

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.

□ 1145

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.";*

(3) in subsection (c)—

(A) in clause (ii) of paragraph (2)(A), by striking “, including providing updates”; and

(B) in paragraph (3), by striking “the availability, as a potential treatment option, of receiving a transplant of bone marrow from an unrelated donor” and inserting “transplants from unrelated donors as a treatment option and resources for identifying and evaluating other therapeutic alternatives”;

(4) in subsection (d)—

(A) in paragraph (2)(C), by inserting “and assist with information regarding third party payor matters” after “ongoing search for a donor”;

(B) in paragraph (2)(F)—

(i) by redesignating clause (v) as clause (vi); and

(ii) by inserting after clause (iv) the following:

“(v) Information concerning issues that patients may face after a transplant regarding continuity of care and quality of life.”; and

(C) in paragraph (3)(B), by striking “Office may” and inserting “Office shall”;

(5) in subsection (g), by striking “the bone marrow donor program of the Department of the Navy” and inserting “the Department of Defense Marrow Donor Recruitment and Research Program operated by the Department of the Navy”;

(6) in subsection (h)—

(A) by striking “APPLICATION.—” and inserting “CONTRACTS.—”;

(B) by striking “To be eligible” and inserting the following:

“(1) APPLICATION.—To be eligible”; and

(C) by adding at the end the following:

“(2) CONSIDERATIONS.—In awarding contracts under this section, the Secretary shall give substantial weight to the continued safety of donors and patients and other factors deemed appropriate by the Secretary.”;

(7) in subsection (i), by striking “include” and inserting “be”; and

(8) by striking subsection (l).

(b) BONE MARROW SCIENTIFIC REGISTRY.—Section 379A of the Public Health Service Act (42 U.S.C. 274l) is amended—

(1) in subsection (a), by adding at the end the following: “The scientific registry shall participate in medical research that has the potential to improve transplant outcomes.”;

(2) in subsection (c), by striking “Each such report shall in addition include the data required in section 379(l) (relating to pretransplant costs).”; and

(3) by adding after subsection (c) the following:

“(d) PUBLICLY AVAILABLE DATA.—The scientific registry shall make relevant scientific information not containing individually identifiable information available to the public in the form of summaries and data sets to encourage medical research and to provide information to transplant programs, physicians, and patients.”.

(c) BONE MARROW AND MARROW DEFINED.—Part I of title III of the Public Health Service Act (42 U.S.C. 274k et seq.) is amended—

(1) by redesignating section 379B as section 379C; and

(2) by inserting after section 379A the following:

“SEC. 379B. BONE MARROW AND MARROW DEFINED.

“For purposes of this part, the terms ‘bone marrow’ and ‘marrow’ include bone marrow and any other source of hematopoietic progenitor cells the acquisition or use of which is not inconsistent with Federal law.”.

(d) AUTHORIZATION OF APPROPRIATIONS.—Section 379C of the Public Health Service Act, as redesignated by subsection (c), is amended to read as follows:

“SEC. 379C. AUTHORIZATION OF APPROPRIATIONS.

“(a) IN GENERAL.—For the purpose of carrying out this part, there are authorized to be

appropriated \$32,000,000 for fiscal year 2004, and such sums as may be necessary for each of the fiscal years 2005 through 2008.

“(b) EMERGENCY CONTINGENCY RESPONSE CAPABILITIES.—In addition to the amounts authorized to be appropriated under subsection (a), there are authorized to be appropriated such sums as may be necessary for the maintenance and expansion of emergency contingency response capabilities under section 379(b)(3).”.

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 on this legislation and to insert extraneous material on the bill.

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 today H.R. 3034, the National Bone Marrow Donor Registry Reauthorization Act to extend Federal support for a national bone marrow registry for an additional 5 years.

Bone marrow transplants are often one of the last options available to patients struggling to fight debilitating and often terminal diseases. Sadly, finding a bone marrow match is most difficult. In fact, every year nearly two-thirds of patients in need of a bone marrow transplant will not find a marrow donor match within their family and must rely on the help of strangers. The National Bone Marrow Donor Registry facilitates marrow and cord blood transplants for patients with life-threatening diseases who do not have matching donors in their families.

