to minimize the CAP program that permits local communities to coordinate the use of scarce healthcare dollars, event though where implemented that program that has been praised by local officials. Secondly, all authorizations for construction of the physical facilities have been struck from the bill, because the Republican leadership has refused to allow vote on a bill that provides the basic labor protections found in the Davis-Bacon Act for all direct Federal construction projects. Such protections would pass if a vote were allowed, and needed construction could begin.

Though this bill is far from perfect, I urge all of my colleagues to join me in support of H.R. 3450, the ''Health Care Safety Net Improvement Act.'' This is an important piece of legislation and its passage is long overdue.

Mr. BEREUTER. Mr. Speaker, as a cosponsor of the bill, this Member wishes to add his strong support for H.R. 3450, the Health Care Safety Net Improvement Act. Furthermore, this Member would like to commend the distinguished gentleman from Florida [Mr. BILIRAKIS], the Chairman of the House Energy and Commerce Subcommittee on Health, and the distinguished gentleman from Ohio [Mr. BROWN], the ranking member of the House Energy and Commerce Subcommittee on Health, for bringing this important legislation to the House Floor today. This Member would also like to commend the distinguished gentleman from Louisiana [Mr. TAUZIN], Chairman of the House Energy and Commerce Committee, and the distinguished gentleman from Michigan [Mr. DINGELL], the ranking member of the House Energy and Commerce Committee, for their efforts to improve access to quality preventive and primary health care for the medically underserved—including the millions of Americans without health insurance coverage.

The Health Care Safety Net Improvement Act would:

(1) reauthorize the critically important Community Health Centers program for another five years, including reaffirmation that Health Centers should be: located in high-need areas; provide comprehensive preventive and primary health care services; governed by community boards made up of a majority of current health center patients to assure responsiveness to local needs; and, open to everyone in the communities they serve, regardless of ability to pay; and

(2) reauthorize the important Telehealth Programs, as well as the Rural Health Outreach and the Rural Health Network Development. In addition, H.R. 3450 would authorize a new Small Health Care Provider Quality Improvement Program. These programs would go a long way to facilitate the provision of care to vulnerable populations living in rural areas all across the country.

This Member is particularly pleased that language is included in H.R. 3450 that would provide automatic designation to Federally Qualified Health Centers (FQHC) and Federally Certified Rural Health Clinics as Health Professional Shortage Areas (HPSA) facilities for a period of six years. This Member recognizes that the National Health Service Corps plays a critical role in providing care for underserved populations by placing clinicians in urban and rural areas. However, it has come to this Member's attention that health centers and rural clinics must obtain Health Professional Shortage Area designation to become eligible for the placement of Nation Health Service Corps personnel. While this Member is pleased to see that H.R. 3450 would improve on the current HPSA designation process, he would have preferred that the bill include permanent automatic designation, which would have guaranteed that FQHCs and rural health clinics would not have to return to the current, cumbersome HPSA designation process. This is a process that certainly seems unnecessary and duplicative, and which in some cases may result in delays in the placement of needed practitioners at high-need health centers and rural health clinics. Last year, this Member sent a letter, along with several colleagues, to the Chairman of the Energy and Commerce Subcommittee on Health requesting this change on a permanent basis and greatly appreciates the inclusion of the provision—even in the short term.

In closing, Mr. Speaker, this Member looks forward to working with the Committee and Subcommittee leadership, as earlier noted, on this important issue and this important bill as H.R. 3450 moves foward.

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

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and 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. 3450.

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

A motion to reconsider was laid on the table.

## RECOGNIZING THE DEVASTATING IMPACT OF FRAGILE X

Mr. SHIMKUS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 398) recognizing the devastating impact of fragile X, urging increased funding for research on fragile X, and commending the goals of National Fragile X Research Day, and for other purposes.

