

millions of Americans who are uninsured or who lack adequate health insurance coverage will at least have access to preventive and basic primary health care services in their communities.

The legislation reauthorizes the community health centers program, which provides needed health care services, including outpatient dental, diagnostic, treatment, preventive, and primary care—in under-served rural and inner-city areas. These services are provided through community health centers, migrants health centers, farmworkers, health centers for the homeless, health centers for residents of public housing, and healthy schools programs. It also re-authorizes the National Health Service Corps, a program that trains and places health professionals in areas where there are shortages of qualified professionals. Finally, the legislation establishes the Healthy Communities Access Program, which will help coordinate community services for the uninsured.

I believe this legislation represents what can be achieved when good policy and bipartisanship overcome politics. A priority for President Bush, this legislation is an important piece of his agenda to ensure that all Americans have access to health care services. As a next step, I look forward to working with the President, and my colleagues in the Senate and House, to ensure that all Americans have access to affordable health insurance.

Mr. REID. Mr. President, I ask unanimous consent that the Senate concur in the House amendment to the bill, and that the motion to reconsider be laid on the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROVIDING FOR HEALTH BENEFITS COVERAGE

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of calendar No. 710, S. 2527.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2527) to provide for health benefits coverage under chapter 89, title 5, United States Code, for individuals enrolled in a plan administered by the Overseas Private Investment Corporation, and for other purposes.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. REID. Mr. President, I ask unanimous consent that the bill be read a third time, passed, and the motion to reconsider be laid upon the table, with no intervening action or debate; and that any statements relating to this matter be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The bill (S. 2527) was read the third time and passed, as follows:

S. 2527

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

SECTION 1. CONTINUATION OF HEALTH BENEFITS COVERAGE FOR INDIVIDUALS ENROLLED IN A PLAN ADMINISTERED BY THE OVERSEAS PRIVATE INVESTMENT CORPORATION.

(a) ENROLLMENT IN CHAPTER 89 PLAN.—For purposes of the administration of chapter 89 of title 5, United States Code, any period of enrollment under a health benefits plan administered by the Overseas Private Investment Corporation before the effective date of this Act shall be deemed to be a period of enrollment in a health benefits plan under chapter 89 of such title.

(b) CONTINUED COVERAGE.—

(1) IN GENERAL.—Any individual who, on June 30, 2002, is covered by a health benefits plan administered by the Overseas Private Investment Corporation may enroll in an approved health benefits plan described under section 8903 or 8903a of title 5, United States Code—

(A) either as an individual or for self and family, if such individual is an employee, annuitant, or former spouse as defined under section 8901 of such title; and

(B) for coverage effective on and after June 30, 2002.

(2) INDIVIDUALS CURRENTLY UNDER CONTINUED COVERAGE.—An individual who, on June 30, 2002, is entitled to continued coverage under a health benefits plan administered by the Overseas Private Investment Corporation—

(A) shall be deemed to be entitled to continued coverage under section 8905a of title 5, United States Code, for the same period that would have been permitted under the plan administered by the Overseas Private Investment Corporation; and

(B) may enroll in an approved health benefits plan described under section 8903 or 8903a of such title in accordance with section 8905a of such title for coverage effective on and after June 30, 2002.

(3) UNMARRIED DEPENDENT CHILDREN.—An individual who, on June 30, 2002, is covered as an unmarried dependent child under a health benefits plan administered by the Overseas Private Investment Corporation and who is not a member of family as defined under section 8901(5) of title 5, United States Code—

(A) shall be deemed to be entitled to continued coverage under section 8905a of such title as though the individual had, on June 30, 2002, ceased to meet the requirements for being considered an unmarried dependent child under chapter 89 of such title; and

(B) may enroll in an approved health benefits plan described under section 8903 or 8903a of such title in accordance with section 8905a for continued coverage effective on and after June 30, 2002.

