

CNMI has been unable and unwilling to halt this importation of sexual slaves. In fact, local immigration just permitted the importation of 300 young women from Russia to work in a new casino in the US/CNMI purportedly as waitresses and public relations staff even though none of them speak English.

The Republican leadership of this House has consistently refused to address the human rights abuses in the US/CNMI and now this legislation neglects to assist its victims. We need to be sure that as we encourage other countries to address the issue of illegal trafficking of women in the sex industry that we also make ourselves and our system a model for countries to look upon. The first and perhaps the easiest step is to make sure we protect victims of this industry beneath our own flag.

Mr. CONYERS. Mr. Speaker, of all the human rights violations currently occurring in our world, the trafficking of human beings, predominantly women and children, has to be one of the most horrific practices of our time. At its core, the international trade in women and children is about abduction, coercion, violence and exploitation in the most reprehensible ways. H.R. 3244 is a modest effort to eradicate forcible and/or fraudulent trafficking of persons into prostitution or involuntary servitude. The bill provides some protection for victims who would otherwise be deportable if identified by law enforcement by creating a new "T" visa category for eligible victims. Unfortunately, the bill reported out of the Judiciary Committee is much more restrictive than the bill originally introduced by Representative CHRIS SMITH and Representative SAM GEJDENSON. A compromise bill was substituted by the Republicans immediately prior to the Judiciary Committee mark-up to satisfy their unrealistic concerns that the bill would enable persons to fraudulently obtain a lawful status by claiming that they were a victim of sex trafficking or involuntary servitude.

In particular, the Committee-reported bill incorporated several significant restrictions on the availability of visas for victims of sex trafficking and involuntary servitude. Among other things, the bill requires that victims establish that their presence is a "direct result of trafficking;" that they did not "voluntarily agree" to such trafficking; that they have a "a well-founded fear of retribution involving the infliction of severe harm upon removal from the United States" or "would suffer extreme hardship in connection with the trafficking upon removal from the United States;" and limits the Attorney General's authority to waive grounds of inadmissibility for trafficking victims. Each one of these requirements represents a marked departure from the spirit and text of the introduced version of the legislation, and each has the potential to prevent real victims of the legislation, and each has the potential to prevent real victims of sex trafficking and involuntary servitude from receiving refuge from their tormentors.

Further, the bill unnecessarily caps at 5,000 per year the number of victims who can receive a nonimmigrant visa and caps at 5,000 per year the number of victims who can become permanent residents. Because estimates of the number of trafficking victims entering the United States are greater than 5,000 per year, we see no reason not to provide protection to the 5,001st who has been the subject of such terrible acts.

Not only would the original bill have been more helpful to victims and their families, I believe that we should be doing far more to protect not just the victims of sex traffickers and involuntary servitude but also the victims of other forms of abuse such as battered immigrants and sweatshop laborers. I hope we have the opportunity to consider such legislation in the near future.

Finally, I would like to note for the record my understanding of two somewhat technical issues. First, regarding the phrase in the new "T" visa provision that makes visas available to, "an alien, and the children and spouse of the alien if accompanying or following to join the alien, who * * *." It is clear that the principal foreign national who is applying for the visa must meet the criterion for eligibility which includes proof that he or she is or has been a victim of a severe form of trafficking and several other requirements. The possible ambiguity is with respect to whether a child or spouse accompanying or following to join the principal foreign national also has to meet those requirements. However, I have been assured that the intention of the provision is for the child or spouse to receive derivative benefits from the principal foreign national who is applying for the visa. The spouse and child do not have to meet the eligibility requirements themselves.

The bill also would permit trafficking victims who have been here for three years to become lawful permanent residents of the United States. This issue concerns the possibility of a misinterpretation in this provision too. Whereas the new nonimmigrant visa provision applies one eligibility criterion to "children" and another criterion to "sons and daughters (who are not children)," the provision for adjustment of status only addresses criterion applicable to "unmarried sons and daughters." In a perfect world, I would have preferred to use the term "children" in the adjustment of status context to explicitly state that "children are eligible for derivative permanent resident status. That being said, I accept the sponsors position that in the case of adjustment of status, derivative status is available to unmarried sons and daughters, which includes children, of the principal foreign national.

Mr. HOEFFEL. Mr. Speaker, I rise in support of H.R. 3244, the Trafficking Victims Protection Act of 2000.

The illegal trafficking of women and children for prostitution and forced labor is one of the fastest growing criminal enterprises in the world.

Globally, between 1 and 2 million people are trafficked each year. Of these, 45,000 to 50,000 are brought to the United States. Some are made to work in illegal sweatshops, while many more are forced into prostitution or domestic servitude here in the United States.

There is an increasing need for adequate laws to deter trafficking. This legislation is meant to combat this modern day form of slavery by including provisions to punish traffickers and protect its victims.

Specifically, H.R. 3244 would require the Secretary of State to include information on trafficking in the Annual Country Reports on Human Rights Practices. This bill would also require the President to appoint an Interagency Task Force to Monitor and Combat Trafficking and authorizes the Secretary of State to establish an Office to Monitor and Combat Trafficking to assist the Task Force.

This bill also has strong enforcement mechanisms. For example, H.R. 3244 would establish minimum standards applicable to those countries found to have significant trafficking problems to prevent, punish, and eliminate trafficking. If these countries do not meet the minimum standards, the President would be authorized to withhold nonhumanitarian assistance. This legislation would also require the Secretary of State to publish a list of those believed to be involved with illegal trafficking and would allow the President to impose International Emergency Economic Powers Act (IEEPA) sanctions against any individual on this list.

Mr. Speaker, I urge passage of this important legislation.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 3244, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT OF 2000

Mr. LAZIO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4386) to amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program, to amend the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to surveillance and information concerning the relationship between cervical cancer and the human papillomavirus (HPV), and for other purposes, as amended.

The Clerk read as follows:

H.R. 4386

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 "Breast and Cervical Cancer Prevention and Treatment Act of 2000".

SEC. 2. OPTIONAL MEDICAID COVERAGE OF CERTAIN BREAST OR CERVICAL CANCER PATIENTS.

(a) COVERAGE AS OPTIONAL CATEGORICALLY NEEDY GROUP.—

(1) IN GENERAL.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

(A) in subclause (XVI), by striking "or" at the end;

(B) in subclause (XVII), by adding "or" at the end; and

(C) by adding at the end the following:

"(XVIII) who are described in subsection (aa) (relating to certain breast or cervical cancer patients);".

(2) GROUP DESCRIBED.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following:

“(aa) Individuals described in this paragraph are individuals who—

“(i) are not described in subsection (a)(10)(A)(i);

“(2) have not attained age 65;

“(3) have been screened for breast and cervical cancer under the Centers for Disease Control and Prevention breast and cervical cancer early detection program established under title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) in accordance with the requirements of section 1504 of that Act (42 U.S.C. 300n) and need treatment for breast or cervical cancer; and

“(4) are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act (45 U.S.C. 300gg(c)).”.

(3) LIMITATION ON BENEFITS.—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a(a)(10)) is amended in the matter following subparagraph (G)—

(A) by striking “and (XIII)” and inserting “(XIII)”; and

(B) by inserting “, and (XIV) the medical assistance made available to an individual described in subsection (aa) who is eligible for medical assistance only because of subparagraph (A)(10)(ii)(XVIII) shall be limited to medical assistance provided during the period in which such an individual requires treatment for breast or cervical cancer” before the semicolon.

(4) CONFORMING AMENDMENTS.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended in the matter preceding paragraph (I)—

(A) in clause (xi), by striking “or” at the end;

(B) in clause (xii), by adding “or” at the end; and

(C) by inserting after clause (xii) the following:

“(xiii) individuals described in section 1902(aa).”.

(b) PRESUMPTIVE ELIGIBILITY.—

(1) IN GENERAL.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended by inserting after section 1920A the following:

“PRESUMPTIVE ELIGIBILITY FOR CERTAIN BREAST OR CERVICAL CANCER PATIENTS

“SEC. 1920B. (a) STATE OPTION.—A State plan approved under section 1902 may provide for making medical assistance available to an individual described in section 1902(aa) (relating to certain breast or cervical cancer patients) during a presumptive eligibility period.

“(b) DEFINITIONS.—For purposes of this section:

“(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The term ‘presumptive eligibility period’ means, with respect to an individual described in subsection (a), the period that—

“(A) begins with the date on which a qualified entity determines, on the basis of preliminary information, that the individual is described in section 1902(aa); and

“(B) ends with (and includes) the earlier of—

“(i) the day on which a determination is made with respect to the eligibility of such individual for services under the State plan; or

“(ii) in the case of such an individual who does not file an application by the last day of the month following the month during which the entity makes the determination referred to in subparagraph (A), such last day.

“(2) QUALIFIED ENTITY.—

“(A) IN GENERAL.—Subject to subparagraph (B), the term ‘qualified entity’ means any entity that—

“(i) is eligible for payments under a State plan approved under this title; and

“(ii) is determined by the State agency to be capable of making determinations of the type described in paragraph (1)(A).

“(B) REGULATIONS.—The Secretary may issue regulations further limiting those entities that may become qualified entities in order to prevent fraud and abuse and for other reasons.

“(C) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a State from limiting the classes of entities that may become qualified entities, consistent with any limitations imposed under subparagraph (B).

“(c) ADMINISTRATION.—

“(1) IN GENERAL.—The State agency shall provide qualified entities with—

“(A) such forms as are necessary for an application to be made by an individual described in subsection (a) for medical assistance under the State plan; and

“(B) information on how to assist such individuals in completing and filing such forms.

“(2) NOTIFICATION REQUIREMENTS.—A qualified entity that determines under subsection (b)(1)(A) that an individual described in subsection (a) is presumptively eligible for medical assistance under a State plan shall—

“(A) notify the State agency of the determination within 5 working days after the date on which determination is made; and

“(B) inform such individual at the time the determination is made that an application for medical assistance under the State plan is required to be made by not later than the last day of the month following the month during which the determination is made.

“(3) APPLICATION FOR MEDICAL ASSISTANCE.—In the case of an individual described in subsection (a) who is determined by a qualified entity to be presumptively eligible for medical assistance under a State plan, the individual shall apply for medical assistance under such plan by not later than the last day of the month following the month during which the determination is made.

