

Abatement for Safety and Health Act. With snow on the ground and recent temperatures in the single digits, it is nice to look forward to the summer months but easy to forget the uneasiness that was felt during last summer due to the fear instilled by the West Nile virus.

Illinois was greatly impacted by the West Nile virus. Not only was there fear within parents to let their children go outside to play or to take a walk in the neighborhood in the morning or after dusk, there were the startling numbers of those stricken with the virus. Illinois saw 873 cases of the virus in humans along with 60 deaths, the highest in the Nation according to the CDC.

The Associated Press recently released that the harsh winters that most of the nation has felt does not preclude that the mosquitoes, particularly the ones infected with the virus, have ceased in numbers. The mosquitoes will continue to live and reproduce in sewers and other dark, warmer places where the harsh climates have not affected them. Due to this, the AP is suggesting that this year we will see the West Nile virus spread from coast to coast. Last year, our nation witnessed more than 4,000 individuals become ill and a total of 274 die from the West Nile virus. With the expected spread of the virus and increase number of mosquitoes, we can also then expect these numbers to grow.

Mr. Speaker, to ensure the nation has a sense of safety and security as they go outside in the next few months, I ask for full support of this resolution.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I rise today to support H.R. 342, the Mosquito Abatement for Safety and Health Act introduced by Congressman CHRISTOPHER JOHN. As an issue that deeply affects my constituents in South Florida, I fully support this worthy legislation.

H.R. 342 establishes an important County eligible grant through the Centers for Disease Control (CDC) in order to assist elimination of harmful mosquito populations. The grant would allow for \$2 of federal grant money for each \$1 contributed by the participating county.

Miami-Dade County is currently experiencing severe problems with growing mosquito populations due to the warm environment and many instances of standing water. In the Fiscal Year 2003 Consolidated Appropriations Resolution, I led the charge to acquire \$1,000,000 for the County to purchase a helicopter for mosquito control spraying. I believe that the funding, which would be provided under H.R. 342, will compliment the efforts of counties around the country to stop the spread of such deadly diseases as the West Nile virus.

Mr. Speaker, we can and must do more to protect our constituents from this environmental threat. H.R. 342 addresses this problem and establishes effective programs to help local governments best respond.

Mr. DINGELL. Mr. Speaker. I would like to thank my distinguished colleagues. Representative CHRIS JOHN and Representative TAUZIN for introducing H.R. 342, the "Mosquito Abatement for Safety and Health Act," and for working so diligently on behalf of the people and states who have been ravaged by the West Nile virus.

This legislation hits very close to home for me. My home state of Michigan has been hit hard by this deadly epidemic. To date, we

have had 554 confirmed cases of West Nile and 50 deaths. Currently, a staggering 4,071 people in the United States have been found to be infected with the West Nile virus. Unfortunately, we have also had 274 deaths as a result of West Nile infection.

H.R. 342 seeks to complement the work that the Centers for Disease Control and Prevention (CDC) is already doing to fight mosquito-borne diseases. This legislation will provide an additional incentive for States and localities to plan and better coordinate mosquito control programs. Unfortunately, many localities have not had the resources or capabilities to conduct assessments and prepare plans to comprehensively develop effective mosquito control programs. The additional federal dollars authorized in H.R. 342 will work to assist states and localities with their immediate needs to combat the West Nile virus.

In addition to working with the CDC, the "Mosquito Abatement for Safety and Health Act" requires the Director of the National Institute of Environmental Health Sciences to conduct and support research into methods to control the population of insects and vermin that transmit dangerous diseases to humans.

The West Nile virus has emerged in recent years as a serious threat to public, equine, and animal health. H.R. 342 seeks to combat this unexpected epidemic by providing additional dollars for research, prevention, and educational programs. I urge all of my colleagues to join me in supporting this valuable piece of legislation.

Mr. VITTER. Mr. Speaker, I rise today I strong support of H.R. 342, the Mosquito Abatement for Safety and Health Act. This legislation is an important step towards a comprehensive plan for reducing the threat of West Nile virus.

Just yesterday news stations were reporting that not only was West Nile virus likely to spread to all 48 contiguous states—making it a truly national problem—but also that other mosquito-borne illnesses are potentially likely to follow. This sort of public health threat should not go unchecked. Many localities are smaller or rural, or are dealing with this serious public health threat for the first time. This legislation can help them all.

