

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

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

## WOMEN'S HEALTH OFFICE ACT OF 2002

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

The Clerk read as follows:

H.R. 1784

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

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Women's Health Office Act of 2002".

### SEC. 2. HEALTH AND HUMAN SERVICES OFFICE ON WOMEN'S HEALTH.

(a) **ESTABLISHMENT.**—Part A of title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by adding at the end the following:

#### "HEALTH AND HUMAN SERVICES OFFICE ON WOMEN'S HEALTH

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

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

"(1) establish short-range and long-range goals and objectives within the Department of Health and Human Services and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education, for issues of particular concern to women;

"(2) provide expert advice and consultation to the Secretary concerning scientific, legal, ethical, and policy issues relating to women's health;

"(3) monitor the Department of Health and Human Services' offices, agencies, and regional activities regarding women's health and stimulate activities and facilitate coordination of such departmental and agency offices on women's health;

"(4) establish a Department of Health and Human Services Coordinating Committee on Women's Health, which shall be chaired by the Deputy Assistant Secretary for Women's Health and composed of senior level representatives from each of the agencies and offices of the Department of Health and Human Services;

"(5) establish a National Women's Health Information Center to—

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

"(B) facilitate access to such information;

"(C) assist in the analysis of issues and problems relating to the matters described in this paragraph; and

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

"(6) coordinate efforts to promote women's health programs and policies with the private sector; and

"(7) through publications and any other means appropriate, provide for the exchange of information between the Office and recipients of grants, contracts, and agreements under subsection (c), and between the Office and health professionals and the general public.

#### "(c) GRANTS AND CONTRACTS REGARDING DUTIES.—

"(1) **AUTHORITY.**—In carrying out subsection (b), the Secretary may make grants to, and enter into cooperative agreements, contracts, and interagency agreements with, public and private entities, agencies, and organizations.

"(2) **EVALUATION AND DISSEMINATION.**—The Secretary shall directly or through contracts with public and private entities, agencies, and organizations, provide for evaluations of projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as a result of such projects.

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

"(e) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007."

(b) **TRANSFER OF FUNCTIONS.**—There are transferred to the Office on Women's Health (established under section 229 of the Public Health Service Act, as added by this section), all functions exercised by the Office on Women's Health of the Public Health Service prior to the date of enactment of this section, including all personnel and compensation authority, all delegation and assignment authority, and all remaining appropriations. All orders, determinations, rules, regulations, permits, agreements, grants, contracts, certificates, licenses, registrations, privileges, and other administrative actions that—

(1) have been issued, made, granted, or allowed to become effective by the President, any Federal agency or official thereof, or by a court of competent jurisdiction, in the performance of functions transferred under this subsection; and

(2) are in effect at the time this section takes effect, or were final before the date of enactment of this section and are to become effective on or after such date;

shall continue in effect according to their terms until modified, terminated, superseded, set aside, or revoked in accordance with law by the President, the Secretary, or other authorized official, a court of competent jurisdiction, or by operation of law.

### SEC. 3. CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF WOMEN'S HEALTH.

Part A of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

#### "CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF WOMEN'S HEALTH

"SEC. 310A. (a) **ESTABLISHMENT.**—The Secretary shall establish through the last date for which appropriations are authorized under subsection (f), within the Office of the Director of the Centers for Disease Control and Prevention, an office to be known as the Office of Women's Health (referred to in this section as the 'Office'). The Office shall be headed by a director who shall be appointed by the Director of such Centers.

"(b) **PURPOSE.**—The Director of the Office shall—

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

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

"(3) identify projects in women's health that should be conducted or supported by the Centers;

"(4) consult with health professionals, nongovernmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on the policy of the Centers with regard to women; and

"(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4)).

#### "(c) COORDINATING COMMITTEE.—

"(1) **ESTABLISHMENT.**—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (referred to in this subsection as the 'Coordinating Committee').

"(2) **COMPOSITION.**—The Coordinating Committee shall be composed of the directors of the national centers and other appropriate officials of the Centers for Disease Control and Prevention.

"(3) **CHAIRPERSON.**—The Director of the Office shall serve as the Chairperson of the Coordinating Committee.

"(4) **DUTIES.**—With respect to women's health, the Coordinating Committee shall assist the Director of the Office in—

"(A) identifying the need for programs and activities that focus on women's health;

"(B) identifying needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities; and

"(C) making recommendations to the Director of the Centers for Disease Control and Prevention concerning findings made under subparagraphs (A) and (B).

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the Director of the Office shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

"(e) **DEFINITION.**—As used in this section, the term 'women's health conditions', with respect to women of all age, ethnic, and racial groups, means diseases, disorders, and conditions—

"(1) unique to, significantly more serious for, or significantly more prevalent in women; and

"(2) for which the factors of medical risk or type of medical intervention are different for women.

"(f) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007."

### SEC. 4. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY ACTIVITIES REGARDING WOMEN'S HEALTH.

Part C of title IX of the Public Health Service Act (42 U.S.C. 299c et seq.) is amended—

(1) by redesignating sections 927 and 928 as sections 928 and 929, respectively;

(2) by inserting after section 926 the following:

**"SEC. 927. ACTIVITIES REGARDING WOMEN'S HEALTH.**

"(a) **ESTABLISHMENT.**—The Director shall designate an official of the Office of Priority Populations to carry out, through the last date for which appropriations are authorized under section 928(e), the responsibilities described in this section for such official.