In addition to the 5-year reauthorization period, H.R. 3034 amends the functions of the National Bone Marrow Donor Registry to reflect new directions that the National Bone Marrow Donor Registry is undertaking to improve its capabilities. Notably, the legislation directs the registry to maintain and expand medical response capabilities, in concert with Federal programs, for responding to terrorist threats that can damage marrow. The registry is also directed to increase the number of umbilical cord blood units listed in the registry and assist cord blood banks in the registry program. This is of special importance to many minority populations who are less likely to find a bone marrow match.

H.R. 3034 also includes provisions to improve data collection and facilitate information sharing with physicians, other health care professionals and the public regarding transplants from unrelated donors.

Each month, the National Bone Marrow Donor Registry coordinates more

than 150 transplants. With a diverse registry of more than 4 million potential volunteer bone marrow and cord blood donors, the National Bone Marrow Donor Registry offers hope to thousands and thousands of patients. It is important that we reauthorize this successful program.

Mr. Speaker, I urge my colleagues to support this piece of 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.

The National Bone Marrow Donor Registry Reauthorization Act offers significant improvements to a very successful public health initiative. I commend the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from New York (Mr. TOWNS), the gentleman from Georgia (Mr. LEWIS) and my colleagues in the Congressional Black Caucus for taking lead roles in advancing this legislation.

Tragically, Americans in need of life-saving bone marrow transplants often face daunting odds. In fact, the chance of finding a compatible unrelated donor is only about one in 20,000. As the largest and most diverse list of potential donors, the registry is America's best chance to improve those odds. With a database of roughly 4 million potential donors, it offers hope to the thousands of Americans diagnosed every year with blood, metabolism or immune system disorders.

The registry has facilitated over 14,000 transplants since 1987, but there is much work that needs to be done. The legislation before us today permits that work to continue and expand with enhanced efforts to educate the general public about the registry, as well as significant outreach to minority populations. The bill also creates important new authority to apply the knowledge gained in treating marrow diseases to the task of preparing the Nation for radiological and chemical attacks.

I would be remiss if I did not also thank the gentleman from Florida (Mr. YOUNG), who has done remarkable work on this issue for as long as I have been in Congress. I thank him for his participation and urge my colleagues to support this legislation.

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

Mr. UPTON. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I would just like to say that the gentleman from Florida (Mr. YOUNG) not only has a great legacy in this House for so many different issues, particularly as chairman of the Committee on Appropriations, but one of the issues that bonded our friendship early on was his direction and sponsorship of this issue.

I would like to say that when I was, I think, a freshman or a sophomore Member in this House, because of the battle he helped lead, I joined with so many other Members of this body to actually register myself with the National Bone Marrow Donor Registry. I

hope someday that I will be called. Thus far, I have not, but I am one of those that has voluntarily registered. I would love the afternoon that I might get a phone call to say, "Come on down; I want to draw a sample."

Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. YOUNG).

Mr. YOUNG of Florida. Mr. Speaker, I thank the gentleman very much for yielding me the time, and I appreciate his management of this bill and also the gentleman from Ohio (Mr. BROWN).

This is an important piece of legislation. We actually got this program started without an authorization bill by working it through an appropriations bill back in 1985. It has been an ongoing program and an ongoing commitment of mine for a long time.

I appreciate also the gentleman from Louisiana (Mr. TAUZIN), the chairman of the committee, and the gentleman from Florida (Mr. BILIRAKIS), the chairman of the subcommittee, for moving this bill and working with us to make sure that it meets all of the new, modern requirements of the bone marrow program.

I will be very brief, Mr. Speaker, and say that back in the 1980s when we determined that it was necessary to have a program of this type, those in our government who dealt with health issues said, It can't be done. They said, You'll never get maybe 20-, 30-, 40,000 people willing to be a bone marrow donor and that wouldn't work because the chances of finding a donor are about one in 20,000 of finding a donor that will actually match the patient. It is critical that the bone marrow of the patient and the donor match.

And so I am happy to report that although they said it could not be done, we have 5 million people in the registry today, and we are exchanging bone marrow and patients across the oceans with 14 other countries that have patterned bone marrow programs like ours to join with us.

It is a very successful program. We are learning more about it every day. We are saving lives every day. As the gentleman from Michigan said, this is the last resort. You do not go to a bone marrow transplant unless your disease is terminal. This procedure can be used in 60 or more types of blood diseases.