“(d) PAYMENT.—Notwithstanding any other provision of this title, medical assistance that—

“(1) is furnished to an individual described in subsection (a)—

“(A) during a presumptive eligibility period;

“(B) by a entity that is eligible for payments under the State plan; and

“(2) is included in the care and services covered by the State plan; shall be treated as medical assistance provided by such plan for purposes of section 1903(a)(5).”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(a)(47) of the Social Security Act (42 U.S.C. 1396a(a)(47)) is amended by inserting before the semicolon at the end the following: “and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligibility period in accordance with such section”.

(B) Section 1903(u)(1)(D)(v) of such Act (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

(i) by striking “or for” and inserting “, for”; and

(ii) by inserting before the period the following: “, or for medical assistance provided to an individual described in subsection (a) of section 1920B during a presumptive eligibility period under such section”.

(c) ENHANCED MATCH.—The first sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended—

(1) by striking “and” before “(3)”; and

(2) by inserting before the period at the end the following: “, and (4) the Federal medical assistance percentage shall not be less than 75 percent with respect to medical assistance

provided to individuals who are eligible for such assistance only on the basis of section 1902(a)(10)(A)(ii)(XVIII)”.

(d) EFFECTIVE DATE.—The amendments made by this section apply to medical assistance for items and services furnished on or after October 1, 2001, without regard to whether final regulations to carry out such amendments have been promulgated by such date.

(e) SENSE OF CONGRESS.—It is the sense of Congress that the amendments made by this section, as enacted into law, should conform to the levels of new budget authority and budget outlays of the most recently adopted concurrent resolution on the budget for the fiscal years that are subject to such resolution, and to the extent that those amendments result in estimated expenditures for the five-fiscal-year period beginning with fiscal year 2001 in excess of such levels, that excess for such period should be fully offset before this section is enacted by both houses of Congress.

SEC. 3. HUMAN PAPILLOMAVIRUS; ACTIVITIES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 317G the following section:

“HUMAN PAPILLOMAVIRUS

“SEC. 317H. (a) SURVEILLANCE.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

“(A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as ‘HPV’) in different sites in various regions of the United States, through collection of special specimens for HPV using a variety of laboratory-based testing and diagnostic tools; and

“(B) develop and analyze data from the HPV sentinel surveillance system described in subparagraph (A).

“(2) REPORT.—The Secretary shall make a progress report to the Congress with respect to paragraph (1) not later than one year after the effective date of this section.

“(b) PREVENTION ACTIVITIES; EDUCATION PROGRAM.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on HPV, including—

“(A) behavioral and other research on the impact of HPV-related diagnoses on individuals;

“(B) formative research to assist with the development of educational messages and information for the public, for patients, and for their partners about HPV;

“(C) surveys of physician and public knowledge, attitudes, and practices about genital HPV infection; and

“(D) upon the completion of and based on the findings under subparagraphs (A) through (C), develop and disseminate educational materials for the public and health care providers regarding HPV and its impact and prevention.

“(2) REPORT; FINAL PROPOSAL.—The Secretary shall make a progress report to the Congress with respect to paragraph (1) not later than one year after the effective date of this section, and shall develop a final proposal not later than two years after such effective date, including a detailed summary of the significant findings and problems. The report shall outline the further steps needed to make HPV a reportable disease and the best strategies to prevent future infections.

“(c) CONDOM EFFECTIVENESS; EDUCATION.—The Secretary shall require that the Department of Health and Human Services and all contractors, grantees, and subgrantees of such Department specifically state the effectiveness or lack of effectiveness of condoms in preventing the transmission of HPV, herpes, and other sexually transmitted diseases in all informational materials related to condoms or sexually transmitted diseases that are made available to the public. The Secretary shall assure that such information is made available to relevant operating divisions and offices of the Department of Health and Human Services. This subsection shall be effective within 6 months of the date of its enactment.”.

SEC. 4. LABELING OF CONDOMS WITH RESPECT TO HUMAN PAPILLOMAVIRUS.

(a) IN GENERAL.—Section 502 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352) is amended by adding at the end the following:

“(u) If it is a condom, unless its label and labeling bear information providing that condoms do not effectively prevent the transmission of the human papillomavirus and that such virus can cause cervical cancer.”.

(b) APPLICABILITY.—The amendment made by subsection (a) applies to condoms manufactured on or after the expiration of the 180-day period beginning on the date of the enactment of this Act.

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

The Chair recognizes the gentleman from New York (Mr. LAZIO).

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, today Mother's Day comes a few days early in this House because of the hard work in a bipartisan fashion of a number of different leaders in the House of Representatives, beginning with the Speaker of the House, the gentleman from Illinois (Mr. HASTERT). Without his support and his commitment to this legislation, we simply would not be here right now.

Mr. Speaker, the gentleman from Virginia (Mr. BLILEY), chairman of the Committee on Commerce, deserves our respect and our appreciation for having addressed the merits of this bill in hearings and then supported it throughout the process.

I also commend the gentlewoman from Florida (Ms. ROS-LEHTINEN), the gentlewoman from Florida (Mrs. FOWLER) and the gentlewoman from Ohio (Ms. PRYCE), my colleagues, for their considerable influence with the leadership and with the membership to help move this along.

Finally, I want to thank the gentlewoman from North Carolina (Mrs.

MYRICK), who for her entire tenure in the House has been focused on issues involving those people who are in struggles and need to build better partnerships. She has been an incredible advocate for women who face breast and cervical cancer and as the lead sponsor on this bill, I express my deep appreciation.

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Mr. Speaker, I want to tell my colleagues a story. It is a true story. It is a story about one of my constituents, but she can just as well have been born or lived somewhere else in America. It is about a woman named Judy Lewis.

See, Judy is a woman of modest means. She is an honest woman. She works as a waitress. Her employer, like a lot of employers throughout America, cannot afford to give his employees health insurance. On a waitress' salary, Judy cannot afford to purchase a policy either.

So imagine Judy's delight when she heard of a Federal program that would provide breast and cervical cancer screenings free of charge. So Judy went out and had herself screened, just as the Federal Government has encouraged her to do.

Mr. Speaker, one can imagine how Judy's delight turned to devastation when she received the diagnosis of breast cancer. One can imagine how her devastation turned to utter despondency when she was told that this Federal program was limited solely to cancer screening and that there was no treatment to be had.

Mr. Speaker, Judy Lewis found herself facing hard, hard options that I would not wish on anyone. She was forced to spend her life savings, to reduce herself to penury, in order to qualify for the Medicaid program that might just save her life.

Mr. Speaker, there are thousands of Judy Lewises out there. Thousands of women who are forced to face a Hobson's choice between a flatline or the bread line, between chemotherapy or the homeless shelter.

Mr. Speaker, it is about time that Congress acted, and it is about time that we filled in this deadly crack in our medical system that is consuming thousands of women like Judy Lewis each and every year.

Mr. Speaker, this is a good bill. This is a just bill. Let us work to make sure that no American woman would needlessly die of these deadly yet treatable diseases.

I want to conclude by emphasizing once again, Mr. Speaker, the bipartisan nature of this bill. I want to thank the gentleman from Ohio (Mr. BROWN), and I want to thank the gentlewoman from California (Mrs. CAPPS), and I would like to thank the gentlewoman from California (Ms. ESHOO) for their work on this as well.

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

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

Mr. Speaker, I want to commend the gentlewoman from California (Ms. ESHOO) and the gentleman from New York (Mr. LAZIO) for their hard work on behalf of women screened under the CDC National Breast and Cervical Cancer screening program. H.R. 1070 has tremendous support with 315 cosponsors.

In 1990, Congress passed a Breast and Cervical Cancer Mortality Prevention Act authorizing funding for a national breast and cervical cancer screening program, focusing on uninsured and under-insured women. The program is federally funded and locally operated, and it works.

My home State of Ohio set up 12 local screening sites providing coverage for all of Ohio's 88 counties. Since its inception, some 16,000 women in my State have been screened for cervical and breast cancer, and cancer has been detected in more than 200 women.

Early detection alters the odds of successful treatment dramatically, restoring precious years otherwise lost to these devastating cancers. But there is a catch. Early detection is a futile and ultimately cruel exercise if the cancer diagnosis does not trigger appropriate treatment. They go hand in hand.

The 1990 bill authorizes funding for screening but not for treatment. Screening alone surely cannot reduce cancer mortality. Thankfully, only a small percentage of women screened under the CDC program were actually diagnosed with cancer.

Imagine if one of these women was your sister, your mother, your wife, your daughter. Maybe she works for a company that does not offer health insurance. Maybe she is out of a job. Maybe you are.

With our encouragement, she participates in the CDC cancer screening program and learned she has life threatening cancer. What is next? If we pass this bill, she will face cancer with doctors and in a setting that makes sense. If we do not, she will be relegated to charity care. It is as simple as that.

The Nation can make a small investment and, in so doing, reduce cancer mortality, promote cost-effective early detection and prevention of cancer, and spare seriously ill women the added trauma of cobbled together often-ineffective care. Or we can look the other way.

There is only one right answer, Mr. Speaker. We need to pass this bill.

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

Mr. LAZIO. Mr. Speaker, it is now my pleasure to yield 2 minutes to the gentlewoman from North Carolina (Mrs. MYRICK), the primary sponsor of this legislation.

Mrs. MYRICK. Mr. Speaker, I thank the gentleman from New York (Chairman LAZIO) for yielding me this time.

I am so pleased to be able to be here today and support this bill because it is a great day for American women. Today we can actually pass a bill that is going to ensure that low-income

working women can get treatment for their breast or cervical cancer.

This is a bill that covers women who are not eligible for Medicaid and too young for Medicare, but are caught in that crack of not having insurance coverage for a lot of reasons. Some, their employer does not provide it. Other times, they just flat cannot afford it.

So this program is a follow-up to something Congress has been doing for the last 10 years. We have been providing screening for breast and cervical cancer. But then if the woman is told that she has cancer, the critical aspect of treatment is not there. A lot of them are sent home with no treatment options.

By establishing this service, they are going to have that peace of mind that they will receive the care that they need. If we care enough to screen the women, we certainly should care enough to be able to provide the treatment.

