

how we can best prepare ourselves to survive the potentially devastating results of earthquakes.

The National Earthquake Hazards Reduction Program was first created in 1977 in response to growing concerns about the threat of damaging earthquakes. Initially, the program focused on research in the areas of geotechnical and structural engineering and earthquake prediction. Over time, researchers acknowledging that earthquake prediction was a huge challenge and began to emphasize activities like seismic retrofitting and rehabilitation, risk assessment, public education, and outreach and code development. And the fact that San Jose, California, did not fall down in the Loma Prieta earthquake is testimony that good code enforcement and structural engineering does work and does save lives.

The program has achieved great progress since its inception and is considered by most to be a very successful undertaking. Through the efforts of those involved, we have seen a substantial decrease in the loss of life and injury. The capabilities of seismic risk assessment have improved greatly. We have learned important lessons in mitigating earthquake hazards as a result of technological advances in areas like performance-based engineering, information technology, sensing and imaging.

In the Committee on Science we were faced with many challenges in order to make this program even more helpful in our understanding of and our ability to mitigate the effects of earthquakes. Some have argued that the new knowledge and tools have not translated into a decreased overall vulnerability. The adoption by end-users of NEHRP innovations has been incremental and slower than expected. The cost of rehabilitating existing structures to be more earthquake resistant has often proved to be too high as is the cost of building new facilities to minimize risk.

We know that the private sector has not had adequate incentives and that most State and local governments lack adequate budgets to address these challenges.

I will be following these issues with great interest particularly when it comes to ensuring that the Federal Government provides sufficient funding and leadership to meet the research needs of this program. That a future large earthquake in a major U.S. urban area could result in damages of \$200 billion should provide us here in the Congress with sufficient incentive to encourage our research in this vital area. This is a historic case where we know that we must not be "penny wise and pound foolish."

I remain concerned as to whether or not NEHRP can be reasonably expected to meet its goals at the level of funding it currently receives. And I look forward to working to increase the level of funding.

I was happy to work with the gentleman from Michigan (Mr. SMITH) as

well as the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) in a bipartisan manner to make sure that the funding in the fiscal year 2004 was increased for the Advanced National Seismic System. I think they did a great job. And, actually, I think our committee worked well together to improve this bill. I look forward to continuing to work with the gentleman from Michigan (Mr. SMITH) and the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) and the rest of the committee to try to make certain that those who are doing research in the sciences have the funds and support they need from our Federal Government.

Mr. SMITH of Michigan. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I compliment the gentlewoman from California (Ms. LOFGREN) for bringing us the kind of information and dedication that she has to try to make this a better bill and to try to have government do a better job in terms of mitigating the consequences of earthquakes.

And I would mention that it is not just this country that NEHRP helps. We work worldwide in trying to share the research that we have done to help reduce the consequences of earthquakes all over the world. I think it is appropriate in terms of understanding that I just give a brief background on some of the agencies that are involved.

NEHRP is a long-term comprehensive interagency earthquake hazard reduction mitigation program. It was established in Congress in 1977, and four agencies participate in this effort. We have FEMA, the Federal Emergency Management Agency; the U.S. Geological Survey, USGS which has done a fantastic job in this area; the National Science Foundation, which is under the purview of our Subcommittee on Research because of the tremendous research efforts that we are making in this arena; and of course, NIST, the National Institute of Standards and Technology.

Each agency has distinct responsibilities to undertake in support of the overall program goals. NSF, with the geoscience, the engineering, the economic and social aspects of earthquakes; USGS carries out both the basic and applied Earth science and seismic research and monitoring; and FEMA has been responsible for overall coordination of the program, education outreach and implementation of research results, and now we are asking NIST as the lead agency to take a little larger role to conduct the research and development in earthquake engineering aimed at improving building design codes and construction standards.

Also, there needs to be additional support to reducing the damages from earthquakes. In addition to our efforts in government, I would call on the insurance industry to consider lowering its insurance rates for those municipalities and for those individuals who

comply and build their structures to be more resistant to earthquake damage. It seems logical that if there is extra spending of money to protect against earthquakes in the building structures, whether they are municipal bridges, highways, buildings, or residential structures, that the insurance industry should consider encouraging the effort with lower premiums.

