

The impact of higher costs and greater distances between Guam and the nearest major metropolitan hospital in Honolulu, approximately 3,500 miles or 7 hours by plane, is a vital concern when it comes to health care for U.S. citizens on Guam. Some of Guam's patients are medically evacuated to larger metropolitan health care centers in Honolulu and Los Angeles for these procedures. Other times, the organ and tissue donations are transported to Guam for transplantation. So, the access to organ and tissue donation is a critical component of whether a patient lives or dies.

Although donations of organs, tissue and bone marrow are not as frequent as donations of blood products, the needs are the same, only the distance and costs to accessing these products are much greater. The continued support of Congress in these efforts to improve access and public awareness of the importance of organ, tissue, bone marrow and blood donations is critical to meeting the needs of those 70,000 individuals who are waiting for organ transplants at any given moment, for car crash victims in need of a ready supply of blood, and for patients afflicted with leukemia in need of a bone marrow transplant just to survive.

Therefore, today I rise in strong support of this resolution and encourage all Americans, whether they live in the 50 states or the 5 territories to make a donation of blood to their local blood bank, sign up as an organ donor at their nearest Division of Motor Vehicles, and register at the nearest Bone Marrow Registry Center in the area. Your donation is vital and may help save a life some day.

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

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

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 31.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

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

The yeas and nays were ordered.

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

#### ORGAN DONATION IMPROVEMENT ACT OF 2001

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 624) to amend the Public Health Service Act to promote organ donation, as amended.

The Clerk read as follows:

H.R. 624

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Organ Donation Improvement Act of 2001".

#### SEC. 2. SENSE OF CONGRESS.

(a) PUBLIC AWARENESS OF NEED FOR ORGAN DONATION.—It is the sense of the Congress

that the Federal Government should carry out programs to educate the public with respect to organ donation, including the need to provide for an adequate rate of such donations.

(b) FAMILY DISCUSSIONS OF ORGAN DONATIONS.—The Congress recognizes the importance of families pledging to each other to share their lives as organ and tissue donors and acknowledges the importance of discussing organ and tissue donation as a family.

(c) LIVING DONATIONS OF ORGANS.—The Congress—

(1) recognizes the generous contribution made by each living individual who has donated an organ to save a life; and

(2) acknowledges the advances in medical technology that have enabled organ transplantation with organs donated by living individuals to become a viable treatment option for an increasing number of patients.

#### SEC. 3. PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION.

Section 377 of the Public Health Service Act (42 U.S.C. 274f) is amended to read as follows:

"PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION

"SEC. 377. (a) IN GENERAL.—The Secretary may make awards of grants or contracts to States, transplant centers, qualified organ procurement organizations under section 371, or other public or private entities for the purpose of—

"(1) providing for the payment of travel and subsistence expenses incurred by individuals toward making living donations of their organs (in this section referred as 'donating individuals'); and

"(2) in addition, providing for the payment of such incidental nonmedical expenses that are so incurred as the Secretary determines by regulation to be appropriate.

"(b) ELIGIBILITY.—

"(1) IN GENERAL.—Payments under subsection (a) may be made for the qualifying expenses of a donating individual only if—

"(A) the State in which the donating individual resides is a different State than the State in which the intended recipient of the organ resides; and

"(B) the annual income of the intended recipient of the organ does not exceed \$35,000 (as adjusted for fiscal year 2002 and subsequent fiscal years to offset the effects of inflation occurring after the beginning of fiscal year 2001).

"(2) CERTAIN CIRCUMSTANCES.—Subject to paragraph (1), the Secretary may in carrying out subsection (a) provide as follows:

"(A) The Secretary may consider the term 'donating individuals' as including individuals who in good faith incur qualifying expenses toward the intended donation of an organ but with respect to whom, for such reasons as the Secretary determines to be appropriate, no donation of the organ occurs.

"(B) The Secretary may consider the term 'qualifying expenses' as including the expenses of having one or more family members of donating individuals accompany the donating individuals for purposes of subsection (a) (subject to making payment for only such types of expenses as are paid for donating individuals).

"(c) LIMITATION ON AMOUNT OF PAYMENT.—

"(1) IN GENERAL.—With respect to the geographic area to which a donating individual travels for purposes of subsection (a), if such area is other than the covered vicinity for the intended recipient of the organ, the amount of qualifying expenses for which payments under such subsection are made may not exceed the amount of such expenses for

which payment would have been made if such area had been the covered vicinity for the intended recipient, taking into account the costs of travel and regional differences in the costs of living.

"(2) COVERED VICINITY.—For purposes of this section, the term 'covered vicinity', with respect to an intended recipient of an organ from a donating individual, means the vicinity of the nearest transplant center to the residence of the intended recipient that regularly performs transplants of that type of organ.

"(d) RELATIONSHIP TO PAYMENTS UNDER OTHER PROGRAMS.—An award may be made under subsection (a) only if the applicant involved agrees that the award will not be expended to pay the qualifying expenses of a donating individual to the extent that payment has been made, or can reasonably be expected to be made, with respect to such expenses—

"(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

"(2) by an entity that provides health services on a prepaid basis.

"(e) DEFINITIONS.—For purposes of this section:

"(1) The term 'covered vicinity' has the meaning given such term in subsection (c)(2).