I am very fortunate. I am currently undergoing treatment for breast cancer, but I have insurance. It is paying my thousands and thousands of dollars of medical bills. But the women that we are talking about today do not have that luxury. I cannot imagine anything more devastating than being told one has cancer, but I am sorry, there is no way one can get treated. I mean, one goes through enough emotional turmoil when one has to deal with this disease alone, let alone knowing that there is no hope there for one as a human being to continue to lead the rest of one's life, live the rest of one's life in a healthy manner.

So this is not only a great day for American women, it is a great Mother's Day gift for American women because, yes, Sunday is Mother's Day.

I would like so much to thank the gentleman from New York (Mr. LAZIO) and the gentlewoman from California (Ms. ESHOO) who have taken the lead on this bill. I thank Speaker HASTERT for his willingness to bring it to the floor.

I urge all of my colleagues to support the bill.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3½ minutes to the gentlewoman from California (Ms. ESHOO) who has done yeoman's work in pushing this bill to the House floor.

Ms. ESHOO. Mr. Speaker, I thank the gentleman from Ohio, the ranking member, for yielding me this time.

Mr. Speaker, I rise in support of the legislation that is here on the floor under suspension, which, to the American people, what that means is that there are so many people that support this that we do not have to worry about its passage.

On March 11, 1999, we held a press conference. The gentleman from New York (Mr. LAZIO) and myself brought about this bill, and I am very proud to be the chief Democratic sponsor of it.

On that day, I issued a challenge, our challenge to ourselves and the women around the country, that we would

lobby the Congress and all of its Members so that, by Mother's Day of last year, we would have more than a simple majority to pass the bill. I did not realize what a fight we had on our hands.

We are here today for a bill that today, as brought to the floor, has three cosponsors. Why did it go from 315 to 3? Because last Friday the bill was gutted, plain and simple.

Now, this bill is not about my work. This bill is really not about the work of the gentleman from New York (Mr. LAZIO). This bill is about a need of women to have treatment for breast and cervical cancer. That is why I brought everything that I could to it.

The reason the bill was reconstituted with money in it, make no mistake about it, is because of the National Breast Cancer Coalition and its brave and courageous members. They were the ones that put in the telephone calls to the Speaker's office and to the leadership and said, unless you retain money in the bill, the Congress might as well send a greeting card to the families of America who have been victimized by either breast or cervical cancer, and said we are thinking about you on Mother's Day.

So I rejoice for them and their courageous advocacy, because, were it not for the National Breast Cancer Coalition, Mr. Speaker, we would not be here today with the reconstituted bill, because it was gutted and thrown by the side of the road last week.

This is a need in our Nation. Imagine women being victimized, not once, but twice, first by the breast or cervical cancer and then by a lack of insurance coverage. These are the waitresses, these are the uninsured or the under-insured women of our Nation.

So we do noble work for them today by passing this and saying to them that America is a better country, that she can, indeed, step up to and fund and advocate for and recognize where there is a weak link, where something is broken in our society.

I want to salute everyone in the House that was a cosponsor of H.R. 1070. That was the legislation that really allowed this to happen today. I want to thank all of my colleagues for having done that. It was a very important bipartisan effort. No major legislation in this House, no meaningful legislation can ever pass the Congress unless it is bipartisan.

So as we used to say when we were kids, sticks and stones may break my bones, but no one is going to break the spirit of those that need the most of what they need; and those of us in this House are going to insist that it be done the way it should be done in order to make it happen for them.

So God bless the women. Happy Mother's Day. They deserve it. They earned it. I thank the National Breast Cancer Coalition.

Mr. LAZIO. Mr. Speaker, I include for the RECORD the letter of glowing support of H.R. 4386 from the National Breast Cancer Coalition, as follows:

NATIONAL BREAST CANCER COALITION,

May 9, 2000.

DEAR CONGRESSPERSON: On behalf of the National Breast Cancer Coalition (NBCC) and the 2.6 million American women living with breast cancer. I urge you to support H.R. 4386, the substitute for H.R. 1070, the Breast and Cervical Cancer Treatment Act, when it comes to the House floor for a vote today. H.R. 4386 is bi-partisan legislation offered by Representatives Myrick (R-NC), Danner (D-MO), and Lazio (R-NY). This legislation is very similar to H.R. 1070, the Breast and Cervical Cancer Treatment Act, offered by Representatives Lazio (R-NY), Eschoo (D-CA), Ros-Lehtinen (R-FL) and Capps (D-CA), one of NBCC's priority issues for the 106th Congress.

H.R. 4386 would give states the option of providing Medicaid coverage to low-income women who are screened and diagnosed with breast and cervical cancer through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program. While the CDC Early Detection Program currently provides screening for breast and cervical cancer for low-income, uninsured and underinsured women, if lacks a critical aspect—funding for treatment for women diagnosed with these cancers. These women are often working mothers who are too young for Medicare and whose incomes are too high for Medicaid, but who do not have health insurance. Screening must be coupled with treatment to reduce mortality.

H.R. 4386, like H.R. 1070, also includes the enhanced match of 75% Federal-25% State dollars for treatment, instead of the basic 60% Federal-40% State dollars. This enhanced match is a major incentive for governors to enroll their states in the program once the bill is signed into law so that these women can be created for their cancers. Many governors, including George W. Bush, have endorsed this legislation.

Congress provided funding for H.R. 4386 in the FY 01 Budget Resolution. President Clinton also included funding for this program in his FY 01 budget. H.R. 1070, which contains almost all of the same provisions as H.R. 4386, has 315 co-sponsors. The Breast and Cervical Cancer Treatment Act passed unanimously out of the House Commerce Committee.

Please vote "yes" on H.R. 4386. NBCC will record Members' votes on this legislation in our 2000 Voting Record, which will come out prior to the November elections.

With all of this support, we must pass H.R. 4386. Let's give all the mothers in this country the best gift we can this Mothers Day week—peace of mind that we are one step closer to assurance that if they are diagnosed with breast or cervical cancer they will receive the life-saving treatment they need.

Sincerely,

FRAN VISCO,
President.

Mr. LAZIO. Mr. Speaker, I yield 2½ minutes to the distinguished gentlewoman from Florida (Ms. ROS-LEHTINEN) who has been just an amazing advocate for this bill and for women who struggle with breast and cervical cancer.

Ms. ROS-LEHTINEN. Mr. Speaker, I congratulate the gentleman from New York (Mr. LAZIO) for his tireless leadership efforts on this bill because today marks a significant day in women's history as we will help decide the fate of scores of women throughout our country.

The bill before us, the Breast and Cervical Cancer Treatment Act, is a

bill that has long been awaited by our Nation's mothers and daughters whose lives have been touched by breast or cervical cancer.

Women's cancers are sweeping the Nation at high speeds. While researchers continue to look for cures and effective treatments, many women will never be able to see the benefits of such research because they simply are not able to afford it.

The bill before us will enable many low-income women to receive the necessary life treatment, life saving treatment through a State-optimal Medicaid benefit which will help provide coverage for treatment for women who are screened and diagnosed through the Federal CDC Early Detection Program.

Today, if we pass our bill, our Nation's women will finally be given a fighting chance at beating a life-threatening disease. Today if we pass the bill of the gentleman from New York (Mr. LAZIO), low-income women everywhere will have peace of mind that, should she ever be diagnosed with breast or cervical cancer, life-saving treatment will be made available to them.

Despite education on preventative measures and early detection, the rate of cancer among women continues to increase at an alarming rate. Every 64 minutes, a woman is diagnosed with a reproductive tract cancer; and just today, one in eight women will be diagnosed with breast cancer.

The gentlewoman from North Carolina (Mrs. MYRICK), our own colleague, shared with us how her life has been directly touched by breast cancer. Fortunately for the gentlewoman, she is among the fortunate ones who can afford life-saving treatment after diagnosis, but many women unfortunately are not as lucky.

As cancer eats away at their spirits, many women are left to scramble and search for funding. They are forced to hold bake sales and car washes just to be able to afford the necessary life-saving treatment they so desperately need.

As role models and community leaders, we encourage all mothers and daughters to have mammogram screenings and take early detection measures. Today, Congress can make a difference and give mothers all over the country the best gift this coming Mother's Day by giving them life.

By passing the bill of the gentleman from New York, (Mr. LAZIO), the Breast and Cervical Cancer Treatment Act, we can give women a fighting chance at beating cancer. It is the very least that all of us in Congress can do for mothers and women everywhere.

I thank our colleagues for their extraordinary leadership, especially the gentleman from New York (Mr. LAZIO). I also thank the gentlewoman from North Carolina (Mrs. MYRICK) whose perseverance in the battle to eradicate breast cancer has been a strong inspiration for all of us.

When battling a fierce and treacherous disease such as cancer, every

minute counts. Mr. Speaker, many of our Nation's mothers and daughters cannot wait any longer. I urge my colleagues to vote for passage of H.R. 4386, to extend to them the gift of life.

□ 1330

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, I rise in support of H.R. 4386, the Breast and Cervical Cancer Treatment Act of 2000. This bill is a variation of legislation originally introduced by the gentlewoman from California (Ms. ESHOO) and the gentleman from New York (Mr. LAZIO) as H.R. 1070. Because of the untiring efforts of both of these sponsors, that legislation was finally considered by the Committee on Commerce and passed by a vote last October.

The gentlewoman from California (Ms. ESHOO) has continued to work to see that this legislation would receive consideration by the full House. She has been a driving force for this legislation. In view of those efforts, I find it disturbing that her name appears nowhere on the legislation before us today. Instead, we have a new bill and new Republican lead sponsors.

The bipartisan way this bill has been approached from the beginning is now paid lip service at best. Well, that will not fool the many groups who have long fought for this bill and who know the dedication of the gentlewoman from California (Ms. ESHOO) and many other Democrats who have fought for this effort as well. It will not fool the women of America.

I think it reflects poorly on the Republican leadership for trying to take sole partisan credit for a bill that has been bipartisan from the very beginning and is bipartisan in support of this legislation today. The Republicans are trying to take partisan credit for this bill, and by the time we are finished, they will take partisan credit for Mother's Day.

