow damage from disease can be used to support casualties with marrow damage;

''(E) carry out informational and educational activities in accordance with subsection (d);

''(F) at least annually update information to account for changes in the status of individuals as potential donors of bone marrow;

''(G) provide for a system of patient advocacy through the office established under subsection (g);

''(H) provide case management services for any potential donor of bone marrow to whom the Program has provided a notice that the potential donor may be suitably matched to a particular patient through the office established under subsection (g);

''(I) with respect to searches for unrelated donors of bone marrow that are conducted through the system under subparagraph (A), collect, analyze, and publish data in a standardized electronic format on the number and percentage of patients at each of the various stages of the search process, including data regarding the furthest stage reached, the number and percentage of patients who are unable to complete the search process, and the reasons underlying such circumstances;

''(J) support studies and demonstration and outreach projects for the purpose of increasing the number of individuals who are willing to be marrow donors to ensure a genetically diverse donor pool; and

''(K) facilitate and support research to improve the availability, efficiency, safety, and cost of transplants from unrelated donors and the effectiveness of Program operations.

''(2) CORD BLOOD FUNCTIONS.—With respect to cord blood, the Program shall—

''(A) operate a system for listing, searching, and facilitating the distribution of donated cord blood units that are suitably matched to candidate patients and meet all applicable Federal and State regulations (including informed consent and Food and Drug Administration regulations) from a qualified cord blood bank;

''(B) consistent with paragraph (3), allow transplant physicians, other appropriate health care professionals, and patients to search by means of electronic access all available cord blood units made available through the Program;

''(C) allow transplant physicians and other appropriate health care professionals to reserve, as defined by the Secretary, a cord blood unit for transplantation;

''(D) support studies and demonstration and outreach projects for the purpose of increasing cord blood donation to ensure a genetically diverse collection of cord blood units;

''(E) provide for a system of patient advocacy through the office established under subsection (g);

''(F) coordinate with the qualified cord blood banks to carry out informational and educational activities in accordance with subsection (f);

''(G) maintain and expand medical contingency response capabilities, in coordination with Federal programs, to prepare for and respond effectively to biological, chemical, or radiological attacks, and other public health emergencies that can damage marrow, so that the capability of supporting patients with marrow damage from disease can be used to support casualties with marrow damage; and

''(H) with respect to the system under subparagraph (A), collect, analyze, and publish data in a standardized electronic format, as required by the Secretary, on the number and percentage of patients at each of the various stages of the search process, including data regarding the furthest stage reached, the number and percentage of patients who are unable to complete the search process, and the reasons underlying such circumstances.

''(3) SINGLE POINT OF ACCESS; SUBMISSION OF DATA.—

''(A) SINGLE POINT OF ACCESS.—The Secretary shall ensure that health care professionals and patients are able to, at a minimum, locate, consistent with the functions described in paragraphs (1)(A) and (2)(A), cells from bone marrow donors and cord blood units through a single electronic point of access.

''(B) STANDARD DATA.—The Secretary shall require all recipients of contracts under this section to make available a standard dataset for purposes of subparagraph (A) in a standardized electronic format the enables transplant physicians to compare among and between bone marrow donors and cord blood units to ensure the best possible match for the patient.

''(4) DEFINITION.—The term 'qualified cord blood bank' means a cord blood bank that—

''(A) has obtained all applicable Federal and State licenses, certifications, registrations (including pursuant to the regulations of the Food and Drug Administration), and other authorizations required to operate and maintain a cord blood bank;

''(B) has implemented donor screening, cord blood collection practices, and processing methods intended to protect the health and safety of donors and transplant recipients to improve transplant outcomes, including with respect to the transmission of potentially harmful infections and other diseases;

''(C) is accredited by an accreditation entity recognized by the Secretary under subsection (b);

''(D) has established a system of strict confidentiality to protect the identity and privacy of patients and donors in accordance with existing Federal and State law;

''(E) has established a system for encouraging donation by a genetically diverse group of donors; and

''(F) has established a system to confidentially maintain linkage between a cord blood unit and a maternal donor.