I am pleased that the Appropriations Committee agreed to increase West Nile research funding at the CDC almost 30 percent, and that NIH research into vaccines and treatment for West Nile also nearly doubled. I thank both Chairman REGULA and the Members who supported increasing these funds for their successful efforts. However, I know that these measures are just a start to truly ending this health problem.

I commend my Louisiana colleagues for their work on this bill, commit my future support to this endeavor, and strongly urge all of my colleagues to vote for this important legislation.

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

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the bill, H.R. 342.

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. TAUZIN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

ORGAN DONATION IMPROVEMENT ACT OF 2003

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 399) to amend the Public Health Service Act to promote organ donation.

The Clerk read as follows:

H.R. 399

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 "Organ Donation Improvement Act of 2003".

SEC. 2. SENSE OF CONGRESS.

(a) PUBLIC AWARENESS OF NEED FOR ORGAN DONATION.—It is the sense of the Congress that the Federal Government should carry out programs to educate the public with respect to organ donation, including the need to provide for an adequate rate of such donations.

(b) FAMILY DISCUSSIONS OF ORGAN DONATIONS.—The Congress recognizes the importance of families pledging to each other to share their lives as organ and tissue donors and acknowledges the importance of discussing organ and tissue donation as a family.

(c) LIVING DONATIONS OF ORGANS.—The Congress—

(1) recognizes the generous contribution made by each living individual who has donated an organ to save a life; and

(2) acknowledges the advances in medical technology that have enabled organ transplantation with organs donated by living individuals to become a viable treatment option for an increasing number of patients.

SEC. 3. PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION.

Section 377 of the Public Health Service Act (42 U.S.C. 274f) is amended to read as follows:

"PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION

"SEC. 377. (a) IN GENERAL.—The Secretary may make awards of grants or contracts to States, transplant centers, qualified organ procurement organizations under section 371, or other public or private entities for the purpose of—

"(1) providing for the payment of travel and subsistence expenses incurred by individuals toward making living donations of their organs (in this section referred to as 'donating individuals'); and

"(2) in addition, providing for the payment of such incidental nonmedical expenses that are so incurred as the Secretary determines by regulation to be appropriate.

"(b) ELIGIBILITY.—

"(1) IN GENERAL.—Payments under subsection (a) may be made for the qualifying expenses of a donating individual only if—

"(A) the State in which the donating individual resides is a different State than the State in which the intended recipient of the organ resides; and

"(B) the annual income of the intended recipient of the organ does not exceed \$35,000

(as adjusted for fiscal year 2004 and subsequent fiscal years to offset the effects of inflation occurring after the beginning of fiscal year 2003).

“(2) CERTAIN CIRCUMSTANCES.—Subject to paragraph (1), the Secretary may in carrying out subsection (a) provide as follows:

“(A) The Secretary may consider the term ‘donating individuals’ as including individuals who in good faith incur qualifying expenses toward the intended donation of an organ but with respect to whom, for such reasons as the Secretary determines to be appropriate, no donation of the organ occurs.

“(B) The Secretary may consider the term ‘qualifying expenses’ as including the expenses of having one or more family members of donating individuals accompany the donating individuals for purposes of subsection (a) (subject to making payment for only such types of expenses as are paid for donating individuals).

“(c) LIMITATION ON AMOUNT OF PAYMENT.—“(1) IN GENERAL.—With respect to the geographic area to which a donating individual travels for purposes of subsection (a), if such area is other than the covered vicinity for the intended recipient of the organ, the amount of qualifying expenses for which payments under such subsection are made may not exceed the amount of such expenses for which payment would have been made if such area had been the covered vicinity for the intended recipient, taking into account the costs of travel and regional differences in the costs of living.

“(2) COVERED VICINITY.—For purposes of this section, the term ‘covered vicinity’, with respect to an intended recipient of an organ from a donating individual, means the vicinity of the nearest transplant center to the residence of the intended recipient that regularly performs transplants of that type of organ.

“(d) RELATIONSHIP TO PAYMENTS UNDER OTHER PROGRAMS.—An award may be made under subsection (a) only if the applicant involved agrees that the award will not be expended to pay the qualifying expenses of a donating individual to the extent that payment has been made, or can reasonably be expected to be made, with respect to such expenses—

“(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

“(2) by an entity that provides health services on a prepaid basis.

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

“(1) The term ‘covered vicinity’ has the meaning given such term in subsection (c)(2).