"(b) **PURPOSE.**—The official designated under subsection (a) shall—

"(1) report to the Director on the current Agency level of activity regarding women's health, across, where appropriate, age, biological, and sociocultural contexts, in all aspects of Agency work, including the development of evidence reports and clinical practice protocols and the conduct of research into patient outcomes, delivery of health care services, quality of care, and access to health care;

"(2) establish short-range and long-range goals and objectives within the Agency for research important to women's health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Agency that relate to health services and medical effectiveness research, for issues of particular concern to women;

"(3) identify projects in women's health that should be conducted or supported by the Agency;

"(4) consult with health professionals, non-governmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on Agency policy with regard to women; and

"(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4)).

"(c) **COORDINATING COMMITTEE.**—

"(1) **ESTABLISHMENT.**—In carrying out subsection (b), the official designated under subsection (a) shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (referred to in this subsection as the 'Coordinating Committee').

"(2) **COMPOSITION.**—The Coordinating Committee shall be composed of the official designated under subsection (a) and the directors of the centers and offices of the Agency.

"(3) **CHAIRPERSON.**—The official designated under subsection (a) shall serve as the Chairperson of the Coordinating Committee.

"(4) **DUTIES.**—With respect to research on women's health, the Coordinating Committee shall assist the official designated under subsection (a) in—

"(A) identifying the need for such research, and making an estimate each fiscal year of the funds needed to adequately support the research;

"(B) identifying needs regarding the coordination of research activities, including intramural and extramural multidisciplinary activities; and

"(C) making recommendations to the Director of the Agency concerning findings made under subparagraphs (A) and (B).

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the official designated under subsection (a) shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared."; and

(3) by adding at the end of section 928 (as redesignated by paragraph (1)) the following:

"(e) **WOMEN'S HEALTH.**—For the purpose of carrying out section 927 regarding women's health, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007."

**SEC. 5. HEALTH RESOURCES AND SERVICES ADMINISTRATION OFFICE OF WOMEN'S HEALTH.**

Title VII of the Social Security Act (42 U.S.C. 901 et seq.) is amended by adding at the end the following:

**"OFFICE OF WOMEN'S HEALTH**

"SEC. 713. (a) **ESTABLISHMENT.**—The Secretary shall establish through the last date for which appropriations are authorized under subsection (f), within the Office of the Administrator of the Health Resources and Services Administration, an office to be known as the Office of Women's Health. The Office shall be headed by a director who shall be appointed by the Administrator.

"(b) **PURPOSE.**—The Director of the Office shall—

"(1) report to the Administrator on the current Administration level of activity regarding women's health across, where appropriate, age, biological, and sociocultural contexts;

"(2) establish short-range and long-range goals and objectives within the Health Resources and Services Administration for women's health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Administration that relate to health care provider training, health service delivery, research, and demonstration projects, for issues of particular concern to women;

"(3) identify projects in women's health that should be conducted or supported by the bureaus of the Administration;

"(4) consult with health professionals, non-governmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on Administration policy with regard to women; and

"(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4) of the Public Health Service Act).

"(c) **COORDINATING COMMITTEE.**—

"(1) **ESTABLISHMENT.**—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (referred to in this subsection as the 'Coordinating Committee').

"(2) **COMPOSITION.**—The Coordinating Committee shall be composed of the directors of the bureaus of the Administration.

"(3) **CHAIRPERSON.**—The Director of the Office shall serve as the Chairperson of the Coordinating Committee.

"(4) **DUTIES.**—With respect to research on women's health, the Coordinating Committee shall assist the Director of the Office in—

"(A) identifying the need for programs and activities that focus on women's health;

"(B) identifying needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities; and

"(C) making recommendations to the Administrator concerning findings made under subparagraphs (A) and (B).

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the Director of the Office shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

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

"(1) **ADMINISTRATION.**—The term 'Administration' means the Health Resources and Services Administration.

"(2) **ADMINISTRATOR.**—The term 'Administrator' means the Administrator of the Health Resources and Services Administration.

"(3) **OFFICE.**—The term 'Office' means the Office of Women's Health established under this section in the Administration.

"(f) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007."

**SEC. 6. FOOD AND DRUG ADMINISTRATION OFFICE OF WOMEN'S HEALTH.**

Chapter IX of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amended by adding at the end the following:

**"SEC. 908. OFFICE OF WOMEN'S HEALTH.**

"(a) **ESTABLISHMENT.**—The Secretary shall establish through the last date for which appropriations are authorized under subsection (e), within the Office of the Commissioner, an office to be known as the Office of Women's Health (referred to in this section as the 'Office'). The Office shall be headed by a director who shall be appointed by the Commissioner of Food and Drugs.

"(b) **PURPOSE.**—The Director of the Office shall—

"(1) report to the Commissioner of Food and Drugs on current Food and Drug Administration (referred to in this section as the 'Administration') levels of activity regarding women's participation in clinical trials and the analysis of data by sex in the testing of drugs, medical devices, and biological products across, where appropriate, age, biological, and sociocultural contexts;

"(2) establish short-range and long-range goals and objectives within the Administration for issues of particular concern to women's health within the jurisdiction of the Administration, including, where relevant and appropriate, adequate inclusion of women and analysis of data by sex in Administration protocols and policies;

"(3) provide information to women and health care providers on those areas in which differences between men and women exist;

"(4) consult with pharmaceutical, biologics, and device manufacturers, health professionals with expertise in women's issues, consumer organizations, and women's health professionals on Administration policy with regard to women;

"(5) make annual estimates of funds needed to monitor clinical trials and analysis of data by sex in accordance with needs that are identified; and

"(6) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4) of the Public Health Service Act).