I regret also that the bill that is before us is not going to even be put into effect until the year 2001. This bill should have been effective immediately. It should have been brought up last year. Instead, what we have is a bill that will not be effective until 2001 but is called the Breast and Cervical Cancer Treatment Act of 2000.

Notwithstanding these last-minute changes, this bill will provide crucial treatment and follow-up services under Medicaid for women screened under the Breast and Cervical Cancer Screening Program who are found to have cancer.

Mr. Speaker, I was chairman of the Subcommittee on Health and the Environment when we originally passed the Breast and Cervical Cancer Screening Program into law. It was an important step forward. We did it on a bipartisan basis. It has proved to be a real success story in helping women. It remains a law that I am proud of. But when we have no services available for women

who find that they have breast cancer, it, one, discourages many from even going in to be screened, and it is inhumane not to have those services available.

However, there is one part of this bill that was added in committee that is of great concern to me, and I want to point that out. I believe the mandate concerning human papilloma virus, HPV, was a well-intended but deeply misguided provision. From a public health point of view, this provision will not achieve a meaningful improvement in health or in the prevention of HPV. On the contrary, it threatens to discourage the use of condoms in preventing other sexually transmitted diseases, including HIV and AIDS.

I urge my colleagues to support the bill because of its important contributions to the treatment and care of American women with breast and cervical cancer.

Mr. Speaker, I rise in support of H.R. 4365, "The Children's Health Research and Prevention Amendments of 2000." This bill includes many important provisions which will advance the treatment, cure and prevention of many childhood diseases and disorders.

IMPORTANT TITLES ON ASTHMA AND AUTOIMMUNE DISEASES

I am very pleased that H.R. 4365 includes two titles which I have authored. Both titles promise to make significant advances in the treatment and prevention of childhood asthma and of autoimmune diseases, like multiple sclerosis, juvenile diabetes and lupus: Title V of this bill consists of H.R. 2840, "The Children's Asthma Relief Act of 1999," introduced by Congressman FRED UPTON and myself; and title XIX is based on H.R. 2573, "The NIH Office of Autoimmune Diseases Act of 1999," which was authored by Congresswoman CONNIE MORELLA and myself.

CILDREN'S ASTHMA RELIEF ACT

Today, more than 5 million American children have asthma, one of the most significant and prevalent chronic diseases in America. Surgeon General David Satcher recently concluded that the United States is "moving in the wrong direction, especially among minority children in the urban communities."

That is why the Children's Asthma Relief Act provides new funding for pediatric asthma prevention and treatment programs, allowing States and local communities to target and improve the health of low-income children suffering from asthma. The act would also increase the enrollment of these children into Medicaid and State Children's Health Insurance Programs, (CHIP), such as California's Healthy Families.

I am particularly pleased that title V of H.R. 4365 includes mobile "breathmobiles" among the community-based programs eligible for funding. These school-based mobile clinics were developed by the southern California chapter of the Asthma and Allergy Foundation of America, in conjunction with Los Angeles County, Los Angeles Unified School District, and the University of Southern California.

Finally, this title reflects the leadership and work of Senators DICK DURBIN and MIKE DEWINE. It also has the strong support of leading child health and asthma organizations, including the American Lung Association, the American Academy of Pediatrics, Association

of Maternal and Child Health Programs, the National Association of Children's Hospitals, the American Academy of Chest Physicians, and the Children's Health Fund.

NIH INITIATIVE ON AUTOIMMUNE DISEASES

I am also pleased that H.R. 4365 establishes a new initiative at NIH to "expand, intensify and coordinate" research and education on autoimmune diseases.

Last year, Congresswoman MORELLA and I introduced "The NIH Office of Autoimmune Diseases Act of 1999." This legislation created an office in the NIH Office of the Director to ensure the Federal funding of autoimmune disease research is used optimally and that clinical treatments are developed as rapidly as possible.

There are more than 80 autoimmune diseases—including multiple sclerosis, lupus, and rheumatoid arthritis—in which the body's immune system mistakenly attacks healthy tissues. These diseases affect more than 13.5 million Americans and are major causes of disability. Most striking of all, three-quarters of those afflicted with an autoimmune disease are women.

Research on autoimmune diseases is spread through many institutes of the National Institutes of Health (NIH), just as treatments involve many clinical specialties. Increasingly, however, scientists are identifying the common risk factors and symptoms of autoimmune diseases. This is why greater coordination and additional resources are needed in our Nation's autoimmune research effort.

Title XIX of H.R. 4365 adopts our office, transferring its activities and mission to an Autoimmune Diseases Coordinating Committee. Composed of NIH institute directors and permanently staffed with scientists and health professionals, the coordinating committee would be advised by a public advisory council.

Most significantly, the coordinating committee, in close consultation with the advisory council, will develop a plan for research and education on autoimmune diseases. The plan will establish NIH priorities and the Director of NIH will ensure the plan is fully and appropriately funded. The strategic plan would create crucial new funding opportunities for autoimmune research, based on the professional and scientific judgments of researchers, patients, and clinicians.

Finally, the committee would report to Congress on implementation of the plan, including the actual amounts dedicated by NIH to autoimmune disease research. The committee will also prospectively identify areas and projects of great promise which Congress should support.

I cannot overstate the importance of these activities. In conjunction with the strategic plan, these reports will provide an objective, scientifically sound roadmap to Congress and NIH to follow in the pursuit of new treatments and cures for autoimmune diseases.

CONTROVERSY CONCERNING TITLE XII ON ADOPTION AWARENESS

However, I do have serious concerns over one section of this bill—title XII's adoption awareness provisions. This title was the subject of great controversy and debate. The original language raised many serious objections concerning adoption policy as well as abortion policy.

These objections were made by Members, including myself, and important public health

organizations including the American College of Obstetricians and Gynecologists, the National Association of Community Health Centers, and the National Abortion and Reproductive Rights Action League.

I recognize the sincerity of Chairman BLLEY'S concern on the issue of adoption. And he has clearly made significant efforts to achieve a compromise and to remove the more troubling provisions from this title.

But while I support the passage of H.R. 4365, I join many colleagues in calling for careful scrutiny of this title when the legislation is in conference with the Senate. We must assure that its provisions do no harm to the provision of federally funded reproductive health services or to sensible adoption policy across the country.

Again, I urge passage of this bill's important provisions for children's health, and ask every Member to join me in voting for H.R. 4365.

Mr. LAZIO. Mr. Speaker, I yield myself 30 seconds just to respond, if I can, to the remarks of the gentleman from California.

First of all, I want to say it has been 10 years now since the Federal Government developed the screening program for low-income women who have breast and cervical cancer, and I am proud of the leadership in allowing us to bring this to the floor to finally address this. That is number one.

Number two, we are going to work very hard to try to ensure that we will move the effective date up to October of 2000 in conference. We are trying to make adjustments. Because of budgetary constraints and the budget resolution, we cannot move it any further until then.

Finally, let me just note that the gentlewoman from Missouri (Ms. DANNER), the last time I checked, was on the other side of the aisle and is a co-sponsor of this bill. It is a bipartisan bill and I did try to pay tribute, in fact, to the gentlewoman from California (Ms. ESHOO), who has played an important role in moving this bill forward.

Mr. Speaker, I yield 2½ minutes to the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Speaker, first of all, I would like to pay tribute to the gentlewoman from California (Ms. ESHOO) and to the gentleman from New York (Mr. LAZIO) for their work on this bill. I do not think it would have come about without their efforts.

And I do not believe this has anything to do with partisan politics, and I am sorry that that has been raised as a part of this. The human papilloma virus, breast cancer, does not care what one's political affiliation is. It just is coming after us.

I also want to make clear the statements by the gentleman from California are erroneous. The number one sexually transmitted disease in this country today, that claims 15,000 lives, more lives than AIDS, is human papilloma virus. And for the American College of Obstetricians and Gynecologists to stick their head in the sand and say they do not really care about women because they do not want them edu-

cated about the number one risk factor for them developing cervical cancer.

It is true that 15,000 women will be diagnosed with cervical cancer this year. Fifteen thousand women will die. But hundreds of thousands of women will be treated for precancer dysplasia because we, as a government and health policy, have decided we are not going to let everybody know about the most dangerous sexually transmitted disease out there. This bill moves a long way toward that, of informing women of the actual method of transmission and the fact that prophylactic use of condoms will not prevent this disease.

ACOG did not dispute the facts. They just said they did not want the public to know. I think it is highly ironic in this day and time of advances in health care that those that control the power over the medical institutions have chosen to go against knowledge, against informing women. If they were to apply the same logic to breast cancer, they would not tell women about annual screening with mammograms, they would not tell women about how important it is for them to get a report back on their mammogram or to have a follow-up doctor visit or to do annual self-breast exams.

So I find it very ironic that, number one, this bill can be claimed to be partisan. It is not. The gentlewoman from Missouri (Ms. DANNER), the gentlewoman from California (Ms. ESHOO), and many others in this Chamber have worked hard to see that this bill came to fruition, including the ranking minority member of this subcommittee. Let us not let it be partisan.

Number two, let us not deny scientific truth. Let us let people know what they are at risk for. That is all this is about, to inform the public of the risks that are out there in terms of a disease that causes more deaths than AIDS in this country, and it is preventable.

And, Mr. Speaker, I am providing for insertion into the RECORD a letter from the Medical Institute on Human Papilloma Virus.

THE MEDICAL INSTITUTE,
Austin, TX, May 9, 2000.

PRESS RELEASE

HOUSE TO DECIDE WHETHER AMERICANS SHOULD BE TOLD THE TRUTH ABOUT THE MOST COMMON STD, HUMAN PAPILLOMA VIRUS (HPV)

AUSTIN, TEXAS (May 9, 2000).—Today the House of Representatives will consider the Breast and Cervical Treatment Act legislation (H.R. 4386). This important legislation has the potential to dramatically decrease the number of lives shortened each year by cervical cancer, which results from the most common STD, human papilloma virus (HPV).

H.R. 4386 would make HPV and cervical cancer prevention a new public health priority. The bill directs the CDC to determine the prevalence of HPV, and to develop and disseminate educational materials for the public and for health care providers regarding the impact and prevention of HPV. In addition, condom labels and government sponsored informational materials would be required to state that condoms do not prevent the transmission of HPV and that HPV can cause cervical cancer.

