

Administration. In the study, scientists used a protein pattern they developed to classify 116 blood samples that were known to include 50 cancerous samples and 66 noncancerous samples. The test correctly identified the 50 cancerous samples and correctly identified 95 percent of the control sample as noncancerous.

It is urgent that large-scale testing of this technology be begun as soon as possible. As this test only requires a blood test, it will at last enable the widespread screening needed to identify this disease in its earliest and most curable stage. In particular, we should make the test available as soon as possible to those with increased risk factors for ovarian cancer.

Approximately 23,000 women in the United States are expected to be diagnosed with ovarian cancer this year and some 14,000 women will die from the disease. Ovarian cancer is the most lethal cancer of the female reproductive system, primarily because it is so difficult to detect in its early stages. While survival rates are quite high if the disease is found before it spreads beyond the ovaries, the five-year survival rate drops to 28 percent for women who are diagnosed and treated in the later stages of the disease. Only 25 percent of ovarian cancer cases are caught in the earliest stage. This test could change these frightening statistics and lead to the declines in mortality we've seen since widespread use of early detection tests for cervical and breast cancer.

I commend Representatives ISRAEL and DELAURO for introducing this bill and urge all of my colleagues to support it.

Mr. BROWN of Ohio. 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 Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 385.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

NURSE REINVESTMENT ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 3487) to amend the Public Service Act with respect to health professions programs regarding the field of nursing.

The Clerk read as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Nurse Reinvestment Act".

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—NURSE RECRUITMENT

Sec. 101. Definitions.

Sec. 102. Public service announcements regarding the nursing profession.

Sec. 103. National Nurse Service Corps.

TITLE II—NURSE RETENTION

Sec. 201. Building career ladders and retaining quality nurses.

Sec. 202. Comprehensive geriatric education.

Sec. 203. Nurse faculty loan program.

Sec. 204. Reports by General Accounting Office.

TITLE I—NURSE RECRUITMENT

SEC. 101. DEFINITIONS.

Section 801 of the Public Health Service Act (42 U.S.C. 296) is amended by adding at the end the following:

"(9) AMBULATORY SURGICAL CENTER.—The term 'ambulatory surgical center' has the meaning applicable to such term under title XVIII of the Social Security Act.

"(10) FEDERALLY QUALIFIED HEALTH CENTER.—The term 'Federally qualified health center' has the meaning given such term under section 1861(aa)(4) of the Social Security Act.

"(11) HEALTH CARE FACILITY.—The term 'health care facility' means an Indian Health Service health center, a Native Hawaiian health center, a hospital, a Federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a State or local department of public health, a skilled nursing facility, an ambulatory surgical center, or any other facility designated by the Secretary.

"(12) HOME HEALTH AGENCY.—The term 'home health agency' has the meaning given such term in section 1861(o) of the Social Security Act.

"(13) HOSPICE PROGRAM.—The term 'hospice program' has the meaning given such term in section 1861(dd)(2) of the Social Security Act.

"(14) RURAL HEALTH CLINIC.—The term 'rural health clinic' has the meaning given such term in section 1861(aa)(2) of the Social Security Act.

"(15) SKILLED NURSING FACILITY.—The term 'skilled nursing facility' has the meaning given such term in section 1819(a) of the Social Security Act."

SEC. 102. PUBLIC SERVICE ANNOUNCEMENTS REGARDING THE NURSING PROFESSION.

Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.) is amended by adding at the end the following:

"PART H—PUBLIC SERVICE ANNOUNCEMENTS

"SEC. 851. PUBLIC SERVICE ANNOUNCEMENTS.

"(a) IN GENERAL.—The Secretary shall develop and issue public service announcements that advertise and promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals to enter the nursing profession.

"(b) METHOD.—The public service announcements described in subsection (a) shall be broadcast through appropriate media outlets, including television or radio, in a manner intended to reach as wide and diverse an audience as possible.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007.

"SEC. 852. STATE AND LOCAL PUBLIC SERVICE ANNOUNCEMENTS.

"(a) IN GENERAL.—The Secretary may award grants to eligible entities to support State and local advertising campaigns through appropriate media outlets to promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals from disadvantaged backgrounds to enter the nursing profession.

"(b) USE OF FUNDS.—An eligible entity that receives a grant under subsection (a) shall use funds received through such grant to acquire local television and radio time, place advertisements in local newspapers, or post information on billboards or on the Internet in a manner intended to reach as wide and diverse an audience as possible, in order to—

"(1) advertise and promote the nursing profession;

"(2) promote nursing education programs;

"(3) inform the public of financial assistance regarding such education programs;

"(4) highlight individuals in the community who are practicing nursing in order to recruit new nurses; or

"(5) provide any other information to recruit individuals for the nursing profession.

"(c) LIMITATION.—An eligible entity that receives a grant under subsection (a) shall not use funds received through such grant to advertise particular employment opportunities.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007."

SEC. 103. NATIONAL NURSE SERVICE CORPS.

(a) LOAN REPAYMENT PROGRAM.—Section 846(a) of the Public Health Service Act (42 U.S.C. 297n(a)) is amended—

(1) in paragraph (3), by striking "in an Indian Health Service health center" and all that follows to the semicolon and inserting "at a health care facility with a critical shortage of nurses"; and

(2) by adding at the end the following: "After fiscal year 2007, the Secretary may not, pursuant to any agreement entered into under this subsection, assign a nurse to any private entity unless that entity is nonprofit."

(b) ESTABLISHMENT OF SCHOLARSHIP PROGRAM.—Section 846 of the Public Health Service Act (42 U.S.C. 297n) is amended—

(1) in the heading for the section, by striking "LOAN REPAYMENT PROGRAM" and inserting "LOAN REPAYMENT AND SCHOLARSHIP PROGRAMS";

(2) by redesignating subsections (d), (f), (g), and (h) as subsections (f), (h), (i), and (g), respectively;

(3) by transferring subsections (f) and (g) (as so redesignated) from their current placements, by inserting subsection (f) after subsection (e), and by inserting subsection (g) after subsection (f) (as so inserted); and

(4) by inserting after subsection (c) the following subsection:

"(d) SCHOLARSHIP PROGRAM.—

"(1) IN GENERAL.—The Secretary shall (for fiscal years 2003 and 2004) and may (for fiscal years thereafter) carry out a program of entering into contracts with eligible individuals under which such individuals agree to serve as nurses for a period of not less than 2 years at a health care facility with a critical shortage of nurses, in consideration of the Federal Government agreeing to provide to the individuals scholarships for attendance at schools of nursing.