"(c) **COORDINATING COMMITTEE.**—

"(1) **ESTABLISHMENT.**—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Women's Health (referred to in this subsection as the 'Coordinating Committee').

"(2) **COMPOSITION.**—The Coordinating Committee shall be composed of the directors of the centers of the Administration.

"(3) **CHAIRPERSON.**—The Director of the Office shall serve as the Chairperson of the Coordinating Committee.

"(4) **DUTIES.**—With respect to studies on women's health, the Coordinating Committee shall assist the Director of the Office in—

"(A) identifying whether there is a need for further studies and, if so, developing strategies to foster such studies;

"(B) identifying issues in specific areas of women's health that fall within the mission of the Administration;

"(C) identifying whether any need exists for the coordination of Administration activities, including internal and external activities;

"(D) maintaining the Administration's focus in areas of importance to women;

"(E) supporting the development of methodologies to determine how to obtain data specific to women (including data relating to the age of women and the membership of women in ethnic or racial groups); and

"(F) supporting the development and expansion of clinical trials of treatments and therapies for which obtaining such data has been determined to be an appropriate function.

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the Director of the Office shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

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

**SEC. 7. NO NEW REGULATORY AUTHORITY.**

*Nothing in this Act and the amendments made by this Act may be construed as establishing regulatory authority or modifying any existing regulatory authority.*

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 and include extraneous material on H.R. 1784.

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, today the House will consider H.R. 1784, the Women's Health Office Act of 2002. I would like to take a moment to sincerely thank our colleague, the gentlewoman from Maryland (Mrs. MORELLA), for her tireless, tireless support of this bill, which ensures that our key public health agencies continue working together, and that is greatly to be emphasized, continue working together, to address the unique health needs of women.

President George H.W. Bush created the Office of Women's Health at the Department of Health and Human Services to improve the health of American women by advancing and coordinating a comprehensive women's health agenda throughout the department.

The Office of Women's Health, OWH, is the government's champion and focal point for women's health issues, and works to address inequities in research, health care services and education. Furthermore, the Office of Women's Health encourages women to take personal responsibility for their own health and wellness. H.R. 1784 provides statutory authority for this office.

This legislation, Mr. Speaker, also authorizes four additional offices of women's health at the Centers for Disease Control and Prevention, at the Agency for Healthcare Research and Quality, at the Health Resources and Services Administration, and at the Food and Drug Administration. A coordinating committee will be created within each of these offices to identify the need for programs, activities and research that focus on women's health.

Congress can and should play an active role in promoting women's health research and prevention measures. This measure will create an infrastructure within HHS that will help the depart-

ment better focus its energies on women's health, and I urge all Members to join me in supporting passage of this important legislation. H.R. 1784 will improve the health of all women.

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

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

Mr. Speaker, I begin by thanking my friend, the gentleman from Florida (Mr. BILIRAKIS), for his support and interest in this legislation. I am pleased we are considering the Women's Health Office Act passed out of our subcommittee and then passed the full committee also. I applaud the gentlewoman from Maryland (Mrs. MORELLA) and the gentlewoman from New York (Mrs. MALONEY) for their involvement in this issue.

Certain diseases and conditions, as we know, as we finally address, exclusively affect women, are more prevalent in women, or affect women differently. While research in women's health has traditionally been far too limited, development of a number of women's health offices in the past few years has begun to shrink that disparity.

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The Women's Health Office Act would statutorily create offices of women's health in the Department of Health and Human Services, the Agency for Health Care Research and Quality, Health Resource and Services Administration, the Centers for Disease Control in Atlanta, and the Food and Drug Administration. These offices have committed themselves to promoting women's health. This bill will help ensure that the needs and gaps in research, policy programs, education, and training in women's health will continue to be addressed in a concerted way. I recommend, Mr. Speaker, that my colleagues support it.

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

Mr. BILIRAKIS. Mr. Speaker, I yield such time as she might consume to the gentlewoman from Maryland (Mrs. MORELLA), who is the author of this legislation and who did not just sit back, but kept pushing and pushing every time certainly she saw me in the hallways or here in this Chamber.

Mrs. MORELLA. Mr. Speaker, as the lead sponsor of this bill, H.R. 1784, the Women's Health Office Act of 2002, I must say I am delighted to be here today. I am here today with this bill with great thanks to the subcommittee chairman, the gentleman from Florida (Mr. BILIRAKIS), and the gentleman from Ohio (Mr. BROWN), the ranking member. Also, I would like to thank the chairman of the committee, the gentleman from Louisiana (Mr. TAUZIN), and the ranking member, the gentleman from Michigan (Mr. DINGELL).

But it is true what the gentleman from Florida has said: I have bugged him indefatigably, and I very much ap-

preciate this important piece of legislation coming before us. I also want to thank the 96 cosponsors and the gentlewoman from New York (Mrs. MALONEY) for joining with me on this legislation. I also wanted to thank all of the hard-working organizations, the nonprofits and individuals, for their unity in working together to advance women's health and to help to bring this bill to the House floor for a vote.

Mr. Speaker, the Women's Health Office Act of 2002 will provide for permanent authorization for offices of women's health in four Federal agencies: the Department of Health and Human Services, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Food and Drug Administration.

In the Agency for Health Care Research and Quality, the bill requires the director of the agency to designate an official of the Office of Priority Populations to report to the director on activities regarding women's health.