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

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I have no further requests for time. I urge this bill be passed, and I yield back the balance of my time.

Mr. SMITH of Michigan. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let me conclude by saying that we should appreciate the bipartisan support and the support of the government agencies that are involved in this program. Certainly we know that earthquakes cannot be prevented, but we can mitigate their impact; and that is what this bill does. I ask for all Members to support the bill.

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

The SPEAKER pro tempore (Mr. SHAW). The question is on the motion offered by the gentleman from Michigan (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 2608, as amended.

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

A motion to reconsider was laid on the table.

#### HEALTH CARE SAFETY NET AMENDMENTS TECHNICAL CORRECTIONS ACT OF 2003

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3038) to make certain technical and conforming amendments to correct the Health Care Safety Net Amendments of 2002.

The Clerk read as follows:

H.R. 3038

*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 "Health Care Safety Net Amendments Technical Corrections Act of 2003".

#### SEC. 2. TECHNICAL AMENDMENTS.

(a) HEALTH CENTERS.—

(1) IN GENERAL.—Section 330 of the Public Health Service Act (42 U.S.C. 254b) is amended to read as if—

(A) subparagraph (C) of the second paragraph (4) of section 101 of Public Law 107-251 had not been enacted;

(B) paragraph (7)(C) of such section 101 had not been enacted; and

(C) paragraphs (8) through (11) of such section 101 had not been enacted.

(2) AMENDMENTS PER PUBLIC LAW 107-251.—Section 330 of the Public Health Service Act (42 U.S.C. 254b), as amended by paragraph (1), is amended—

(A) in subsection (c)(1)(B), in the matter preceding clause (i), by striking "plan.." and inserting "plan.";

(B) in subsection (d)(1)(B)(iii), in subclause (l), by adding "or" at the end;

(C) by striking subsection (k);

(D) by redesignating subsection (j) as subsection (k);

(E) by inserting after subsection (i) a subsection that is identical to the subsection (j) that appears (as an amendment) in section 101(8)(C) of Public Law 107-251;

(F) by redesignating subsection (l) as subsection (r), by transferring it from its current placement, and by inserting it after subsection (q);

(G) by inserting before subsection (m) a subsection that is identical to the subsection that appears (as an amendment) in section 101(9) of Public Law 107-251, and by redesignating as subsection (l) the subsection that is so inserted;

(H) in subsection (l) (as inserted and redesignated by subparagraph (G) of this paragraph), in the first sentence—

(i) by inserting after "shall provide" the following: "(either through the Department of Health and Human Services or by grant or contract)"; and

(ii) by striking "(l)(3)" and inserting "(k)(3)";

(I) in subsection (p), by striking "(j)(3)(G)" and inserting "(k)(3)(G)"; and

(J) in subsection (r) (as redesignated, transferred, and inserted by subparagraph (F) of this paragraph)—

(i) in paragraph (1), by striking "\$802,124,000" and all that follows through the period and inserting "\$1,340,000,000 for fiscal year 2002 and such sums as may be necessary for each of the fiscal years 2003 through 2006.";

(ii) in paragraph (2)(A)—

(I) by striking "(j)(3)" and inserting "(k)(3)"; and

(II) by striking "(j)(3)(G)(ii)" and inserting "(k)(3)(H)"; and

(iii) in paragraph (2), by striking subparagraph (B) and inserting a subparagraph that is identical to the subparagraph (B) that appears (as an amendment) in section 101(11)(B)(ii) of Public Law 107-251.

(b) RURAL HEALTH OUTREACH.—Section 330A(b)(4) of the Public Health Service Act (42 U.S.C. 254c(b)(4)) is amended by striking "799B" and inserting "799B(6)".

(c) TELEHEALTH.—Section 3301 of the Public Health Service Act (42 U.S.C. 254c-14) is amended—

(1) in subsection (a)(4), by striking "799B" and inserting "799B(6)"; and

(2) in subsection (c)(1), by striking "Health and Resources and Services Administration" and inserting "Health Resources and Services Administration".