''(d) BONE MARROW RECRUITMENT; PRIORITIES; INFORMATION AND EDUCATION.—

''(1) RECRUITMENT; PRIORITIES.—The Program shall carry out activities for the recruitment of bone marrow donors. Such recruitment program shall identify populations that are underrepresented among potential donors enrolled with the Program. In the case of populations that are identified under the preceding sentence:

''(A) The Program shall give priority to carrying out activities under this part to increase representation for such populations in order to enable a member of such a population, to the extent practicable, to have a probability of finding a suitable unrelated donor that is comparable to the probability that an individual who is not a member of an underrepresented population would have.

''(B) The Program shall consider racial and ethnic minority groups (including persons of mixed ancestry) to be populations that have been identified for purposes of this paragraph, and shall carry out subparagraph (A) with respect to such populations.

''(2) INFORMATION AND EDUCATION REGARDING RECRUITMENT; TESTING AND ENROLLMENT.—

''(A) IN GENERAL.—The Program shall carry out informational and educational activities, in coordination with organ donation public awareness campaigns operated through the Department of Health and Human Services, for purposes of recruiting individuals to serve as donors of bone marrow, and shall test and enroll with the Program potential bone marrow donors. Such information and educational activities shall include the following:

''(i) Making information available to the general public, including information describing the needs of patients with respect to donors of bone marrow.

''(ii) Educating and providing information to individuals who are willing to serve as potential bone marrow donors.

''(iii) Training individuals in requesting individuals to serve as potential bone marrow donors.

''(B) PRIORITIES.—In carrying out informational and educational activities under subparagraph (A), the Program shall give priority to recruiting individuals to serve as donors of bone marrow for populations that are identified under paragraph (1).

''(3) TRANSPLANTATION AS TREATMENT OPTION.—In addition to activities regarding recruitment, the recruitment program under paragraph (1) shall provide information to physicians, other health care professionals, and the public regarding bone marrow transplants from unrelated donors as a treatment option.

''(4) IMPLEMENTATION OF SUBSECTION.—The requirements of this subsection shall be carried out by the entity that has been awarded a contract by the Secretary under subsection (a) to carry out the functions described in subsection (c)(1).

''(e) BONE MARROW CRITERIA, STANDARDS, AND PROCEDURES.—The Secretary shall enforce, for participating entities, including the Program, individual marrow donor centers, marrow donor registries, marrow collection centers, and marrow transplant centers—

''(1) quality standards and standards for tissue typing, obtaining the informed consent of donors, and providing patient advocacy;

''(2) donor selection criteria, based on established medical criteria, to protect both the donor and the recipient and to prevent the transmission of potentially harmful infectious diseases such as the viruses that cause hepatitis and the etiologic agent for Acquired Immune Deficiency Syndrome;

''(3) procedures to ensure the proper collection and transportation of the marrow;

''(4) standards for the system for patient advocacy operated under subsection (g), including standards requiring the provision of appropriate information (at the start of the search process and throughout the process) to patients and their families and physicians;

''(5) standards that—

''(A) require the establishment of a system of strict confidentiality of records relating to the identity, address, HLA type, and managing marrow donor center for marrow donors and potential marrow donors; and

''(B) prescribe the purposes for which the records described in subparagraph (A) may be disclosed, and the circumstances and extent of the disclosure; and

''(6) in the case of a marrow donor center or marrow donor registry participating in the program, procedures to ensure the establishment of a method for integrating donor files, searches, and general procedures of the center or registry with the Program.

''(f) CORD BLOOD RECRUITMENT; PRIORITIES; INFORMATION AND EDUCATION.—

''(1) RECRUITMENT; PRIORITIES.—The Program shall support activities, in cooperation with qualified cord blood banks, for the recruitment of cord blood donors. Such recruitment program shall identify populations that are underrepresented among cord blood donors. In the case of populations that are identified under the preceding sentence:

''(A) The Program shall give priority to supporting activities under this part to increase representation for such populations in order to enable a member of such a population, to the extent practicable, to have a probability of finding a suitable cord blood unit that is comparable to the probability that an individual who is not a member of an underrepresented population would have.

''(B) The Program shall consider racial and ethnic minority groups (including persons of mixed ancestry) to be populations that have been identified for purposes of this paragraph, and shall support activities under subparagraph (A) with respect to such populations.