As many of my colleagues probably know, for years our Nation's medical research community actually ignored the health concerns of women. For example, in 1989, the Congressional Caucus for Women's Issues asked the General Accounting Office to investigate the National Institutes of Health, their policy regarding the inclusion of women in clinical trials and protocols. Back then, women were routinely excluded from critically important studies on heart disease, cancer, HIV and AIDS; and it was found that diseases primarily affecting women were severely underfunded.

In its report, the GAO found that NIH had made little progress in implementing a policy that encourages the inclusion of women in research populations. So the women's caucus then introduced the Women's Health Equity Act which, among its provisions, called for the establishment of an Office of Women's Health at NIH and a requirement that women and minorities be included whenever appropriate in research studies funded by NIH.

That fall, on the very day that Senator MIKULSKI, then Congresswoman Pat Schroeder, and I went to NIH to discuss these inequities, NIH announced that it had created an Office of Research of Women's Health. This office would ensure that greater resources were devoted to diseases primarily affecting women and ensure that women would be included in clinical trials. We in Congress subsequently codified that, and the office was signed into law by President Bush the First.

Since then, funding for breast and ovarian cancer at NCI, which is the National Cancer Institute, has more than quadrupled, and funding for osteoporosis has grown from only two osteoporosis-specific grants in the entire country in the early 1980s to more than \$80 million in osteoporosis-specific grants today. Despite great strides on women's health research, we

still have to be vigilant and we still must address issues that are not receiving the public attention and the research priority that they deserve.

For example, we do not understand why an estimated 75 percent of autoimmune diseases occur in women, most frequently during the child-bearing years. Hormones are thought to play a role, because some autoimmune illnesses occur more frequently after menopause; others suddenly improve during pregnancy with flare-ups occurring after delivery, while still others will get worse during pregnancy. We do not understand why more than 90 percent of those with eating disorders are women. Further, the number of American women affected by these illnesses has doubled to at least 5 million in the past 3 decades. In fact, we do not even understand why more girls are affected by autism than boys. This list continues with heart and stroke, cancer, and many more diseases.

Mr. Speaker, another area of women's health where I would like to see more efforts is this area of microbicides. Microbicides are a potential new class of products that women can use to prevent HIV infection as well as other sexually transmitted diseases. Today, the United States has the highest incidence of sexually transmitted diseases in the industrialized world. Mr. Speaker, 15.4 million Americans acquired an STD in 1999 alone. STDs cause serious, costly, even deadly, conditions for women and their children, including infertility, pregnancy complications, cervical cancer, infant mortality, and a higher risk of contracting HIV. Microbicides have the potential to save billions in health care costs. The total cost to the U.S. economy of STDs, excluding HIV infection, was approximately \$8.4 billion in 1999 alone. When the cost of sexually transmitted HIV infection is included, that total rises to \$20 billion.

Microbicide research and development receives less than 2 percent of the Federal AIDS research budget, and best estimates show that less than half of this amount is dedicated directly to product development. Clearly, this is not nearly enough to keep pace with the growing STD and HIV epidemics.

Mr. Speaker, it is my hope that, with passage of this bill, it will bring us closer to the day when women will no longer have to fear getting HIV and STDs.

Well, H.R. 1783 is a simple, clean bill. All it does is it provides statutory authority for offices that are already in place. These offices and programs have a very good track record. For example, heart disease is the number one killer of American women. AHRQ has funded studies to develop tools to improve diagnostic accuracy in emergency rooms and dramatically increase the timely use of clot-busting drugs in women.

AHRQ is also working to reduce the impact of breast cancer, another disease which takes a heavy toll on women. The agency is currently con-

ducting outreach to poor and minority women who are less likely to get mammograms to ensure that they receive this critical preventive health care.

Providing statutory authorization for Federal women's health offices, as we do today, is a critical step in ensuring that women's health research continues to receive the attention that it requires in this 21st century.

So concluding, Mr. Speaker, I can say without exaggeration that women working together as patients, lawyers, advocates, medical researchers, and Members of Congress have been a powerful catalyst for the advances that we have made in the research and treatment of breast, ovarian, cervical cancer, osteoporosis and heart disease. The men have been there for us, bringing forward this bill and others that do help with the focus on health for women, as well as men and all.

So I urge my colleagues to support this legislation and programs to address the health needs of all of our citizens and the fundamental challenges posed by our Nation's health care system.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Speaker, I thank the gentleman for yielding me this time, and I appreciate the work of the distinguished chairman and the distinguished ranking member and the bipartisan effort that has brought this bill to the floor.

I rise in strong support of the Women's Health Office Act. Anyone trying to keep track of women's health issues today is literally on a merry-go-round. The best recent example is the hormone replacement treatment quagmire, HRT. Here we had a major drug, progesterone, where a study has just shown serious health consequences for a drug that was being administered to millions of women to promote serious health benefits. I mean, that is just how complicated it is. But that is the nature of the women's health beast. And we do not need to make it more complicated than it already is. Having multiple offices that do not relate one to another with no statutory imprimatur makes it more complicated than it really is.

Speaking of complications, what I think these offices help us to do is to face the fact that females are a particularly complicated organism. Throughout her life, a woman emerges as diametrically opposed to what she once was. A woman of child-bearing age is the opposite of the menopausal woman she shall become.

Now, I have not even got to the differences between women and men. If we are dealing with these kinds of complications in a single human being, we have to figure out ways to make sure that what happens to her health is as good as it gets, or as good as we can get it.