"(2) ELIGIBLE INDIVIDUALS.—In this subsection, the term 'eligible individual' means an individual who is enrolled or accepted for enrollment as a full-time or part-time student in a school of nursing.

"(3) SERVICE REQUIREMENT.—

"(A) IN GENERAL.—The Secretary may not enter into a contract with an eligible individual under this subsection unless the individual agrees to serve as a nurse at a health care facility with a critical shortage of nurses for a period of full-time service of not less than 2 years, or for a period of part-time service in accordance with subparagraph (B).

"(B) PART-TIME SERVICE.—An individual may complete the period of service described in subparagraph (A) on a part-time basis if the individual has a written agreement that—

"(i) is entered into by the facility and the individual and is approved by the Secretary; and

"(ii) provides that the period of obligated service will be extended so that the aggregate amount of service performed will equal the amount of service that would be performed through a period of full-time service of not less than 2 years.

"(4) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of subpart III of part D of title III shall, except as inconsistent with this section, apply to the program established in paragraph (1) in the same manner and to the same

extent as such provisions apply to the National Health Service Corps Scholarship Program established in such subpart.”.

(c) **PREFERENCE.**—Section 846(e) of the Public Health Service Act (42 U.S.C. 297n(e)) is amended by striking “under subsection (a)” and all that follows through the period and inserting “under subsection (a) or (d), the Secretary shall give preference to qualified applicants with the greatest financial need.”.

(d) **REPORTS.**—Subsection (h) of section 846 of the Public Health Service Act (42 U.S.C. 297n) (as redesignated by subsection (b)(2)) is amended to read as follows:

“(h) **REPORTS.**—Not later than 18 months after the date of enactment of the Nurse Reinvestment Act, and annually thereafter, the Secretary shall prepare and submit to the Congress a report describing the programs carried out under this section, including statements regarding—

“(1) the number of enrollees, scholarships, loan repayments, and grant recipients;

“(2) the number of graduates;

“(3) the amount of scholarship payments and loan repayments made;

“(4) which educational institution the recipients attended;

“(5) the number and placement location of the scholarship and loan repayment recipients at health care facilities with a critical shortage of nurses;

“(6) the default rate and actions required;

“(7) the amount of outstanding default funds of both the scholarship and loan repayment programs;

“(8) to the extent that it can be determined, the reason for the default;

“(9) the demographics of the individuals participating in the scholarship and loan repayment programs;

“(10) justification for the allocation of funds between the scholarship and loan repayment programs; and

“(11) an evaluation of the overall costs and benefits of the programs.”.

(e) **FUNDING.**—Subsection (i) of section 846 of the Public Health Service Act (42 U.S.C. 297n) (as redesignated by subsection (b)(2)) is amended to read as follows:

“(i) **FUNDING.**—

“(1) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of payments under agreements entered into under subsection (a) or (d), there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2003 through 2007.

“(2) **ALLOCATIONS.**—Of the amounts appropriated under paragraph (1), the Secretary may, as determined appropriate by the Secretary, allocate amounts between the program under subsection (a) and the program under subsection (d).”.

TITLE II—NURSE RETENTION

SEC. 201. BUILDING CAREER LADDERS AND RETAINING QUALITY NURSES.

Section 831 of the Public Health Service Act (42 U.S.C. 296p) is amended to read as follows:

“SEC. 831. NURSE EDUCATION, PRACTICE, AND RETENTION GRANTS.

“(a) **EDUCATION PRIORITY AREAS.**—The Secretary may award grants to or enter into contracts with eligible entities for—

“(1) expanding the enrollment in baccalaureate nursing programs;

“(2) developing and implementing internship and residency programs to encourage mentoring and the development of specialties; or

“(3) providing education in new technologies, including distance learning methodologies.

“(b) **PRACTICE PRIORITY AREAS.**—The Secretary may award grants to or enter into contracts with eligible entities for—

“(1) establishing or expanding nursing practice arrangements in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities;

“(2) providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, the homeless, and victims of domestic violence;

“(3) providing managed care, quality improvement, and other skills needed to practice in existing and emerging organized health care systems; or

“(4) developing cultural competencies among nurses.

“(c) **RETENTION PRIORITY AREAS.**—The Secretary may award grants to and enter into contracts with eligible entities to enhance the nursing workforce by initiating and maintaining nurse retention programs pursuant to paragraph (1) or (2).

“(1) **GRANTS FOR CAREER LADDER PROGRAMS.**—The Secretary may award grants to and enter into contracts with eligible entities for programs—

“(A) to promote career advancement for nursing personnel in a variety of training settings, cross training or specialty training among diverse population groups, and the advancement of individuals including to become professional nurses, advanced education nurses, licensed practical nurses, certified nurse assistants, and home health aides; and

“(B) to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession, such as by providing career counseling and mentoring.

“(2) **ENHANCING PATIENT CARE DELIVERY SYSTEMS.**—

“(A) **GRANTS.**—The Secretary may award grants to eligible entities to improve the retention of nurses and enhance patient care that is directly related to nursing activities by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decisionmaking processes of a health care facility.

“(B) **PREFERENCE.**—In making awards of grants under this paragraph, the Secretary shall give a preference to applicants that have not previously received an award under this paragraph.

“(C) **CONTINUATION OF AN AWARD.**—The Secretary shall make continuation of any award under this paragraph beyond the second year of such award contingent on the recipient of such award having demonstrated to the Secretary measurable and substantive improvement in nurse retention or patient care.