(d) MENTAL HEALTH SERVICES VIA TELEHEALTH.—Section 330K of the Public Health Service Act (42 U.S.C. 254c-16) is amended—

(1) in subsection (b)(2), by striking "subsection (a)(4)" and inserting "subsection (a)(3)"; and

(2) in subsection (c)(1)—

(A) in subparagraph (A), by striking "subsection (a)(4)(A)" and inserting "subsection (a)(3)(A)"; and

(B) in subparagraph (B), by striking "subsection (a)(4)(B)" and inserting "subsection (a)(3)(B)".

(e) TELEMEDICINE INCENTIVE GRANTS.—

(1) IN GENERAL.—Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following:

**"SEC. 330L. TELEMEDICINE; INCENTIVE GRANTS REGARDING COORDINATION AMONG STATES.**

"(a) IN GENERAL.—The Secretary may make grants to State professional licensing boards to carry out programs under which such licensing boards of various States cooperate to develop and implement State poli-

cies that will reduce statutory and regulatory barriers to telemedicine.

"(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006."

(2) REPEAL.—Section 102 of the Health Care Safety Net Amendments of 2002 (Public Law 107-251) is repealed.

(f) HEALTH PROFESSIONAL SHORTAGE AREAS.—

(1) IN GENERAL.—Section 332 of the Public Health Service Act (42 U.S.C. 254e) is amended—

(A) in subsection (a)(1)—

(i) by striking "such date of enactment" and inserting "such date of designation"; and

(ii) by striking "issued after the date of enactment of this Act, that revise" and inserting "regarding"; and

(B) in subsection (a)(3), by striking "330(h)(4)" and inserting "330(h)(5)";

(C) in subsection (b)(2), by striking "designation," and inserting "designation."; and

(D) by adding at the end the following:

"(j)(1) The Secretary shall submit the report described in paragraph (2) if the Secretary, acting through the Administrator of the Health Resources and Services Administration, issues—

"(A) a regulation that revises the definition of a health professional shortage area for purposes of this section; or

"(B) a regulation that revises the standards concerning priority of such an area under section 333A.

"(2) On issuing a regulation described in paragraph (1), the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that describes the regulation.

"(3) Each regulation described in paragraph (1) shall take effect 180 days after the committees described in paragraph (2) receive a report referred to in such paragraph describing the regulation."

(2) REPEAL.—Subsection (b) of section 302 of the Health Care Safety Net Amendments of 2002 (Public Law 107-251) is repealed.

(g) ASSIGNMENT OF CORPS PERSONNEL.—Section 333(a)(1) of the Public Health Service Act (42 U.S.C. 254f) is amended by moving subparagraph (C) so that the margin of subparagraph (C) is aligned with the margins of subparagraphs (A), (B), and (D).

(h) PRIORITIES IN ASSIGNMENT OF CORPS PERSONNEL.—Section 333A(c)(4) of the Public Health Service Act (42 U.S.C. 254f-1(c)(4)) is amended by striking "30 days" and inserting "30 days from such notification".

(i) CHARGES FOR SERVICES.—Section 334(b)(1)(B) of the Public Health Service Act (42 U.S.C. 254g(b)(1)(B)) is amended by inserting "the payment of" after "applied to".

(j) NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM.—Section 338A(d)(1) (42 U.S.C. 254l(d)(1)) is amended by moving subparagraph (B) so that the margin of subparagraph (B) is aligned with the margin of subparagraphs (A) and (C).

(k) NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM.—Section 338B(e) of the Public Health Service Act (42 U.S.C. 254l-1) is amended by striking "PARTICIPATION." and all that follows through "An individual" and inserting "PARTICIPATION.—An individual".

(l) BREACH OF CONTRACT.—

(1) IN GENERAL.—Section 338E of the Public Health Service Act (42 U.S.C. 254o) is amended—

(A) in subsection (c)(1), by moving subparagraphs (A), (B), and (C), and the flush matter following subparagraph (C), 2 ems to the left; and

(B) by adding at the end the following:

"(f) The amendment made by section 313(a)(4) of the Health Care Safety Net Amendments of 2002 (Public Law 107-251) shall apply to any obligation for which a discharge in bankruptcy has not been granted before the date that is 31 days after the date of enactment of such Act."