There are thousands and thousands of heroes out there who have actually made donations of their bone marrow to help save a life. It is a life-changing experience to become a bone marrow donor and know that you personally have saved the life of a young child or even an adult, and you have at least given them a second chance for life.

I would like to include in my remarks some of the early heroes like Admiral Zumwalt, who was one of the real soldiers in this battle to make this happen.

Again, I just thank the Congress for the tremendous support that we have had all the way through as we create this program, as we appropriate the money to keep it funded.

Mr. Speaker, I rise in strong support of H.R. 3034, legislation I have introduced to reauthorize the National Bone Marrow Donor Registry.

At the outset, let me thank the Chairman of the Energy and Commerce Committee, my colleague from Louisiana Mr. TAUZIN, and the Chairman of the Subcommittee on Health, my colleague and neighbor from Florida Mr. BILIRAKIS, for helping expedite the consideration of this legislation. I have worked closely with them and with their staffs throughout the drafting of H.R. 3034 to ensure its timely and smooth passage through both the House and Senate.

Mr. Speaker, the National Marrow Donor Program is a true modern medical miracle that save lives here and throughout the world every single day of the year. Since its establishment more than 16 years ago, the registry has grown to more than 5,000,000 volunteers. These are true volunteers in every sense of the word. They have given of their time to take a simple blood test to be listed in the national registry. For more than 16,000 who have been called upon to donate bone marrow, they have undergone a relatively simple surgical procedure to donate their bone marrow to save the life of a man, woman or child with leukemia or one of 60 otherwise fatal blood disorders.

Having had the great pleasure to meet with hundreds of donors and patients, I can tell you that donating bone marrow is a true life-changing experience. The experience of giving life to another human being is beyond mere words.

Through the National Marrow Donor Program, we have also made marrow donation a world-changing experience. On any given day, bone marrow from our registry is being flown around the world at the same time bone marrow is being flown to a U.S. hospital through our formal relationship with 14 other international registries.

Mr. Speaker, at a time when our Nation seeks to bring the nations and the people of the world closer together, to live in peace, and better understand each other, we can look to the National Marrow Donor Program as one important way to achieve these goals. There is no greater cause than to save a life, and with the ongoing support of every member of this House we can adopt this legislation today to continue to work of this program for the next 5 years.

There are many heroes who have contributed to the work and vision of this program. From the early days when we sought a home for the program, and had a few doors slammed in our faces, there was Admiral Elmo Zumwalt, Jr. and Dr. Bob Graves. There was Captain Bob Hartzman of the United States Navy who connected us with the Navy Medical Command where we appropriated the first small amount of funding to give birth to the program. There were the early medical pioneers such as Dr. Robert Good, Dr. John Hansen, Dr. Donnell Thomas, and Dr. Jerry Barbosa, all of whom helped perfect the science of marrow transplantation and who assisted us in our legislative quest to establish a federal registry.

There were Members of Congress, past and present, who stood by me as I sought funding to start up the program, to recruit marrow donors, and to perfect the marrow transplant procedures. There were my colleagues on the Appropriations and Energy and Commerce Committees who helped expedite these fund-

ing requests and the consideration of several authorization bills.

There were the members of the board of the National Marrow Donor Program and the Marrow Foundation, who have volunteered their time to establish a finely tuned international registry that quickly and efficiently matches marrow donors and patients to give them the best chance of a successful transplant. There is the staff of the NMDP, based in Minneapolis, Minnesota but with operations throughout our nation, who manage the flow of information and marrow around the world. And there is the staff and medical teams at the transplant and donor centers who use their medical expertise to complete the transplantation procedure.

Finally, there are the true heroes of the program, the patients and donors. Every patient that has sought a marrow transplant has helped the doctors and researchers perfect the marrow transplant procedure to improve the outcome for every future patient. And every donor who has rolled up his or her sleeve to sign up for the national registry and ultimately give a bit of their bone marrow has given the ultimate gift of life. They are the heroes without whom we would not have this tremendously successful national and international life-saving program.