“(d) **OTHER PRIORITY AREAS.**—The Secretary may award grants to or enter into contracts with eligible entities to address other areas that are of high priority to nurse education, practice, and retention, as determined by the Secretary.

“(e) **PREFERENCE.**—For purposes of any amount of funds appropriated to carry out this section for fiscal year 2003, 2004, or 2005 that is in excess of the amount of funds appropriated to carry out this section for fiscal year 2002, the Secretary shall give preference to awarding grants or entering into contracts under subsections (a)(2) and (c).

“(f) **REPORT.**—The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.

“(g) **ELIGIBLE ENTITY.**—For purposes of this section, the term ‘eligible entity’ includes a school of nursing, a health care facility, or a partnership of such a school and facility.

“(h) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007.”.

SEC. 202. COMPREHENSIVE GERIATRIC EDUCATION.

(a) **COMPREHENSIVE GERIATRIC EDUCATION.**—Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.) (as amended by section 102) is amended by adding at the end the following:

“PART I—COMPREHENSIVE GERIATRIC EDUCATION

“SEC. 855. COMPREHENSIVE GERIATRIC EDUCATION.

“(a) **PROGRAM AUTHORIZED.**—The Secretary shall award grants to eligible entities to develop and implement, in coordination with programs under section 753, programs and initiatives to train and educate individuals in providing geriatric care for the elderly.

“(b) **USE OF FUNDS.**—An eligible entity that receives a grant under subsection (a) shall use funds under such grant to—

“(1) provide training to individuals who will provide geriatric care for the elderly;

“(2) develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;

“(3) train faculty members in geriatrics; or

“(4) provide continuing education to individuals who provide geriatric care.

“(c) **APPLICATION.**—An eligible entity desiring a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

“(d) **ELIGIBLE ENTITY.**—For purposes of this section, the term ‘eligible entity’ includes a school of nursing, a health care facility, a program leading to certification as a certified nurse assistant, a partnership of such a school and facility, or a partnership of such a program and facility.

“(e) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007.”.

(b) **TECHNICAL AMENDMENT.**—Section 753(a)(1) of the Public Health Service Act (42 U.S.C. 294c) is amended by striking “, and section 853(2),” and inserting “, and section 801(2),”.

SEC. 203. NURSE FACULTY LOAN PROGRAM.

Part E of title VIII of the Public Health Service Act (42 U.S.C. 297a et seq.) is amended by inserting after section 846 the following:

“NURSE FACULTY LOAN PROGRAM

“SEC. 846A. (a) **ESTABLISHMENT.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may enter into an agreement with any school of nursing for the establishment and operation of a student loan fund in accordance with this section, to increase the number of qualified nursing faculty.

“(b) **AGREEMENTS.**—Each agreement entered into under subsection (a) shall—

“(1) provide for the establishment of a student loan fund by the school involved;

“(2) provide for deposit in the fund of—

“(A) the Federal capital contributions to the fund;

“(B) an amount equal to not less than one-ninth of such Federal capital contributions, contributed by such school;

“(C) collections of principal and interest on loans made from the fund; and

“(D) any other earnings of the fund;

“(3) provide that the fund will be used only for loans to students of the school in accordance with subsection (c) and for costs of collection of such loans and interest thereon;

“(4) provide that loans may be made from such fund only to students pursuing a full-time course of study or, at the discretion of the Secretary, a part-time course of study in an advanced degree program described in section 811(b); and

“(5) contain such other provisions as are necessary to protect the financial interests of the United States.

“(c) **LOAN PROVISIONS.**—Loans from any student loan fund established by a school pursuant

to an agreement under subsection (a) shall be made to an individual on such terms and conditions as the school may determine, except that—

“(1) such terms and conditions are subject to any conditions, limitations, and requirements prescribed by the Secretary;

“(2) in the case of any individual, the total of the loans for any academic year made by schools of nursing from loan funds established pursuant to agreements under subsection (a) may not exceed \$30,000, plus any amount determined by the Secretary on an annual basis to reflect inflation;

“(3) an amount up to 85 percent of any such loan (plus interest thereon) shall be canceled by the school as follows:

“(A) upon completion by the individual of each of the first, second, and third year of full-time employment, required by the loan agreement entered into under this subsection, as a faculty member in a school of nursing, the school shall cancel 20 percent of the principle of, and the interest on, the amount of such loan unpaid on the first day of such employment; and

“(B) upon completion by the individual of the fourth year of full-time employment, required by the loan agreement entered into under this subsection, as a faculty member in a school of nursing, the school shall cancel 25 percent of the principle of, and the interest on, the amount of such loan unpaid on the first day of such employment;

“(4) such a loan may be used to pay the cost of tuition, fees, books, laboratory expenses, and other reasonable education expenses;

“(5) such a loan shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the 10-year period that begins 9 months after the individual ceases to pursue a course of study at a school of nursing; and

“(6) such a loan shall—

“(A) beginning on the date that is 3 months after the individual ceases to pursue a course of study at a school of nursing, bear interest on the unpaid balance of the loan at the rate of 3 percent per annum; or

“(B) subject to subsection (e), if the school of nursing determines that the individual will not complete such course of study or serve as a faculty member as required under the loan agreement under this subsection, bear interest on the unpaid balance of the loan at the prevailing market rate.

“(d) **PAYMENT OF PROPORTIONATE SHARE.**—Where all or any part of a loan, or interest, is canceled under this section, the Secretary shall pay to the school an amount equal to the school's proportionate share of the canceled portion, as determined by the Secretary.

“(e) **REVIEW BY SECRETARY.**—At the request of the individual involved, the Secretary may review any determination by a school of nursing under subsection (c)(6)(B).

“(f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007.”.

SEC. 204. REPORTS BY GENERAL ACCOUNTING OFFICE.

(a) **NATIONAL VARIATIONS.**—Not later than 4 years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a survey to determine national variations in the nursing shortage at hospitals, nursing homes, and other health care providers, and submit a report, including recommendations, to the Congress on Federal remedies to ease nursing shortages. The Comptroller General shall submit to the Congress this report describing the findings relating to ownership status and associated remedies.