"(2) The term 'donating individuals' has the meaning indicated for such term in subsection (a)(1), subject to subsection (b)(2)(A).

"(3) The term 'qualifying expenses' means the expenses authorized for purposes of subsection (a), subject to subsection (b)(2)(B).

"(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$5,000,000 for each of the fiscal years 2002 through 2006."

#### SEC. 4. PUBLIC AWARENESS; STUDIES AND DEMONSTRATIONS.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 377 the following section:

#### "PUBLIC AWARENESS; STUDIES AND DEMONSTRATIONS

"SEC. 377A. (a) PUBLIC AWARENESS.—The Secretary shall (directly or through grants or contracts) carry out a program to educate the public with respect to organ donation, including the need to provide for an adequate rate of such donations.

"(b) STUDIES AND DEMONSTRATIONS.—The Secretary may make grants to public and nonprofit private entities for the purpose of carrying out studies and demonstration projects with respect to providing for an adequate rate of organ donation.

"(c) GRANTS TO STATES.—The Secretary may make grants to States for the purpose of assisting States in carrying out organ donor awareness, public education and outreach activities and programs designed to increase the number of organ donors within the State, including living donors. To be eligible, each State shall—

"(1) submit an application to the Department in the form prescribed;

"(2) establish yearly benchmarks for improvement in organ donation rates in the State;

"(3) develop, enhance or expand a State donor registry, which shall be available to hospitals, organ procurement organizations, and other States upon a search request; and

"(4) report to the Secretary on an annual basis a description and assessment of the State's use of these grant funds, accompanied by an assessment of initiatives for potential replication in other States.

Funds may be used by the State or in partnership with other public agencies or private

sector institutions for education and awareness efforts, information dissemination, activities pertaining to the State organ donor registry, and other innovative donation specific initiatives, including living donation.

“(d) ANNUAL REPORT TO CONGRESS.—The Secretary shall annually submit to the Congress a report on the activities carried out under this section, including provisions describing the extent to which the activities have affected the rate of organ donation.

“(e) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated \$15,000,000 for fiscal year 2002, and such sums as may be necessary for each of the fiscal years 2003 through 2006. Such authorization of appropriations is in addition to any other authorizations of appropriations that is available for such purpose.

“(2) STUDIES AND DEMONSTRATIONS.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may not obligate more than \$2,000,000 for carrying out subsection (b).”

#### SEC. 5. EFFECTIVE DATE.

The amendments made by this Act take effect on the date of the enactment of this Act.

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

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

#### GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 624 and to insert extraneous material on the bill.

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

There was no objection.

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

I am pleased, Mr. Speaker, that the House is today considering H.R. 624, the Organ Donation Improvement Act of 2001. I want to thank my committee colleagues, the gentleman from Wisconsin (Mr. BARRETT) and the gentleman from Ohio (Mr. BROWN), the subcommittee ranking member, for their help in drafting this bill.

The full Committee on Energy and Commerce approved H.R. 624 on February 28 by unanimous vote, which reflects the bipartisanship nature of this initiative.

I also want to thank Secretary Tommy Thompson for making organ donation a top priority for his first 100 days in office. He has recognized the serious nature of this growing problem and intends to act quickly to increase organ donation efforts across the country. In fact, I received a letter from Secretary Thompson indicating his support for H.R. 624 and his intent to work with Congress to increase organ donation in the future.

Mr. Speaker, during the latter part of the last Congress, we had the legislation going through the body which would have done what we are doing in this legislation but also had established allocation procedures. It was

very controversial; and as a result of that, the legislation was not able to move.

What we have done in this legislation in a bipartisan basis was to pull out all of the noncontroversial very, very significant areas of that legislation and put them into this and left out completely the allocation procedures, which were controversial. I think that is very important that all of the Members realize that this is a different piece of legislation with no controversial areas at all.

□ 1300

Continuing, Mr. Speaker, nationwide we do not have enough organs for patients who need a transplant. During the 1990s, the number of patients waiting for organ transplants rose more than five times as fast as the number of transplant operations. In 1999, more than 20,000 transplants were performed, but the transplant waiting list exceeded 70,000 patients. As a result, more than 50,000 patients did not receive the transplants they needed.

With modern technology and the success of organ transplants, many of these deaths are preventable. Unfortunately, despite the generosity and self-sacrifice of thousands of donors who have given an organ to a patient in need, the supply of organs continues to fall short of the need. In my own State of Florida, the transplant waiting lists continue to grow and patients continue to wait.

What is most unfortunate, however, is the number of people who have died while on one of these transplant waiting lists. In 1999, in the State of Florida alone, 65 patients died while waiting for a liver transplant, 35 patients died while waiting for a heart transplant, 17 patients died while waiting for a lung transplant, and 91 patients died while waiting for a kidney transplant. So we must act to these preventable deaths by increasing the supply of organs and discussing the gift of life, as the gentlewoman from Florida (Mrs. THURMAN) said, with friends and family.

H.R. 624 recognizes the contributions made by living individuals who have donated organs to save lives. It also acknowledges the advances in medical technology that have made transplantation a viable treatment option for an increasing number of patients. Significantly, H.R. 624 directs the Secretary of Health and Human Services to carry out programs to educate the public with respect to organ donation. This bill also authorizes grants to cover the costs of travel and subsistence expenses for individuals who make living donations of their organs.