Because of such complications, the bipartisan women's caucus successfully

fought, for example, to have medical and scientific studies that included women and not only men, because not including women had terrible consequences for us. That is one of the reasons that the average American woman today does not know that heart disease is the number one killer of women, because these studies, this information, has not been out there, because we have not paid the kind of close and coordinated attention to women's health that this bill will help to promote. It has been very important to test women differently from men when putting drugs on the market, because let us face it, women have very different chemistry.

Mr. Speaker, a year ago I signed on to a bipartisan letter asking HHS Secretary Tommy Thompson to help authorize the multiple women's offices, only one of which was statutorily authorized. The best way to do it is the permanent authorization embodied in this bill, and I strongly support it; and I ask for the support of Members of this House.

Mr. BILLIRAKIS. Mr. Speaker, I have no further requests for time, but I will reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from Houston, Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished ranking member; and I thank the distinguished chairman for being a leader on these issues. The chemistry between the ranking member and the chairman has presented a lot of good initiatives on this floor; and I thank them for that, because health care is American. It involves all of us. I thank the gentlewoman from Maryland (Mrs. MORELLA), and of course my colleague, the gentlewoman from New York (Mrs. MALONEY); and I announce as well that I was very pleased to be one of the original cosponsors of this legislation.

It is important to delineate what this legislation actually does. It codifies and provides statutory authority for a women's health center in four very vital health agencies of this government, and that is, of course, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Food and Drug Administration, and the Office of Priority Populations within the Agency for Health Care Research and Quality, the lead agency for women's research.

□ 1430

But the Centers for Disease Control certainly is the key as it relates to the fighting of diseases here in the United States.

I think something else is important, as well, as we look at this legislation, that all of these agencies will be brought to bear on the complexity of women's health and will be required to identify projects in women's health that should be conducted by the particular centers.

In addition, they will be brought to bear to consult with health professionals, nongovernmental organizations, consumer organizations, women's health professionals, and other individuals and groups as appropriate on the policy of the centers' work as it is regarding women.

I heard my friend and colleague, the gentleman from Ohio (Mr. BROWN), mention just a few moments ago or sometime before on the need for a guaranteed drug benefit under Medicare. I see my seniors, in particular women, as I visit with them in my district needing to have this kind of legislation.

This legislation that we are debating on the floor of the House will go a long way in helping the health of women of all ages, including those in puberty and young women of child-bearing age, now that we find that women can have children a longer period of time; and minority women in particular, who we find have the highest percentage of infections of HIV/AIDS in the United States of America.

A lot of this research, as well, can help our friends around the world, particularly developing nations, where we use now more women in clinical testing; and we can get more of the data that can be utilized by our friends around the world, particularly in our work with the United Nations.

So this is a historic occasion to begin to understand that the study of women's health should be focused. We should get one science, one consistent science, so that when there are prescriptions on certain hormone treatment, that we can have the research and the science to make sure that what we are suggesting or treating women with is the right direction to go. I applaud this legislation.

In conclusion, let me say that I have filed legislation dealing with cultural competence. It relates to this issue, and I look forward to working with the committees on this issue.

I rise in support of H.R. 1784, the Women's Health Office Act of 2002.

In the last century, the life expectancy of American women has increased by 30 years. Now we face the challenge of keeping women alive and healthy. American in the new millennium faces increasingly complex public health challenges. I stand here today, ashamed to say that thus far our nation has not taken advantage of the opportunities and advancements in medical technology to meet the goal of improved health for all Americans.

The Women's Health Office Act of 2002 amends the Public Health Services Act to establish within the Office of the Secretary of Health and Human Services an office on Women's Health, headed by a Deputy Assistant Secretary for Women's Health. In addition, the Women's Health Act requires the establishment of a Department of Health and Human Services Coordinating Committee, a National Women's Health Information Center, and requires biennial reports to Congress.

Research has established that the existence of persistent racial and socioeconomic disparities in women's health in the United States.

We know that coronary disease is the leading cause of death for both men and women. But, nearly twice as many women in the U.S. die of heart disease and stroke every year as die from all types of cancer. Yet, multiple studies have shown that women are less likely than men to be referred for invasive cardiac procedures.

While the life expectancy of women in the United States has risen, as a group, African American women have a shorter life expectancy and experience earlier onset of such chronic conditions such as diabetes and hypertension. If we look at the death rates for diseases of the heart, African American women are clearly at risk with 147 deaths per 100,000. When we look at cervical cancer, we see that the incidence rate of invasive cervical cancer is higher among Asian-American women. Yet, we cannot explain the causes of these higher rates.

Disparities are perhaps most alarming when we look at HIV/AIDS. Twenty-two percent of Americans currently living with HIV are women, and 77 percent of those are African American or Hispanic. Many people are shocked to know that AIDS is the second leading cause of death among African American women age 25 to 44.

There are nearly 40 million women in America who are members of racial and ethnic minority groups. These women suffer disproportionately from premature death, disease, and disabilities. Many also face tremendous barriers to optimal health. This is a growing challenge in our nation.

The challenge is even greater when we consider the aging population. By the year 2050, nearly 1 in 4 adult women will be 65 years old or older, and an astonishing 1 in 17 will be 85 years old or older. We must ensure that our Federal agencies are in the forefront working to find solutions to the challenges our nation faces in caring for the health of our women.

The "Women's Health office Act of 2002" provides permanent authorization for offices of women's health in five federal agencies: the Department of Health and Human Services (HHS); the Centers for Disease Control and Prevention (CDC); the Agency for Health Care Research and Quality (AHRQ); the Health Resources and Services Administration; and the Food and Drug Administration (FDA).