(2) REPEAL.—Subsection (b) of section 313 of the Health Care Safety Net Amendments of 2002 (Public Law 107-251) is repealed.

(m) MISCELLANEOUS.—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) in subsections (g)(1)(G)(ii), (k)(2), and (n)(1)(C) of section 224, and sections 317A(a)(2), 317E(c), and 318A(e), by striking "330, 330(h)" and inserting "330";

(2) in section 1313, by striking "329, 330, and 330(h)" and inserting "329 and 330"; and

(3) in section 2652(a)(2), by striking "section 340" and inserting "section 330(h)".

(n) HEALTH CARE SAFETY NET AMENDMENTS OF 2002.—The Health Care Safety Net Amendments of 2002 (Public Law 107-251) is amended—

(1) in section 404(c)(5), by striking "Health Care Financing Administration and the Health Research" and inserting "Centers for Medicare & Medicaid Services and the Health Resources"; and

(2) in section 501, by striking "solvency for managed care networks" and inserting "guarantees of solvency for managed care networks or plans".

**SEC. 3. EFFECTIVE DATE.**

This Act is deemed to have taken effect immediately after the enactment of Public Law 107-251.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. UPTON) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan (Mr. UPTON).

GENERAL LEAVE

Mr. UPTON. 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. 3038.

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

There was no objection.

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

Mr. Speaker, I am pleased that the House is considering H.R. 3038, the Health Care Safety Net Amendments Technical Corrections Act of 2003. H.R. 3038 introduced by the gentleman from Florida (Mr. BILIRAKIS), the subcommittee chairman, makes technical and conforming amendments to the Health Care Safety Net Amendments Act of 2002.

As Members may recall, this act strengthens several public health programs for low-income and underserved populations, including community health centers and the National Health Service Corps. Just this past week, a study conducted by GW University found that community health centers have helped to reduce health disparities in areas such as infant mortality, prenatal care, TB case rates, and age-adjusted death rates. This study highlights the impact that community

health centers are making in providing underserved Americans with access to affordable, high-quality health care.

H.R. 3038 strengthens the commitment that we have already made to community health centers. These changes are indeed technical, and they should be made to properly align the U.S. Code and clarify our original intent when we passed the bill last year. I urge my colleagues to support this legislation.

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

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

Mr. Speaker, I thank the gentleman from Michigan (Mr. UPTON) for bringing this bill to the floor today. The Committee on Energy and Commerce recently reported out a number of important bills, and I am pleased that the House will consider the passage of this bill and two others.

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Chairman BILIRAKIS and I have sponsored the Health Care Safety Net Amendments Technical Corrections Act, and the bill is what it says it is; it makes a number of what are essentially housekeeping changes to important legislation reauthorizing America's network of community health centers.

The legislation that was passed last year was intended to help community health centers continue to serve a patient population, as my friend from Michigan said, that would otherwise fall through the cracks. Passage of these technical corrections will ensure that the bill meets this goal.

I think this bill is particularly important albeit it is a technical corrections bill, but it is particularly important as we see articles in the paper the last couple of days that the United States has 2.5 million more uninsured people than it did a year ago. I think this bill, while it is something we should do, underscores the failure of the Bush administration and of the Congress to address the important issues of the 2.5 million uninsured and all the unemployment in this country that has caused it.

Nonetheless, this bill is a step in the right direction. Community health centers are essential to take care of those who, neither through their workplace nor government, has been provided the health insurance that they should have. I ask my colleagues to support the legislation.

Mr. BEREUTER. Mr. Speaker, this Member wishes to express his strong support for the Health Care Safety Net Amendments Technical Corrections Act of 2003 (H.R. 3038) and 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 introducing this important legislation. 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 preventative and primary health care for the medically underserved—including the millions of Americans without health insurance coverage.

Yesterday, Nebraskans celebrated the opening of the People's Health Center of Lincoln—the first Federally Qualified Health Center (FQHC) in this Member's congressional district. The health center will provide valuable primary health care services to the residents of Lincoln and Lancaster County.

As the Peoples' Health Center of Lincoln becomes an established entity in the community and begins to grow in terms of size as well as patients served, this Member has no doubt that the facility will call upon the National Health Service Corps (NHSC) for assistance in meeting the critical needs of Nebraska's underserved population.