This bill is particularly significant in that it would make HPV a reportable disease to the Centers for Disease Control and Prevention. This action would make it possible to accurately assess how many individuals are hurt by the disease each year. Current estimates suggest that 75 percent of all sexually active adults currently have, or previously had, an HPV infection—that's over 80 million Americans between the ages of 15 and 49.

Current labeling on condom packages suggests that condoms protect users from HIV and other sexually transmitted diseases, including HPV. This bill would require condom packaging and public health messages to warn the public that condoms do not provide adequate protection for HPV transmission, which can lead to cervical cancer.

Most Americans—including American health care professionals—are currently unaware of HPV's dramatic prevalence.

HPV is the most common viral STD in the United States. Current estimates suggest that 5.5 million Americans acquire the infection each year.

HPV is the virus present in over 93 percent of all cervical cancers (according to a 1995 study in the Journal of the National Cancer Institute).

More women die from cervical cancer than die from AIDS each year in the U.S.

In addition to cervical cancer, HPV can lead to vaginal, vulvar, penile, anal and oral cancer. According to the National Cancer Institute, the evidence that condoms do not protect against HPV is so definitive that "additional research efforts by NCI on the effectiveness of condoms in preventing HPV transmission is not warranted."

Dr. Richard Klausner of the National Cancer Institute has stated, "condoms are ineffective against HPV because the virus is prevalent not only in mucosal tissue, but also on dry skin of the surrounding abdomen and groin, and can migrate from those areas into the vagina and cervix."

Despite these findings, The American College of Obstetricians and Gynecologists (ACOG) does not support this legislation. In a letter sent to the members of the House, the College states, "We believe that the HPV language included in H.R. 4386 is not medically appropriate. Indeed, we feel the language, if passed, would discourage condom use although condoms are effective in preventing other serious STDs such as HIV/AIDS."

This statement indicates that ACOG has abandoned its responsibility to inform the American public about the truth: condoms don't protect against the transmission of the most common STD—HPV. It's worth noting that ACOG is not questioning the medical accuracy of the legislation. They are simply fearful that the data might discourage condom usage (although there is no scientific or anecdotal evidence to support this conclusion).

H.R. 4386 must be passed to protect the future health of Americans. Americans have a right to know the truth about human papilloma virus (HPV). It is only when individuals know the facts that they can make informed decisions that impact their personal health and future happiness. The Medical Institute applauds the House for addressing this important issue.

The Medical Institute is a nonprofit medical organization founded in 1992 to confront the worldwide epidemics of nonmarital pregnancy and sexually transmitted infection with incisive health care data.

Mr. BROWN of Ohio. Mr. Speaker, how much time is remaining for each side?

The SPEAKER pro tempore (Mr. LATOURETTE). The gentleman from

Ohio (Mr. BROWN) has 11½ minutes remaining, and the gentleman from New York (Mr. LAZIO) has 9 minutes remaining.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Missouri (Ms. DANNER).

Ms. DANNER. Mr. Speaker, during the break between the first and second session of the 106th Congress the gentlewoman from North Carolina (Mrs. MYRICK) and I had similar schedules to many of our compatriots here on the floor; cutting ribbons, going to civic affairs, meeting with our constituents in general. However, she and I differed from other Members in a very significant way. We each began our personal battle against breast cancer.

Fortunately, we were diagnosed very early. And since each of us have routine physical checkups and mammograms, our diagnoses were followed immediately by treatment because we both had insurance to cover us. And I might mention that we do pay premiums for that insurance. Some people wonder about that.

Unfortunately, there are many women who do not have the ability to pay for treatment after being diagnosed with breast or cervical cancer. This is a most tragic situation that this legislation seeks to address.

Because of my early diagnosis and subsequent treatment, along with millions of other women in America, I am a survivor. The early detection of my cancer has strengthened my belief in the vital role of having a regular mammogram and an annual physical check-up. I attribute my favorable and fortunate outcome to this diligence, and I encourage all women to take similar action for themselves, their families and their loved ones.

There is no denying that this short examination each year can be rather unnerving, rather trying, but I promise it may be a life-changing and, indeed, it may be a lifesaving experience for any woman and her family.

I urge all Members of this body to adopt this legislation, Mr. Speaker.

Mr. LAZIO. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health and Environment of the Committee on Commerce, and a true advocate for all people suffering with cancer.

Mr. BILIRAKIS. Mr. Speaker, I thank the gentleman for yielding me this time, and I rise in support of H.R. 4386, this bipartisan bill, and I emphasize bipartisan bill, which was introduced by our colleagues the gentleman from New York (Mr. LAZIO), the gentlewoman from North Carolina (Mrs. MYRICK), and the gentlewoman from Missouri (Ms. DANNER).

This bill would allow States to expand coverage under the Medicaid program to breast and cervical cancer patients who have been screened through the National Breast and Cervical Cancer Early Detection Program. I was pleased to secure passage of similar

legislation through my Subcommittee on Health and Environment last year, and that legislation was clearly ramrodded by the gentlewoman from California (Ms. ESHOO), and we must really credit her for starting the ball rolling in this regard.

The screening program is administered by the Centers for Disease Control and Prevention. I had the opportunity to learn more about the agency's important work in this area during a trip which I took with the gentleman from Ohio (Mr. BROWN) to its Atlanta headquarters last year, and I was also proud to sponsor women's health legislation which was enacted into law in 1998 to reauthorize the screening program.

H.R. 4386 will close the gap, as others have already said, left open when the screening program was first created, and it represents an important step forward in the battle against breast and cervical cancer. I urge my colleagues to support passage of this critical measure which will give new hope to breast and cervical cancer patients in need as we continue the fight to find a cure for these terrible, terrible diseases.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, in the past decade, over 2 million women were diagnosed with breast or cervical cancer. One quarter of these women, America's mothers, daughters, sisters, and wives, will be taken from their loved ones by the disease.

As a cancer survivor, I recognize the importance of cancer research and I am committed to increasing funding for research. Today, over 8 million people are alive as a result of the progress of cancer research. It has increased the cancer survival rate. With early detection, there is hope. I am living proof of that. I survived ovarian cancer because it was caught early. It gave me a fighting chance.

Congress made a commitment to early detection when it passed the Breast and Cervical Cancer Mortality Prevention Act, providing low-income women with access to a mammogram or a Pap smear through the Centers for Disease Control's Breast and Cervical Cancer Screening. An important step. Early detection can make all the difference. As a result of this program, over three-quarters of a million women receive breast and cervical cancer screenings.

Because it helped detect their cancers early, many of these women were easily treated and cured. In too many cases, women who are screened receive the awful news that they are facing cancer. They are without treatment because they are without insurance. This is wrong and, thankfully, today, we can do something about it. By passing the Breast and Cervical Cancer Treatment Act, we can ensure that these women are not left to battle cancer alone. The legislation will make these women eligible for Medicaid so that they can get

the care and the treatment that they need.

Being told that one has cancer is frightening enough; a million fears run through the mind all at once: Will I survive? What will happen to my family? The fear can be crippling. It takes the help of loved ones to build up strength to battle back. But love alone will not battle and defeat cancer. Access to treatment is critical. This legislation ensures that these women are given a fighting chance. I urge my colleagues to give it their full support.

Mr. LAZIO. Mr. Speaker, I yield 1½ minutes to the gentleman from Florida (Mr. FOLEY), a member of the Committee on Ways and Means.

Mr. FOLEY. Mr. Speaker, I want to thank the gentleman for yielding me this time, and I strongly support passage of H.R. 4386.

Breast cancer is a disease that can strike almost anyone, no matter how young or how healthy, no matter how rich or how poor. One of my friends was recently diagnosed with breast cancer. When she got her diagnosis, she was able to get the best care money could buy. She was soon on a plane to Sloan-Kettering to be treated by one of the foremost cancer doctors in the country. Once there, she received quick treatment and top quality reconstructive surgery. Then she was able to return to the comfort of her own home for a long recovery.

□ 1345

Tricia was also fortunate that she had a loving and supportive family to help her cope with this disease. Even though she was fortunate enough to have these benefits, she has still suffered great emotional and physical pain from the breast cancer, painful surgery, the sickness of chemotherapy, the loss of hair, and the terrible uncertainty of whether the cancer would spread or be eliminated completely.

I think of someone in Tricia's situation, and then I try to imagine what breast or cervical cancer would mean to someone with no health insurance, no good medical care, and no support network.

These women not only face the fear of having this disease, they must also cope with the costs associated with their medical treatment, they have to worry about how to pay for their treatment, about whether they will be fired from their job, if their recovery period is too long, and about who will take care of their children while they recover.

These fears also lead to denial and to a delay in diagnosis and treatment. This delay is one of the leading factors in breast and cervical cancer morbidity and mortality.

The passage of this bill will help eliminate these fears and give uninsured women the hope and help that they need to get treated quickly and, God willing, to get back their lives.

Saving someone's life should not be determined by how much money or

health insurance someone has. Let us give those who do not have wealth or good insurance the same chance at life the rest of us enjoy.

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

(Mrs. LOWEY asked and was given permission to revise and extend her remarks.)

Mrs. LOWEY. Mr. Speaker, I rise in support of H.R. 4386, the Breast and Cervical Cancer Treatment Act, which has the potential to save the lives of thousands of American women.

Right now, with limited resources, only 15 percent of eligible women are being screened. But even if we could screen all eligible women, early detection is not enough. If we are serious about eradicating the scourge of breast and cervical cancer, all women diagnosed must have access to medical treatment.

The screening program was not designed to do that, and States have found themselves haphazardly and frantically cobbling together whatever resources they can. That is why this bill is so important.

I am truly delighted that this leadership brought the bill to the floor today. Yet, while I strongly support the overall bill, I do want to express my disappointment about the provisions dealing with human papillomavirus, which would make HPV a reportable disease and allow condoms to be labeled with a disclaimer that they do not effectively protect against HPV. I think it is critical that we get more research done and more education done with regard to HPV.

While there is a relationship between HPV and cervical cancer, the overwhelming majority of HPV cases do not result in cancer, and it is entirely too early to make HPV a reportable disease.