“(2) The term ‘donating individuals’ has the meaning indicated for such term in subsection (a)(1), subject to subsection (b)(2)(A).

“(3) The term ‘qualifying expenses’ means the expenses authorized for purposes of subsection (a), subject to subsection (b)(2)(B).

“(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$5,000,000 for each of the fiscal years 2004 through 2008.”.

SEC. 4. PUBLIC AWARENESS; STUDIES AND DEMONSTRATIONS.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 377 the following section:

“PUBLIC AWARENESS; STUDIES AND DEMONSTRATIONS

“SEC. 377A. (a) PUBLIC AWARENESS.—The Secretary shall (directly or through grants or contracts) carry out a program to educate the public with respect to organ donation, including the need to provide for an adequate rate of such donations.

“(b) STUDIES AND DEMONSTRATIONS.—The Secretary may make grants to public and nonprofit private entities for the purpose of carrying out studies and demonstration projects with respect to providing for an adequate rate of organ donation.

“(c) GRANTS TO STATES.—The Secretary may make grants to States for the purpose of assisting States in carrying out organ donor awareness, public education and outreach activities and programs designed to increase the number of organ donors within the State, including living donors. To be eligible, each State shall—

“(1) submit an application to the Department in the form prescribed;

“(2) establish yearly benchmarks for improvement in organ donation rates in the State;

“(3) develop, enhance, or expand a State donor registry, which shall be available to hospitals, organ procurement organizations, tissue banks, eye banks, and other States upon a search request; and

“(4) report to the Secretary on an annual basis a description and assessment of the State’s use of these grant funds, accompanied by an assessment of initiatives for potential replication in other States.

Funds may be used by the State or in partnership with other public agencies or private sector institutions for education and awareness efforts, information dissemination, activities pertaining to the State donor registry, and other innovative donation specific initiatives, including living donation.

“(d) ANNUAL REPORT TO CONGRESS.—The Secretary shall annually submit to the Congress a report on the activities carried out under this section, including provisions describing the extent to which the activities have affected the rate of organ donation.

“(e) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated \$15,000,000 for fiscal year 2004, and such sums as may be necessary for each of the fiscal years 2005 through 2008. Such authorization of appropriations is in addition to any other authorizations of appropriations that are available for such purpose.

“(2) STUDIES AND DEMONSTRATIONS.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may not obligate more than \$2,000,000 for carrying out subsection (b).”.

SEC. 5. EFFECTIVE DATE.

The amendments made by this Act take effect on the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to insert extraneous material on H.R. 399, the bill under consideration.

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

There was no objection.

Mr. TAUZIN. Mr. Speaker, I yield such time as he may consume to the gentleman from the great State of Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health, that produced this important legislation.

Mr. BILIRAKIS. Mr. Speaker, I appreciate the gentleman’s yielding me this time, and I rise in strong support of H.R. 399, the Organ Donation Improvement Act of 2003. This bipartisan bill was unanimously approved by the Committee on Energy and Commerce in February, and I urge all of my colleagues to join me in supporting this timely legislation.

Mr. Speaker, we are all aware of the great need for donated organs and tissue. According to the United Network for Organ Sharing, there are 80,791 people currently waiting for a transplant. Sadly, only 18,693 individuals had received a transplant as of September 2002, and more than 4,500 Americans died, died while on the waiting list.

Fortunately, Mr. Speaker, there is hope. Living donors represent a growing segment of the total organ donation pool. In fact, living donors represented over half of all donors in the first 9 months of 2002. That is why H.R. 399 authorizes the Secretary of Health and Human Services to award grants for the purpose of covering travel and subsistence expenses incurred by living organ donors. While the decision to become a living organ donor is an intensely personal one, I feel that it is our responsibility to remove any financial barriers that might prevent someone from making the gift of life.

H.R. 399 also provides the Secretary with \$10 million in new grant authority to assist State governments and public and nonprofit private entities in developing innovative initiatives designed to increase organ donation rates, including living donation. I am hopeful we will learn some valuable lessons from these demonstration projects that we will be able to apply on a national scale.

H.R. 399 is widely supported, Mr. Speaker, by the transplant community. Organizations supporting my bill include the American Society of Transplant Surgeons, the American Society of Transplantation, the United Network for Organ Sharing, the Association of Organ Procurement Organizations, the National Kidney Foundation, the American Liver Foundation, the North American Transplant Coordinators Organization, the Patient Access to Transplantation Coalition, and the Eye Bank Association of America.