''(2) INFORMATION AND EDUCATION REGARDING RECRUITMENT; TESTING AND DONATION.—

''(A) IN GENERAL.—In carrying out the recruitment program under paragraph (1), the Program shall support informational and educational activities in coordination with qualified cord blood banks and organ donation public awareness campaigns operated through the Department of Health and Human Services, for purposes of recruiting pregnant women to serve as donors of cord blood. Such information and educational activities shall include the following:

''(i) Making information available to the general public, including information describing the needs of patients with respect to cord blood units.

''(ii) Educating and providing information to pregnant women who are willing to donate cord blood units.

''(iii) Training individuals in requesting pregnant women to serve as cord blood donors.

''(B) PRIORITIES.—In carrying out informational and educational activities under subparagraph (A), the Program shall give priority to supporting the recruitment of pregnant women to serve as donors of cord blood for populations that are identified under paragraph (1).

''(3) TRANSPLANTATION AS TREATMENT OPTION.—In addition to activities regarding recruitment, the recruitment program under paragraph (1) shall provide information to physicians, other health care professionals, and the public regarding cord blood transplants from donors as a treatment option.

''(4) IMPLEMENTATION OF SUBSECTION.—The requirements of this subsection shall be carried out by the entity that has been awarded a contract by the Secretary under subsection (a) to carry out the functions described in subsection (c)(2).

''(g) PATIENT ADVOCACY AND CASE MANAGEMENT FOR BONE MARROW AND CORD BLOOD.—

''(1) IN GENERAL.—The Secretary shall establish and maintain, through a contract or other means determined appropriate by the Secretary, an office of patient advocacy (in this subsection referred to as the 'Office').

''(2) GENERAL FUNCTIONS.—The Office shall meet the following requirements:

''(A) The Office shall be headed by a director.

''(B) The Office shall be staffed by individuals with expertise in bone marrow and cord blood therapy covered under the Program.

''(C) The Office shall operate a system for patient advocacy, which shall be separate from mechanisms for donor advocacy, and which shall serve patients for whom the Program is conducting, or has been requested to conduct, a search for a bone marrow donor or cord blood unit.

''(D) In the case of such a patient, the Office shall serve as an advocate for the patient by directly providing to the patient (or family members, physicians, or other individuals acting on behalf of the patient) individualized services with respect to efficiently utilizing the system under paragraphs (1) and (2) of subsection (c) to conduct an ongoing search for a bone marrow donor or cord blood unit and assist with information regarding third party payor matters.

''(E) In carrying out subparagraph (D), the Office shall monitor the system under paragraphs (1) and (2) of subsection (c) to determine whether the search needs of the patient involved are being met, including with respect to the following:

''(i) Periodically providing to the patient (or an individual acting on behalf of the patient) information regarding bone marrow donors or cord blood units that are suitably matched to the patient, and other information regarding the progress being made in the search.

''(ii) Informing the patient (or such other individual) if the search has been interrupted or discontinued.

''(iii) Identifying and resolving problems in the search, to the extent practicable.

''(F) The Office shall ensure that the following data are made available to patients:

''(i) The resources available through the Program.

''(ii) A comparison of transplant centers regarding search and other costs that prior to transplantation are charged to patients by transplant centers.

''(iii) The post-transplant outcomes for individual transplant centers.

''(iv) Information concerning issues that patients may face after a transplant.

''(v) Such other information as the Program determines to be appropriate.

''(G) The Office shall conduct surveys of patients (or family members, physicians, or other individuals acting on behalf of patients) to determine the extent of satisfaction with the system for patient advocacy under this subsection, and to identify ways in which the system can be improved to best meet the needs of patients.

''(3) CASE MANAGEMENT.—

''(A) IN GENERAL.—In serving as an advocate for a patient under paragraph (2), the Office shall provide individualized case management services directly to the patient (or family members, physicians, or other individuals acting on behalf of the patient), including—

''(i) individualized case assessment; and

''(ii) the functions described in paragraph (2)(D) (relating to progress in the search process).