This technical corrections bill is extremely important to new and current FQHCs across the nation. The measure makes clarifying changes to reconfirm that facilities, like the Peoples' Health Center of Lincoln, automatically receive Health Professional Shortage Area (HPSA) designation, and subsequently become eligible for the placement of National Health Service Corps (NHSC) personnel. This Member would personally like to thank Representative Bilirakis and his staff for their help with clarifying the automatic HPSA language in particular.

The NHSC and the Health Centers program are both intended to address the health care needs of our nation's most underserved rural and urban communities. Previous requirements mandated that health centers and rural clinics apply for and obtain HPSA designation, even though each center already serves a Federally-designated Medically Underserved Area or population, to become eligible for the placement of NHSC personnel. This process certainly seems unnecessary and duplicative, resulting in a delay of needed practitioners at high-need health centers.

Mr. Speaker, in closing, this Member urges his colleagues to support H.R. 3038. Such action will reduce bureaucratic barriers and allow for the coordinated use of Federal resources in meeting the health care needs of areas that lack sufficient services.

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

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

The SPEAKER pro tempore (Mr. SHAW). The question is on the motion offered by the gentleman from Michigan (Mr. UPTON) that the House suspend the rules and pass the bill, H.R. 3038.

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.

## NATIONAL BONE MARROW DONOR REGISTRY REAUTHORIZATION ACT

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3034) to amend the Public Health Service Act to reauthorize the National Bone Marrow Donor Registry, and for other purposes, as amended.

The Clerk read as follows:

H.R. 3034

*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 "National Bone Marrow Donor Registry Reauthorization Act".*

### SEC. 2. NATIONAL BONE MARROW DONOR REGISTRY.

*(a) NATIONAL REGISTRY.—Section 379 of the Public Health Service Act (42 U.S.C. 274k) is amended—*

*(1) in subsection (a)—*

*(A) in paragraph (1), by striking "except that" and all that follows and inserting "except that—*

*"(A) such limitations shall not apply to the Chair of the board (or the Chair-elect) or to the member of the board who most recently served as the Chair; and*

*"(B) 1 additional consecutive 2-year term may be served by any member of the board who has no employment, governance, or financial affiliation with any donor center, recruitment group, transplant center, or cord blood bank.";* and

*(B) in paragraph (4)—*

*(i) by striking "the Naval Medical Research and Development Command" and inserting "the Department of Defense Marrow Donor Recruitment and Research Program operated by the Department of the Navy"; and*

*(ii) by striking "Organ" after "Division of";*

*(2) in subsection (b)—*

*(A) in paragraph (4), by inserting "at least" before "annually";*

*(B) in paragraph (7), by striking "and comparisons of transplant centers regarding search and other costs that prior to transplantation are charged to patients by transplant centers; and";*

*(C) in paragraph (8), by inserting "and outreach" after "and demonstration";*

*(D) at the end of paragraph (8), by striking the period and inserting a semicolon;*

*(E) by redesignating paragraphs (3) through (8) as paragraphs (4) through (9);*

*(F) by inserting after paragraph (2), the following:*

*"(3) maintain and expand medical emergency contingency response capabilities in concert with Federal programs for response to threats of use of terrorist or military weapons that can damage marrow, such as ionizing radiation or chemical agents containing mustard, so that the capability of supporting patients with marrow damage from disease can be used to support casualties with marrow damage;"*; and

*(G) by adding at the end the following:*

*"(10) conduct and support research to improve the availability, efficiency, safety, and cost of transplants from unrelated donors and the effectiveness of Registry operations;*

*"(11) increase the number of umbilical cord blood units listed in the Registry and assist cord blood banks in the Registry program in accordance with subsection (c); and*

*"(12) establish bylaws and procedures—*

*"(A) to prohibit any member of the board of directors of the Registry who has an employment, governance, or financial affiliation with a donor center, recruitment group, transplant center, or cord blood bank from participating in any decision that materially affects the center, recruitment group, transplant center, or cord blood bank; and*

*"(B) to limit the number of members of the board with any such affiliation.";*