(c) TRANSFERS TO THE EMPLOYEES HEALTH BENEFITS FUND.—

(1) IN GENERAL.—The Overseas Private Investment Corporation shall transfer to the Employees Health Benefits Fund established under section 8909 of title 5, United States Code, amounts determined by the Director of the Office of Personnel Management, after consultation with the Overseas Private Investment Corporation, to be necessary to reimburse the Fund for the cost of providing benefits under this section not otherwise paid for by the individuals covered by this section.

(2) AVAILABILITY OF FUNDS.—The amounts transferred under paragraph (1) shall be held in the Fund and used by the Office in addition to amounts available under section 8906(g)(1) of title 5, United States Code.

(d) ADMINISTRATION AND REGULATIONS.—The Office of Personnel Management—

(1) shall administer this section to provide for—

(A) a period of notice and open enrollment for individuals affected by this section; and

(B) no lapse of health coverage for individuals who enroll in a health benefits plan under chapter 89 of title 5, United States Code, in accordance with this section; and

(2) may prescribe regulations to implement this section.

LYME AND INFECTIOUS DISEASE INFORMATION AND FAIRNESS IN TREATMENT (LIFT) ACT

Mr. REID. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. 969, and the Senate proceed to its consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 969) to establish a Tick-Borne Disorders Advisory Committee, and for other purposes.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. DODD. Mr. President, it is with great pleasure that I rise today to signal the passage of important legislation designed to combat the devastating illness of Lyme disease. The objective of this bipartisan consensus legislation is simple—to put us on the path toward eradicating Lyme disease—a disease still unfamiliar to some Americans, but one that is all too familiar to those of us from Connecticut and the Northeast.

The impact that Lyme disease can have on its victims is tremendous. The disease first achieved prominence in the 1980s in the state of Connecticut and got its name from the town of Lyme, CT. Today, Connecticut residents have the dubious distinction of being 10 times more likely to contract Lyme disease than the rest of the nation. However, Mr. President, the incidence of Lyme disease nationwide is on the rise. In fact, cases of Lyme disease have been reported by 49 states and the District of Columbia. Since 1982, the number of Lyme disease cases reported to health officials numbers more than 145,000. However, reports indicate that the actual incidence of the disease may be many times greater than current figures suggest.

Health problems experienced by those infected with Lyme disease can include facial paralysis, joint swelling, loss of coordination, irregular heartbeat, liver malfunction, depression, and memory loss. Because Lyme disease frequently mimics other conditions, patients often must visit multiple doctors before a proper diagnosis is made. This can result in prolonged pain and suffering, unnecessary tests, costly and futile treatments, and devastating emotional consequences for victims of Lyme disease and their families.

The legislation that we pass today is a continuation of earlier efforts to stem the growth of Lyme disease and

other tick-borne disorders. Through an amendment that I offered to the FY 1999 Department of Defense appropriations bill, an additional \$3 million was directed toward the DoD's Lyme disease research efforts. This signaled an important first step in the fight to increase our understanding of this disease, but clearly more remains to be done. The legislation we pass today further continues these efforts.

Central to this legislation, is the creation of a federal advisory committee on Lyme disease and other tick-borne disorders. This advisory committee will bring together members of the scientific community, health care providers, and, most important, those most personally touched by this devastating disease, Lyme patients and their families themselves. It is my hope that the important work of this, the first federal advisory committee on Lyme disease, will lay out a concise and workable federal blueprint for combating this debilitating illness.

Additionally, this legislation will establish clear goals for federal action designed to conquer Lyme disease and other tick-borne disorders. In laying out these goals, the legislation offers a framework for the federal government that includes research, treatment, and prevention efforts designed to stop the growth of Lyme disease and other tick-borne disorders.

The legislation passed by the United States Senate today also authorizes \$10 million for federal activities related to the prevention and effective treatment of Lyme disease and other tick-borne disorders. This critically important funding will also provide needed research funding for vector-borne diseases, such as Lyme disease.

I wish to thank my colleague from Pennsylvania, Senator RICK SANTORUM, the legislation's chief Republican cosponsor, for his steadfast support of this initiative. It is due to his support, the support of my colleagues on the Senate HELP Committee, and the support of the Lyme disease community that we are here today on the verge of significantly strengthening the federal commitment to eradicating Lyme disease. I pledge to continue to work with my colleagues to ensure vigorous and effective oversight of the legislation's implementation in order to ensure that our intent is fully realized.