We also do not yet fully understand how condom use affects the transmission of HPV, and that is why again we must bolster the funding for HPV-related research and prevention programs. But it is imperative that we provide accurate information about HPV.

So I hope as the bill moves through the Senate we can work with our colleagues to address this issue, protect the health and safety of American women. Again, I want to reiterate my strong support for this bill.

Mr. LAZIO. Mr. Speaker, I now have the pleasure of yielding 2 minutes to the distinguished gentlewoman from Ohio (Ms. PRYCE) a member of the House leadership.

Ms. PRYCE of Ohio. Mr. Speaker, let me first congratulate my good friend the gentleman from New York (Mr. LAZIO) for his dedication to this cause and for his hard work in the battle against cancer on every front.

I also want to recognize the courage of my colleague the gentlewoman from North Carolina (Mrs. MYRICK). Her own personal fight against cancer is truly

inspiring. The battle she is waging is not just for her own survival but also to promote awareness so that other women may prevail against this dreaded and all too familiar disease.

The public education that promotes early detection is absolutely crucial for cancer patients. And in the case of breast cancer, education is no small task, since one in eight American women will develop breast cancer in her lifetime.

After breast cancer, cervical cancer is the second most commonly diagnosed malignancy in women, 15,000 each year. This cancer often has no symptoms, and regular pap smears are our best defense.

This legislation builds on efforts Congress has already taken to encourage early detection of these cancers among low-income women. While these services are absolutely critical, their value is significantly diminished if these women find out they have cancer but do not have the resources to access treatment.

Imagine coping with the fear of being diagnosed with cancer compounded by the prospect of having no way to pay for the treatment that could save your life.

This bill helps these vulnerable women by encouraging States to provide Medicaid coverage to those diagnosed. And, in my mind, if it is a good public policy to use tax dollars to help these women detect their disease, then certainly it is worth every penny we spend to help them fight it.

I urge all of my colleagues to join with me in giving these women hope by voting for the Breast and Cervical Cancer Treatment Act.

I congratulate the gentleman from New York (Mr. LAZIO) and the gentlewoman from North Carolina (Mrs. MYRICK).

Mr. BROWN of Ohio. Mr. Speaker, I yield 1½ minutes to my friend, the gentleman from Texas (Mr. BENTSEN).

(Mr. BENTSEN asked and was given permission to revise and extend his remarks.)

Mr. BENTSEN. Mr. Speaker, if this Congress does anything this year, this might be the bill to pass and get signed into law. This bill underscores the whole issue of the uninsured in this country.

When women are diagnosed with breast cancer or cervical cancer and do not have the means to get the treatment, it is effectively giving them a death sentence. This bill will, at least, start the process of trying to help these women and help them beat this disease, which they can.

Now, I want to give my colleagues a story about somebody in my district, a woman named Barbara Mitchell, who was recently diagnosed with Stage 3 breast cancer at the Rose Center at Pasadena, Texas. The Rose in my district does free examinations.

The problem is, once they you examined, if they cannot get treatment, they are pretty much out of luck.

Ms. Mitchell is 35 years old and cannot afford the treatment for her breast cancer. She fought her first battle with cancer in 1988. Although uninsured at the time, Ms. Mitchell beat her cervical cancer and she managed to pay for her services. But because of her previous cancer history, she cannot afford to buy prohibitively expensive health insurance.

At 32, when she discovered a lump in her breast and was treated for breast cancer through the public health system, because she owns a dance studio, she is considered to have assets and, thus, has to pay \$26,000 and probably will have to sell her only business, her only asset.

Now, this is counterproductive to what Democrats and Republicans would want to see Americans do. We want to see them create more jobs, create small businesses, and beat this terrible disease. This bill will allow it to happen, and I think we ought to pass it and get it signed into law.

Mr. LAZIO. Mr. Speaker, may I inquire as to the remaining time.

The SPEAKER pro tempore (Mr. LATOURETTE). The gentleman from New York (Mr. LAZIO) has 4 minutes remaining, and the gentleman from Ohio (Mr. BROWN) has 4½ minutes remaining.

Mr. LAZIO. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, to honor Mother's Day on May 14, with passage of this bill, H.R. 4386, the Breast and Cervical Cancer Act, we will celebrate another step forward to stop the violence of cancer against women.

I want to congratulate the gentleman from New York (Mr. LAZIO), the gentlewoman from California (Ms. ESHOO), certainly the gentlewoman from North Carolina (Mrs. MYRICK), and the gentlewoman from Missouri (Ms. DANNER) who have indicated their own personal experiences have shown the need for this bill.

The legislation will provide treatment for low-income, uninsured working women who are diagnosed with breast or cervical cancer. Today the program provides screening for breast or cervical cancer but does not provide treatment. This must change. This bill will do it.

However, Mr. Speaker, while I strongly support this overall bill and its potential for saving lives, I am troubled with the provision on HPV and concerned that the proposed language could be problematic from a public health perspective. I hope the provision will be dropped in conference.

I do understand that there will be a meeting of some medical experts to discuss this issue and that meeting will be forthcoming. I look forward to that meeting to help to ameliorate this problem.

H.R. 4386 deserves to be passed unanimously by this body. Because, indeed,

if we offer screening, we must offer treatment. Congress must and should pass the Breast and Cervical Cancer Treatment Act.

I again applaud the cosponsors and those who worked so hard, including the leadership, to help bring it to the floor now.

The proposed language on HPV and condom labeling could discourage condom use, thereby exposing men and women to the risks of HPV and other STDs, including HIV/AIDS.

The language of HPV belies the fact that condoms are highly effective in reducing the risk of contracting HPV and other STDs, including HIV/AIDS.

Mr. Speaker, there are over 100 strains of the HPV virus, and very few of these have the potential to lead to cervical cancer. It is misleading to have a label that does not clarify this point.

The HPV provision also suggests working to make HPV a reportable disease. Over 80 percent of the population has been found to carry one of the 100's of HPV strains. Reporting 80 percent of the population would not only be costly, but it is unrealistic.

Mr. Speaker, our goal should be to educate Americans about how to best prevent all STDs.

I support this H.R. 4386, it will save lives. This legislation will provide treatment for low-income, uninsured working women who are diagnosed with breast or cervical cancer.

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

(Mrs. MALONEY of New York asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY of New York. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, as co-chair of the Congressional Caucus for Women's Issues, I rise in strong support of this bill and congratulate my colleagues who have been leaders on this issue on both sides of the aisle, the gentleman from New York (Mr. LAZIO), the gentlewoman from California (Ms. ESHOO), the gentlewoman from California (Mrs. CAPPS), the gentlewoman from Missouri (Ms. DANNER), the gentlewoman from North Carolina (Mrs. MYRICK) and the gentlewoman from Connecticut (Ms. DELAURO).

Some of them have come to the floor today and shared their personal experiences that have highlighted the important need for this bill. This particular bill is one of the top priorities of the Women's Caucus, and we urge its passage.

The Center for Disease Control's National Breast and Cervical Cancer Early Detection Program provides screening services for low-income people who have little or no health insurance. But for many women who find that they have cancer from this important screening program, there is no guarantee of complete and comprehensive treatment.

This bill underscores the need for the uninsured and it underscores the fact that many, many women and, actually,

many men cannot afford treatment. It is clear that much more needs to be done to provide coverage.

The bill, H.R. 4386, the Breast and Cervical Cancer Treatment Act, will help low-income women find resources to combat and, hopefully, cure cancer. I am a proud cosponsor of this legislation, and I encourage its swift enactment. It will save thousands and thousands of lives.

Mr. LAZIO. Mr. Speaker, it is now my pleasure to yield 1½ minutes to the distinguished gentlemen from Kentucky (Mr. FLETCHER), a fine Member of the House and a physician in his own right.

Mr. FLETCHER. Mr. Speaker, I stand before the House today to express my strong support for the Breast and Cancer Prevention Treatment Act.

Back a few weeks ago during the budget debate, myself, along with a number of colleagues, worked very hard to set aside what ended up being \$250 million to provide treatment for those women that were identified to have breast and cervical cancer to make sure that they got Medicaid, that they got treatment if they were uninsured. So this certainly is a very important issue.

Also, in the State of Kentucky, we were able to get last year and worked very hard to get a CDC Cancer Prevention Center at the University of Kentucky. Because we have in Kentucky the highest rates of cervical cancer in the Nation. And, so, this bill is very important.

We also have a degree, unfortunately, levels of poverty and uninsured in Kentucky. This bill will be very important to make sure we address those needs, that those individuals first get detected early and, second, so that they can get the kind of treatment.

When we look at medical studies, we find that an individual that is hospitalized without insurance or coverage and matched demographically with others is three times more likely to die if they have no insurance versus having insurance.

So this bill is substantially, I believe, going to reduce morbidity and mortality to our women across the Nation and especially help at the University of Kentucky and in central Kentucky as we work to screen more individuals for breast and cervical cancer.

Let me talk briefly about HPV. Its unequivocally associated with cervical cancer. No question from a medical standpoint that it is associated. I think it is time for us to be honest to make sure that we report this and reduce the number of deaths.

I rise to support this bill.

Mr. BROWN of Ohio. Mr. Speaker, I yield 1 minute to the gentlewoman from Colorado (Ms. DEGETTE) who has done excellent work on this bill.

(Ms. DEGETTE asked and was given permission to revise and extend her remarks.)

Ms. DEGETTE. Mr. Speaker, I want to thank everybody who has worked on

this legislation, most particularly my colleague the gentlewoman from California (Mrs. ESHOO) and my colleague the gentleman from New York (Mr. LAZIO).

In general, it is a good piece of legislation. However, I am deeply concerned about the provision included on human papilloma virus, or HPV, because I think from a public health perspective it is misguided.

I agree with the American College of Obstetrics and Gynecology that the condom labeling requirement may very well have the unintended consequence of discouraging condom use, which, as we all know, is very effective in preventing other diseases, including HIV/AIDS.

Taking steps to make HPV a reportable disease also does not make sense, since most all of these cases do resolve on their own and only a very small percentage lead to cervical cancer.

We should not be trying to instill panic here. Rather, we should be trying to encourage every American woman to have regular pap smear examinations, which are still the state of the art; and then we should finish researching all of these other issues.