(b) **HIRING DIFFERENCES AMONG CERTAIN PRIVATE ENTITIES.**—The Comptroller General of the United States shall conduct a study to determine differences in the hiring of nurses by non-profit private entities as compared to the hiring

of nurses by private entities that are not non-profit. In carrying out the study, the Comptroller General shall determine the effect of the inclusion of private entities that are not non-profit in the program under section 846 of the Public Health Service Act. Not later than 4 years after the date of the enactment of this Act, the Comptroller General shall submit to the Congress a report describing the findings of the study.

(c) **NURSING SCHOLARSHIPS.**—The Comptroller General of the United States shall conduct an evaluation of whether the program carried out under section 846(d) of the Public Health Service Act has demonstrably increased the number of applicants to schools of nursing and, not later than 4 years after the date of the enactment of this Act, submit a report to the Congress on the results of such evaluation.

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 this legislation, 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.

Mr. Speaker, I rise today in support of H.R. 3487, the Nurse Reinvestment Act.

Over the past several weeks, both the Senate and the House have worked to reach agreement on legislation that will help alleviate the national nursing shortage. We have all heard about issues with recruitment and retention of nursing staff across the nursing continuum. Our health and long-term care systems rely heavily on the services of these dedicated health care professionals. Nurses provide critical medical services necessary to ensure quality health care. Our legislation provides new authority to the Secretary of Health and Human Services to ensure that we will have an adequate supply of qualified nurses in our health care system.

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To address the nursing shortage, this legislation focuses on two key areas. The first one pertains to the recruitment of new nurses, which means we must encourage more young people to choose this challenging and fulfilling career. This legislation directs the Secretary of Health and Human Services to create public service announcements designed to promote nursing and nursing education programs. Secondly, this legislation focuses on the training of those in the profession by building on the recruitment theme.

The compromise bill we are considering today expands title 8 of the Public Health Service Act to include scholarships for students entering the nurs-

ing profession. In exchange, students must enter a commitment to serve in a health facility determined to have a critical shortage of nurses.

Third, H.R. 3487 focuses on the retention of the talented workforce that is in the system today. To aid in the retention of qualified nurses, the legislation provides the HHS Secretary with authority to expand on career ladder programs that promote career advancement of nurses within the profession. The bill also allows grants to enhance the nursing workforce by initiating and retaining nurse retention programs. Moreover, this legislation authorizes grants for programs that will train and educate individuals in providing care for elderly, which may be critical with our aging baby boom population.

Our efforts to recruit and retain qualified nursing professionals will be in vain if we do not also address our system for educating nurses. If we are successful in recruiting nurses to the profession, we will need to build up our Nation's capacity to educate nurses. To this end, the bill establishes a faculty loan cancellation program to encourage people to complete advanced education and treat future nurses. Under this program, Ph.D. and master's nursing students will be eligible to receive loans if they agree to teach in a nursing schooling upon completion of their degree. For every year up to 4 years that a loan recipient teaches, he or she will have an increasing portion of their loan canceled.

Nurses are invaluable, Mr. Speaker, to the success and quality of our health care system. The legislation helps ensure that our Nation will have a well-trained supply of nurses on which to rely. Again, this legislation, and I am very proud to say this, was put together with a bipartisan effort of the House and the Senate. And I would certainly be remiss if I did not mention the gentlewoman from California (Mrs. CAPPS), who is a nurse herself who has lived these particular problems and she has been a pusher, I guess is the best way I can put it, on this; and we are very, very grateful to her for this and to her staff.

I would like to thank my colleagues for their hard work and dedication to this issue, and I would also add thanks to the gentleman from Maryland (Mr. EHRLICH), the gentleman from Kentucky (Mr. WHITFIELD), the gentleman from Tennessee (Mr. BRYANT), and the gentlewoman from New York (Mrs. KELLY). There are so many from the other side of the aisle and our side who have been so helpful because of the great interest in trying to solve this particular problem.

I would like to take a moment to thank some of the staff who worked on this bill. Please forgive me if I miss anyone in this process. I would like to recognize a few people. First, Anne Esposito, who recently left my staff, was instrumental in obtaining House passage of the bill. John Ford, Jeremy

Sharp, and Katie Porter on the minority were also most helpful, as were Steve Tilton, Erin Ockunzzi, Cheryl Jaeger, and Pat Morrissey from my staff. I thank each of them for their hard work on this legislation. I know that we all should feel awfully proud and awfully good about having passed this or at least brought it to this particular point.

I urge my colleagues to join me in support of H.R. 3487, the Nurse Reinvestment 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, there are three nurses in the House of Representatives, the gentlewoman from New York (Mrs. MCCARTHY), the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON), and the gentlewoman from California (Mrs. CAPPS).

Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Mrs. CAPPS), who, as a registered nurse and a member of the Subcommittee on Health of the Committee on Energy and Commerce, has been the driving force and turned this dream into a reality and, as the gentleman from Florida (Mr. BILIRAKIS) has said, has simply not let up on this issue.

Mrs. CAPPS. Mr. Speaker, I thank my colleague for yielding me time.

Mr. Speaker, I rise in strong support of the Nurse Reinvestment Act, and I urge my colleagues to vote for this important legislation.

Mr. Speaker, I want to thank the gentleman from Florida (Mr. BILIRAKIS) for putting up with me, the gentleman from Louisiana (Mr. TAUZIN), and especially ranking members, the gentleman from Michigan (Mr. DINGELL) and the gentleman from Ohio (Mr. BROWN), and all of the staff for the hard work put into this bill. I will mention by name as well: Katie Porter, John Ford, Steve Tilton, Cheryl Jaeger, and from my office, Jeremy Sharp.

Together we have crafted good legislation that will help us deal with the nursing shortage.

This bill marks a major commitment by the Congress to end the shortage of nurses. The bill is based on legislation that I introduced in April of last year, H.R. 1436, and represents a major step forward in nursing education. I am grateful for the support of 238 co-sponsors of that bill and the nursing and public health groups that helped us move it forward.

