and national banks from engaging, directly or indirectly, in real estate brokerage or real estate management activities, and for other purposes.

S. 1850

At the request of Mr. CHAFEE, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 1850, a bill to amend the Solid Waste Disposal Act to bring underground storage tanks into compliance with subtitle I of that Act, to promote cleanup of leaking underground storage tanks, to provide sufficient resources for such compliance and cleanup, and for other purposes.

S. 1924

At the request of Mr. SANTORUM, the name of the Senator from Missouri (Mr. BOND) was added as a cosponsor of S. 1924, a bill to promote charitable giving, and for other purposes.

S. 1945

At the request of Mr. JOHNSON, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 1945, a bill to provide for the merger of the bank and savings association deposit insurance funds, to modernize and improve the safety and fairness of the Federal deposit insurance system, and for other purposes.

S. 2194

At the request of Mr. MCCONNELL, the name of the Senator from Arizona (Mr. KYL) was added as a cosponsor of S. 2194, a bill to hold accountable the Palestine Liberation Organization and the Palestinian Authority, and for other purposes.

S. 2452

At the request of Mr. LIEBERMAN, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 2452, a bill to establish the Department of National Homeland Security and the National Office for Combating Terrorism.

S. 2462

At the request of Ms. COLLINS, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 2462, a bill to amend section 16131 of title 10, United States Code, to increase rates of educational assistance under the program of educational assistance for members of the Selected Reserve to make such rates commensurate with scheduled increases in rates for basic educational assistance under section 3015 of title 38, United States Code, the Montgomery GI Bill.

S. RES. 244

At the request of Mr. WYDEN, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. Res. 244, a resolution eliminating secret Senate holds.

S. RES. 248

At the request of Mr. CORZINE, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. Res. 248, A resolution concerning the rise of anti-Semitism in Europe.

S. RES. 270

At the request of Mr. CAMPBELL, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. Res. 270, a resolution designating the week of October 13, 2002, through October 19, 2002, as ''National Cystic Fibrosis Awareness Week.''

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS:

S. 2531. A bill to amend the Public Health Service Act to authorize the Commissioner of Food and Drugs to conduct oversight of any entity engaged in the recovery, screening, testing, processing, storage, or distribution of human tissue or human tissue-based products; to the Committee on Health, Education, Labor, and Pensions.

Ms. COLLINS. Mr. President, I rise today to introduce the Human Tissue Transplant Safety Act of 2002, which would provide a much needed regulatory framework to help ensure the safety of transplanted human tissue. In 1997, the U.S. Food and Drug Administration, FDA examined the public health issues posed by human tissue transplantation and concluded that the existing regulatory framework was insufficient and needed to be strengthened. Yet more than 5 years later, the agency has failed to implement critical regulatory changes and strengthen oversight of tissue processors, known as tissue banks. The legislation I am introducing today is designed to help remedy the gaps in the regulatory safety net.

While people are familiar with the concept of organ donation, tissue donation is not well understood by most Americans. Yet the tissue industry is very diverse and is growing rapidly. In fact, tissue donations now make possible about 750,000 transplants per year. The recovery and medical use of tissue, including skin, bone, cartilage, tendons, ligaments, and heart valves, are unlike organ transplants because the tissue is usually not transplanted ''as-is'' from the donor's body into that of the recipient. Rather, donated tissue frequently undergoes considerable processing before it can be used. Bone from a donor's femur, for example, can be reshaped into a component designed to give support to a recipient's spine.

Technology that greatly reduces the risk of rejection now allows surgeons to use actual bone in their patients rather than metal or other synthetic substances. In addition, donated tissue, once it is processed, can frequently be stored for a period of time. In contrast, organs must be transplanted into the recipient's body within hours of their recovery.

The organizations that make up the tissue industry are collectively referred to as tissue banks. Some are engaged in tissue recovery, while others process, store, and distribute human tissue. Tissue donation is a generous, selfless act that improves the lives of many Americans. Just one donor, in fact, can help a large number of people in various ways. Skin donations, for instance, can be used to heal burn victims or aid in reconstructive surgical procedures. Ligaments and tendons can be used to repair worn-out knees. Bone donations can be used in hip replacements or spinal surgery enabling recipients to regain mobility. Donated arteries and veins can restore circulation, and heart valves can be transplanted to save lives.