Mr. Speaker, in closing, let me again thank Chairmen TAUZIN and BILIRAKIS for their ongoing support and for the support of the members of the Energy and Commerce Committee in moving this legislation so quickly. Finally, let me thank every Member of this House for their partnership in helping us continue the work of the National Marrow Donor Program. With your support, we are giving hope to thousands of patients here and throughout the world today and into the future.

Mr. TOWNS. Mr. Speaker, The National Bone Marrow Donor Registry, operated by the National Marrow Donor Program (NMDP), is a precious national resource that we must continue to support. I was happy to join my colleagues, Chairman BILL YOUNG and Chairman MIKE BILIRAKIS, in introducing H.R. 3034, "The National Bone Marrow Registry Reauthorization Act." In particular, I am extremely pleased that we are considering this bill in an expeditious manner to ensure that there is no gap in the continuation of this important program. I am also pleased that my colleagues, Mr. FORD of Tennessee and Mr. LEWIS of Georgia have indicated their endorsement for this legislation.

Since its inception, the NMDP has worked tirelessly to build a Registry that helps Americans in need. I applaud the donors who are true American heroes. They are willing to help individuals who they do not even know by taking the time to donate their marrow, blood, or cord blood. We can all hope to emulate their generosity and selflessness.

We honor these men and women, of all races and ethnicities, by reauthorizing the Registry. Since 1986, there have been many scientific advances in the area of bone marrow transplants. The NMDP continues to work diligently to improve the odds of every American being able to find a match through the Registry. Its efforts have led to an increase of the number of minority donors who participate in the Registry, as well as the number of minorities who have access to these life-saving transplants.

Today, I call on my colleagues to continue their support of the NMDP and its important

mission. We should approve H.R. 3034 today so that we can ensure a timely reauthorization of the Bone Marrow Registry.

Ms. MCCARTHY of Missouri. Mr. Speaker, I rise today in support of H.R. 3034, the National Bone Marrow Donor Registry Reauthorization Act.

I want to commend the work of the co-sponsors of this legislation, the Representative of Florida, and Representative of New York. Your leadership on this issue has been remarkable and I commend your efforts.

It is a tragedy for Americans in need of bone marrow or stem cell donation to remain unconnected with willing donors. The National Bone Marrow Donor Registry has helped connect thousands of Americans in need of assistance with donors across the country. The additional resources this bill authorizes will help us expand this network and save even more lives.

I want to particularly commend the Registry's effort to recruit minority donors for their database. Blood diseases extract an especially heavy toll on minority populations, and improving the diversity of the donor pool should be an important part of our response to this problem.

Mr. Speaker, I want to commend the efforts of St. Luke's Hospital in Kansas City. Their Kansas City Blood and Marrow transplant program recruits new donors, finds matches, and coordinates the donation process. Since its inception in 1996, the Transplant Center at St. Lukes has performed over 450 transplants and connected thousands in our region with needed care. As a result of their hard work, the Center has been named a member of the United Resource Network centers of excellence program. These courageous efforts save thousands of lives each year. I congratulate them for being a model to our Nation.

Mr. Speaker, this bipartisan legislation is vital. I urge my colleagues to join me today in support of H.R. 3034.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I rise today in strong support of H.R. 3034, the National Bone Marrow Donor Registry Reauthorization Act.

Today we are able to prolong hope for so many individuals waiting for a match to their bone marrow by reauthorizing the National Bone Marrow Donor Registry for another five years. For many people waiting for a transplant due to various illnesses, the task of finding a donor is a long and costly process. Each year two-thirds of patients awaiting bone marrow transplants are unsuccessful in finding a match within their family. This is why the establishment of a national registry was crucial.

About seventy percent of leukemia and other blood disorder patients do not find a match within their family. A match would be someone with certain white blood cells, called antigens, which are similar or identical to the patient's. These transplants enable patients the opportunity to live a full life, whereas without the transplant they would have little or no chance of survival.

From the organization of a donor registry through the United States Navy in 1986 to this current extension of the National Registry, it is clear that Congress takes this issue to heart. Each member of this House has someone in their district who has been touched by one of the debilitating diseases that need a bone marrow transplant, often as a last option.

Mr. Speaker, in closing, I would like to thank Chairman YOUNG for his leadership on the National Bone Marrow Donor Registry Reauthorization Act. Because of his family's own experience with the seriousness of bone marrow transplants, he has emerged as a leader in the issue and is committed to the cause. I urge all my colleagues to support this important reauthorization.