The Nurse Reinvestment Act will authorize new scholarships for prospective nurses to complete their education more quickly and join the workforce. These scholarships will enable a broader range of people to find their way into a very rewarding career, one that will always be in demand, no matter the strength or weakness of the economy.

The bill also authorizes grants to train all levels of the nursing work-

force in geriatric care. This will better prepare our nurses to deal with the coming retirement of the baby boom generation. And the bill addresses the shortages of nursing faculty by providing loan assistance to nurses who want to teach.

It also expands current nursing programs to include career ladder grant programs and nursing retention programs. These new programs will help make the nursing profession more attractive to potential nurses and to provide for more upward mobility.

And, finally, the legislation will authorize public service announcements to educate the public about the need for more nurses, the opportunities available for educational assistance, and the rewards of this kind of caregiving career. One of the major problems nursing faces is the perception that it is an unappealing career and women's work. These PSA's will help us counter that impression and explain the value and the benefits of a career in nursing.

Mr. Speaker, I am, as my colleague mentioned, one of three nurses currently serving in Congress. Before I was elected to the House of Representatives, I served the people of Santa Barbara County as a public health nurse for 20 years. I do know first hand the challenges facing our hospitals and health care providers and the consequences if we fail to meet them. Nurses are the backbone of our public health system. As we struggle to prepare our Nation for everyday public health emergencies, and extraordinary events like bio-terrorism, we certainly cannot afford to be without enough nurses. September 11 and the anthrax letters remind us that our safety and well-being depends in part on the ability of our hospitals to care for us and our loved ones. Having enough nurses is a critical component of that care. Nurses are the first line of defense in all these scenarios. They will be the ones treating the victims of biological and conventional terror attacks, and right now we do not have enough of them.

Data on the nursing workforce shows that staffing shortages are increasing and recruiting new registered nurses is becoming progressively more difficult. We already today need 125,000 RN's to fill existing vacancies according to the American Hospitals Association; and by 2010, 40 percent of the RN workforce will be over 50 years old. In contrast, the number of RN's under 35 has fallen to just a little over 18 percent. Simply put, there are not enough new nurses joining the workforce to replace those expected to retire in the next 10 years, and this problem will be compounded by the 78 million baby boomers retiring and needing more health care.

Congress needs to act on this problem quickly. We need to pass the Nurse Reinvestment Act, and then we need to appropriate sufficient funds to the program it creates. This bill represent several good steps toward a comprehensive

solution toward the nursing shortage; but if we do not fund it, it will be of little help.

Funding for nursing education programs right now is around \$100 million. We certainly have to increase our commitment to nursing. To be sure, there is much more that we will need to do. But this is an excellent start, and I am pleased that we have finally come to this point. So I urge all of my colleagues to support nurses and vote for the Nurse Reinvestment Act.

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

Mr. Speaker, I must say that last evening, late last night about 11:15, 11:30, my favorite uncle, my wife's and mine, passed away with leukemia. And during these last few weeks when he was in the hospital in Tarpon Springs, Florida, my hometown; and afterwards with the hospice people at his home for 3 or 4 days, well, the dedication of nurses was just there and I do not think I told any of them; but I wanted to tell them about this piece of legislation, but they were awfully busy.

Mr. Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. EHRLICH), who is a member of the committee.

Mr. EHRLICH. Mr. Speaker, I rise in support of H.R. 3487, as amended. We have already heard this bill is absolutely critical. In Maryland, our health care facilities are now reporting a shortage of 2,000 nurses statewide. This shortage directly affects the quality of care Marylanders receive in hospitals, in community health centers, in doctors' offices, and even their homes. This act spurs both nurse recruitment to attract more young people into the profession, as well as nurse retention to hold on to experienced nurses.

As we have heard, this legislation contains provisions for public service announcements to advertise and promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals to enter this critical profession. It also establishes a scholarship program for students who want to become nurses but may not be able to afford nursing school.

The act creates a scholarship program to help individuals who agree to serve at least 2 years at a health care facility in a nurse shortage area. To improve retention, the bill gives the Secretary of Health and Human Services the authority to provide grants for nurse education practices and retention grants. These grants may go to programs to help train nurses in specialty areas, serve underserved populations such as the elderly and substance abusers, and work for a higher nursing degree, among other nurse-retention programs.

Mr. Speaker, this act gives the Health Resources and Services Administration the authority to offer loan repayment opportunities for nurses to gain advance degrees in order to become nursing faculty. Faculty who serve 4 years in nurse-shortage areas

will have 85 percent of their school loans repaid for them.

I would like to thank the chairman. We could not do this without the gentleman from Florida (Mr. BILIRAKIS). His leadership has been terrific, and he has been as dogged as the gentlewoman from California (Mrs. CAPPS). I also want to thank the gentlewoman from New York (Mrs. KELLY), my colleague and friend, for her hard work on this; the gentleman from Ohio (Mr. BROWN); and, of course, the man who makes it all possible, the chairman of the committee, the gentleman from Louisiana (Mr. TAUZIN). But without the gentleman from Florida (Mr. BILIRAKIS), we would not be standing here today. I know the gentlewoman from California (Mrs. CAPPS) agrees with that thought.

Mr. Speaker, this investment in the nursing workforce improves our Nation's health delivery system, and it is crucial to the health and public safety of all Americans. I congratulate everybody associated with the bill. It will be signed by the President. It is good policy. It is a bipartisan bill. I look forward to its enactment into law.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from New York (Mrs. MCCARTHY), who also is a registered nurse.

Mrs. MCCARTHY of New York. Mr. Speaker, I was a nurse for over 30 years before I came to Congress and the gentlewoman from California (Mrs. CAPPS) and I talk about it. We are still nurses. We just happen to have a side job as being a Congressperson. That is the way we look at it here. That is why I take the nursing shortage very personally; and also why, last December when we passed a version of the Nurse Reinvestment Act, I was happy that we started looking at the issue because it is an important issue to all of us. But we still need to do more for our nurses. That is why I and the gentlewoman from California (Mrs. BONO) introduced H.R. 4654, the Nurse Retention and Quality of Care Act. This is a bill that provides \$20 million in grant monies to hospitals to help them become magnet hospitals.