I think I can speak for all of my colleagues when I say that we look forward to the day when Lyme disease no longer causes so many to suffer. This legislation offers an important and critical step toward that laudable goal.

Mr. REID. Mr. President, Senator DODD has a substitute amendment at the desk, and I ask unanimous consent for its consideration; that the amendment be agreed to, and the motion to reconsider be laid upon the table; that the bill, as amended, be read three times, passed, and the motion to reconsider be laid upon the table; and that any statements relating to the matter be printed in the RECORD, with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 4894) was agreed to, as follows:

(Purpose: To provide for a complete substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. FINDINGS.

Congress makes the following findings:

(1) Lyme disease is a common but frequently misunderstood illness that, if not caught early and treated properly, can cause serious health problems.

(2) Lyme disease is a bacterial infection that is transmitted by a tick bite. Early signs of infection may include a rash and flu-like symptoms such as fever, muscle aches, headaches, and fatigue.

(3) Although Lyme disease can be treated with antibiotics if caught early, the disease often goes undetected because it mimics other illnesses or may be misdiagnosed. Untreated, Lyme disease can lead to severe heart, neurological, eye, and joint problems because the bacteria can affect many different organs and organ systems.

(4) If an individual with Lyme disease does not receive treatment, such individual can develop severe heart, neurological, eye, and joint problems.

(5) Although Lyme disease accounts for 90 percent of all vector-borne infections in the United States, the ticks that spread Lyme disease also spread other disorders, such as ehrlichiosis, babesiosis, and other strains of *Borrelia*. All of these diseases in 1 patient makes diagnosis and treatment more difficult.

(6) Although tick-borne disease cases have been reported in 49 States and the District of Columbia, about 90 percent of the 15,000 cases have been reported in the following 10 States: Connecticut, Pennsylvania, New York, New Jersey, Rhode Island, Maryland, Massachusetts, Minnesota, Delaware, and Wisconsin. Studies have shown that the actual number of tick-borne disease cases are approximately 10 times the amount reported due to poor surveillance of the disease.

(7) Persistence of symptomatology in many patients without reliable testing makes treatment of patients more difficult.

SEC. 2. ESTABLISHMENT OF A TICK-BORNE DISORDERS ADVISORY COMMITTEE.

(a) ESTABLISHMENT OF COMMITTEE.—Not later than 180 days after the date of enactment of this Act, there shall be established an advisory committee to be known as the Tick-Borne Disorders Advisory Committee (referred to in this Act as the "Committee") organized in the Office of the Secretary.

(b) DUTIES.—The Committee shall advise the Secretary and Assistant Secretary of Health regarding how to—

(1) assure interagency coordination and communication and minimize overlap regarding efforts to address tick-borne disorders;

(2) identify opportunities to coordinate efforts with other Federal agencies and private organizations addressing tick-borne disorders; and

(3) develop informed responses to constituency groups regarding the Department of Health and Human Services' efforts and progress.

(c) MEMBERSHIP.—

(1) APPOINTED MEMBERS.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall appoint voting members to the Committee from among the following member groups:

(i) Scientific community members.

(ii) Representatives of tick-borne disorder voluntary organizations.

(iii) Health care providers.

(iv) Patient representatives who are individuals who have been diagnosed with tick-borne illnesses or who have had an immediate family member diagnosed with such illness.

(v) Representatives of State and local health departments and national organizations who represent State and local health professionals.

(B) REQUIREMENT.—The Secretary shall ensure that an equal number of individuals are appointed to the Committee from each of the member groups described in clauses (i) through (v) of subparagraph (A).

(2) EX OFFICIO MEMBERS.—The Committee shall have nonvoting ex officio members determined appropriate by the Secretary.

(d) CO-CHAIRPERSONS.—The Assistant Secretary of Health shall serve as the co-chairperson of the Committee with a public co-chairperson chosen by the members described under subsection (c). The public co-chairperson shall serve a 2-year term and retain all voting rights.