Ms. BORDALLO. Mr. Speaker, I rise today in support of H.R. 3034 which reauthorizes the National Bone Marrow Donor Registry. I commend Chairman YOUNG for his leadership in this critical program. Through his efforts in establishing the National Bone Marrow Donor Registry he has given countless people another chance at life.

Through the recruitment of the National Marrow Donor Program (NMDP), which manages the Registry, patients there are over 5 million potential donors. Through NMDP outreach efforts in 19 countries, patients have access to an additional 2.5 million potential donors. In fact, approximately 40 percent of transplants facilitated by NMDP involves a U.S. patient receiving stem cells from an international donor or an international donor receiving stems cells from a U.S. donor.

The importance of the Registry cannot be overstated and I commend and fully support the efforts of the National Marrow Donor Program for their recruitment efforts, especially for their efforts to recruit potential donors from diverse racial or ethnic groups.

The critical need for donors of African-American, Asian/Pacific Islander, Hispanic, American Indian/Alaska Native descent was made clear to me by the story of a five-year-old little girl from Guam whose life was cut short by leukemia.

Her name was Justice Taitague. Her best chance for life was a marrow transplant from a member of her ethnic group. The donor list at the time could not provide a match, but everyone involved in her care would not give up. Through the efforts of Dr. Thomas Shieh, the Guam Medical Society, and the National and Hawaiian Marrow Donor Programs, the first ever marrow drive on Guam was held on her behalf. This "Drive for Justice" registered thirty-four hundred volunteers in just three days.

Tragically, she passed away less than a week after the drive. But her life has given hope to others of Asian/Pacific Island descent needing a stem-cell transplant and helped us to understand the importance of the National Marrow Donor Program.

Mr. Speaker, I fully support H.R. 3034 to reauthorize the National Marrow Donor Registry. There is still a critical need for donors from the Asian, Pacific Islander and other minority communities to give the gift of life. Join the Registry.

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

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

The SPEAKER pro tempore. 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. 3034, 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.

## ANIMAL DRUG USER FEE ACT OF 2003

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1260) to amend the Federal Food, Drug, and Cosmetic Act to establish a program of fees relating to animal drugs.

The Clerk read as follows:

H.R. 1260

*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 "Animal Drug User Fee Act of 2003".

### SEC. 2. FINDINGS.

Congress finds as follows:

(1) Prompt approval of safe and effective new animal drugs is critical to the improvement of animal health and the public health.

(2) Animal health and the public health will be served by making additional funds available for the purpose of augmenting the resources of the Food and Drug Administration that are devoted to the process for review of new animal drug applications.

(3) The fees authorized by this title will be dedicated toward expediting the animal drug development process and the review of new and supplemental animal drug applications and investigational animal drug submissions as set forth in the goals identified, for purposes of part 4 of subchapter C of chapter VII of the Federal Food, Drug, and Cosmetic Act, in the letters from the Secretary of Health and Human Services to the Chairman of the Committee on Energy and Commerce of the House of Representatives and the Chairman of the Committee on Health, Education, Labor, and Pensions of the Senate as set forth in the Congressional Record.

### SEC. 3. FEES RELATING TO ANIMAL DRUGS.

Subchapter C of chapter VII of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 379f et seq.) is amended by adding at the end the following part:

#### "PART 4—FEES RELATING TO ANIMAL DRUGS

##### "SEC. 739. DEFINITIONS.

"For purposes of this subchapter:

"(1) The term 'animal drug application' means an application for approval of any new animal drug submitted under section 512(b)(1). Such term does not include either a new animal drug application submitted under section 512(b)(2) or a supplemental animal drug application.

"(2) The term 'supplemental animal drug application' means—

"(A) a request to the Secretary to approve a change in an animal drug application which has been approved; or

"(B) a request to the Secretary to approve a change to an application approved under section 512(c)(2) for which data with respect to safety or effectiveness are required.

"(3) The term 'animal drug product' means each specific strength or potency of a particular active ingredient or ingredients in final dosage form marketed by a particular manufacturer or distributor, which is uniquely identified by the labeler code and product code portions of the national drug code, and for which an animal drug application or a supplemental animal drug application has been approved.