The Clerk read as follows:

H. RES. 398

Whereas fragile X is the most common inherited cause of mental retardation, affecting people of every race, income level, and nationality;

Whereas 1 in every 267 women is a carrier of the fragile X;

Whereas children born with fragile X typically require a lifetime of special care at a cost of over $2,000,000 each;

Whereas fragile X frequently remains undetected because the defect was relatively recently discovered and there is a lack of awareness about the disease, even within the medical community;

Whereas the gene causing fragile X has been discovered and is easily identified by testing;

Whereas inquiry into fragile X is a powerful research model for neuropsychiatric disorders, such as autism, schizophrenia, pervasive developmental disorders, and other forms of X-chromosome-linked mental retardation;

Whereas individuals with fragile X can provide a homogeneous research population for advancing the understanding of neuropsychiatric disorders;

Whereas with concerted research efforts, a cure for fragile X may be developed;

Whereas fragile X research, both basic and applied, has been vastly underfunded despite the prevalence of the disorder, the potential for the development of a cure, the established benefits of available treatments and interventions, and the significance that fragile X research has for related disorders;

Whereas Members of Congress are in unique positions to help raise public awareness about the need for increased funding for research and early diagnosis and treatment for fragile X; and

Whereas throughout the United States, families and friends of individuals with fragile X have designated October 5 as National Fragile X Research Day to promote efforts to find a treatment and cure for fragile X: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) recognizes the devastating impact of fragile X on thousands of people in the United States and their families;

(2) calls on the National Institutes of Health, the Centers for Disease Control and Prevention, and other sources of Federal and private research funds to enhance and increase their efforts and commitments to fragile X research;

(3) calls on medical schools and other health educators, medical societies and associations, and Federal, State, and local health care facilities to promote research that will lead to a treatment and cure for fragile X; and

(4) commends the goals and ideals of a National Fragile X Research Day and supports interested groups in conducting appropriate ceremonies, activities, and programs to demonstrate support for such a day.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. SHIMKUS) and the gentleman from Texas (Mr. GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois (Mr. SHIMKUS).

GENERAL LEAVE

Mr. SHIMKUS. 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 resolution.

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

There was no objection.

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

Mr. Speaker, I am pleased that today the House is considering House Resolution 398 introduced by the gentleman from Oklahoma (Mr. WATKINS) to recognize the impact of fragile X on thousands of people in the United States and their families. The Committee on Energy and Commerce approved this resolution unanimously last week, and I encourage my colleagues to adopt the resolution today on the floor.

Fragile X syndrome is the most common genetically inherited form of mental retardation. Patients diagnosed with fragile X may experience mental impairments that range from mild learning disabilities and hyperactivity

to severe mental retardation and autism. While there is no specific treatment for fragile X syndrome, health care professionals have directed their efforts toward training and education so that children with fragile X can reach their maximum potential.

The resolution before us today calls on both public and private researchers to enhance their efforts to find a treatment and cure for fragile X. The resolution also commends the work that advocates are doing nationwide to raise awareness about fragile X.

I would also like to express my appreciation for the outstanding work that the gentleman from Oklahoma has done to raise awareness about this genetic disorder. The work that scientific researchers are conducting throughout the United States we hope will ultimately lead to a cure. Until then it is important that all of us show our support for families affected by fragile X. I encourage my colleagues to support the resolution.

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

Mr. GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume. I rise to express my support for House Resolution 398, a resolution recognizing the devastating impact of fragile X, urging increased funding for fragile X research, and commending the goals of National Fragile X Research Day.

Fragile X is the most common inherited cause of mental retardation, affecting 1 in 2,000 boys and 1 in 4,000 girls. This condition causes a host of mental and physical problems, including learning disabilities, mental retardation, attention deficit and hyperactivity disorders, anxiety, autistic-like behaviors, physical abnormalities and seizures.

Despite the prevalence of this illness, many Americans, including health care providers, are unfamiliar with fragile X. As a result, 80 to 90 percent of individuals with fragile X are often misdiagnosed. Without proper diagnosis many children are unable to reach their full potential or get the education or treatment they need to better cope with fragile X.