Mr. Speaker, behind each impersonal statistic is a woman whose life is potentially at risk because of health disparities and a family that will be devastated by the loss of a mother or sister. The Women's Health Act of 2002 would be a tremendous step toward eliminating health disparities. In the last century we made improvements that expanded the lifespan of women. In this century we have the challenge of meeting the health care needs and improving the quality of life for all women.

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

I, too, thank the gentleman from Ohio (Mr. BROWN) for his cooperation, Mr. Speaker. Yes, even though we disagree on matters of philosophy, we do have a chemistry that works well for the legislation that is up before this House.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume, just to say that I feel the same way, to be sure.

Mrs. CHRISTENSEN. Mr. Speaker, in good conscience, I rise in support of H.R. 1784. The

Women's Health Office Act of 2002 amends the Public Health Service Act to establish within the Office of the Secretary of Health and Human Services (HHS) an Office on Women's Health, headed by a Deputy Assistant Secretary for Women's Health, requires the establishment of a Department of Health and Human Services Coordinating Committee and a National Women's Health Information Center, requires biennial reports to Congress and authorizes appropriations for FY 2003 through 2007.

Women make up the largest number of Americans afflicted by so many of today's leading illness—many of which are preventable if steps are taken earlier in life through routine care and a balanced and healthy lifestyle.

Heart disease is the number one killer of American women. Although the incidence of HIV/AIDS is decreasing in white males, it has become the third leading cause of death among women ages 25 to 44 and the leading cause of death among African American women in this age group. Even more alarming is the younger ages at which infection is occurring.

As we carry out our myriad responsibilities, we have too often forsaken not only our physical health, but our mental health as well. We make up 12 percent of the U.S. population suffering from mental illness. Nearly 4.1 million women in this country currently use illicit drugs, and over 1.2 million misuse prescription drugs for nonmedical reasons.

Currently, minority women receive fewer preventive health interventions than white women. 55 percent of Asian American women, 43 percent of Hispanic women and 37 percent of African American women did not have a Pap test within the past year.

54 percent of Asian American women, 52 percent of African American women, and 51 percent of Hispanic women did not have a mammogram within the past two years. 74 percent of Hispanic women and 73 percent of Asian American women did not have a blood pressure screening within the past year; and stroke occurs at a higher rate among African American and Hispanic women compared with white women.

We in the Congressional Black Caucus, who work to close the gaps in health care and raise the health status for African Americans and People of Color, are committed to improving the health of women and all Americans.

Mr. Speaker, this bill directs the Secretary of HHS to establish within the Office of the Director of the Centers for Disease Control and Prevention the Office of Women's Health, headed by a Director, requires the director to establish the Coordinating Committee on Research on Women's Health and requires biennial reports to Congress.

Mr. Speaker, in efforts to eliminate health disparities I am proud to support my colleague on the other side of the aisle in this campaign to give all women health information and to guide them in making the choices which will enable them to embark on a path to good health.

Mr. BLUMENAUER. Mr. Speaker, I am pleased that the House is debating and voting today on H.R. 1784, the Women's Health Office Act, a bill that I support and have cosponsored. This measure will provide the tools necessary for successful coordination of women's health efforts in the federal government. Passage of this bill will bring needed attention and

coordination to federal efforts to prevent, treat and research women's health needs.

Streamlined federal communication regarding women's health issues is vital. This bill will also prevent attempts, like those made last year, to eliminate the offices of women's health throughout federal health agencies. Specific statutory authorization, as provided under this bill, will allow the women's health offices to carry out their tasks without fear that their programs or funding will be cut.

It is essential that we provide stable funding and statutory support for the good work these programs do to promote women's health, study diseases that affect women and promote the inclusion of women in research studies. I urge the speedy adoption of this important measure.

Ms. SCHAKOWSKY. Mr. Speaker, I rise today in support of H.R. 1784, the Women's Health Office Act. By establishing Offices of Women's Health throughout different agencies in the Department of Health and Human Services, this legislation recognizes the ongoing need to focus attention on various health issues particularly related to women. Women make up over half the adult population of this country and it is critical that we make women's health a top priority.

For years, almost all medical research was conducted from a male perspective, while women's medical needs were ignored. Today there is a need for more research on breast, cervical, and ovarian cancer, hormone replacement therapy, and how various ailments such as osteoporosis and heart disease specifically affect women. It is important that we conduct this research, not as an afterthought, but as primary research important to everyone's well-being.

There is also a need to ensure that all women in the U.S. have access to health care coverage, including comprehensive reproductive health care, prenatal care, preventative care, and coverage throughout menopause and old age. Too many poor and low-income women in this country have little or no access to health care. This is particularly harmful and unacceptable for pregnant women and women suffering from ongoing ailments.

I also expect the new Offices of Women's Health within the various agencies to focus on domestic violence and sexual assault as serious threats to both women's health and public health in general. Violence against women is the leading cause of injury to women in America between the ages of 15 and 54. Not only does this violence leave victims with visible injuries, but it can lead to other physical problems and emotional distress. It is critical that we look at violence against women from a medical perspective, as well as examine its social consequences, in order to recognize it, address it, and work to end it.

I am pleased that the House of Representatives is addressing the issue of women's health today and I urge my colleagues to vote for H.R. 1784, the Women's Health Office Act.

Ms. SLAUGHTER. Mr. Speaker, I rise in strong support of H.R. 1784, the Women's Health Office Act.

