

not intended in any way to influence BIA's evaluation of the tribe's pending land trust decision.

Again, I thank the chairman and ranking member. I thank my colleagues.

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

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

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from New Jersey (Mr. SAXTON) that the House suspend the rules and pass the bill, H.R. 2489, as amended.

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. SAXTON. 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 AND RECOVERY IMPROVEMENT ACT

Mr. ROGERS of Michigan. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3926) to amend the Public Health Service Act to promote organ donation, and for other purposes.

The Clerk read as follows:

H.R. 3926

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 and Recovery Improvement Act".

SEC. 2. SENSE OF CONGRESS.

(a) PUBLIC AWARENESS OF NEED FOR ORGAN DONATION.—It is the sense of 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.—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.—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. REIMBURSEMENT 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:

"SEC. 377. REIMBURSEMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION.

"(a) IN GENERAL.—The Secretary may award grants 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 reimbursement 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) providing for the reimbursement of such incidental nonmedical expenses that are so incurred as the Secretary determines by regulation to be appropriate.

"(b) PREFERENCE.—The Secretary shall, in carrying out subsection (a), give preference to those individuals that the Secretary determines are more likely to be otherwise unable to meet such expenses.

"(c) CERTAIN CIRCUMSTANCES.—The Secretary may, in carrying out subsection (a), consider—

"(1) 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; and

"(2) the term 'qualifying expenses' as including the expenses of having relatives or other individuals, not to exceed 2, accompany or assist the donating individual for purposes of subsection (a) (subject to making payment for only those types of expenses that are paid for a donating individual).

"(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;

"(2) by an entity that provides health services on a prepaid basis; or

"(3) by the recipient of the organ.

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

"(1) The term 'donating individuals' has the meaning indicated for such term in subsection (a)(1), subject to subsection (c)(1).

"(2) The term 'qualifying expenses' means the expenses authorized for purposes of subsection (a), subject to subsection (c)(2).

"(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 2005 through 2009."

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:

"SEC. 377A. PUBLIC AWARENESS; STUDIES AND DEMONSTRATIONS.

"(a) ORGAN DONATION PUBLIC AWARENESS PROGRAM.—The Secretary shall, directly or through grants or contracts, establish a public education program in cooperation with existing national public awareness campaigns to increase awareness about organ donation and the need to provide for an adequate rate of such donations.

"(b) STUDIES AND DEMONSTRATIONS.—The Secretary may make peer-reviewed grants to, or enter into peer-reviewed contracts with, public and nonprofit private entities for the purpose of carrying out studies and demonstration projects to increase organ donation and recovery rates, including living donation.

"(c) GRANTS TO STATES.—

"(1) IN GENERAL.—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.

"(2) ELIGIBILITY.—To be eligible to receive a grant under this subsection, a State shall—

"(A) submit an application to the Department in the form prescribed;

"(B) establish yearly benchmarks for improvement in organ donation rates in the State; and

"(C) report to the Secretary on an annual basis a description and assessment of the State's use of funds received under this subsection, accompanied by an assessment of initiatives for potential replication in other States.

"(3) USE OF FUNDS.—Funds received under this subsection 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) EDUCATIONAL ACTIVITIES.—The Secretary, in coordination with the Organ Procurement and Transplantation Network and other appropriate organizations, shall support the development and dissemination of educational materials to inform health care professionals and other appropriate professionals in issues surrounding organ, tissue, and eye donation including evidence-based proven methods to approach patients and their families, cultural sensitivities, and other relevant issues.

"(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$15,000,000 for fiscal year 2005, and such sums as may be necessary for each of the fiscal years 2006 through 2009. Such authorization of appropriations is in addition to any other authorizations of appropriations that are available for such purpose.

"SEC. 377B. GRANTS REGARDING HOSPITAL ORGAN DONATION COORDINATORS.

"(a) AUTHORITY.—

"(1) IN GENERAL.—The Secretary may award grants to qualified organ procurement organizations and hospitals under section 371 to establish programs coordinating organ donation activities of eligible hospitals and qualified organ procurement organizations under section 371. Such activities shall be coordinated to increase the rate of organ donations for such hospitals.

"(2) ELIGIBLE HOSPITAL.—For purposes of this section, the term 'eligible hospital' means a hospital that performs significant trauma care, or a hospital or consortium of hospitals that serves a population base of not fewer than 200,000 individuals.