Fragile X is also a very expensive disease to treat. Most children with fragile X require a lifetime of special care at a cost of over $2 million each. The lost wages, special education and health care costs associated with fragile X create a significant societal burden that justifies additional Federal research in this area. Advances in the current research indicate that this would be a worthwhile investment.

Many prominent scientists have undertaken fragile X research projects, rapidly accelerating the progress and leading to new breakthroughs about its cause. Researchers have identified the set of genes which are normally regulated by the fragile X gene.

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This set is also associated with other neurological and psychiatric problems, and these advances could lead to breakthroughs in two other neurological and psychiatric disorders, such as autism, pervasive development disorder, Rett Syndrome, schizophrenia, obsessive-compulsive disorder, Tourette's Syndrome, and numerous other disorders.

Research into the treatment of this genetic malfunction could benefit the hundreds of thousands of people suffering from these diseases.

Mr. Speaker, I would like to thank my colleagues, the gentleman from Oklahoma (Mr. WATKINS) and the gentleman from Massachusetts (Mr. DELAHUNT) for their commitment to finding a cure for fragile X, and I urge my colleagues to join me in supporting this important cause.

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

Mr. SHIMKUS. Mr. Speaker, I yield such time as he may consume to the gentleman from Oklahoma (Mr. WATKINS).

Mr. WATKINS of Oklahoma. Mr. Speaker, I rise today in support of House Resolution 398, legislation that recognizes National Fragile X Research Day this Saturday, October 5, 2002.

For several years, my good friend, the gentleman from Massachusetts (Mr. DELAHUNT), and I have actively supported the goals of fragile X families in order to help raise public awareness about the need for increased funding for research and to provide early diagnosis and effective treatment for fragile X. We have worked for funding for research, and we have now introduced this noncontroversial and much-needed resolution to show congressional support for improving the treatment and finding a cure for this disease by observing the first National Fragile X Research Day on this coming Saturday, October 5, 2002.

Mr. Speaker, fragile X is the most commonly inherited cause for mental retardation, which affects, as the gentleman from Texas (Mr. GREEN) just said, one in every 2,000 newborn boys and one in every 4,000 newborn girls in this country. One in every 261 women is a carrier and has a 50 percent chance in each pregnancy of having a child with fragile X. Most of these afflicted children will require a lifetime of special care.

In recent years, however, there have been great strides made toward finding a cure for this genetic disease. Current research holds great promise for the development of effective treatments, but additional support for these efforts are urgently needed by this Congress. Thanks to the recent increase in Federal funding, many prominent scientists have undertaken fragile X research projects for the first time, rapidly accelerating progress and leading to new breakthroughs about its cause. As one of the first discoveries of the Human Genome Project, the cause of fragile X has been linked to the absence of a single protein. Since then, our understanding of how this disease causes mental retardation, seizures, aggressive outbursts, and severe anxiety has dramatically increased. This research has lead Dr. James Watson, who shared the Nobel Prize for discovering DNA, to believe that a cure for this terrible disease is within sight, with our help, with our help from Congress.

Mr. Speaker, my cousin was afflicted by this condition, a fact which has profoundly affected our families. I have worked both to provide funding for its research and to raise public awareness of this particular problem. Additionally, I would like to mention McCall's Chapel in Ada, Oklahoma, where my wife and I raised our family in that community in my district. McCall's Chapel provides a facility for families who lots of times have no facility willing to help them and help the children who continue to suffer from mental retardation as adults. McCall's Chapel is always there with open and welcoming arms. Few States have places today that will accommodate and serve those mentally retarded adults, but many families have been blessed by the works of the good people at McCall's Chapel. Many of these families I know personally.

Mr. Speaker, I would like to mention and thank my good friends who are with us today, David and Mary Beth Busby, parents of two fragile X boys of their own. I know both of these young men and they are a great inspiration to me. This family is inspiring, and they are educating me and also a lot of other people about the need for research and treatment of fragile X.