''(B) POSTSEARCH FUNCTIONS.—In addition to the case management services described in paragraph (1) for patients, the Office shall, on behalf of patients who have completed the search for a bone marrow donor or cord blood unit, provide information and education on the process of receiving a transplant, including the post-transplant process.

''(h) COMMENT PROCEDURES.—The Secretary shall establish and provide information to the public on procedures under which the Secretary shall receive and consider comments from interested persons relating to the manner in which the Program is carrying out the duties of the Program.

''(i) CONSULTATION.—In developing policies affecting the Program, the Secretary shall consult with the Advisory Council, the Department of Defense Marrow Donor Recruitment and Research Program operated by the Department of the Navy, and the board of directors of each entity awarded a contract under this section.

''(j) CONTRACTS.—

''(1) APPLICATION.—To be eligible to enter into a contract under this section, an entity shall submit to the Secretary and obtain approval of an application at such time, in such manner, and containing such information as the Secretary shall by regulation prescribe.

''(2) CONSIDERATIONS.—In awarding contracts under this section, the Secretary shall give consideration to the continued safety of donors and patients and other factors deemed appropriate by the Secretary.

''(k) ELIGIBILITY.—Entities eligible to receive a contract under this section shall include private nonprofit entities.

''(l) RECORDS.—

''(1) RECORDKEEPING.—Each recipient of a contract or subcontract under subsection (a) shall keep such records as the Secretary shall prescribe, including records that fully disclose the amount and disposition by the recipient of the proceeds of the contract, the total cost of the undertaking in connection with which the contract was made, and the amount of the portion of the cost of the undertaking supplied by other sources, and such other records as will facilitate an effective audit.

''(2) EXAMINATION OF RECORDS.—The Secretary and the Comptroller General of the United States shall have access to any books, documents, papers, and records of the recipient of a contract or subcontract entered into under this section that are pertinent to the contract, for the purpose of conducting audits and examinations.

''(m) PENALTIES FOR DISCLOSURE.—Any person who discloses the content of any record referred to in subsection (c)(4)(D) or (e)(5)(A) without the prior written consent of the donor or potential donor with respect to whom the record is maintained, or in violation of the standards described in subsection (e)(5)(B), shall be imprisoned for not more than 2 years or fined in accordance with title 18, United States Code, or both.''.

(b) STEM CELL THERAPEUTIC OUTCOMES DATABASE.—Section 379A of the Public Health Service Act (42 U.S.C. 274l) is amended to read as follows:

''SEC. 379A. STEM CELL THERAPEUTIC OUTCOMES DATABASE.

''(a) ESTABLISHMENT.—The Secretary shall by contract establish and maintain a scientific database of information relating to patients who have been recipients of a stem cell therapeutics product (including bone marrow, cord blood, or other such product) from a donor.

''(b) INFORMATION.—The outcomes database shall include information in a standardized electronic format with respect to patients described in subsection (a), diagnosis, transplant procedures, results, long-term follow-up, and such other information as the Secretary determines to be appropriate, to conduct an ongoing evaluation of the scientific and clinical status of transplantation involving recipients of a stem cell therapeutics product from a donor.

''(c) ANNUAL REPORT ON PATIENT OUTCOMES.—The Secretary shall require the entity awarded a contract under this section to submit to the Secretary an annual report concerning patient outcomes with respect to each transplant center, based on data collected and maintained by the entity pursuant to this section.

''(d) PUBLICLY AVAILABLE DATA.—The outcomes database shall make relevant scientific information not containing individually identifiable information available to the public in the form of summaries and data sets to encourage medical research and to provide information to transplant programs, physicians, patients, entities awarded a contract under section 379 donor registries, and cord blood banks.''.

(c) DEFINITIONS.—Part I of title III of the Public Health Service Act (42 U.S.C. 274k et seq.) is amended by inserting after section 379A the following:

''SEC. 379A–1. DEFINITIONS.

''In this part:

''(1) The term 'Advisory Council' means the advisory council established by the Secretary under section 379(a)(1).

''(2) The term 'bone marrow' means the cells found in adult bone marrow and peripheral blood.

''(3) The term 'outcomes database' means the database established by the Secretary under section 379A.

''(4) The term 'Program' means the Bone Marrow and Cord Blood Cell Transplantation Program established under section 379.''.