(e) TERM OF APPOINTMENT.—All members shall be appointed to serve on the Committee for 4 year terms.

(f) VACANCY.—If there is a vacancy on the Committee, such position shall be filled in the same manner as the original appointment. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. Members may serve after the expiration of their terms until their successors have taken office.

(g) MEETINGS.—The Committee shall hold public meetings, except as otherwise determined by the Secretary, giving notice to the public of such, and meet at least twice a year with additional meetings subject to the call of the co-chairpersons. Agenda items can be added at the request of the Committee members, as well as the co-chairpersons. Meetings shall be conducted, and records of the proceedings kept as required by applicable laws and Departmental regulations.

(h) REPORTS.—

(1) IN GENERAL.—Not later than 24 months after the date of enactment of this Act, and annually thereafter, the Secretary shall submit to Congress a report on the activities carried out under this Act.

(2) CONTENT.—Such reports shall describe—

(A) progress in the development of accurate diagnostic tools that are more useful in the clinical setting; and

(B) the promotion of public awareness and physician education initiatives to improve the knowledge of health care providers and the public regarding clinical and surveillance practices for Lyme disease and other tick-borne disorders.

(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this Act, \$250,000 for each of fiscal years 2003 and 2004. Amounts appropriated under this subsection shall be used for the expenses and per diem costs incurred by the Committee under this section in accordance with the Federal Advisory Committee Act (5 U.S.C. App.), except that no voting member of the Committee shall be a permanent salaried employee.

SEC. 3. AUTHORIZATION FOR RESEARCH FUNDING.

There are authorized to be appropriated \$10,000,000 for each of fiscal years 2003 through 2007 to provide for research and educational activities concerning Lyme disease and other tick-borne disorders, and to carry out efforts to prevent Lyme disease and other tick-borne disorders.

SEC. 4. GOALS.

It is the sense of the Senate that, in carrying out this Act, the Secretary of Health

and Human Services (referred to in this section as the "Secretary"), acting as appropriate in consultation with the Director of the Centers for Disease Control and Prevention, the Director of the National Institutes of Health, the Committee, and other agencies, should consider carrying out the following:

(1) **FIVE-YEAR PLAN.**—It is the sense of the Senate that the Secretary should consider the establishment of a plan that, for the five fiscal years following the date of the enactment of this Act, provides for the activities to be carried out during such fiscal years toward achieving the goals under paragraphs (2) through (4). The plan should, as appropriate to such goals, provide for the coordination of programs and activities regarding Lyme disease and other tick-borne disorders that are conducted or supported by the Federal Government.

(2) **FIRST GOAL: DIAGNOSTIC TEST.**—The goal described in this paragraph is to develop a diagnostic test for Lyme disease and other tick-borne disorders for use in clinical testing.

(3) **SECOND GOAL: SURVEILLANCE AND REPORTING OF LYME DISEASE AND OTHER TICK-BORNE DISORDERS.**—The goal described in this paragraph is to accurately determine the prevalence of Lyme disease and other tick-borne disorders in the United States.

(4) **THIRD GOAL: PREVENTION OF LYME DISEASE AND OTHER TICK-BORNE DISORDERS.**—The goal described in this paragraph is to develop the capabilities at the Department of Health and Human Services to design and implement improved strategies for the prevention and control of Lyme disease and other tick-borne diseases. Such diseases may include Masters' disease, ehrlichiosis, babesiosis, other bacterial, viral and rickettsial diseases such as tularemia, tick-borne encephalitis, Rocky Mountain Spotted Fever, and bartonella, respectively.

The bill (S. 969), as amended, was read the third time and passed.

AMENDING THE PUBLIC HEALTH SERVICE ACT

Mr. REID. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of H.R. 4013.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 4013) to amend the Public Health Service Act to establish an Office of Rare Diseases at the National Institutes of Health, and for other purposes.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. KENNEDY. Mr. President, I commend the Senate today for its bipartisan action in approving the Rare Diseases Act of 2002 and the Rare Diseases Orphan Product Development Act of 2002. These two measures will enhance the prospects for developing effective care, treatments and cures for literally thousands of rare diseases and disorders.