I am confident that these measures will provide the necessary incentives for Americans considering organ donation and increase the supply of organs. I urge all my colleagues to join me today in supporting passage of H.R. 624, the Organ Donation Improvement Act.

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, this bill complements the resolution we just considered, and I would again like to thank the gentleman from Wisconsin (Mr. BARRETT), the gentleman from Florida (Mr. BILIRAKIS), and the gentlewoman from Florida (Mrs. THURMAN) for their work on this legislation.

In 1999, nearly 75,000 people were on waiting lists for organ transplants; yet less than 22,000 of these 75,000 received transplants. Nearly 12 people die every day while waiting for a transplant. The question is how do we identify and how do we remove barriers to donation, narrowing the significant gap between transplant candidates and available organs?

Public awareness is part of the problem. Providing assistance to living organ donors is another step. H.R. 624 would set both of these strategies in motion. The authors have been clear. This bill is not an exhaustive response to the donor organ shortfall. This bill, however, to its credit, is a starting point in implementing good ideas and in signaling congressional interest in an issue significant to all of us.

Organ donation is such an amazing act of giving, one that delivers hope and health and life to thousands of patients a year. The fact that H.R. 624 represents the first step in a broader effort does not minimize its importance. I fully support its passage.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Mrs. THURMAN), who has been a leader on this and other organ donation issues.

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

Before I start in on a little bit of what we are talking about today, one of the things we probably ought to do first and foremost is thank all of the men and women out there today that have made that choice and have made a difference in people's lives, because without their generous donation we would not have this opportunity to even be talking about this and the technology and what has happened over several years.

So I would like to just take a moment to thank and to express to those family members, whether because of a loss or because of a connection with another family member, how much we appreciate what they have given already in this debate.

Today, what we are talking about is a resolution, and I commend our chairman for this and also the gentleman from Ohio (Mr. BROWN). As the chairman said, this was part of a piece of legislation last year that kind of got tied up in some allocation issues, but the issue in this one is so important because this actually helps us with expensing. So that if we have a living

donor, we can provide an opportunity for them to give the gift that they would like to give. So it is a very simple, direct kind of program that if one is willing to help and is willing to donate, that we are going to help in that regard as well.

The only other thing I would say is, I would like the chairman just to consider a second part of this piece of legislation that we introduced last year, which is the idea of when somebody is working, to be able to give them some time off where it does not hurt them in the workplace. Because without that time, it is very difficult for them. Even though they may be getting some of their expenses covered, they do have to take time off of work to be able to go and do this. So I just hope at sometime we can look at that issue.

But certainly my praises are to this committee and to this Congress for giving us this gift of life.

Mr. BROWN of Ohio. Mr. Speaker, I yield 4 minutes to the gentleman from Wisconsin (Mr. BARRETT), who has been very involved in this issue during his time in Congress.

Mr. BARRETT of Wisconsin. Mr. Speaker, I thank the gentleman for yielding me this time, and I want to compliment the gentleman from Florida (Mr. BILIRAKIS), the gentleman from Ohio (Mr. BROWN), and the others that have been so active on this issue. I think this is an issue that I think ultimately does have bipartisan support and we can all work together on.

In 1999, David Raine of Racine, Wisconsin, was put on a waiting list for a kidney. The clock was ticking, and his health was declining. It used to be that one family's saving grace was another family's tragedy, as organs were generally donated from the recently deceased. Though organ donation from the deceased is still the chief source of organ donations, there is an increasing number of organs donated from a healthy individual who is compatible to a patient in need. Though typically this type of transplant is done with kidneys, advances are being made in the transplantation of other organs, such as lungs and livers.

For David Raine, living donation saved him. As he describes it, an angel came into his life. Leslie Kallenbach, a fellow parishioner at David's church, offered her own kidney to him. Tests determined she was a perfect match; and in January of 2001, David and Leslie underwent surgeries at Saint Luke's Medical Center in Milwaukee. One of Leslie's kidneys was successfully transplanted to David by Dr. William Stevenson, and David Raine said he felt energy return to his body almost immediately. Both recovered without complication.

This is a happy ending that I wish was found in every transplant patient's story. Sadly, it is not. Fourteen people die each day because the organ they need is not available to them. The gap between organ transplants and the number of patients waiting for organs

more than doubled in the 1990s, according to a recent report by UNOS. On February 24, the UNOS national waiting list had 74,800 patients awaiting organs. Over half of those are waiting for kidneys.

In Wisconsin alone there are currently more than 1,500 people on organ waiting lists. Most of them are waiting kidneys. I mention kidneys in particular because through the advancement of medicine, living donations of kidneys are the most commonplace of all living donations.

The Organ Donation Improvement Act promotes living donation. According to UNOS, the number of living organ donors more than doubled from 1990 to 1999. The selfless humanity exhibited by living donors is recognized by this bill, as is the progress made in medical technology that has enabled living donor transplants, like the one from Leslie Kallenbach to David Raine.

This measure also provides financial assistance to States to develop and grow donor registries and to connect these registries to organ procurement organizations and hospitals. The bill also helps donors defray the costs associated with their testing and donations.