As an original cosponsor and vocal advocate of this legislation, I am delighted that it is finally being considered by the House. Congress has delayed far too long in addressing the second-class status of the various offices of women's health throughout the Department of Health and Human Services (HHS).

As other speakers have attested, only two of the HHS offices of women's health are currently established in statute: the Office of Research on Women's Health at the National Institutes of Health, and the women's health associate administrator at the Substance Abuse and Mental Health Services Administration. While offices of women's health exist at a number of other agencies, they can be moved, altered, or eliminated at the discretion of the agency director. This lack of permanence is extremely detrimental to long-term planning and multi-year efforts. It also sends a message to our nation's women that we are not firmly committed to improving their health.

Women's health is not a passing fancy or a fad that will go out of fashion. It is a serious discipline that will require the attention of doctors, scientists, and health care providers far into the future. The offices of women's health should not be an afterthought. H.R. 1784 is a vital step in permanently integrating women's health into the structure of our health care system. I look forward to voting for this important initiative, and I urge my colleagues to do the same.

Mr. WU. Mr. Speaker, for too long, women's health needs have been ignored or excluded in federal medical research. For instance, one federally funded study examined the ability of aspirin to prevent heart attacks in 20,000 medical doctors, all of whom were men, despite the fact that heart disease is a leading cause of death among women. Another study on breast cancer examined hundreds of men.

Fortunately, this attitude has changed. Today, medical researchers and health care providers know and understand the importance of distinguishing women's health. I strongly support these efforts, but I realize that more needs to be done. Last May, the GAO released a report on the status of women's research at NIH. Although noting that much progress has been made, the report stated that the Institute had made less progress in implementing the requirement that certain clinical trials be designed and carried out to permit valid analysis by sex, which could reveal whether interventions affect women and men differently. It also found that NIH researchers, even though they would include women in their trials, would either do no analysis on the basis of sex, or would not publish the sex-based results if no difference was found.

This must change. We need to continue to eliminate this health care gender gap and improve women's access to affordable, quality health services. The bill before us today, by Women's Health Office Act, will bring us one step closer to eliminating this gap by providing permanent authorization for Offices of Women's Health in five Federal agencies: the Department of Health and Human Services (HHS); the Centers for Disease Control and Prevention (CDC); the Agency for Health Care Research and Quality (AHRQ); the Health Resources and Services Administration (HRSA); and the Food and Drug Administration (FDA). Currently, only two women's health offices in the Federal Government have statutory authorization: the Office of Research on Women's Health at the National Institutes of Health, and the Office for Women's Services within the Substance Abuse and Mental Health Services Administration (SAMHSA).

Offices of Women's Health across the Public Health Service are charged with coordinating women's health activities and moni-

toring progress on women's health issues within their respective agencies, and they have been successful in making Federal programs and policies more responsive to women's health issues. Unfortunately, all of the good work these offices are doing is not guaranteed in Public Health Service authorizing law. Providing statutory authorization for federal women's health offices is a critical step in ensuring that women's health research will continue to receive the attention it requires in future years.

I urge my colleagues to join me in support of this important legislation.

Mrs. MALONEY of New York. Mr. Speaker, I am delighted to have the opportunity to speak on the floor in favor of H.R. 1784, The Women's Health Office Act. Congresswoman MORELLA and I have worked on this bill for a number of years and I want to thank the Congresswoman for her leadership on this issue.

In addition, I want to thank the Energy & Commerce committee, Chairman TAUZIN, Congressman DINGELL, Chairman BILIRAKIS, and Congressman SHERROD BROWN for moving this bill forward and for their dedication to women's health.

The other body has also taken action on this issue. I am pleased to see that this legislation was included in the Senate's "Women's Health Act," S. 2328, that passed out of the Senate Committee on Health, Education, Labor, and Pensions earlier this month.

By permanently establishing offices for women's health within the Department of Health and Human Services, the Agency for Health Care Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Food and Drug Administration, the Women's Health Office Act will provide the much needed statutory authority to further develop women's health research.

H.R. 1784 is endorsed by 50 advocacy organizations who represent women, health care professionals and consumers, including the Society for Women's Health Research, the Women's Research and Education Institute, and the YWCA of the U.S.A.

H.R. 1784 is grounded in a basic premise: only through good science and research do we find better treatments and cures. Women and girls should benefit equitably in the advances made in health care and medical research.

Women around the United States need and deserve to have their health protected and not overlooked. Yet, various health differences between men and women have long gone unnoticed and not studied. Just last spring, the GAO reported that 8 out of 10 drugs pulled off the market were more harmful to women than to men. These were drugs that underwent extensive clinical trials and were approved by the FDA. Yet, once on the market these drugs caused serious health hazards for the women they were prescribed to.

Obviously, there is still much work to be done in the area of women's health. Congress, Federal health agencies, and the scientific community are working to ensure that women's health is made a priority. This legislation is another important step towards equity in health.

I support this legislation. Women need this legislation. Let's work to improve the lives and health of women in this country. Support H.R. 1784, The Women's Health Office Act.



I'm honored to be the lead Democrat on this bill.

Mr. DINGELL. Mr. Speaker, I rise in strong support for this bill. The General Accounting Office released a report in 1990 that exposed the historical pattern of neglect of women in health research. As a result of this report, there was a significant increase in government initiatives in women's health research and the creation of women's health offices, advisors, and coordinators in many governmental institutions.

But that was just a beginning. We must now work to ensure that these highly beneficial institutions remain funded and operational into the future.