Mr. Speaker, I urge all of my colleagues to adopt this resolution.

Mr. GREEN of Texas. Mr. Speaker, I yield 7 minutes to the gentleman from Massachusetts (Mr. DELAHUNT).

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

It was I think 4 years ago that a friend of mine in the Boston area approached me and described to me the characteristics and the symptoms of this disorder called fragile X. Like most Americans, I had never heard of fragile X, but he told me there was a fellow from Oklahoma, a Republican by the name of Wes Watkins, that was the champion of those who were afflicted with this particular disorder, and he encouraged me to seek him out. I am glad I did.

Fragile X, as others have said, is the most common inherited cause of mental retardation. We have heard the statistics, the high incidence rate, the fact that fragile X is relatively unknown, even among medical professionals. It is easily identified by a simple blood test, yet families are left often struggling for months, even years, searching for explanations for alarming developmental delays and behavioral problems associated with fragile X; and they live in a time of uncertainty. There are some common physical signs such as large ears, long faces,

and flat feet; but half of fragile X children do not exhibit any of these characteristics. Other symptoms are less obvious, including hyperactivity, attention deficits, severe anxiety, and even violent seizures, making diagnosis difficult.

Again, I think it was the gentleman from Texas (Mr. GREEN) who indicated that it is estimated that somewhere between 80 and 90 percent of children with fragile X are currently undiagnosed or misdiagnosed. So it is fitting that today we consider a resolution recognizing National Fragile X Research Day and the urgency of the need to increase funding for fragile X research.

Mr. Speaker, 2 years ago this week, Congress enacted another bill sponsored by the gentleman from Oklahoma (Mr. WATKINS) and myself; it was labeled the Fragile X Research Breakthrough Act as part of the Children's Health Act of 2000. This law directed an arm of the National Institutes of Health to expand and coordinate research of fragile X and authorize the establishment of at least three fragile X research centers. I am pleased to report significant progress towards implementing these provisions. Early this year, the institute began accepting applications for the fragile X research centers, which hopefully will be ready to open their doors this coming spring.

Thanks to this Federal commitment, many prominent scientists have undertaken fragile X research projects, rapidly accelerating the progress and leading to new breakthroughs about its cause. In a series of landmark discoveries, researchers have identified the set of genes which are normally regulated by the fragile X gene. Scientists are also now pursuing promising drug therapies for fragile X as new evidence has shown that this type of defect may be blocked by relatively simple medications. These new discoveries may not only lead to treatments for fragile X, but also have uncovered striking connections between fragile X and a whole litany of other neurological and psychiatric disorders. So all of this holds great promise for the development of safe and effective treatments. But as the gentleman from Oklahoma (Mr. WATKINS) has indicated, there is a great more still to be done.

So I encourage all of my colleagues to support this resolution. Again, I want to commend the gentleman from Oklahoma (Mr. WATKINS). His work in this particular endeavor is part of a wonderful legacy that he can take with him as he leaves this institution after some 20 years. So I want to extend my congratulations.

Mr. WATKINS of Oklahoma. Mr. Speaker, will the gentleman yield?

Mr. DELAHUNT. I yield to the gentleman from Oklahoma.

Mr. WATKINS of Oklahoma. Mr. Speaker, as the gentleman indicated, and the gentleman is my friend, and believe me, I truly feel that. The gentleman indicated that I am leaving. This is something I am very proud of in a humanitarian way, and I am going to be, hopefully, asking the gentleman to continue this work. I am going to be leaving the House. But I know that the gentleman will continue that effort.

Mr. Speaker, I would like to dedicate this day to a classmate that I had who had this when I was growing up. I used to sit next to him at this country school with a popsicle, and I always shared half that popsicle with him. So I dedicate this day to Herman Samples, that classmate of mine.