On Long Island where I live, we have an RN vacancy rate of 8 percent and an 16 percent LPN vacancy rate. In addition, 126,000 nurses are needed nationwide.

One solution to keep and retain nurses immediately would be to help hospitals obtain magnet hospital status. Magnet hospitals are hospitals that have reorganized care to be more hands-on, team-oriented, patient-centered, and as a result are attracting more nurses.

I and the gentlewoman from California (Mrs. BONO) wanted to give hospitals a chance to become better workplaces for health care professionals. Even in times of nursing shortages, magnet hospitals enjoy low turn-over and job satisfaction. The average length of employment for registered nurses in magnet hospitals is 8 years, twice the length of employment in non-

magnet hospitals. Magnet hospitals give our nurses the ability to make their own schedules, which, by the way, is one of the biggest contentions with nurses in hospitals today. In addition, nurses are on all administration boards and continued education for all levels of nursing are provided.

As a result, magnet hospitals report lower mortality rates, higher patient satisfaction and greater cost efficiency.

□ 2015

The patients experience shorter stays in hospital and intensive care units. Best of all, nurses are enjoying their jobs again.

The nurses I spoke to at my Long Island magnet hospitals say that their quality of life has dramatically improved due to the changes made, and I think this is something that we are starting to really address now. With this particular bill, we are looking at all of the aspects of what our nurses are facing on a daily basis. We have sicker patients in the hospitals today. The job has gotten harder and harder. Higher tech has come in, but yet there is one thing all nurses have in common, and this is the compassion to take care of the people. That is why we went into nursing in the first place.

Mr. Speaker, I rise today thrilled that the Nurse Reinvestment Act now includes our magnet hospital language, and it has truly become a bill that will help all nurses, but this is a win-win situation. Not only is it good for our nurses and our hospitals, but it really is good for our patients, and again, that comes back down to those that need us the most, especially when they are sick.

I commend my colleagues in both Houses for their diligent work negotiating for a better bill and urge all Members to support this important piece of legislation.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from New York (Mrs. KELLY).

Mrs. KELLY. Mr. Speaker, I rise in strong support of the Nurse Reinvestment Act. This is a substantial step in addressing the growing shortage of nurses currently being experienced by health care facilities nationwide. I thank the gentleman from Florida (Mr. BILIRAKIS), the Subcommittee on Health chairman, and the gentlewoman from California (Mrs. CAPPS), for their hard work in bringing this legislation to the floor.

As a professional patient advocate, I hope that this measure will increase the number of health professionals available to care for the growing number of patients we have, the growing number, as well as being more ill when they are in the hospital.

The bill contains practical and creative solutions to eliminating the nursing shortage. It focuses on recruitment, retention, career enhancement and faculty development. The Nurse

Reinvestment Act will provide a framework for increasing awareness about opportunities in the nursing profession, growing enrollment in nursing schools, and providing staff coverage for areas experiencing acute shortages.

Funding for outreach and public awareness campaigns will help us tap into new communities, seeking those people who may not traditionally have considered health care as a career. The National Nurse Service Corps expanded loan repayment assistance and a scholarship program contained in this bill will further entice prospective students to serve in areas where the need is the greatest.

We hope that nurses currently practicing will find this legislation provides funding for the development of internships, residency and mentoring programs, and education and new emerging technologies. Nurses also should be encouraged to seek specialty training and other opportunities to enhance their skills as a result of this bill.

An especially important component of the bill is a provision to ensure that nursing schools have adequate faculty. A loan forgiveness program will be available for nurses pursuing advanced education who will teach in nursing schools.

In short, the bill will help make sure that the classroom seats in our Nation's nursing schools are filled and that practicing nurses remain in the field and pursue higher skill levels. This will help relieve the nursing shortage that we are experiencing. Nurses are stretched too thin, and we need to get more nurses on the hospital floors to provide much-needed care for patients.

It is a good step. It is a first step in helping America continue to have caring and outstanding medical nursing care. I urge all of my colleagues to support this measure and help strengthen our Nation's health care workforce.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I want to first of all commend and congratulate the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) for their outstanding leadership on health issues, and I also want to commend the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Michigan (Mr. DINGELL) for the leadership that they provide. I could not let this opportunity go by without coming over to congratulate and commend the gentlewoman from California (Mrs. CAPPS) for the outstanding leadership she has provided on this issue as well as so many others.

I was listening to the debate and was thinking of Loyola University, Rush-Presbyterian St. Luke's, University of Illinois, Cook County Hospital, Mount Sinai Hospital, Westside Veterans Administration, Heinz, Northwestern, Mercy Hospital, Malcolm X College,

the Chicago Rehabilitation Institute, all of which have nursing schools and nursing programs in my congressional district, all who lament the fact that we do not have enough nurses, in many instances, to fill some of the classes.

This deal will create an opportunity for many institutions not to find it necessary to import nurses. There is a wealth of talent, individuals around who with a little nudging and a little help will choose nursing as a career. This is an opportunity. It is a great one.

Again, I commend the gentlewoman from California (Mrs. CAPPS) and all of those who have made it happen.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 4 minutes.

I want to thank the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Florida (Mr. BILIRAKIS) for their fine work and for working with the gentleman from Michigan (Mr. DINGELL), the gentlewoman from California (Mrs. CAPPS) and with me on the issue of the nurse shortage and their commitment to send a bill to the President's desk.

Special thanks to staff members Steve Tilton and Cheryl Jaeger, and Katie Porter in my office and John Ford, and Jeremy Sharp for the work they did on this legislation.

Nurses are the heart of our health care system. They have the most contact with patients. With the threat and reality of bioterrorism, they are on the front lines treating exposure to biological and chemical agents as well as a surge of "worried well" patients. They make a functioning health care system an effective health care system, and to be sure, they do not receive nearly enough gratitude.