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Mr. Speaker, while I would never suggest that this bill encompasses every meritorious idea to increase organ and tissue donation, it is a very good bill and takes a positive step forward in our effort to ensure that every American has access to a donated organ or tissue when they need it.

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

Mr. Speaker, I rise in strong support of H.R. 399, the Organ Donation Improvement Act of 2003. I thank the gentleman from Florida (Mr. BILIRAKIS), along with the gentleman from Louisiana (Mr. TAUZIN), the gentleman

from Michigan (Mr. DINGELL), and also the gentleman from Ohio (Mr. BROWN), the chairman of the Subcommittee on Health, for introducing the legislation and working to encourage a more efficient and widespread organ donation program and activities.

These numbers are staggering. Currently there are 78,000 men, women, and children waiting as we speak today for a kidney, heart, liver, lung or pancreas. Fewer than one-third of the 78,000, however, will receive a transplant this year. An average of 15 people die every day, one every 96 minutes, waiting for an organ that could have saved their life.

Sadly, while most Americans indicate that they support organ donation, only 50 percent of the families that are asked to donate an organ do so. This is an important piece of legislation that will work towards reducing the shortage of transplantable organs, tissues, eyes. Grants will be used to assist States in carrying out organ donation awareness, public education, outreach activities, and programs designed to increase the number of organ donors within a State. This is a very important, very good piece of legislation; and I enthusiastically support H.R. 399.

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

Mr. SHIMKUS. Mr. Speaker, I ask unanimous consent that I may be permitted to control the time of the gentleman from Louisiana (Mr. TAUZIN).

The SPEAKER pro tempore (Mr. LAHOOD). 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, Illinois and many other States have the ability to sign the back of their driver's license to give the gift of life, which is organ donation. That is in addition to the legislation that we have here on the floor today. I am pleased that the House is considering H.R. 399, the Organ Donation Improvement Act. This legislation builds on existing Department of Health and Human Services programs and encourages more Americans to give the gift of life.

Medical advances and the generosity of organ and tissue donors enable more than 22,000 Americans per year to receive organ transplants that save or enhance their lives. Despite their self-sacrifice and charity of these donors, this is only a small proportion of the more than 76,000 Americans who are now on the waiting list hoping to prolong their life by finding a matching donor.

Tragically, the number of patients waiting for organ transplants rose more than five times as fast as the number of transplant operations in the 1990s, according to an annual report by the United Network for Organ Sharing. As a result, about 5,500 people die in the United States each year, or 15 patients each day, while waiting for a donated heart, liver, kidney or other

organ. It is estimated that every 16 minutes a new name is added to this growing waiting list.

As the demand for transplantation increases, the shortfall in organ donors for those with end-stage organ disease or organ failure will become even more pronounced. In order to narrow the gap between the supply and the increasing demand for donated organs, there must be an effort to encourage willing donors and create an environment conducive to organ donation.

H.R. 399 accomplishes this objective by permitting the Secretary of the Department of Health and Human Services to make grants to States, transplant centers, qualified organ procurement organizations, or other public or private entities for the purpose of providing for the payment of travel and subsistence expenses incurred by individuals who are making living donations of their organs.

In addition, the bill requests the Secretary to carry out studies and demonstration projects for the purpose of educating the public with respect to organ donation. These grants will assist the States in carrying out organ donor awareness, public education, and outreach activities, programs designed to increase the number of organ donors within a State, including live donors.

Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) for his dedication in moving forward with this legislation. There is no greater gift than the gift of life. I also thank the gentleman from Louisiana (Chairman TAUZIN) and my colleagues on the other side of the aisle who are very supportive of this legislation, and we were able to bring this up expeditiously.

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

Mr. JOHN. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, I thank the gentleman from Louisiana (Mr. JOHN) for yielding me this time. I commend the gentleman and all of the members of the subcommittee, and all of those who have brought this matter to the floor.

Mr. Speaker, I rise today in support of H.R. 399 and the need to continue awareness and education programs for organ donation. I was very pleased recently to be part of the 6th Annual National Donor Day at the Chicago Automobile Show on February 14 with the Illinois Secretary of State, the Honorable Jesse White, and Connie Payton, the widow of football legend Walter Payton. This is the single largest 1-day blood, organ and tissue donation drive in America.