(d) AUTHORIZATION OF APPROPRIATIONS.—Section 379B of the Public Health Service Act (42 U.S.C. 274m) is amended to read as follows:

''SEC. 379B. AUTHORIZATION OF APPROPRIATIONS.

''For the purpose of carrying out this part, there are authorized to be appropriated $34,000,000 for fiscal year 2006 and $38,000,000 for each of fiscal years 2007 through 2010.''.

(e) CONFORMING AMENDMENTS.—Part I of title III of the Public Health Service Act (42 U.S.C. 274k et seq.) is amended in the part heading, by striking ''**NATIONAL BONE MARROW DONOR REGISTRY**'' and inserting '' **BONE MARROW AND CORD BLOOD CELL TRANSPLANTATION PROGRAM**''.

SEC. 4. REPORT ON LICENSURE OF CORD BLOOD UNITS.

Not later than 90 days after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Commissioner of Food and Drugs, shall submit to Congress a report concerning the progress made by the Food and Drug Administration in developing requirements for the licensing of cord blood units.

Mr. DODD. Mr. President, I am pleased to join Senator HATCH, Senator BURR, Senator REED, and Senator ENSIGN in introducing legislation that will significantly benefit some of the most gravely ill patients—those in need of a blood stem cell transplant. By reauthorizing the national program for bone marrow, creating a similar program for umbilical cord blood, and expanding the national stockpile of umbilical cord blood units, this legislation will dramatically increase the chances that patients in need of a life-saving transplant will be able to find an appropriate genetic match.

The bill that we are introducing today is similar to legislation that Senator HATCH and I introduced earlier this year to create a national network of cord blood banks and a cord blood registry. However, there are two important differences. First, this legislation is consistent with recommendations made by the Institute of Medicine, IOM, in their recent report, ''Cord Blood: Establishing a National Hematopoietic Stem Cell Bank Program,'' about the structure of a national cord blood program. Second, and more importantly, this bill would also reauthorize the national bone marrow program, and put both bone marrow and cord blood under the auspices of a single national program. This structure reflects the complimentary nature of bone marrow and cord blood, and will ensure that physicians and patients can more easily find the best possible match for transplantation.

The therapeutic benefits of bone marrow are well established. Bone marrow transplants have been used for nearly half a century to treat patients suffering from diseases such as leukemia, Hodgkin's Disease, sickle cell anemia, and others. The use of cord blood as an alternative to bone marrow is a more recent development, but one that is just as promising and exciting.

The bill that we are introducing today will begin a new national commitment to the development of this technology which has the potential to reduce pain and suffering and save the lives of so many Americans afflicted with some of the most debilitating illnesses. Cord blood has already been used successfully in treating a number of diseases, including sickle cell anemia and certain childhood cancers. However, the use of cord blood is still in an early stage relative to the use of bone marrow, and may have even broader application in the II future.

Like many Americans, I had never heard of cord blood before the birth of my first daughter, almost 4 years ago. It is not widely used—at least in this country. Approximately 95 percent of all bone marrow reconstitutions are done using a bone marrow transplant—only 5 percent use cord blood. This figure is surprising when we consider the benefits of cord blood.

First, it can be very difficult to find a suitable bone marrow donor. According to a General Accounting Office, GAO, report, of the 15,231 individuals needing bone marrow transplants between 1997 and 2000 who conducted a preliminary search of the National Bone Marrow Donor Registry, NBMDR, only 4,056 received a transplant—a 27 percent success rate. This number is even lower for minorities. Cord blood would not only produce an additional source of donation; it also does not require as exact a genetic match as bone marrow.

In addition, cord blood is readily available. While it can take months between finding a bone marrow match and actually receiving a transplant, a unit of cord blood can be utilized in a matter of days or weeks. Cord blood also lowers the risk of complications for both the donor and the recipient. The need to extract bone marrow from the donor is eliminated, and the risk of infection or rejection by the recipient is significantly reduced. Finally, research has suggested that cord blood might produce better outcomes than bone morrow in children.

Why then, given all of these benefits, has the use of cord blood not become much more prevalent in the United States? In Japan, where the use of cord blood in clinical settings is more advanced, nearly half of all transplants now use cord blood rather than bone marrow.