"(b) ADMINISTRATION OF COORDINATION PROGRAM.—A condition for the receipt of a grant under subsection (a) is that the applicant involved agree that the program under such subsection will be carried out jointly—

"(1) by representatives from the eligible hospital and the qualified organ procurement organization with respect to which the grant is made; and

"(2) by such other entities as the representatives referred to in paragraph (1) may designate.

"(c) REQUIREMENTS.—Each entity receiving a grant under subsection (a) shall—

"(1) establish joint organ procurement organization and hospital designated leadership responsibility and accountability for the project;

"(2) develop mutually agreed upon overall project performance goals and outcome measures, including interim outcome targets; and

“(3) collaboratively design and implement an appropriate data collection process to provide ongoing feedback to hospital and organ procurement organization leadership on project progress and results.

“(d) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to interfere with regulations in force on the date of enactment of the Organ Donation and Recovery Improvement Act.

“(e) **EVALUATIONS.**—Within 3 years after the award of grants under this section, the Secretary shall ensure an evaluation of programs carried out pursuant to subsection (a) in order to determine the extent to which the programs have increased the rate of organ donation for the eligible hospitals involved.

“(f) **MATCHING REQUIREMENT.**—The Secretary may not award a grant to a qualifying organ donation entity under this section unless such entity agrees that, with respect to costs to be incurred by the entity in carrying out activities for which the grant was awarded, the entity shall contribute (directly or through donations from public or private entities) non-Federal contributions in cash or in kind, in an amount equal to not less than 30 percent of the amount of the grant awarded to such entity.

“(g) **FUNDING.**—For the purpose of carrying out this section, there are authorized to be appropriated \$3,000,000 for fiscal year 2005, and such sums as may be necessary for each of fiscal years 2006 through 2009.”

SEC. 5. STUDIES RELATING TO ORGAN DONATION AND THE RECOVERY, PRESERVATION, AND TRANSPORTATION OF ORGANS.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 377B, as added by section 4, the following:

“SEC. 377C. STUDIES RELATING TO ORGAN DONATION AND THE RECOVERY, PRESERVATION, AND TRANSPORTATION OF ORGANS.

“(a) **DEVELOPMENT OF SUPPORTIVE INFORMATION.**—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall develop scientific evidence in support of efforts to increase organ donation and improve the recovery, preservation, and transportation of organs.

“(b) **ACTIVITIES.**—In carrying out subsection (a), the Secretary shall—

“(1) conduct or support evaluation research to determine whether interventions, technologies, or other activities improve the effectiveness, efficiency, or quality of existing organ donation practice;

“(2) undertake or support periodic reviews of the scientific literature to assist efforts of professional societies to ensure that the clinical practice guidelines that they develop reflect the latest scientific findings;

“(3) ensure that scientific evidence of the research and other activities undertaken under this section is readily accessible by the organ procurement workforce; and

“(4) work in coordination with the appropriate professional societies as well as the Organ Procurement and Transplantation Network and other organ procurement and transplantation organizations to develop evidence and promote the adoption of such proven practices.

“(c) **RESEARCH AND DISSEMINATION.**—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, as appropriate, shall provide support for research and dissemination of findings, to—

“(1) develop a uniform clinical vocabulary for organ recovery;

“(2) apply information technology and telecommunications to support the clinical operations of organ procurement organizations;

“(3) enhance the skill levels of the organ procurement workforce in undertaking quality improvement activities; and

“(4) assess specific organ recovery, preservation, and transportation technologies.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 2005, and such sums as may be necessary for each of fiscal years 2006 through 2009.”

SEC. 6. REPORT RELATING TO ORGAN DONATION AND THE RECOVERY, PRESERVATION, AND TRANSPORTATION OF ORGANS.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 377C, as added by section 5, the following:

“SEC. 377D. REPORT RELATING TO ORGAN DONATION AND THE RECOVERY, PRESERVATION, AND TRANSPORTATION OF ORGANS.

“(a) **IN GENERAL.**—Not later than December 31, 2005, and every 2 years thereafter, the Secretary shall report to the appropriate committees of Congress on the activities of the Department carried out pursuant to this part, including an evaluation describing the extent to which the activities have affected the rate of organ donation and recovery.