However, we know that the drive and awareness brought to this great need should occur and is needed to occur more than just 1 day during the year. I am proud to represent five of the six

world-class hospitals in Chicago that are part of the National Marrow Donor Program's network of transplant centers, including Northwestern Memorial Hospital, Rush-Presbyterian, Children's Memorial, the University of Illinois at Chicago, and Loyola Medical Center. These hospitals play a major role in not only making the public aware of the great need of donation but carrying out safe organ transplant procedures.

This need is particularly present in the African American population where African Americans make up less than 10 percent of the 4.8 million donors on the registry. On any given day, more than 80,000 Americans are waiting for an organ transplant. That number continues to rise by a new name every 14 minutes. Each day, 63 people receive an organ transplant, but 16 people will die because an organ is not donated. Fifty percent of those waiting for an organ transplant are minorities. Almost a full third of those waiting for an organ transplant in the United States are African Americans; 35 percent of those waiting for a kidney transplant are African American.

Some diseases of the kidney, heart, lung, pancreas, and liver are found more frequently in racial and ethnic minority populations than in the general population. For example, African Americans, Asians, Pacific Islanders, and Hispanics are three times more likely to suffer from kidney failure than whites. Native Americans are four times more likely than whites to suffer from diabetes.

Some of these diseases are best treated through transplantation, and others can only be treated through transplantation.

This legislation will allow States to receive grants to assist in organ donor awareness, public education and outreach activities, and programs designed to increase the number of organ donors within States, including living donors. It will assist in getting the word out that if one person does the simple task of signing a donor's card, 50 people will be able to receive an organ donation and begin a new, healthy chapter in their life.

Mr. Speaker, again, I am pleased to support this legislation, commend all of those who had a hand in bringing it to the floor, and urge its passage.

Mrs. WILSON of New Mexico. Mr. Speaker, Kyle is a normal second grader in New Mexico. But, when he was just nine days old, he and his family traveled to Loma Linda California for a much needed heart transplant. Every year, they make that same pilgrimage to Loma Linda for evaluations. It is 747 miles from Albuquerque to Loma Linda.

The current regional transplant model with a national, government-run program results in fewer organs available to New Mexicans. While organs are shared over wide geographical areas, donated organs are sent out of state. I think this system has caused fewer New Mexicans to donate organs, and it has certainly impeded the decision of families to pursue a transplant.

I applaud provisions of this bill which seek to educate the public on organ donation. It is by reaching folks one by one that awareness is raised. In New Mexico much of the public has misconceptions about this important issue. Since we have lost our transplant programs, many individuals decide that the travel distance, time, separation from family, and logistics are just too hampering. It is just too complicated and too much of a burden. We have some of the highest rates of Diabetes, Kidney disease, and Hepatitis B and C of any state, and yet our rates of transplants are among the lowest. We need hearts, we need livers, we need pancreases, and we need the ones we procure to stay close to home.

I also reiterate support for the sense of Congress contained in his bill that refers to family discussions of donation. Encouraging such dialogues to take place will help make decisions early. There are 32 states in which being designated an organ donor on a driver's license carries no legal weight at all. It is by communicating an individual's desires with family members that counts. Oftentimes, it is a point of crisis in which a family must make a decision whether or not to donate a loved ones' organs. If this is talked about beforehand, the desires of each family member can be made known. It is families that are affected by organ donation, and families that should make the decisions.

Mr. STARK. Mr. Speaker, I rise in support of the Organ Donation Improvement Act of 2003, H.R. 399. The commendable purpose of this bill is to increase public awareness of the need for organ donation and institute procedures to increase the frequency of this brave and noble act.

There is a serious shortage of available organs for donation. There are currently over 80,000 people waiting for an organ transplant and a new name is added to the waiting list every 13 minutes. As a result of the low rate of organ donation in this country, more than 6,000 people died in 2001 for lack of an available suitable organ. The passage of this bill and the implementation of its provisions will help to markedly reduce the number of such deaths in the future.

I commend Representative MICHAEL BILIRAKIS for introducing this bill and taking interest in this vital area. I encourage my colleagues to support this life saving legislation.