I am proud to say that Wisconsin is a leader in organ donation and transplant surgery among the States. Wisconsin's medical centers accept significantly greater numbers of organs for transplant than the national average. I will continue to fight to advance this cause and do whatever is necessary to share Wisconsin's success with the rest of the Nation.

Though I am pleased to see such swift action on this bill by the Committee on Commerce and now by my colleagues in the House, this cannot be the last word on organs. Our job is far from done. I appreciate the heartfelt support for these efforts by Health and Human Services Secretary Thompson, and I hope to work with him to develop a network of State donor registries so that the stories of those people who are waiting for the gift of life might have the same happy ending as David Raine.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. CANTOR).

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

Mr. Speaker, I rise in strong support of the Organ Donation Improvement Act introduced by the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Wisconsin (Mr. BARRETT). This legislation directs the Secretary of Health and Human Services to conduct a public awareness campaign about the need for additional organs for transplantation.

I am privileged to represent the hard-working men and women of the United Network for Organ Sharing, UNOS, in Richmond, Virginia. Their recent corporate campaign to increase organ donation complemented the goal of this legislation, and that is why I want to

publicly salute the employees of UNOS and the families and friends of those who have donated the "gift of life," donated organs.

According to UNOS, for every patient who receives the organ he or she needs, two more people in need of organs are added to the national waiting list. Unfortunately, less than half of those who register on the waiting list will ever receive a transplant. On average, 15 people die every day because the organ they need does not come in time.

In 1999, more than 6,000 people died while awaiting organs. The same year, the waiting list reached a high of more than 67,000 people. UNOS works to address this life-and-death challenge by increasing organ donation and making the most of every organ that is donated. This is accomplished through organ matching and distribution, data research, policymaking, education and public awareness.

Recently, several major employees in the metro Richmond area launched employee campaigns to raise awareness about organ donation and increase the number of organ donors in Virginia. The people of Virginia owe these companies and their employees a debt of gratitude for their efforts to promote a gift of life. I want to thank them for their hard work, and I urge passage of this legislation.

Mr. Speaker, I include for the RECORD the UNOS press release of March 3, 2001.

[From the United Network for Organ Sharing, Mar. 3, 2001]

RICHMOND EMPLOYERS JOIN UNOS TO INCREASE ORGAN DONATION

RICHMOND.—Several major employers in the metro Richmond area have joined the United Network for Organ Sharing's (UNOS) Workforce 2001, a unique effort to increase organ donation.

BB & T; Back in Action Health Resource Center, Bank of America, CapTech Ventures, Chesterfield County, City of Richmond, The C.F. Sauer Company, Continental Societies, Inc., Dominion Virginia Power, Durrill and Associates, First Union, James River Technical, McCandlish and Kaine, M.H. West and Co., Medical Insurers of Virginia; Owens and Minor, Pleasants Hardware, PriceWaterhouseCoopers, SMBW Architects, Style Weekly, SunTrust Bank, Tom Brown Hardware, Trigon Blue Cross Blue Shield, Ukrop's Supermarkets and First Market Bank, Verizon, Virginia Commonwealth University/Medical College of Virginia, The Virginia Home; Wella Manufacturing of Virginia; Westminster Canterbury; and Williams, Mullen, Clark and Dobbins have committed to educating their employees about the vital need for organ donation.

"Corporate involvement on the local and national level is key to spreading the life-saving message of organ donation," said Walter K. Graham, UNOS executive director. "We need everyone's help to make sure the public has the right information to make an informed decision about organ donation."

Nearly 700 people are currently awaiting an organ transplant in Richmond, with approximately 2,000 waiting statewide. There were 37 organ donors in Richmond during 2000, leading to more than 200 transplants.

Nationwide, 75,000 children, men, and women are registered on the nation's organ transplant waiting list. To date, UNOS reports that slightly more than 22,000 transplants were performed in 2000 using organs

from 5,900 cadaveric donors and 4,800 living donors.

For the year 2001, we project only moderate increases in donation and transplantation, so of these 75,000 less than one third will receive life-saving transplants this year. The other two-thirds will continue to wait, and perhaps die because the organ they need will not come in time to save them. UNOS, and the employers of Virginia, are working together to change this.

"A lot of people die in the U.S. and in Virginia because they don't get the organs they need so desperately. If we encourage everyone, starting with our own employees, to become donors we can help the situation tremendously," said Lynn Williamson, M.D., vice president and chief medical officer for Trigon Blue Cross Blue Shield.

One of the main ways the organizations will communicate with their employees about organ donation is a new electronic public service announcement (PSA) that can be sent via e-mail or posted on organization's Intranet site. The electronic PSA highlights the importance of organ donation and gives the viewer concrete steps they can take to be an organ donor. Other ways employers are spreading the message include using posters, brochures and paycheck stuffers.

Companies interested in joining the organ donation campaign should contact UNOS at (804) 330-8563.

UNOS, a nonprofit charitable organization headquartered in Richmond, VA, maintains the nation's organ transplant waiting list under contract with the Health Resources and Services Administration of the U.S. Department of Health and Human Services. UNOS also promotes organ donor awareness in the general public and the medical community.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY of Rhode Island. Mr. Speaker, I want to thank the gentleman from Ohio (Mr. BROWN) and the gentleman from Florida (Mr. BILIRAKIS) for their work on this legislation. It is an important piece of legislation.