There is not a Member in this House or Senate who does not recognize the severity of the nursing shortage. While the facts to substantiate the shortage are glaring, the solutions are far less clear. The House and Senate each passed legislation that reflected their sincere and strong commitment to tackling the problem. Both bodies put in a tremendous amount of work to reach a compromise between the two bills, and I am pleased in joining with my colleagues with the end result.

This bill is not intended to provide all the answers. Its modest but critical purpose is to alleviate the nursing shortage by jump-starting recruitment and fostering retention.

Under recruitment, our bill will establish public service announcements and expands the current loan repayment programs to include scholarships.

Under retention, our bill will help schools of nursing to train nurses in geriatric care. It also establishes a career ladder grant program and a faculty loan cancellation program. It provides resources to health care facilities to improve their staff management.

While this bill will not cure the shortage, it is also much more than a bandaid. The bill will provide substantial authority and ultimately resources

to interest men and women in becoming nurses and furthering their careers in nursing and improving the quality of their work environment. It sends a strong message to nurses that we value their hard work, we recognize their inherent value in the delivery of quality health care in this country, and we are committed to helping them in their efforts to help others.

Mr. Speaker, I ask the House to support this legislation.

Mr. BENTSEN. Mr. Speaker, I rise today in strong support of the conference report for H.R. 3487, the Nurse Reinvestment Act. As the representative for Texas Medical Center, the home of four nursing schools, I strongly believe that we need to provide sufficient federal funding for nursing education and retention programs. In a time when many of our nation's hospitals are facing nursing shortages, this legislation is an important first step in our effort to recruit and train more nurses to meet patient needs.

This bill will expand a nurse loan repayment program to include scholarship for needy students. In exchange for this scholarship assistance, nurses will be required to serve for a period of time in health care facilities that face a critical shortage of nurses. The requirement to serve will vary according to the amount of assistance each nursing student receives.

This legislation will also provide resources to nursing schools to train nurses of all levels to care for an aging population. As a larger portion of our population reaches retirement age, there will be an increased need for skilled nurses. Nursing schools will be allowed to develop new curricula, faculty development, and offer continuing education classes.

Another important provision included in this bill will provide grants to nursing schools for Faculty Loan Programs. Nursing schools will offer loans to advanced degree students with the expectation that these advanced trained nurses will join the faculty to teach new nurses. In our local area, there is shortage of both trained nurses and trained faculty members. I believe we need both more nursing teachers and students in order to increase the supply of nurses.

This measure would also expand current basic nursing training programs to provide grants to establish career ladder programs. With these programs, health care facilities would be able to offer new opportunities for nurses to increase their responsibilities and career opportunities. If nurses believe that they can achieve advancement in their careers, they will be more likely to be attracted to this profession.

Finally, this bill provides for public service announcements to promote the nursing professions. With more information, it is hoped that more people will enter the nursing field when they realize that it is a vital part of our health care profession. With nurses, our health care facilities can provide quality care to patients. All of these programs are necessary to ensure that tomorrow's nurses will be trained to care for all Americans.

Mr. Speaker, I urge my colleagues to support this effort to increase nursing education and recruitment programs.

Ms. DELAURO. Mr. Speaker, I rise in strong support of the bipartisan Nurse Reinvestment Act, and I thank the gentlewoman from California for her commitment to addressing our

Nation's nursing shortage. She has worked so hard to ensure this body could take the first steps in addressing the concerns of nurses and the issues which have plagued the nursing profession.

In my home state of Connecticut, more than 3,200 nurses have left the State or given up their licenses since 1996. Nurse vacancy rates are up 50 percent since that time, and the number of newly licensed nurses is down 25 percent from 4 years ago.

Further, the average age of licensed nurses in my state is 45, compared to the national average of 42. There is a widening gap between the increasing need for nursing care and the number of women and men who will be there to provide the care that their patients need. These statistics only begin to indicate the severity of our nursing shortage, one that mirrors what is happening nationally.

Nurses play a critical role and are often underappreciated in our health care system. Anyone who has spent time in any hospital knows how hard nurses work and the high quality of care that they provide. Congress needs to support nurses, just as they support our loved ones and us when we need it the most. The Nurse Reinvestment Act is that first step to achieve these goals.

This bill would establish nurse scholarships in exchange for requiring those nurses to serve facilities with critical shortages. It would provide resources to schools of nursing to train nurses of all levels to care for an older population. The Nursing Reinvestment Act would also provide incentives and grant programs to ensure that nurses stay in the profession and have opportunities to move up the career ladder. It establishes public service announcements to change age-old stereotypes about the nursing profession and improve recruiting.

I am proud that nurses have been the driving force behind this bill. Together, they played a large role in developing the legislation and fighting for its passage. They were out on the front lines. They know better than anyone the challenges that nurses face day in and day out, and their experience and ideas informed this bipartisan effort and built a strong piece of legislation.

Again, I would like to thank my colleague, Mrs. CAPPS, for all of her hard work on this bill, and I urge my colleagues to support this bill so that we may meet this urgent need as soon as possible.

Mr. DINGELL. Mr. Speaker, I rise in support of the Nurse Reinvestment Act. This bill is a solid down payment in our effort to address severe shortages in the nursing profession. This is not the first nursing shortage we have seen, but I am dedicated to finding a real solution so that it may be our last. Nurses are the unsung heroes in health care, and today they need our help.

As is the case with any bill of importance, much of the credit goes to our colleagues who are willing to do the hard work. None has worked harder on behalf of the nursing professions than my friend and colleague, Representative CAPPS. She has been tireless and today her efforts pay off. I congratulate her on a job well done. Of course, we would not be here without bipartisan support and cooperation. I thank the Chairman of the Health Subcommittee, Representative BILIRAKIS, Subcommittee Ranking Member BROWN, and Chairman TAUZIN.

The national nursing shortage reached crisis level in 1999 and experts are predicting that by 2008, the nation will be short 450,000 nurses. This shortage of nurses has dramatic detrimental repercussions for American citizens. When there are too few nurses at bedsides, patients are significantly more likely to suffer serious complications, according to one study published recently in the *New England Journal of Medicine*.