Mr. UPTON. Mr. Speaker, I rise in support of H.R. 399, the Organ Donation Improvement Act of 2003, of which I am a cosponsor. Let me just mention one number, that for me, says it all about why we need incentives to increase organ donations across the nation. In Michigan, over an 11-month period ending on December 1 of last year, 2,420 individuals were waiting for organs, and 164 people had died while waiting. These are our constituents, our families, our friends. I know the Transplant Society of Michigan, our state's organ procurement organization, is working hard to increase donations. But they could use a helping hand, as could OPOs across the nation. The Organ Donation Improvement Act we are marking up today is a very good start.

As of September 2002, the organ transplant waiting list had more than 80,000 men, women, and children waiting for a new kidney, heart, liver, lung, pancreas, or intestine. Unfortunately, an average of 17 people die every day, one every 85 minutes, waiting for an organ that could have saved their lives. H.R.

399 takes aim at increasing anatomical giving to help meet the critical need for vital human organs and give hope for life for those that have no other options for treatment or cure.

The key to donation is public education and awareness. This legislation gives the Secretary of Health and Human Services the ability to award grants to States for the purpose of assisting States in carrying out organ donor awareness, public education and outreach activities designed to increase the number of organ donors. While there is a desperate need for vital human organs, the American public should know that there is also a continuing need for donated human eyes and tissue. Donation is the term used to describe the humanitarian act of giving to help another. Anatomical gifts include vital, life-saving human organs, sight restoring eyes, and repair and reconstruction human tissue such as bone, cartilage, tendons, skin, and heart valves.

At national, state, and local levels, a partnership exists between the organ, eye and tissue bank communities. While all three communities are considered separate, given differences in medical criteria, training needs and distribution pathways, they are united in their message to encourage the act of donation. Organ donation saves lives, eye donation restores sight, and tissue donation provides skin grafts for critically injured burn patients and benefits thousands of patients in need of bone, cartilage, tendons, and heart valves. Without a donor, transplant surgeons cannot save and improve the health of even one individual.

Every individual can sign-up to be a donor, regardless of health or medical condition. It is imperative, however, that individuals openly discuss their decision to donate with family and friends so that they may help honor their loved one's wishes and are knowledgeable about their options. Just one individual can save and improve as many as 50 lives. Representatives of hospitals, organ banks, eye banks, and tissue banks work hand in hand to see that loved ones' wishes are respected and that gifts are properly handled for the benefit of others. I commend these organizations for working tirelessly toward this end and for their efforts to educate the public on the benefits of donation.

In closing, I fully encourage all Americans to consider the altruistic act of donation and to make others aware of your decision.

Ms. BORDALLO. Mr. Speaker, today, I join my colleagues in support of H.R. 399 to amend the Public Health Service Act to promote organ donation. I want to thank Congressman BILIRAKIS for his commitment to this cause.

The advances in technology have increased the chances of survival for many suffering from life-threatening illnesses. But technology alone is not enough. In many cases, survival depends on some form of transplant. Sadly, the need far exceeds the number of donors. H.R. 399 is a big step in addressing this serious demand.

Educating the public about the need for donors and the ways one can become a donor is crucial. Many believe that donation only comes at the end of a life. But each year thousands get a new change at life through the generosity and courage of living donors. For the families facing the loss of a loved one, donation is a legacy of life and an example of the best of humanity in the face of tragedy.

In promoting awareness of the need for donors, H.R. 399 offers hope to thousands waiting for another chance at life. I strongly support H.R. 399 and urge its passage.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the bill, H.R. 399.

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. SHIMKUS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

PATIENT SAFETY AND QUALITY IMPROVEMENT ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 663) to amend title IX of the Public Health Service Act to provide for the improvement of patient safety and to reduce the incidence of events that adversely affect patient safety, and for other purposes, as amended.

The Clerk read as follows:

H.R. 663

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Patient Safety and Quality Improvement Act".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings and purposes.

TITLE I—PATIENT SAFETY AND QUALITY IMPROVEMENT

Sec. 101. Amendments to Public Health Service Act.

"PART C—PATIENT SAFETY IMPROVEMENT

"Sec. 921. Definitions.

"Sec. 922. Privilege for patient safety work product.

"Sec. 923. National Patient Safety Database.

"Sec. 924. Technical assistance.

"Sec. 925. Certification of patient safety organizations.

Sec. 102. Promoting the diffusion and interoperability of information technology systems involved with health care delivery.

Sec. 103. Required use of product identification technology.

Sec. 104. Grants for electronic prescription programs.

Sec. 105. Grants to hospitals and other health care providers for information technologies.

Sec. 106. Authorization of appropriations for grants under sections 104 and 105.