I think anyone listening to this debate today, though there is not much of a debate other than we need to do more in the way of giving organs to people who need them, everyone should recognize the need to sign up. First things first: everyone should sign up as an organ donor right now or make a note to themselves to go up and sign up.

This is an easy thing to let pass: Oh yeah, I'm going to do it. I'm going to do it. If it were not for one of our own colleagues, the gentleman from Massachusetts (Mr. MOAKLEY), I would not have signed up. I recall when the gentleman from Massachusetts got this organs donation caucus together. We have several colleagues on both sides of the aisle who are beneficiaries of organ donations. There is nothing like hearing a story from someone who has benefited from an organ donation to make someone a believer and feel that they ought to sign up themselves.

So I encourage everyone to do it. Most people can go down to the registry of motor vehicles in most States, as in my State of Rhode Island. A form is signed which makes an individual an

organ donor, puts them on the list, and makes sure the individual's license reflects it. So in a time when we are no longer on this earth but our organs are, we can help someone else to live. I think that is the kind of thing we would all want to have made possible.

So I hope we all support this organ donation legislation. In my State, there were 71 organs donated last year, although there are 36,000 still on the waiting list in my State of Rhode Island. We have a tragic shortage of organs and we need to pass this legislation, H.R. 624, so that we can help expand awareness of this important process of donating an organ.

I encourage everyone to find someone that has benefited from this or log on and learn more about it, because I believe if people learn more about it they will become organ donors. It is an absolute tragedy that more Americans of good conscience and good will just are not because they have not gotten around to doing it. So anyone listening to this, please make sure to sign up to be an organ donor.

□ 1315

Mr. BILIRAKIS. Madam Speaker, I yield myself 1 minute.

Madam Speaker, just one parliamentary note. The committee filed its report on H.R. 624 last night. That report contained, as required under the House rules, a cost estimate for the bill from the Congressional Budget Office. However, H.R. 624, as introduced, contained a drafting error. An amendment to the basic legislation today took care of that. As a result, CBO provided its cost estimates on the amendment, on the bill, as amended, to H.R. 624 that we are considering today. I hope that this clears up any confusion.

In closing, Madam Speaker, I would like to acknowledge people who have really worked on this not only for this particular piece of legislation but even in the prior years, the staffs from the committee, Marc Wheat, Brent DelMonte; John Ford, who is here; Katie Porter from the minority; Erin Ockunzki, a member of my personal staff; my chief of staff Todd Tuten. We are all very grateful to those good people for the hard work that they have placed on this legislation.

Mr. DINGELL. Madam Speaker. According to the most recent annual report of the United Network for Organ Sharing (UNOS), the shortage of organs for transplant is getting worse. Approximately 21,715 transplants were performed in 1999. The number of persons on the national transplant waiting list as of February 2001 was approximately 74,000. The number of deaths among persons who were on the transplant waiting list tripled in the decade of the 1990s. Although cadaveric and live donation rates have increased, the need for these organs has grown even faster.

I applaud the effort of my colleagues to raise awareness of the need for more organ donations. I want to also pledge to work with Secretary Thompson on this important issue. He has indicated that he will make organ donation a priority of this administration. One in-

teresting statistic he often cites is that two-thirds of Americans have not expressed their wishes about donation.

Clearly, there is much that can be done to increase organ donations. The two measures before us today, H. Con. Res. 31 and H.R. 624, are steps in the right direction. I want to make particular note of the efforts of my friend and colleague, Representative KAREN THURMAN. She has made all of us aware of the need to act quickly and decisively to address a host of donation issues. Her resolution on organ, tissue, bone marrow, and blood donation deserves our enthusiastic support.

H.R. 624 addresses both cadaveric and living donations. There are obvious limitations with respect to live donations, so we must attack the shortage on both fronts, cadaveric and live donations. Ninety-five percent of live donations are kidneys, with the remaining five percent involving the split liver technique. Cadaveric donations thus make up part of the supply of transplantable kidneys and livers, and the entire supply of hearts, pancreas, lungs, and intestines.

H.R. 624 is an incremental step. It is not a comprehensive program. I hope this is merely a reflection of the process by which this bill comes before us today and does not reflect a limitation on our collective will to make lasting and meaningful progress toward increasing the supply of organs. There are many good ideas we should examine and I hope that in due course, we will.

Finally, I remain wary of the bill's residency and "covered vicinity" provisions. I will be monitoring the implementation of H.R. 624 to be sure it does not stray from its intended purpose.

With that Madam Speaker, I urge my colleagues to support these two measures.

Mr. UNDERWOOD. Madam Speaker, I support today H.R. 624, the Organ Donation Improvement Act of 2001, introduced by my colleague, Congressman BILIRAKIS of Florida.

This bill will support payment of travel and subsistence expenses incurred by individuals making living donations of their organs, raise public awareness of the importance of organ and tissue donation in our country, and help families understand and respect the wishes of family members who desire to be individual organ donors.

Although organ and tissue transplantation is not a common procedure in my district of Guam as it is in larger metropolitan areas of the country, the need is still great as heart disease and diabetes are among the leading causes of death on the island. In fact, heart disease ranks as the number one killer, while diabetes ranks very close to the top and affects Chamorros at 5 times the national average.