The phenomenal growth and increasing competitiveness of the industry in its search for new sources of donated tissue, however, have resulted in some problems. Tissue obtained from unsuitable donors has been allowed to enter the American tissue supply, raising serious doubts about the adequacy of federal regulations. Other concerns involve whether or not the practices of some tissue banks are sufficient to reduce the danger of spreading such illnesses as the human variant of mad cow disease. Because communicable diseases such as HIV and hepatitis, among others, can also be transmitted through tissues, it is vital that potential donors be screened for suitability and tissue be tested effectively, to make sure it is safe.

FDA recognized these issues in 1997, and the agency published its ''Proposed Approach to the Regulation of Cellular and Tissue-Based Products.'' The FDA proposed to: (1) require infectious disease screening and testing for cells and tissue transplanted from one person to another; (2) require that cells and tissues be handled according to procedures designed to prevent contamination and preserve tissue function and integrity; and (3) require all tissue processing facilities to register with the agency. Thereafter, FDA promulgated three separate regulations that address these requirements. But of those, only a registration requirement has been implemented.

Five years later, the majority of the proposed regulatory changes still have not been adopted, and, remarkably, FDA officials recently advised me that the agency cannot even tell me when the remaining regulations will be made final.

The FDA's failure to act in this area that affects public health and safety is simply inexcusable. It is a case, apparently, of bureaucratic inertia at its worst.

I have long been concerned about the vulnerabilities that exist in the tissue industry and the adequacy of the Government's oversight.

Last year—exactly a year ago—as the chairman of the Senate Permanent Subcommittee on Investigations, I held a hearing to look at tissue banks and the efficacy of the current regulatory framework. The testimony was deeply troubling.

For example, one witness testified that some unscrupulous tissue banks have engaged in a practice in which tissues that were initially tested positive for contamination were simply tested over and over again until the technicians achieved the negative result they wanted.

Let me explain that again. This is human tissue that has tested positive for contamination, and the reaction to that was to keep testing it until a negative result came up. You cannot keep testing into compliance. Obviously, there is a problem if, even once, the tissue tests positive for contamination; and it should not be used.

The FDA official in my hearing called this ''testing tissue into compliance'' a practice that is obviously unsafe and must be stopped.

The hearing also revealed that scores of tissue banks have never once been inspected by the FDA. And of those that have been inspected, some were found to have had deficiencies, but they were never reinspected to see that the problems had been corrected.

Moreover, the FDA had no concept, prior to the registration requirement, of how many tissue banks were actually operating. The FDA thought there were possibly 150. More than 350 registered as a result of the one requirement that the FDA did put into effect.

As a result of the subcommittee's in-depth investigation, I concluded that serious gaps existed in the FDA's regulation. But I also thought, and hoped, and have received promises from the agency, that it would act. After all, it had developed a good, sound strategy back in 1997.

So last year, in the hearings that I held a year ago this month, the FDA promised me that the regulations would be made final.

Unfortunately, I have been proven wrong about the FDA's commitment to reform. And the lack of action has had serious, indeed, tragic consequences.

In November of last year, a 23-year-old man died in Minnesota after undergoing routine knee surgery in which tissue was transplanted into his body. It contained a deadly bacteria which ultimately killed this young man. Others have fallen seriously ill because of the tainted tissue transplants.

In March of this year, the Centers for Disease Control and Prevention released findings that linked bacterial infections in donated human tissue to allografts that had been used for transplants in 26 cases. And the number, undoubtedly, is going to increase since the CDC's investigation is still ongoing.

I have tried to work with the FDA to expedite the implementation of the proposed regulations. I have asked, repeatedly: What does the FDA need? Are more resources needed? Just tell us what you need. But, unfortunately, the threat to public health that the FDA identified so long ago continues to exist today.

In an effort to prevent any further tragedies, I am today introducing legislation to require the FDA to go forward and issue these much needed regulations.

First, my legislation will explicitly authorize the FDA to regulate any entity that engages in the recovery, screening, testing, processing, storage, or distribution of human tissue, or human tissue-based products. In other words, all tissue banks would be required to adhere to the standards that the FDA has identified as necessary for ensuring public safety. This provision would remove any doubt about the FDA's authority to regulate tissue banks.

Second, the legislation will make it mandatory for all tissue banks to register with the FDA. If any tissue bank is out of compliance with FDA requirements, the agency will be authorized to suspend and, if necessary, revoke the tissue bank's registration, to prevent the bank from operating.

Third, the legislation will require tissue banks to report adverse incidents, including the detection of an infection within 15 days. Currently, tissue banks are not required to report adverse incidents to the Federal Government. And if they do not voluntarily report incidents, it is very difficult for the Federal Government to take effective action.