The relatively infrequent use of cord blood in our country is at least partly attributable to the lack of a national infrastructure for the matching and distribution of cord blood units. There are a handful of cord blood banks around the country doing excellent work, but there is a much more developed infrastructure for bone marrow. This is thanks to legislation passed by Congress in 1986 that established a national registry for bone marrow, which this bill would reauthorize. Our bill

would create a similar infrastructure for cord blood, operating under the auspices of a newly established Bone Marrow and Cord Blood Cell Transplantation Program. In addition to connecting physicians and patients with a suitable bone marrow donor or cord blood unit, the program would be required to educate the general public about cord blood and bone marrow, and encourage an ethnically diverse population of donors.

Our bill would also provide grants to qualified cord blood banks to acquire 150,000 new cord blood units. This number is consistent with recommendations made by the IOM, and should be sufficient to provide a suitable match for 90 percent of the U.S. population.

Finally, the legislation authorizes an appropriation of $15 million for each of fiscal years 2007 through 2010 for the cord blood inventory grants, and $186 million over the next 5 years for the establishment and maintenance of the Bone Marrow and Cord Blood Cell Transplantation Program.

Before finishing today I would like to make it clear that, just as I believe that cord blood should act as a complement to, not a replacement for, bone marrow, I also believe that cord blood does not eliminate the need for research into the potential benefits of embryonic stem cells. Just as cord blood seems to be preferable to bone marrow for treating certain individuals or conditions—and the reverse is certainly true as well—the same may prove to be true for embryonic stem cells. Certainly, we should provide doctors with the best tools to help cure their patients, whether those tools come from bone marrow, cord blood, embryonic stem cells, or another source entirely.

I firmly believe that the strengthening of our national infrastructure for bone marrow and the creation of a similar infrastructure for cord blood will save the lives of thousands of gravely ill Americans. I urge my colleagues to support this legislation.

Mr. REED. Mr. President, I join my colleagues, Senators ENSIGN, DODD, HATCH, and BURR, in introducing the Bone Marrow and Cord Blood Therapy and Research Act of 2005. This bipartisan legislation represents a critical step forward in expanding access to lifesaving therapies to millions of patients with conditions that can be treated and even cured with bone marrow or cord blood.

The bill we are introducing today builds upon the already highly successful National Marrow Donor Program that has been in operation since 1987. In addition to reauthorizing this program, our bill calls for the establishment of a formal registry of cord blood units available for transplantation and expands to cord blood transplant recipients many of the program's existing functions, such as donor recruitment, education, information, and patient advocacy, presently available to only bone marrow recipients. It creates an umbrella program, aptly called the Bone Marrow and Cord Blood Cell Transplantation Program.

Our legislation also captures many of the key recommendations of the Institute of Medicine, IOM, in their April 2004 report entitled, ''Cord Blood: Establishing a National Hematopoietip Stem Cell Bank Program.'' The report called for a stepped up effort to expand the inventory of cord blood units available for transplantation and, when appropriate, for research. Our bill establishes a grant program for qualified cord blood banks to help facilitate building an inventory of 150,000 new cord blood units. At that level, 95 percent of Americans with a condition that can be treated through a cord blood transplant could find a genetically suitable match. Additionally, the bill establishes an advisory council to consult and make recommendations to ensure the efficient and effective operation of the program.

Another important aspect of this bill is the creation of a demonstration project to study cord blood donations within families where a first degree relative has been I diagnosed with a condition that could benefit from a cord blood transplant. The legislation sets aside 5 percent of the cord blood inventory grants for the collection and storage of cord blood units at no cost to such families. This effort will be beneficial for families who find themselves in the tragic situation of having a sick child with another child on the way whose cord blood could provide a cure to the sibling. This demonstration program ensures that families will have this treatment option available to them.

I believe that the Bone Marrow and Cord Blood Transplantation and Research Act of 2005 represents a strong compromise that upholds the principals my colleagues and I held as essential in developing a combined bone marrow and cord blood program. The bill also builds on the many strengths of the National Marrow Donor Program, which has facilitated over 20,000 transplants since its inception and has built a donor registry of over 5.5 million potential donors.