The impact of higher costs and greater distances between Guam and the nearest major metropolitan hospital in Honolulu, approximately 3,500 miles or 7 hours by plane, is a vital concern when it comes to health care for U.S. citizens on Guam. Some of Guam's patients are medically evacuated to larger metropolitan health care centers in Honolulu and Los Angeles for these procedures. Other times, the organ and tissue donations are transported to Guam for transplantation. So, the access to organ and tissue donation is a critical component of whether a patient lives or dies.

Since the majority of those who are medically evacuated to hospitals in Honolulu and in

the continental United States are Medicare and Medicaid patients, the cost of travel and subsistence payments for individual living donors is a welcome relief to those who are able to find a perfect organ donor match.

The program to raise public understanding and assist states and territories in carrying out organ donor awareness, public education, and outreach activities is also a welcome component of the Organ Donation Improvement Act. For minority communities, such as the Asian Pacific American community, this is a particularly welcome initiative.

Mr. TOM DAVIS of Virginia. Madam Speaker, I rise in strong support today for H.R. 624, the Organ Donation Improvement Act. I have seen first-hand how important organ donation can be. My own sister-in-law has been the recipient of a transplanted kidney. Unfortunately, not every person who needs an organ transplant is as lucky as she was. In 1999 alone, over 6,000 people died while on the waiting list for a donor organ.

Despite continuing advances in medicine and technology, the tragic truth is that the demand for organs drastically outstrips the supply of organ donors. According to a recent report, the number of Americans waiting for organ transplants more than tripled from 21,914 to 72,110 between 1990 and the end of 1999. However, annual donor transplants over the same period increased at a far slower rate, going from 15,009 in 1990 to 21,715 in 1999.

H.R. 624 is an important step in addressing this crisis. This bill directs the Secretary of Health and Human Services to carry out a program to educate the public with respect to organ donation. It also authorizes grants to cover the costs of travel and subsistence expenses for individuals who make living donations of their organs.

I believe that it is of the utmost importance that we encourage more individuals to share the life-saving benefits of organ donation. Therefore, I urge my colleagues to give this bill their full support.

Mr. RUSH. Madam Speaker, I rise in support of the Organ Donation Improvement Act of 2001, H.R. 624, which was reported by the Energy and Commerce Committee last week. As reported, H.R. 624 authorizes up to \$5 million each year—for each of the next five years—to provide travel and subsistence funds for organ donors meeting certain criteria.

I support the bill because I have been assured by the distinguished chairman of the Health Subcommittee, my friend MIKE BILIRAKIS that the bill is intended to help increase the supply of life-saving organs that are available nationwide, and that it is not an attempt to circumvent, abrogate, amend or revise the organ donation and allocation system which was implemented by the Department of Health and Human Services last year.

Under the provisions of the National Organ Transplant Act (NOTA), the U.S. Department of Health and Human Services has the responsibility for establishing and administering a national organ allocation program. In April of 1998, the Department published a regulation which directs the Organ Procurement and Transplantation Network (OPTN) to address a number of inefficiencies and inequities in the existing organ allocation program. UNOS, the United Network for Organ Sharing, and a number of transplant centers, strongly ob-

jected to the regulation. The groups in opposition sought and secured a rider to the Omnibus Appropriations enacted in 1998 which blocked implementation of the Secretary's proposed regulation.

In October, 1998, the Congress suspended implementation of the Final Rule for one year to allow further study of its potential impact. During that time, Congress asked the Institute of Medicine (IOM) to review current Organ Procurement Transplantation Network (OPTN) policies and the potential impact of the Final Rule. The IOM study was completed in July, 1999 and provided overwhelming evidence in favor of the new regulations. Nevertheless, a second moratorium was added onto the Work Incentives Improvement Act, that provided for an additional 90-day delay on implementation of the Final Rule.

In the midst of this debate, in October, 1999, the House Commerce Committee debated and reported legislation, H.R. 2418, that would have divested the Department of Health and Human Services of any authority to require anything of the OPTN. Functions of a scientific, clinical or medical nature would be in the sole discretion of the OPTN. All administrative and procedural functions would require mutual agreement of the Secretary and the Network.

Opponents of H.R. 2418, including the Governor of the great state of Illinois, believed that the legislation would create an unregulated monopoly of organ allocations, and allow UNOS to run the organ allocation program unfettered. The legislation would also have favored small states with small centers at the expense of patients waiting for transplants at larger centers. The state of Illinois represents 9 percent of the population and receives only 4 percent of the transplants.

While debate on H.R. 2418 raged in the House, during 1999 and 2000, the U.S. Department of Health and Human Services (HHS) made several attempts to implement a new organ donation and allocation regulation. The HHS regulation incorporates many of the sound recommendations of the National Academy of Sciences' Institute of Medicines recommendations for improving the organ donation and allocation system. This regulation—the subject of opposition by those groups which would have maintained the status quo—had twice been delayed by Congressional action, but finally went into effect in March, 2000.