Finally, the bill also requires the Secretary of Health and Human Services to develop a database to store the adverse incident reports. That central repository of information would be very useful to the CDC.

I want to emphasize that the vast majority of tissue banks operate in a safe, professional manner. We are now very fortunate that advances in technology allow tissue to be used in ways that truly enhance lives for thousands of Americans.

This legislation will help ensure that the transplantation of human tissue saves lives, not ends them.

By Mr. SMITH of Oregon (for himself and Mrs. FEINSTEIN):

S. 2533. A bill to amend title II of the Social Security Act to provide for miscellaneous enhancements in Social Security benefits, and for other purposes; to the Committee on Finance.

Mr. SMITH of Oregon. Mr. President, I rise today to introduce The Social Security Benefit Enhancements for Women Act of 2002. I am proud to be joined by my colleague from California, Senator FEINSTEIN. This legislation makes fiscal improvements in benefits for women under the current Social Security system. These improvements will increase the benefits for disabled widows, divorced retirees, and widows whose husbands died quickly after an early retirement.

While these benefit changes are small in scope, they represent a bipartisan effort to provide more economic security for women who work hard, sacrifice much and yet still live near poverty. Women comprise the majority of Social Security beneficiaries, representing almost 60 percent of all Social Security recipients at age 65 and 71 percent of all recipients by age 85. Those impacted by this legislation, the disabled, divorced and elderly widows are more likely to live near the poverty line.

Clearly we would like to do more for these beneficiaries. Yet there is a limit in the number and scope of improvements we are able to make as we face broader Social Security reform issues. This small benefit package passed the House on May 14, 2002, by a stunning vote of 418 to 0. We feel that a similar vote can send these changes to the President and we can show that bipartisanship is a route that will work when it comes to future Social Security reform.

I ask unanimous consent to have the bill printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2533

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 ''Social Security Benefit Enhancements for Women Act of 2002''.

SEC. 2. REPEAL OF 7-YEAR RESTRICTION ON ELIGIBILITY FOR WIDOW'S AND WIDOWER'S INSURANCE BENEFITS BASED ON DISABILITY.

(a) WIDOW'S INSURANCE BENEFITS.—

(1) IN GENERAL.—Section 202(e) of the Social Security Act (42 U.S.C. 402(e)) is amended—

(A) in paragraph (1)(B)(ii), by striking ''which began before the end of the period specified in paragraph (4)'';

(B) in paragraph (1)(F)(ii), by striking ''(I) in the period specified in paragraph (4) and (II)'';

(C) by striking paragraph (4) and by redesignating paragraphs (5) through (9) as paragraphs (4) through (8), respectively; and

(D) in paragraph (4)(A)(ii) (as redesignated), by striking ''whichever'' and all that follows through ''begins'' and inserting ''the first day of the seventeenth month before the month in which her application is filed''.

(2) CONFORMING AMENDMENTS.—

(A) Section 202(e)(1)(F)(i) of such Act (42 U.S.C. 402(e)(1)(F)(i)) is amended by striking ''paragraph (5)'' and inserting ''paragraph (4)''.

(B) Section 202(e)(1)(C)(ii)(III) of such Act (42 U.S.C. 402(e)(2)(C)(ii)(III)) is amended by striking ''paragraph (8)'' and inserting ''paragraph (7)''.

(C) Section 202(e)(2)(A) of such Act (42 U.S.C. 402(e)(2)(A)) is amended by striking ''paragraph (7)'' and inserting ''paragraph (6)''.

(D) Section 226(e)(1)(A)(i) of such Act (42 U.S.C. 426(e)(1)(A)(i)) is amended by striking ''202(e)(4),''.

(b) WIDOWER'S INSURANCE BENEFITS.—

(1) IN GENERAL.—Section 202(f) of such Act (42 U.S.C. 402(f)) is amended—

(A) in paragraph (1)(B)(ii), by striking ''which began before the end of the period specified in paragraph (5)'';

(B) in paragraph (1)(F)(ii), by striking ''(I) in the period specified in paragraph (5) and (II)'';

(C) by striking paragraph (5) and by redesignating paragraphs (6) through (9) as paragraphs (5) through (8), respectively; and

(D) in paragraph (5)(A)(ii) (as redesignated), by striking ''whichever'' and all that follows through ''begins'' and inserting ''the first day of the seventeenth month before the month in which his application is filed''.

(2) CONFORMING AMENDMENTS.—

(A) Section 202(f)(1)(F)(i) of such Act (42 U.S.C. 402(f)(1)(F)(i)) is amended by striking ''paragraph (6)'' and inserting ''paragraph (5)''.