So far, my home state of Michigan has fared better than many other states against the national nursing shortage because so many Canadian nurses have crossed the Ambassador Bridge and Detroit-Windsor Tunnel for U.S. nursing jobs. Metro Detroit hospitals import 15 to 20 percent of their nursing staff from Canada. A study by the University of Detroit-Mercy, however, reports that by 2008, Michigan will need 1.4 million registered nurses, but only 656,000 will be available.

The bill before us today seeks to rectify these problems and reverse their implications. The Nurse Reinvestment Act establishes nurse scholarships to provide educational scholarships in exchange for commitment to serve in a public or private non-profit health facility determined to have a critical shortage of nurses. H.R. 3487 further establishes nurse retention and patient safety enhancement grants to assist health care facilities to retain nurses and improve patient care delivery through more collaboration between nurses and other health care professionals.

H.R. 3487 establishes comprehensive geriatric training grants for nurses, it establishes faculty loan cancellation programs to allow nurses full-time study and rapid completion of advanced degree studies, and it establishes a career ladder grant program to assist individuals in the nursing workforce to obtain more education. Finally, the Nurse Reinvestment Act will help us recruit more nurses through public service announcements and other educational programs. These will inform the public about nursing as a profession and career and will tell potential nurses about the resources available to them if they choose to enter this wonderful profession.

I salute the efforts of Representative CAPPS and my other colleagues that have brought us this far and I urge my colleagues to join me in support of this bill.

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

Mr. BILIRAKIS. Mr. Speaker, I, too, have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GRUCCI). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 3487.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate amendment was concurred in.

A motion to reconsider was laid on the table.

EXPRESSING SENSE OF CONGRESS THAT CHINA SHOULD CEASE PERSECUTION OF FALUN GONG PRACTITIONERS

Ms. ROS-LEHTINEN. Mr. Speaker, I move to suspend the rules and agree to

the concurrent resolution (H. Con. Res. 188) expressing the sense of Congress that the Government of the People's Republic of China should cease its persecution of Falun Gong practitioners, as amended.

The Clerk read as follows:

H. CON. RES. 188

Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that—

(1) the Government of the People's Republic of China should cease its persecution of Falun Gong practitioners, and its representatives in the United States should cease their harassment of citizens and residents of the United States who practice Falun Gong and cease their attempts to put pressure on officials of State and local governments in the United States to refuse or withdraw support for the Falun Gong and its practitioners;

(2) the United States Government should use every appropriate public and private forum to urge the Government of the People's Republic of China—

(A) to release from detention all Falun Gong practitioners and put an end to the practices of torture and other cruel, inhumane, and degrading treatment against them and other prisoners of conscience; and

(B) to abide by the International Covenant on Civil and Political Rights and the Universal Declaration of Human Rights by allowing Falun Gong practitioners to pursue their personal beliefs; and

(3) the United States Government should investigate allegations of illegal activities in the United States of the Government of the People's Republic of China and its representatives and agents, including allegations of unlawful harassment of United States citizens and residents who practice Falun Gong and of officials of State and local governments in the United States who support Falun Gong, and should take appropriate action, including but not limited to enforcement of the immigration laws, against any such representatives or agents who engage in such illegal activities.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Florida (Ms. ROS-LEHTINEN) and the gentlewoman from California (Ms. WATSON) each will control 20 minutes.

The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN).

GENERAL LEAVE

Ms. ROS-LEHTINEN. 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 the resolution under consideration.

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

There was no objection.

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

In the past 3 years there has been a systematic escalation of horrific attacks launched by Chinese authorities against Falun Gong practitioners. The deplorable action by the Chinese authorities has included the brutal torture of followers, particularly women, who have been arrested, gang-raped and brutally beaten.

In one instance, a 19-year-old woman who was arrested in Tiananmen Square

died 13 days later while still in police custody. Her face and lips were severely swollen, both ears were plugged with blood-soaked cotton, and her nose had collapsed as a result of repeated beatings.

Another woman and her 8-month-old son were tortured to death while in police custody. Her neck and knuckle bones were broken, and her skull was sunken in. Her infant son's ankles had deep bruises from being hung upside down by handcuffs. There were bruises on the baby's head and blood in his nose.

Since the crackdown officially began on July 21, 1999, many Falun Gong followers have been suspended or expelled from school. They have been demoted or dismissed from their employment. They have been held in prison. They have been sent to labor camps and psychiatric hospitals, all because they chose to live by the strength of their convictions and refused to renounce their religious beliefs.

Thus, as a human being and a refugee of another Communist regime who oppresses its people and also has a policy of intolerance, I was compelled to act. I filed House Concurrent Resolution 188, which is supported by over 100 of our colleagues in this House. This resolution calls on the Chinese leadership to stop its persecution of Falun Gong practitioners. It further directs the agencies of our United States Government to use every appropriate public and private forum to press the Chinese authorities to release all Falun Gong religious prisoners and to immediately stop the use of torture against the Falun Gong and other prisoners of conscience.

Since the resolution was passed by our Committee on International Relations last July, this situation for the Falun Gong has worsened, and the determination of the PRC to suppress the Falun Gong at all costs has become increasingly evident. Secret documents issued by the PRC and unveiled by human rights organizations in May of this year underscored that Falun Gong practitioners and instigators should be cracked down to a greater degree, and this is their exact quote, "As soon as they are discovered, they should first be arrested and then the formalities be dealt with."

The PRC's persecution of the Falun Gong in China constitutes the most deplorable and inhumane behavior. Disturbingly, these practices are now being employed in the United States against the Falun Gong. Falun Gong practitioners here in the United States are the victims of death threats, of car bombs, of vandalism against their homes, of cyber attacks and harassment.

Given the increased evidence linking Chinese officials to this wave of persecution, Mr. Speaker, it is imperative that we in the United States act swiftly and decisively to address this serious matter. We must send a clear message to the PRC that such behavior