Madam Speaker, in January of this year, former Health and Human Services Department Secretary, Donna E. Shalala, announced the appointment of 20 members to the Secretary's new Advisory Committee on Organ Transplantation. The committee, which was created in the Organ Procurement and Transplantation Network rule of 1999 and recommended by the Institute of Medicine Report to Congress in 1998, will advise the Secretary on all aspects of organ procurement, allocation and transplantation. The new Department of Health and Human Services Secretary, the Honorable Tommy Thompson, has said that improvements to the organ donation and allocation system are one of his major priorities.

Madam Speaker, it is my hope that, in the future, as this House and the Energy and Commerce Committee continues its oversight on the administration of the organ donation and allocation system, that we not rush to judgment—as we did with this legislation—with no hearings, no consultation, and no oversight

by the committees of jurisdiction and the Members of this House that are so vitally interested in this issue.

Mr. STARK. Madam Speaker, I rise in support of H.R. 624, the Organ Donation Improvement Act.

H.R. 624 is an important piece of legislation that provides financial assistance to living donors to cover the travel expenses associated with donating an organ, and provides new funds for programs to educate the public with respect to organ donation.

In a National Kidney Foundation Survey, one out of four family members said that financial considerations prevented them from volunteering to become a living donor. When you consider airfare, hotel, ground transportation, and food for a few days, the costs add up. This bill would provide grants to states, transplant centers, organ procurement organizations, and other public entities to enable them to pay for the non-medical travel and subsistence expenses incurred by a donor in conjunction with organ donation. It is targeted to recipients with incomes below \$35,000 a year who might not otherwise be able to aide a donor in paying for travel costs.

More people would be able to become living donors if we remove this cost barrier. In a country as wealthy as ours, we cannot allow those who are in need of an organ to miss a life-saving opportunity because of a lack of travel funds for a family member or other matching donor. Moreover, we must facilitate more people becoming living organ donors by removing whatever obstacles we can.

This bill would also authorize the Secretary of Health and Human Services to make grants to states or contract with organizations to educate the public on organ donation. States that receive grants would be required to submit annual reports to the Secretary assessing the effectiveness of the programs, so that successful programs can be replicated in other states. We need to get as many people as possible to fill out organ and tissue pledge cards, and enter their information in the National Marrow Donor Program Registry through education campaigns. The Federal government needs to work with States, and non-profit organizations to reach every person in this country. Any of us could one day need a transplant.

This bill takes a step in the right direction, but it should be considered a piece in a broader effort to increase organ donation in this country. Every 14 minutes a new name is added to the transplant waiting list. We need to insure that every 14 minutes a new donor signs a pledge card. We have far to go before we've reached that goal, but this bill moves us closer.

Secretary Thompson has already indicated that he plans to launch a national awareness campaign and to do more to recognize donors and their families. This would be a great opportunity for Congress to collaborate with him to draw attention to this life-saving issue. I urge my colleagues to vote in support of this important legislation to increase organ donations.

Mr. VITTER. Madam Speaker, I rise today to express my support for organ donation and the sentiment in H.R. 624 to emphasize the importance discussing organ and tissue donation as a family. I'm proud to say that in my home state of Louisiana, the LSU Health Sciences Center, working with Legacy Donor Foundation and the Louisiana Organ Procurement Agency, developed a model campaign

now used by businesses that is very successful in getting employees to sign up to become organ donors at death. Despite these advances, in Louisiana and across our nation, a lot more public education is needed to raise awareness of the critical shortage of organs. In addition, Louisiana has also benefited from the services provided by the Oschner Multi-Organ Transplant Center, where over 50 liver transplants are performed each year. The help these organizations provide to patients in Louisiana are immeasurable.

For example, in Louisiana today there are about 1,600 individuals—mothers, fathers, husbands, wives, sons, daughters—awaiting a life-saving transplant. Nationally, more than 73,000 men, women and children awake in hope each day that it will be the day when they receive their new organ, before it's too late for them. But needs far exceed organ donations each year. One organ donor can save the lives of as many as eight others. Organs from 100 individuals in Louisiana were donated last year, providing 365 organs for transplant. Those 100 selfless humans in Louisiana gave the gift of life to strangers as their legacy. Organ donation is the last act of selfless generosity that one human being can perform for another.

Mr. CUMMINGS. Madam Speaker, I rise today in support of H. Con. Res. 31 and H.R. 624, both expressing Congress' acknowledgment of the need for organ donors and organ donor support for all citizens.

In 1996, I introduced H.R. 457 (Public Law No. 106–56), the Organ Donor Leave Act, because I am a firm believer in the life-saving power of organ donation. This legislation allows federal employees up to 30 days paid leave after having made an organ donation and 7 days for those employees making a bone marrow donation. Through we have made progress in the fight for increasing the support for organ donors, it is out of that same unshaken belief that I recognize the need for legislation like H. Con. Res. 31 and H.R. 624. I know the truth and the truth is that there is still much that can be improved.

Over 60,000 Americans are awaiting for an organ donation, while 12 people die each day waiting for a transplant.

Every sixteen minutes, a new name in need of an organ, tissue, or bone marrow transplant is added to a waiting list.

Each year, despite the efforts of countless Americans who are organ donors, over 4,000 Americans die in need of a transplant.