“(b) **REQUIREMENTS.**—To the extent practicable, each report submitted under subsection (a) shall—

“(1) evaluate the effectiveness of activities, identify effective activities, and disseminate such findings with respect to organ donation and recovery;

“(2) assess organ donation and recovery activities that are recently completed, ongoing, or planned; and

“(3) evaluate progress on the implementation of the plan required under subsection (c)(5).

“(c) **INITIAL REPORT REQUIREMENTS.**—The initial report under subsection (a) shall include the following:

“(1) An evaluation of the organ donation practices of organ procurement organizations, States, other countries, and other appropriate organizations including an examination across all populations, including those with low organ donation rates, of—

“(A) existing barriers to organ donation; and

“(B) the most effective donation and recovery practices.

“(2) An evaluation of living donation practices and procedures. Such evaluation shall include an assessment of issues relating to informed consent and the health risks associated with living donation (including possible reduction of long-term effects).

“(3) An evaluation of—

“(A) federally supported or conducted organ donation efforts and policies, as well as federally supported or conducted basic, clinical, and health services research (including research on preservation techniques and organ rejection and compatibility); and

“(B) the coordination of such efforts across relevant agencies within the Department and throughout the Federal Government.

“(4) An evaluation of the costs and benefits of State donor registries, including the status of existing State donor registries, the effect of State donor registries on organ donation rates, issues relating to consent, and recommendations regarding improving the effectiveness of State donor registries in increasing overall organ donation rates.

“(5) A plan to improve federally supported or conducted organ donation and recovery activities, including, when appropriate, the establishment of baselines and benchmarks to measure overall outcomes of these programs. Such plan shall provide for the ongoing coordination of federally supported or

conducted organ donation and research activities.”

SEC. 7. NATIONAL LIVING DONOR MECHANISMS.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 371 the following:

“SEC. 371A. NATIONAL LIVING DONOR MECHANISMS.

“The Secretary may establish and maintain mechanisms to evaluate the long-term effects associated with living organ donations by individuals who have served as living donors.”

SEC. 8. STUDY.

Not later than December 31, 2004, the Secretary of Health and Human Services, in consultation with appropriate entities, including advocacy groups representing those populations that are likely to be disproportionately affected by proposals to increase cadaveric donation, shall submit to the appropriate committees of Congress a report that evaluates the ethical implications of such proposals.

SEC. 9. QUALIFIED ORGAN PROCUREMENT ORGANIZATIONS.

Section 371(a) of the Public Health Service Act (42 U.S.C. 273(a)) is amended by striking paragraph (3).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. ROGERS) and the gentleman from New York (Mr. TOWNS) each will control 20 minutes.

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

GENERAL LEAVE

Mr. ROGERS of Michigan. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill, H.R. 3926.

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

There was no objection.

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

I rise today in strong support of H.R. 3926, the Organ Donation and Recovery Improvement Act. This legislation, introduced by the Subcommittee on Health chairman, the gentleman from Florida (Mr. BILIRAKIS), and I pause here for a moment, Mr. Speaker, to commend the gentleman from Florida's (Mr. BILIRAKIS) effort on this particular bill. He is such a distinguished Member of our body, respected by both sides of the aisle, and his compassion for those in need is unparalleled, and I would hope that we could note for the record his great effort in this particular cause.

This bill reflects a great bipartisan effort and one that passed the Senate late last year. I hope that all of my colleagues will join me in supporting this important legislation.

As most of us know, there is a great unmet need for donated organs and tissue right here in the United States. According to the United Network of Organ Sharing, there are 84,138 people who currently are waiting for transplant, while only 12,133 individuals had donated their organs between January and November of 2003; 23,387 individuals did receive a transplant within that

same time frame, but close to 6,000 individuals died while waiting on the list.

H.R. 3926 responds to this public health crisis by effectively targeting our limited Federal resources towards areas we think will do the most good. This legislation authorizes the Secretary of Health and Human Services to award grants for the purposes of covering travel and subsistence expenses incurred by living organ donors. Hopefully, this assistance will help ensure that no potential living organ donor is prevented from donating simply because they cannot afford the associated travel costs.

Additionally, H.R. 3926 includes a new grant program that will help to replace organ donation coordinators in hospitals and organ procurement organizations in an effort to increase donation rates. Finally, the bill provides the Secretary with \$15 million in new resources to help State governments and public and nonprofit private entities develop innovative new initiatives designed to increase organ donation rates, including living donation.