□ 1400

The SPEAKER pro tempore (Mr. BARRETT of Nebraska). The Chair advises that the gentleman from New York (Mr. LAZIO) has 1 minute remaining; the gentleman from Ohio (Mr. BROWN) has 2 minutes remaining.

Mr. LAZIO. Mr. Speaker, I want to reserve the right to close. I have no other additional speakers.

Mr. BROWN of Ohio. Mr. Speaker, I have one additional speaker, and then I will close on our side.

Mr. Speaker, I yield 1 minute to the gentlewoman from New York (Ms. SLAUGHTER).

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, I rise to express some serious concerns about a section of the bill that has gone largely unnoticed, that dealing with human papillomavirus virus, or HPV.

First and foremost, I would like to express my strong support for the underlying bill. I am proud to be an original cosponsor on which this legislation is based. Our consideration of this measure is long overdue, and I commend my friend, the gentlewoman from California (Ms. ESHOO), for her hard work and perseverance in advancing it.

My colleagues should be aware, however, of a troublesome provision that was added to H.R. 4386 in committee dealing with HPV issues. HPV is a group of viruses composed of over a 100 strains, of which approximately 30 are sexually transmitted. Recent research has shown that a few select strains appears to have precursors to cervical cancer. Promising research is being done on preventing and treating HPV as a method of reducing cervical cancer rates.

Mr. Speaker, unfortunately, this bill could damage our efforts to reduce HPV transmission and, by extension, cases of cervical cancer. During a markup, the language was added to the bill that directs the Department of Health and Human Services to outline further steps toward making HPV a reportable disease.

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

Mr. Speaker, I ask House support for H.R. 4386. When women are diagnosed under a Federal program that has been in existence for about a decade with breast cancer, some women clearly have nowhere to turn, they must cobble together various kind of charitable care and any health services that they can get.

I would hope this legislation, Mr. Speaker, will change that and take care of those women once they are diagnosed with breast cancer. I hope that H.R. 4386 will set the tone in this House and set the direction in this House for universal coverage for all Americans.

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

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

Mr. Speaker, let me thank the 310-plus Members of this House who have been cosponsors of H.R. 1070, and let me thank the two lead sponsors of H.R. 4386, the gentlewoman from North Carolina (Mrs. MYRICK) and the gentlewoman from Missouri (Ms. DANNER), one a Republican and one a Democrat, both Members of this House, and both breast cancer survivors. How could we have better advocates for this bill than those two?

Mr. Speaker, de Tocqueville said "America is a great Nation because America is a good Nation, and the moment that America ceases to be good, she will cease to be great."

Mr. Speaker, what greater test of goodness can there be to our willingness to take care of our own who are in need? Mr. Speaker, let us pass this bill. Let us give thousands of American women the gift of life. The cost is nominal. The benefit is enormous. It is the only fair and decent thing to do.

Mr. Speaker, I urge my colleagues to vote aye.

Mr. KLECZKA. Mr. Speaker, I would like to add my comments to those of my colleagues who have taken the floor in support of the Breast and Cervical Cancer Treatment Act.

Every year more than 4,400 American women die of cervical cancer. Breast cancer, the leading cause of death among women between 40 and 45, kills more than 46,000 women a year. This year it is estimated that in Wisconsin alone over 800 women will die of breast or cervical cancer. In many cases, early detection and treatment would have prevented these deaths. Nine years ago, Congress enacted the Breast and Cervical Cancer Mortality Prevention Act of 1990, authorizing the Centers for Disease Control to offer a breast and cervical cancer-screening program for low-income, uninsured, or underinsured women.

Unfortunately, the screening program lacks a critical aspect: treatment services for women

diagnosed with breast cancer. Under current law, cancer therapy for Medicaid-eligible women is provided through an ad hoc patchwork of providers, volunteers, and local programs and often results in unpredictable, delayed, or incomplete treatment. Women are often forced to rely on charity care, donated services by physicians, or funds from bake sales and quilting bees. The Breast and Cervical Cancer Treatment Act would solve this problem by allowing States to establish an optional State Medicaid benefit for the treatment of low-income women diagnosed under the 1990 law.

I am pleased to see that the Breast and Cervical Cancer Treatment Act is supported by a bipartisan majority of the House. I salute the efforts of the advocacy groups, including the Wisconsin Breast Cancer Coalition to make this day possible.

Mr. WATTS of Oklahoma. Mr. Speaker, today I urge my colleagues to provide relief for low-income women who are screened and diagnosed with breast and cervical cancer. As you know, breast and cervical cancer is killing too many of our wives, mothers, sisters and daughters. Currently, the early detection screening program does not provide treatment for women who discover they have cancer as a result of that screening. This screening must be coupled with treatment in order to save lives.

Cancer is often fatal and the women who are tested can't afford critical treatment without help. These women face numerous difficulties in trying to obtain and pay for treatment for cancer. Resources are limited and yet the numbers of women being diagnosed are increasing.

Today, we have an opportunity to do something about this devastating disease by allowing states to expand Medicaid coverage to these women. Follow-up and treatment are the key to saving lives.

The fight against cancer transcends party lines and partisan bickering. So today, I urge all of my colleagues to join me in the fight against breast and cervical cancer. We must act now.

Mrs. KELLY. Mr. Speaker, I am in support of H.R. 4386, the Breast and Cervical Cancer Treatment Act. This legislation will give the States the ability to provide a reliable method of treatment for uninsured and underinsured women battling breast or cervical cancer.

The program currently provides screening for cancer, but it provides no treatment options for these women. If they are diagnosed with cancer, they have no options for their cure, which is a harsh problem. Giving States the option of providing Medicaid coverage for women will help save thousands of lives.

The present CDC program is a tremendous first step in identifying this disease early enough to make a difference in the lives of these women, but we need to help cover the cost of treatment when necessary. Being diagnosed with cancer is terrifying. Women shouldn't have the pain of knowing they have cancer, compounded with the despair of not being able to do anything about it.

The Breast and Cervical Cancer Treatment Act will allow women to focus their efforts on getting well instead of worrying about how they or their family will pay for their treatment. This legislation is a very important step in the process of getting treatment to women who need it. With Mother's Day just around the

corner, it is critical that we pass this legislation in time to give our mothers, our sisters, our daughters the most important gift of all, the gift of life.

Mr. WELDON of Florida. Mr. Speaker, I am in strong support of H.R. 4386, the Breast and Cervical Cancer Treatment Act. This measure amends title XIX of the Social Security Act to provide medical assistance for certain women under 65 who have been screened and found to have breast or cervical cancer by the Center for Disease Control and Prevention [CDC] early detection program.

In the United States, one out of eight women will develop breast cancer at some point in her lifetime. It is the second most common form of cancer in the country, afflicting three million women—including one million women who do not know they have breast cancer. Cervical cancer kills 4,400 women a year, and is increasingly becoming a nationwide concern due to a lack of proper education and research.

The Breast and Cervical Cancer Treatment Act will protect women who are diagnosed with breast and cervical cancer but do not have insurance to pay for treatment. Currently, the National Breast and Cervical Cancer Early Detection Program provides screening services for low-income women who have little or no health insurance. Treatment, however, is not provided through the program. Women who earn too much to be on federal assistance, but do not earn enough to afford private insurance are left without resources to cover the treatment they need to fight this dreaded disease. This bill will provide that much needed treatment.

As a physician I have treated hundreds of cancer patients and the key to providing a successful remedy to their life-threatening illness is, when possible, prevention, otherwise early detection, followed by immediate treatment. This bill will offer much needed assistance to thousands of American women who need these vital medical resources.

I am also very pleased with the provisions in this bill relating to the human papillomavirus [HPV] which affects at least 24 million Americans and is the principal cause of cervical cancer. H.R. 4386 makes cervical cancer prevention a priority. This bill requires the CDC to develop educational materials for health care providers and the public regarding HPV. And, it requires condom packages to include information stating that HPV is a cause of cervical cancer and that condoms do not prevent HPV transmission.

Many sexually active Americans have been misled to believe a condom will protect them; however, this is not the case with HPV. In fact, the American Cancer Society has stated "research shows that condoms cannot protect against infection with HPV." Our young people need to know this and H.R. 4386 takes a big step toward informing them.

This is a good bill and I urge all of my colleagues to support its passage.

Mr. TOWNS. Mr. Speaker, I am pleased that we will have an opportunity to vote on this important health bill before this weekend's celebration of Mother's Day. Certainly, no action is more important than the preventive breast and cervical cancer health screenings which will be authorized by this bill. As an advocate for retaining mammography screenings at age 40, I am pleased that H.R. 4386 will afford us the opportunity to provide breast and

cervical cancer screenings for early detection and treatment.

For the grandmothers, mothers and aunts who are too young for Medicare and whose incomes are too high for Medicaid, but who still do not have health insurance, this bill can literally be the difference between life and death. H.R. 4386 includes the enhanced match of 75 percent Federal to 25 percent state dollars for treatment, instead of the basic 60 percent Federal to 40 percent State dollars. Hopefully, this enhanced match will be a major incentive for Governors to enroll their States in the program once the bill is signed into law so that these women can receive the treatment they need. I remain hopeful that our Senate colleagues will soon join us in passing this important initiative.

Mr. CROWLEY. Mr. Speaker, this year more than 200,000 American women will be diagnosed with breast and cervical cancer. These women are our mothers, our sisters, our friends, and our colleagues.

I am proud to be a cosponsor of the bipartisan Breast and Cervical Treatment Act that will enable low-income, uninsured women diagnosed with breast or cervical cancer in the National Breast and Cervical Cancer early detection program [NBCCEDP] to obtain treatment. Currently, the CDC detection programs provide eligible women with screening, but if cancer is detected, there are no funds to provide much-needed treatment. Instead, these women have to find other funds for treatment. No woman should have to worry about funding her treatment.

H.R. 4386 is bipartisan legislation that would add the life-saving treatment component to the NBCCEDP. The Breast and Cervical Cancer Treatment Act has overwhelming support and was passed unanimously by the Commerce Committee. I support this critical legislation and urge every member to vote for passage.

It is simply unfair that low-income, uninsured women are not given every treatment available to save their lives because they cannot afford costly medication and treatments.