These grim statistics are the real reason why I stand behind H.R. 624, the Organ Donation Improvement Act of 2001, which will not only foster increased public awareness through studies and demonstrations, but also supports organ donors through financial assistance incurred toward living organ donation. Furthermore, as H. Con. Res. 31 states, I fully support National Donor Day which promotes awareness and while educating ALL about organ, tissue, bone marrow, and blood donation.

In both of these bills, we move another step forward in helping to eliminate a solvable problem, paving the way toward answering the hopes and needs of those who now wait too long for a second chance at life.

Mr. KIND. Madam Speaker, today, I rise in support of H.R. 624, the Organ Donation Improvement Act. As we all know, there is a shortage of organ donors across the United

States. In fact, the waiting list for organ transplants has grown by over 300 percent in the last decade.

I am, however, proud that my state of Wisconsin has an excellent record in organ procurement. Wisconsin's two organ donation agencies, the Wisconsin Donor Network in Milwaukee and the University of Wisconsin Organ Procurement organization, are nationally recognized for their donation rates. Each year in Wisconsin, nearly 150 people give more than 600 citizens the opportunity for a new beginning.

In order to decrease the number of individuals on the wait list for organ transplants, we need to increase people's willingness to become donors. Wisconsin has a model intensive education program that works closely with schools, community groups, church groups and the hospitals to allay individuals' questions and concerns related to organ donation. I am proud to be a cosponsor of the Organ Donation Improvement Act that would provide grants to states to build programs similar to our successful program in Wisconsin.

This bill recognizes the critical role that states can play in improving organ donation. I urge my colleagues to support this important legislation.

Mr. BENTSEN. Madam Speaker, I rise in strong support of the Organ Donation Improvement Act (H.R. 624), legislation that will help the 60,000 people in the United States who are currently waiting for organ transplant surgery. This year, approximately 20,000 people will receive these lifesaving operations, but 40,000 people will not. This legislation is an important first step in helping these patients and their families to get the organs that they desperately need.

As the representative for the Texas Medical Center where many of these transplantations occur, I am concerned about the need to find more organs for these patients. Many of these lifesaving procedures are conducted at the transplant departments at these teaching hospitals in my district. During the past decade, the waiting list for organs has grown by more than 300 percent. Clearly, we are not finding sufficient donors to meet the demand for these patients.

As an original cosponsor of this legislation, I strongly support this effort to increase organ donations. First, this measure authorizes \$5 million for each of the next five years to help pay for the cost of travel and subsistence expenses for people who donate their organs. With advanced technology and techniques, today there are more opportunities for people to donate organs. However, many patients cannot afford to travel and pay for the costs associated with organ donation surgeries. This bill would encourage more patients to donate an organ if they know that both their travel and subsistence expenses will be covered. These grants would be given to only those low-income patients who cannot afford to travel to another state in order to donate an organ. In addition, these grants can help donors to receive supplemental income during the time period when they are donating an organ.

This bill would also require the Secretary of Health and Human Services (HHS) to conduct a public awareness program on organ donation. With more awareness, it is my hope that more families will discuss organ donation and will give the "gift of life" to another patient.

This measure also includes a provision to authorize grants for studies and pilot projects to increase organ donations to private organizations.

I am also pleased that the American Hospital Association and the Patient Access to Transplantation Coalition have expressed their strong support for this bill. I urge my colleagues to vote for this legislation.

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

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

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 624, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. Madam 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.

#### HONORING 21 MEMBERS OF NATIONAL GUARD KILLED IN CRASH ON MARCH 3, 2001

Mr. SCHROCK. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 47) honoring the 21 members of the National Guard who were killed in the crash of a National Guard aircraft on March 3, 2001, in south-central Georgia.

The Clerk read as follows:

H. CON. RES. 47

Whereas a C-23 Sherpa National Guard aircraft crashed in south-central Georgia on March 3, 2001, killing all 21 National Guard members on board;

Whereas of the 21 National Guard members on board, 18 were members of the Virginia Air National Guard from the Hampton Roads area of Virginia returning home following two weeks of training duty in Florida and the other 3 were members of the Florida Army National Guard who comprised the flight crew of the aircraft;

Whereas the Virginia National Guard members killed, all of whom were members of the 203rd Red Horse Engineering Flight of Virginia Beach, Virginia, were Master Sergeant James Beninati, 46, of Virginia Beach, Virginia; Staff Sergeant Paul J. Blancato, 38, of Norfolk, Virginia; Technical Sergeant Ernest Blawas, 47, of Virginia Beach, Virginia; Staff Sergeant Andrew H. Bridges, 33, of Chesapeake, Virginia; Master Sergeant Eric Bulman, 59, of Virginia Beach, Virginia; Staff Sergeant Paul Cramer, 43, of Norfolk, Virginia; Technical Sergeant Michael East, 40, of Parksley, Virginia; Staff Sergeant Ronald Elkin, 43, of Norfolk, Virginia; Staff Sergeant James Ferguson, 41, of Newport News, Virginia; Staff Sergeant Randy Johnson, 40, of Emporia, Virginia; Senior Airman Mathew Kidd, 23, of Hampton, Virginia; Master Sergeant Michael Lane, 34, of Moyock, North Carolina; Technical Sergeant Edwin Richardson, 48, of Virginia Beach, Virginia; Technical Sergeant Dean Shelby, 39, of