Currently, there are only two agencies which have federally authorized women's health offices: the Office of Research on Women's Health in the National Institutes of Health, and the Office for Women's Services in the Substance Abuse and Mental Health Services Administration. Since these two agencies are the only women's health offices established under statute, these are the only two women's health offices that are federally authorized and protected by law. The women's health offices, advisors, and coordinators of other government agencies face the possibility that future administrations will not continue to support them, or that future funding will be insufficient to meet their needs.

H.R. 1784 would provide permanent authorization for women's health offices in the Department of Health and Human Services, the Agency for Health Care Research and Quality, the Health Resource and Service Administration, the Centers for Disease Control and Prevention, and the Food and Drug Administration. It will ensure that these women's health offices will continue under statute and carry on the important work to improve the health of women through ongoing evaluation in the areas of education, prevention, treatment, research, and delivery of services.

I want to note the outstanding leadership on this legislation of my friend and colleague, Representative CAROLYN MALONEY. I urge my colleagues to join me in support of this important and beneficial piece of legislation.

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

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

The SPEAKER pro tempore (Mr. BOOZMAN). 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. 1784, as amended.

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

A motion to reconsider was laid on the table.

#### CANDACE NEWMAKER RESOLUTION OF 2002

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 435) expressing the sense of the Congress that the therapeutic technique known as rebirthing is a dangerous and harmful practice and should be prohibited.

The Clerk read as follows:

H. CON. RES. 435

Whereas "rebirthing" is a form of "attachment therapy", which is used to try to forge new bonds between adoptive parents and their adopted children;

Whereas Candace Newmaker, a child from North Carolina, died from the rebirthing technique, and four other children have died from other forms of attachment therapy;

Whereas the American Psychological Association does not recognize rebirthing as proper treatment; and

Whereas many States have enacted or are considering legislation to prohibit this technique: Now, therefore, be it

*Resolved by the House of Representatives (the Senate concurring),*

#### SECTION 1. SHORT TITLE.

This concurrent resolution may be cited as the "Candace Newmaker Resolution of 2002".

#### SEC. 2. SENSE OF CONGRESS REGARDING THERAPEUTIC TECHNIQUE KNOWN AS REBIRTHING.

(a) IN GENERAL.—It is the sense of the Congress that the therapeutic technique known as rebirthing is dangerous and harmful, and the Congress encourages each State to enact a law that prohibits such technique.

(b) DEFINITION.—In this resolution, the term "rebirthing" means a therapy to reenact the birthing process in a manner that includes restraint and creates a situation in which a patient may suffer physical injury or death.

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 include extraneous material.

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, today I rise in support of House Concurrent Resolution 435, which does express the sense of the Congress that the therapeutic technique known as rebirthing is a dangerous and harmful practice that should be prohibited.

Now, Mr. Speaker, a terrible story: in Colorado, a 10-year-old girl named Candace Newmaker died during a rebirthing session. Rebirthing is supposed to forge new bonds between adoptive parents and their children, and it involves wrapping the child in a sheet and covering him or her with pillows, often for more than an hour, to simulate the birthing process.

During the procedure, Candace, who had been diagnosed with attachment disorder, told her therapist several times that she could not breathe. However, her therapist did not unwrap her, but told her to push harder to get out. Candace was rushed to a local hospital where she died the next day.

Unfortunately, Mr. Speaker, Candace is not the only child to die and suffer

from this practice. Four other children have died as a result of rebirthing therapy.

The American Psychological Association does not recognize rebirthing as proper treatment for attachment disorders, and many States, including Colorado, have enacted legislation which makes it illegal to practice rebirthing therapy if restraints are involved or there is a risk of physical injury. Many other States have enacted or are considering legislation to prohibit this technique, as well.

The Committee on Energy and Commerce unanimously approved the resolution before us on September 5; and we are very, very grateful to the gentlewoman from North Carolina (Mrs. MYRICK) for introducing this resolution. It does encourage each State to enact a law that prohibits this potentially very deadly practice.

Mr. Speaker, I urge my colleagues to support this important resolution, and I reserve the balance of my time.

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

Mr. Speaker, the gentlewoman from North Carolina (Mrs. MYRICK) has introduced legislation inspired by the tragic death of the 10-year-old that the gentleman from Florida (Chairman Bilirakis) referred to as a result of what is commonly known as rebirthing therapy. This resolution expresses congressional opposition to this dangerous and deadly practice.

This radical therapy has been used by some therapists to treat attachment disorder, most commonly seen in adopted children. The American Psychological Association and the National Council for Adoption and other organizations condemn this practice as fraudulent and as dangerous. In addition to the risk of death by asphyxiation, psychologists say it can further damage already-troubled children.

Our committee, the Committee on Energy and Commerce, supported this important resolution. I urge my colleagues to do the same today.

Mr. Speaker, this body brings a variety of resolutions to the floor coming out of the Subcommittee on Health, almost all of which I support, almost all of which are positive.

I wish, however, Mr. Speaker, that we would do a little bit more in terms of trying to rein in prescription drug prices. I look at legislation like this, which is important; but we should be using this time on the floor also to pass legislation like that which the gentlewoman from Missouri (Mrs. EMERSON), a Republican, and I, a Democrat, have introduced, which is the GAAP bill, H.R. 1862.

I have introduced similar legislation with the gentleman from California, H.R. 5272, to deal with the problem of drug pricing. It is a bill the other body has passed. It would stop the gaming of the patent system by the drug companies whereby they have been able to extend their patents by cutting deals