Congress has a longstanding commitment to provide this support. In 1983, we passed the Orphan Drug Act to improve the development of treatments for rare diseases and disorders. These diseases affect small patient populations, typically smaller than 200,000 individuals in the United States. They

include Huntington's disease, myoclonus, ALS (Lou Gehrig's disease), Tourette syndrome, and muscular dystrophy.

The Rare Diseases Act and the Rare Diseases Orphan Product Development Act build upon the enormous success of the original Orphan Drug Act, which encouraged the development of over 220 treatments for rare diseases and disorders.

The Rare Diseases Act of 2002 provides a statutory authorization for the existing Office of Rare Diseases at the National Institutes of Health and authorizes regional centers of excellence for research and training with respect to rare diseases. This proposal originated with the NIH, in recommendations of a Special Emphasis Panel convened to examine the state of rare disease research. The Panel itself was convened in response to a request of the Senate Appropriations Committee in 1996, and it is appropriate that we are today introducing legislation which represents the fruition of a long, deliberative process involving both Congress and the NIH.

The Rare Diseases Orphan Product Development Act increases funding for the Food and Drug Administration's Orphan Product Research Grant program, which provides vital support for clinical research on new treatments for rare diseases and disorders. This funding will encourage many more commercial sponsors to investigate and develop vital new medicines.

Although each rare disease may not affect many patients, 25 million Americans today suffer from the 6,000 known rare diseases and disorders, including more than 600,000 in Massachusetts. Anyone who has a family member or friend who suffers from a rare disease or disorder knows the importance of developing new treatments and helping patients to obtain these potential cures. Today's passage of these two bills will provide the resources necessary to continue to develop new treatments and even cures for millions of Americans.

I would also add that these bills are intended to build upon previous congressional efforts to expand research and development for all rare diseases and disorders. Senator HATCH and I introduced the Rare Diseases Act, upon which these bills are based, to expand and enhance existing initiatives underway at the various institutes of NIH with respect to different rare diseases, including but not limited to muscular dystrophy, Huntington's disease, and ALS (Lou Gehrig's disease). I believe the NIH will act upon these new bills in the appropriate spirit, by building upon current activities and investments on rare diseases and disorders.

I commend the National Organization for Rare Diseases for its tireless and continuing leadership on these basic issues. I also commend Senator HATCH for his leadership on this issue in the Senate, and I commend Congressmen WAXMAN, SHIMKUS, and

FOLEY for their leadership in the House of Representatives. I know that all of us look forward to the implementation of these important measures we are approving today.

Mr. REID. Mr. President, I ask unanimous consent that the bill be read three times, passed, the motion to reconsider be laid upon the table, and that any statements relating to this matter be printed in the RECORD, with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The bill (H.R. 4013) was read the third time and passed.

AMENDING THE FEDERAL FOOD, DRUG, AND COSMETIC ACT

Mr. REID. Mr. President, I ask unanimous consent the Senate now proceed to the consideration of H.R. 4014.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 4014) to amend the Federal Food, Drug, and Cosmetic Act with respect to the development of products for rare diseases.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. REID. Mr. President, I ask unanimous consent that the bill be read three times, passed, and the motion to reconsider be laid upon the table; and that any statements thereto be printed in the RECORD, with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The bill (H.R. 4014) was read the third time and passed.

TO ESTABLISH WILDERNESS AREAS, PROMOTE CONSERVATION, IMPROVE PUBLIC LAND, AND PROVIDE FOR HIGH QUALITY DEVELOPMENT IN CLARK COUNTY, NEVADA

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of H.R. 5200.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 5200) to establish wilderness areas, promote conservation, improve public land, and provide for high quality development in Clark County, Nevada, and for other purposes.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. REID. Mr. President, today I rise to comment on the Clark County Conservation of Public Lands and Natural Resources Act of 2002, which is important to southern Nevada and a priority for the Nevada delegation. This broad-based compromise legislation is also important for America. The many provisions in this legislation reflect the many challenges faced by southern Nevada. I would like to highlight some of