Passage of this legislation is the best Mother's Day gift we can give our mothers, wives, sisters, and daughters. All women and their families in this country deserve the peace of mind that if diagnosed with one of these terrible illnesses, they will have access to the treatment they deserve.

While I strongly support the overall bill, I am deeply concerned about the provision included on human papillomavirus [HPV] and believe it is misguided from a public health perspective. The condom labeling requirement may have the unintended effect to discouraging condom use, which, as we all know, is effective in preventing other serious STDs, including HIV/AIDS. HPV is a serious public health issue, which deserves Federal funding and a coordinated response to educate men and women on its causes, effects, and treatment. I urge my colleagues to provide that by supporting more funding for title X, and other programs that work in a comprehensive and holistic way to improve women's health.

We should be advocating for public health policy that encourages women to be screened through Pap smear examinations to prevent the potential for cervical cancer, not discouraging condom use. I urge my colleagues to re-examine this issue.

Mr. QUINN. Mr. Speaker, I am in support of H.R. 4386, to provide financial assistance to

women for the treatment of breast and cervical cancer.

Breast and cervical cancer together claim the lives of approximately 50,000 women each year. As Americans we must continue to address this crisis which today constitutes the number one cause of death among women aged 40–45. In 1990 we took a critical step in fighting this battle by passing the Breast and Cervical Cancer Mortality Prevention Act. This act authorized a screening program for low-income, uninsured or underinsured women. This was an important step since detection is the first step in fighting breast and cervical cancer. Indeed, more widespread use of regular screening mammography has been a major contributor to recent improvements in the breast cancer survival rate.

Providing financial assistance for screening and testing for women in financial need has been a major accomplishment in the fight against breast and cervical cancer. If detected early, breast cancer can be treated effectively with surgery that preserves the breast, followed by radiation therapy. However, screening and early detection are meaningless without following through with cancer treatment. For many women however, the costs of treatment are prohibitive and merely knowing that their cancer has been detected is inadequate when they are unable to seek treatment. The time has come for us to comprehensively confront these cancers and provide women with the power to conquer these odds. I urge the support of this bill critical to protecting women's health.

Mr. BEREUTER. Mr. Speaker, this Member is in support of H.R. 4386, the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

The American Cancer Society estimates that within his home state of Nebraska, approximately 1,000 women will be diagnosed with breast cancer this year and nearly 300 will die as a result of breast cancer. We must provide this enhanced Medicaid matching funds to our states to continue to promote early detection and prevention of breast and cervical cancer.

The five-year survival rate is over 95 percent if breast cancer can be detected early. Because only 5–10 percent of breast cancers are due to heredity, early detection must be made available to all women.

Mr. Speaker, this Member encourages his colleagues to continue to support the early detection and prevention of breast and cervical cancer and support H.R. 4386.

Mr. GILMAN. Mr. Speaker, I am in support of H.R. 4368, the Breast and Cervical Cancer Treatment Act. I am an original cosponsor of the legislation on which this bill is based, H.R. 1070 and I commend the gentleman from New York Mr. LAZIO, the gentlewoman from Missouri, Ms. DANNER and the gentlewoman from North Carolina Mrs. MYRICK for their commitment to fighting breast and cervical cancers and for helping to bring this legislation before us today.

This legislation will provide medical assistance for certain women under 65 who have been screened and found to have breast or cervical cancer by the Center for Disease Control and Prevention (CDC) Early Detection Program. Many women simply cannot afford to undergo prevention screenings and especially medical treatments. By providing screenings for breast and cervical cancer for the uninsured, many will benefit from early detection

and by following up a screening with medical treatment, fewer women will succumb to these devastating diseases.

Mr. Speaker, this issue is especially important to me and to my constituents, especially those in Rockland county. Recent studies have found that Rockland county has the highest rate of breast cancer in New York State and according to some studies, in the Nation. This legislation will help many of my constituents during a very difficult time in their lives. Providing medical treatment to those women who have been screened by the CDC will vastly improve their chances of survival and reduce the rate of mortality due to these cancers. I strongly support this legislation.

Accordingly, I urge my colleagues to support this important measure.

Mr. DINGELL. Mr. Speaker, I am in support of a bill that will make a big difference in the lives of low-income women with cancer, H.R. 4386, the Breast and Cervical Cancer Treatment Act.

Two individuals have campaigned tirelessly for this bill and the rights of low-income women. First, I commend Representative ANNA ESHOO. Were it not for the energy and attention that Ms. ESHOO brought to this issue, this bill would not be on the floor today. Secondly, I would like to remember Senator John Chafee, the original cosponsor of the companion bill in the Senate. The late Senator Chafee's advocacy for women, children, the poor, and the disabled will continue with the passage of this bill.

We all know that early detection and treatment are the key to surviving cancer. This is the reason why the Centers for Disease Control (CDC) uses Federal funds to provide free diagnostic tests for breast and cervical cancer for low-income uninsured women, many of whom are minorities.

With this bill, the Federal Government will complete its commitment to the low-income women who are diagnosed with cancer through the CDC's screening program. No longer will women diagnosed through the program have to scramble to find state funds, rely on charity care, or incur enormous debts in order to pay for radiation or chemotherapy. H.R. 4386 will allow women to enroll in the Medicaid program for the duration of their cancer treatment, so that they can focus their energies on fighting cancer instead of the health care system.

I hope that my colleagues will join me in voting for H.R. 4386. Advocates of this bill have waited a long time for this day. Let's not make women with breast and cervical cancer wait any longer.

Mr. BLILEY. Mr. Speaker, I commend the gentlelady from North Carolina, Mrs. MYRICK, for her personal courage in the face of breast cancer and for her many hours of work in persuading the House Leadership to bring this important bill to the floor today.

I also wish to recognize one of the original cosponsors of H.R. 4386, Mr. LAZIO of New York for his many months of hard work on the Commerce Committee persuading members and forging alliances with the American Cancer Society, the National Women's Health Network, the National Cervical Cancer Coalition, the National Breast Cancer Coalition, the Cancer Research Foundation of America, and so many others to make this day possible.

Like so many women with whom I have met over the last few years advocating for this leg-

islation, my own wife is a breast cancer survivor. I know firsthand the fears that families face when they first hear that word. It is with those memories in my mind that I work in Congress to help find new ways that we can help more women from falling victim to cancer.

In the closing days of the last session, the Committee I chair reported out H.R. 1070, the Lazio "Breast and Cervical Cancer Prevention and Treatment Act of 1999." I am very pleased that we are now on the floor debating a bill based on the Committee's work, which addresses both breast cancer, the leading cause of cancer deaths among women, and cervical cancer, a form of cancer caused by a viral infection that kills more women in America than AIDS.

Again, I thank Congresswoman MYRICK, my Commerce Committee colleagues, and many other Members who have contributed to bringing this legislation to the floor today.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. LAZIO) that the House suspend the rules and pass the bill, H.R. 4386, as amended.

The question was taken.

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

The yeas and nays were ordered.

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

CHILDREN'S HEALTH ACT OF 2000

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4365) to amend the Public Health Service Act with respect to children's health, as amended.

The Clerk read as follows:

H.R. 4365

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 "Children's Health Act of 2000".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—AUTISM

Subtitle A—Surveillance and Research Regarding Prevalence and Pattern of Autism

Sec. 101. Short title.

Sec. 102. Surveillance and research programs; clearinghouse; advisory committee.

Subtitle B—Expansion, Intensification, and Coordination of Autism Activities of National Institutes of Health

Sec. 111. Short title.

Sec. 112. Expansion, intensification, and coordination; information and education; interagency coordinating committee.

TITLE II—RESEARCH AND DEVELOPMENT REGARDING FRAGILE X

Sec. 201. Short title.

Sec. 202. National Institute of Child Health and Human Development; research on fragile X.

Sec. 203. National Institute of Child Health and Human Development; loan repayment program regarding research on fragile X.

TITLE III—JUVENILE ARTHRITIS AND RELATED CONDITIONS

Sec. 301. National Institute of Arthritis and Musculoskeletal and Skin Diseases; research on juvenile arthritis and related conditions.

Sec. 302. Information clearinghouse.

TITLE IV—REDUCING BURDEN OF DIABETES AMONG CHILDREN AND YOUTH

Sec. 401. Programs of Centers for Disease Control and Prevention.

Sec. 402. Programs of National Institutes of Health.

TITLE V—ASTHMA TREATMENT SERVICES FOR CHILDREN

Sec. 501. Short title.

Subtitle A—Treatment Services

Sec. 511. Grants for children's asthma relief.

Sec. 512. Technical and conforming amendments.

Subtitle B—Prevention Activities

Sec. 521. Preventive health and health services block grant; systems for reducing asthma-related illnesses through urban cockroach management.

Subtitle C—Coordination of Federal Activities

Sec. 531. Coordination through National Institutes of Health.

Subtitle D—Compilation of Data

Sec. 541. Compilation of data by Centers for Disease Control and Prevention.

TITLE VI—BIRTH DEFECTS PREVENTION ACTIVITIES

Subtitle A—Folic Acid Promotion

Sec. 601. Short title.

Sec. 602. Program regarding effects of folic acid in prevention of birth defects.

Subtitle B—National Center on Birth Defects and Developmental Disabilities

Sec. 611. National Center on Birth Defects and Developmental Disabilities.

TITLE VII—EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING HEARING LOSS IN INFANTS

Sec. 701. Short title.

Sec. 702. Purposes.

Sec. 703. Programs of Health Resources and Services Administration, Centers for Disease Control and Prevention, and National Institutes of Health.

TITLE VIII—CHILDREN AND EPILEPSY

Sec. 801. National public health campaign on epilepsy; seizure disorder demonstration projects in medically underserved areas.

TITLE IX—SAFE MOTHERHOOD; INFANT HEALTH PROMOTION

Subtitle A—Safe Motherhood Monitoring and Prevention Research

Sec. 901. Short title.

Sec. 902. Monitoring; prevention research and other activities.

Subtitle B—Pregnant Mothers and Infants Health Promotion

Sec. 911. Short title.

Sec. 912. Programs regarding prenatal and postnatal health.

TITLE X—REVISION AND EXTENSION OF CERTAIN PROGRAMS

Subtitle A—Pediatric Research Initiative

Sec. 1001. Short title.