Mr. DELAHUNT. Mr. Speaker, reclaiming my time, I promise my friend and my colleague that I will take up this cause, and I will always remember this particular story that the gentleman concluded his remarks with. I too want to share in dedicating this day to him. Again, I thank the gentleman for everything that he has done for so many.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of H. Res. 398, which recognizes the devastating impact of Fragile X, the most common inherited cause of mental retardation.

Fragile X mental impairment may range from mild learning disabilities and hyperactivity to severe mental retardation. In addition to intellectual disabilities, some individuals with Fragile X display common physical traits and characteristic facial features. Children with Fragile X often appear normal in infancy but develop typical physical characteristics during their lifetimes. Because of scientific advances, improvements in genetic testing, and increased awareness, the number of children diagnosed with Fragile X has increased significantly over the last decade.

I was proud to have worked with my friend from Ohio, Mr. BROWN, to expand research on a number of disorders that disproportionately affect children, including Fragile X, through the Children's Health Act of 2000. The law urges the Director of the National Institutes of Health (NIH) to expand, intensify, and coordinate research on Fragile X at NIH.

Mr. Speaker, I urge my colleagues to support H. Res. 398, which recognizes the devastating impact of Fragile X on thousands of people in the United States and their families. Furthermore, this resolution calls for additional Fragile X research and supports National Fragile X Research Day.

Mr. BEREUTER. Mr. Speaker, as an original cosponsor of the resolution, this Member wishes to add his strong support for H. Res. 398, which would recognize the impact of Fragile X and would call upon the Federal Government to enhance and increase its efforts and commitments to Fragile X research.

This Member would like to commend the distinguished gentleman from Louisiana [Mr. TAUZIN], the Chairman of the House committee on Energy and Commerce, and the distinguished gentleman from Michigan [Mr. DINGELL], the ranking member of the House Committee on Energy and Commerce, for bringing this important resolution to the House Floor today. This Member would also like to commend the gentleman from Oklahoma [Mr. WATKINS] for sponsoring H. Res. 398 and for his personal interest in Fragile X.

Fragile X syndrome is a hereditary condition which causes a wide range of mental impairment, from mild learning disabilities to severe mental retardation. It is the most common cause of genetically-inherited mental impairment. In addition to mental impairment, Fragile X is associated with a number of physical and behavioral characteristics.

House Resolution 398 would recognize the devastating impact of Fragile X on thousands of people in the United States and their families. In addition, the resolution would call on the National Institutes of Health, the Centers for Disease Control and Prevention, and other sources of Federal and private research funds to enhance and increase their efforts and commitment to Fragile X research.

Furthermore, the resolution also would call upon medical schools and other health care educators, medical societies, and associations, and Federal, state, and local health care facilities to promote research that will lead to a treatment and cure for Fragile X. Finally, H. Res. 398 would comment the goals and ideas of a National Fragile X Research Day and would support interested groups in conducting appropriate ceremonies, activities, and programs to demonstrate support for such a day.

Mr. Speaker, in closing, this Member urges his colleagues to support H. Res. 398.

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

Mr. SHIMKUS. Mr. Speaker, I want to thank the gentleman from Oklahoma and the gentleman from Massachusetts for their fine work on this bill, and 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 Illinois (Mr. SHIMKUS) that the House suspend the rules and agree to the resolution, H. Res. 398.

The question was taken.

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

Mr. GREEN of Texas. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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

The point of no quorum is considered withdrawn.

## EXPRESSING THE SENSE OF THE CONGRESS WITH RESPECT TO THE DISEASE ENDOMETRIOSIS

Mr. SHIMKUS. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution, (H. Con. Res. 291) expressing the sense of the Congress with respect to the disease endometriosis.

The Clerk read as follows:

H. CON. RES. 291

Whereas endometriosis is a painful, chronic gynecologic disease;

Whereas, with such disease, tissue that is similar to the endometrium (the tissue lining the inside of the uterus) grows outside the uterus in the abdominal cavity and results in internal bleeding, inflammation, and