(B) Section 202(f)(1)(C)(ii)(III) of such Act (42 U.S.C. 402(f)(2)(C)(ii)(III)) is amended by striking ''paragraph (8)'' and inserting ''paragraph (7)''.

(C) Section 226(e)(1)(A)(i) of such Act (as amended by subsection (a)(2)) is further amended by striking ''202(f)(1)(B)(ii), and 202(f)(5)'' and inserting ''and 202(f)(1)(B)(ii)''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to benefits for months after November 2002.

SEC. 3. EXEMPTION FROM TWO-YEAR WAITING PERIOD FOR DIVORCED SPOUSE'S BENEFITS UPON OTHER SPOUSE'S REMARRIAGE.

(a) WIFE'S INSURANCE BENEFITS.—Section 202(b)(5)(A) of the Social Security Act (42 U.S.C. 402(b)(5)(A)) is amended by adding at the end the following new sentence: ''The criterion for entitlement under clause (ii) shall be deemed met upon the remarriage of the insured individual to someone other than the applicant during the 2-year period referred to in such clause.''.

(b) HUSBAND'S INSURANCE BENEFITS.—Section 202(c)(5)(A) of such Act (42 U.S.C. 402(c)(5)(A)) is amended by adding at the end the following new sentence: ''The criterion for entitlement under clause (ii) shall be deemed met upon the remarriage of the insured individual to someone other than the applicant during the 2-year period referred to in such clause.''.

(c) CONFORMING AMENDMENT TO EXEMPTION OF INSURED INDIVIDUAL'S DIVORCED SPOUSE FROM EARNINGS TEST AS APPLIED TO THE INSURED INDIVIDUAL.—Section 203(b)(2)(B) of such Act (42 U.S.C. 403(b)(2)(B)) is amended by adding at the end the following new sentence: ''The requirement under such clause (ii) shall be deemed met upon the remarriage of the insured individual to someone other than the individual referred to in paragraph (1) during the 2-year period referred to in such clause.''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to benefits for months after November 2002.

SEC. 4. MONTHS ENDING AFTER DECEASED INDIVIDUAL'S DEATH DISREGARDED IN APPLYING EARLY RETIREMENT RULES WITH RESPECT TO DECEASED INDIVIDUAL FOR PURPOSES OF LIMITATION ON WIDOW'S AND WIDOWER'S BENEFITS.

(a) WIDOW'S INSURANCE BENEFITS.—Section 202(e)(2)(D)(i) of the Social Security Act (42 U.S.C. 402(e)(2)(D)(i)) is amended by inserting after ''applicable,'' the following: ''except that, in applying paragraph (7) of subsection (q) for purposes of this clause, any month ending with or after the date of the death of such deceased individual shall be deemed to be excluded under such paragraph (in addition to months otherwise excluded under such paragraph),''.

(b) WIDOWER'S INSURANCE BENEFITS.—Section 202(f)(3)(D)(i) of such Act (42 U.S.C. 402(f)(3)(D)(i)) is amended by inserting after ''applicable,'' the following: ''except that, in applying paragraph (7) of subsection (q) for purposes of this clause, any month ending with or after the date of the death of such deceased individual shall be deemed to be excluded under such paragraph (in addition to months otherwise excluded under such paragraph),''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to benefits for months after November 2002.

SUBMITTED RESOLUTIONS

SENATE CONCURRENT RESOLUTION 112—EXPRESSING THE SENSE OF CONGRESS REGARDING THE DESIGNATION OF THE WEEK BEGINNING MAY 19, 2002, AS ''NATIONAL MEDICAL SERVICES WEEK''

Mr. HATCH (for himself, Mr. DORGAN, Mr. INOUYE, Mr. CORZINE, Mr. JOHNSON, Ms. CANTWELL, Mr. BREAUX, Mr. INHOFE, Mr. FRIST, Mr. EDWARDS, Ms. COLLINS, Mr. TORRICELLI, Ms. SNOWE, Mr. CAMPBELL, Mr. BUNNING, Mr. VOINOVICH, Mr. MURKOWSKI, Mr. BAUCUS, Mr. AKAKA, Ms. MIKULSKI, Mr. KERRY, Mr. BAYH, Mr. JEFFORDS, Mr. DURBIN, Mrs. MURRAY, Mr. BINGAMAN, Mr. SARBANES, Ms. STABENOW, Ms. LANDRIEU, Mrs. CARNAHAN, Mr. DAYTON, Mrs. HUTCHISON, Mrs. CLINTON, Mr. LEAHY, Mr. GRAHAM, Mr. MILLER, Mr. CLELAND, Mr. WELLSTONE, Mr. WYDEN, Mr. THOMAS, Mr. SCHUMER, Mrs. FEINSTEIN, Mr. BENNETT, Mr. GRASSLEY, Mr. DEWINE, Mr. FEINGOLD, Mr. THURMOND, Mr. BROWNBACK, Mr. BOND, Mr. CHAFEE, Mr. ROCKEFELLER, Mr. LIEBERMAN, Mr. SMITH of Oregon, Mr. LEVIN, and Mr. DASCHLE) submitted the following concurrent resolution; which was considered and agreed to:

S. CON. RES. 112

Whereas emergency medical services are a vital public service;

Whereas the members of emergency medical services teams are ready to provide lifesaving care to those in need 24 hours a day, 7 days a week;

Whereas emergency medical services teams consist of emergency physicians, emergency nurses, emergency medical technicians, paramedics, firefighters, educators, administrators, and others;

Whereas these emergency medical services teams served our country with bravery and heroism on September 11, 2001;

Whereas emergency medical personnel (emergency physicians, nurses, and emergency medical technicians) courageously defended the Nation when called upon to identify and treat anthrax, the bioterrorist weapon released in October 2001;

Whereas access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury;

Whereas providers of emergency medical services have traditionally served as the safety net of America's health care system;

Whereas approximately ⅔ of all emergency medical services providers are volunteers;

Whereas the members of emergency medical services teams, whether career or volunteer, undergo thousands of hours of specialized training and continuing education to enhance their lifesaving skills;

Whereas Americans benefit daily from the knowledge and skills of these highly trained individuals; and

Whereas injury prevention and the appropriate use of the emergency medical services system will help reduce health care costs and save lives: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) designates the week beginning May 19, 2002, as ''National Emergency Medical Services Week''; and

(2) requests that the President issue a proclamation calling upon the people of the United States to observe such week with appropriate programs and activities.

SENATE CONCURRENT RESOLUTION 113—RECOGNIZING AND SUPPORTING THE EFFORTS OF THE STATE OF NEW YORK TO DEVELOP THE NATIONAL PURPLE HEART HALL OF HONOR IN NEW WINDSOR, NEW YORK, AND FOR OTHER PURPOSES

Mrs. CLINTON submitted the following concurrent resolution; which was referred to the Committee on Armed Services:

S. CON. RES. 113

Whereas George Washington, at his headquarters in Newburgh, New York, on August 7, 1782, devised the Badge of Military Merit to be given to enlisted men and noncommissioned officers for meritorious action;

Whereas the Badge of Military Merit became popularly known as the ''Purple Heart'' because it consisted of the figure of a heart in purple cloth or silk edged with narrow lace or binding and was affixed to the uniform coat over the left breast;

Whereas Badges of Military Merit were awarded during the Revolutionary War by General George Washington at his headquarters, in Newburgh, New York, on May 3 and June 8, 1783;

Whereas the Badge of Military Merit, an award for valor in the Revolutionary War, is the inspiration for today's Purple Heart medal;

Whereas on the bicentennial of General Washington's birthday in February 1932, the Badge of Military Merit was redesignated by General Douglas MacArthur, then Chief of Staff of the Army, as the Purple Heart, to be awarded to persons killed or wounded in action against an enemy of the United States;

Whereas more than 800,000 members of the Armed Forces have been awarded the Purple Heart;

Whereas the Nation, as it fights the forces of evil that would undermine those democratic principles upon which the Nation was founded, continues to add brave members of the Armed Forces to the ranks of those who have received the Purple Heart;

Whereas the State of New York has dedicated substantial resources to the creation of the National Purple Heart Hall of Honor to be constructed at the New Windsor Cantonment, a New York State Historic Site, in New Windsor, New York, to honor those individuals who have been awarded the Purple Heart and to inform and educate the people of the United States about the history and importance of this distinguished combat award;

Whereas the National Purple Heart Hall of Honor will be a permanent place of remembrance of the service and sacrifices made by the members of the Armed Forces wounded or killed in service to America from World War I through the current war against terrorism, both at home and abroad; and

Whereas as the Nation continues to defend the American way, there will be a need for a distinguished place to honor those who in the future are awarded the Purple Heart for their service and sacrifice: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) recognizes and supports the efforts of the State of New York to develop the National Purple Heart Hall of Honor in New Windsor, New York;

(2) encourages the people of the United States to participate in the development of the National Purple Heart Hall of Honor; and