Mr. Speaker, H.R. 3926 enjoys strong support within the transplant community and will help us in our efforts to ensure that every American has access to a donated organ or tissue when they need it.

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

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

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

Mr. Speaker, I rise today in strong support of H.R. 3926, the Organ Donation and Recovery Improvement Act. I would like to commend the work of my colleagues on both sides of the aisle for working in a bipartisan manner to craft this important legislation and for working to encourage more efficient and widespread organ donation activities.

Each day in America, nearly 70 people receive an organ transplant, and while this number is amazing, there are other numbers that are far more troubling. At day's end, 18 people on an organ transplant waiting list will have died because not enough organs are available. Nearly 85,000 men, women and children are currently awaiting life-saving transplants, and every 13 minutes another name is added to the national transplant waiting list.

According to the Institute of Medicine, which is part of the National Academy of Sciences, report *Organ Procurement and Transplantation*, many factors have been found to affect the organ donation rates, including the attitudes of the donor's family, the policies and practices of hospital staff and organ procurement organizations, and the manner in which individuals are approached about a donation.

Sadly, while most Americans indicate that they support an organ donation, only about 50 percent of the families who are asked to donate a loved one's organs agree to do so. Equally

perplexing is the interplay between cultural attitudes and race/ethnicity and how this affects rates of organ donation among racial/ethnic minority groups.

The IOM reports that the perception of fairness and effectiveness in distribution of donated organs is as important as other factors in affecting donation rates beneficially. Members of racial/ethnic minorities comprise approximately 25 percent of the population, yet represent close to 50 percent of patients on organ transplant waiting lists. More than half of those who die while patiently waiting for their gift of life are people of color.

The Organ Donation and Recovery Improvement Act establishes grants to States that will be used to assist in carrying out organ donation awareness, public education and outreach activities, and programs designed to increase the number of organ donors within a State.

Finally, Mr. Speaker, the bill directs the Agency for Health Care Research and Quality to conduct studies to ensure that efforts to increase organ donation and improve the recovery, preservation and transportation of donated organs are not done in vain.

I urge my colleagues to support H.R. 3926, and I am proud to stand here and to say that this is something that we should do and we should do it right away.

Mr. Speaker, I yield such time as he may consume to the gentleman from Washington (Mr. INSLEE).

(Mr. INSLEE asked and was given permission to revise and extend his remarks.)

Mr. INSLEE. Mr. Speaker, this really is a bright day for the U.S. House of Representatives because today, with the passage of this bill, we will expedite the abilities of Americans to give the gift of life. It is not every day that we do something in the House of Representatives that can allow people to live, allow people that are now on waiting lists, waiting this morning to get an e-mail to come in and get their liver transplant or their heart transplant, that we are going to pass a bill today that will allow people to make a decision to actually give the gift of life; and I think that is a pretty good thing to be pleased about in the U.S. House of Representatives.

The part I would like to talk about just briefly about this bill is a portion of a bill that Floyd Spence, our great Republican colleague from South Carolina, who I introduced a portion of this bill with back in 2000. Floyd, when we introduced this bill, was the longest living double heart/lung transplant in America, and I hope that this will shine on his memory with the passage of this bill today. Because what this bill will do will create an organ donor coordinator position in hospitals.

It will be largely federally funded, and where we have put organ coordinators in hospitals, we have found we actually doubled the rate of donation de-

cisions made by families, because it allows families the confidence and the knowledge and the coordination with doctors and nursing staff to make this decision.

So this bill, we believe, is going to significantly increase a number of people who get that great call in the morning saying, come on down for your new liver and a new lease on life with 10, 20, 30, 40, 50 new years of life that people are going to have in this country because this bill is going to pass.

Just to put a personal face on this if I can, and let me tell my colleagues why I feel so passionately about this. I want to introduce my colleagues to a friend of mine, Chris Klug. This was taken about 2 years ago when we started working on this bill. Scott, in the year 2000, had a problem where he lost his liver function, and Scott did not have a lot of time to live when he got a new liver transplant.

Just to show my colleagues how successful these organ transplants can be, Scott, just 2 years later after getting a new liver, went on to get a Bronze Medal in the slalom snowboarding Olympic championship in 2002. That is a pretty amazing thing that this gift of life not only gives a gift of life, but it gives a gift of the tremendous life that Scott is now engaged in. We can see him on these snowboarding competitions on occasion.