I urge the support of all of my colleagues for this bipartisan legislation so that we can send it quickly to the President for his signature.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1020. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 2361, making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2006, and for other purposes.

SA 1021. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 2361, supra; which was ordered to lie on the table.

SA 1022. Mr. BURNS (for Mr. FRIST (for himself and Mr. REID)) proposed an amendment to the bill H.R. 2361, supra.

SA 1023. Mr. DORGAN (for Mrs. BOXER (for herself, Mr. NELSON of Florida, Mrs. CLINTON, Mr. SCHUMER, Mr. OBAMA, Mr. JEFFORDS, and Mr. KERRY)) proposed an amendment to the bill H.R. 2361, supra.

SA 1024. Mr. DORGAN (for Mrs. FEINSTEIN) proposed an amendment to the bill H.R. 2361, supra.

SA 1025. Mr. DORGAN (for himself, and Mr. BINGAMAN) proposed an amendment to the bill H.R. 2361, supra.

SA 1026. Mr. SUNUNU (for himself, Mr. BINGAMAN, Mr. MCCAIN, and Mr. FEINGOLD) proposed an amendment to the bill H.R. 2361, supra.

SA 1027. Mr. MCCAIN submitted an amendment intended to be proposed by him to the bill H.R. 2361, supra; which was ordered to lie on the table.

SA 1028. Mr. FRIST (for himself and Mr. ALEXANDER) submitted an amendment intended to be proposed by him to the bill H.R. 2361, supra.

SA 1029. Mr. DORGAN (for Mr. KERRY) proposed an amendment to the bill H.R. 2361, supra.

SA 1030. Mr. DORGAN (for Mr. BINGAMAN) proposed an amendment to the bill H.R. 2361, supra.

SA 1031. Mr. DORGAN (for Mr. BINGAMAN) proposed an amendment to the bill H.R. 2361, supra.

SA 1032. Mr. DORGAN (for Mr. DURBIN) proposed an amendment to the bill H.R. 2361, supra.

SA 1033. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 2361, supra.

SA 1034. Mr. CHAMBLISS submitted an amendment intended to be proposed by him to the bill H.R. 2361, supra; which was ordered to lie on the table.

SA 1035. Mr. DORGAN (for Mr. WYDEN) proposed an amendment to the bill H.R. 2361, supra.

SA 1036. Mr. DORGAN (for Mr. REED) proposed an amendment to the bill H.R. 2361, supra.

SA 1037. Mr. DORGAN (for Mr. REED) proposed an amendment to the bill H.R. 2361, supra.

SA 1038. Mr. SALAZAR proposed an amendment to the bill H.R. 2361, supra.

SA 1039. Mr. SALAZAR proposed an amendment to the bill H.R. 2361, supra.

SA 1040. Mr. BURNS (for Mr. BOND) proposed an amendment to the bill H.R. 2361, supra.

SA 1041. Mr. BURNS (for Mr. CRAIG) proposed an amendment to the bill H.R. 2361, supra.

SA 1042. Mr. WARNER (for Mr. BURNS) proposed an amendment to the bill H.R. 2361, supra.

SA 1043. Mr. DORGAN (for Mr. FEINGOLD) proposed an amendment to the bill H.R. 2361, supra.

SA 1044. Mr. DORGAN (for Mr. BYRD) proposed an amendment to the bill H.R. 2361, supra.

SA 1045. Mr. DORGAN (for Mr. CONRAD) proposed an amendment to the bill H.R. 2361, supra.

SA 1046. Mr. DORGAN (for Mr. SARBANES (for himself, Mr. ALLEN, Mr. WARNER, and Ms. MIKULSKI)) proposed an amendment to the bill H.R. 2361, supra.

SA 1047. Ms. COLLINS (for herself and Ms. SNOWE) submitted an amendment intended to be proposed by her to the bill H.R. 2361, supra; which was ordered to lie on the table.

SA 1048. Mr. SMITH submitted an amendment intended to be proposed by him to the bill H.R. 2361, supra.

SA 1049. Mr. KYL proposed an amendment to the bill H.R. 2361, supra.

SA 1050. Mr. KYL proposed an amendment to the bill H.R. 2361, supra.