The second person I want to tell my colleagues a little story about is, yesterday morning I was at the University of Washington Medical School in Seattle, Washington, and I was talking to Dr. Robert Carithers and Dr. Connie Davis, who had been involved in one of the premier transplant centers in the United States. They introduced me to a general named Henry Durnil.

Henry is a fellow who works making sure that our navy ships are in good shape at the naval port in Everett, Washington, and some time ago, Henry's liver started to fail him. He got a call Saturday saying, come on in, get your new liver, and I got to meet Henry who was lying in bed. I have got to tell my colleagues if my colleagues saw the smile on Henry Durnil's face and we heard him talking about the miracle of getting a new lease on life, my colleagues will both vote for this bill and they will be happy to spread the gospel of helping others to make the donation decision, because Henry told me that he felt this was truly a miracle. He thanked his nurse, Susan Moore, and the whole transplant team at the University of Washington.

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I am happy we are going to pass this bill so there will be more people with Henry's story to tell.

I want to make a special plea to those who are considering this bill, and may be candidates to be organ donors. There are 80,000-plus people who are in the position of Scott Bennett, whom I also met yesterday at the Washington University Medical School. Scott Bennett has climbed Mount Ranier a few

times. He has a heart ailment and has been on a waiting list for a heart for over 4 years.

I would also like to mention Jack Slater, who is a teacher for Seattle public schools who has been writing a diary in the Seattle newspapers about his experience.

Mr. Speaker, we have over 80,000 people like Scott and Jack on a waiting list. This is a step we are going to take today to get the Jacks and the Scotts of the world in a position like the Chris Klugs of the world back doing healthy active lives.

To let Members know how active they can be, we are trying to get the Organ Donation Transplant Athletic Games in Seattle in 2006.

I want to make a couple of points in general that are important in this issue of donation.

Number one, it is very important for people to realize that all of us are both prospective donors and recipients. I can tell Members how we are all prospective recipients, because a year after I started working on this bill, my son developed a congenital eye condition and ended up getting his sight restored due to a cornea transplant. So all of us can be recipients.

But most importantly, we can all be donors. It does not matter how old you are, your race, where you live; all of us can give the gift of life.

There is a fellow named Jamie Moyer, who is an All-Star pitcher for the Seattle Mariners. He is going to be the starting pitcher this year, and he has been an advocate for organ donation issues. Not all of us can pitch like Jamie Moyer, but all of us can be donors to give the gift of life; and I hope people will think about that in their own personal lives.

Secondly, if someone wants to be a donor, it is very important to talk to your family because your family is essentially involved in the decision at that particular moment, and it is very important to let your family know about your wishes because your family needs to convey your wishes to the hospital at the right time. I hope people will talk to their families about this issue and we can make sure that we help more folks on the road back to recovery.

I thank the gentleman from Florida (Chairman BILIRAKIS), who has shown great leadership on this issue. This is a great bipartisan effort, and the wonderful story that we can tell as we go home to our constituents this weekend is to say that we can give the gift of life. It is a good day for the House of Representatives and America.

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

I thank the gentleman from Washington (Mr. INSLEE) for his moving statement about how important this is. I think he really summed it up. I also thank the gentleman from Florida (Mr. BILIRAKIS), the gentleman from Ohio (Mr. BROWN), the gentleman from California (Mr. WAXMAN), the gentleman

from North Carolina (Mr. BURR), the gentleman from New Jersey (Mr. PALLONE), and of course the gentleman from Michigan (Mr. DINGELL), and many, many other Members who made this a reality. And I would like to thank the staff that also worked on this bill, because this is life-saving legislation. I think when it comes to saving lives, I think we should try to move as quickly as possible. I hope we can move this bill through the House and it becomes law, and we can make certain that we save lives of people.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of the Organ Donation and Recovery Improvement Act. This bill will potentially save hundreds of thousands of lives over the next decade, by helping increase enrollment in organ donation programs, and making it easier for vital organs to get to the people who so desperately need them.

According to Department of Health and Human Services data, 68 people receive life-saving organ transplantation every day. This is truly a miracle of modern science, turning tragedy into hope for a suffering individual. I commend our health professionals and scientists for their excellent work in making this happen. However, the true heroes are the millions of Americans who take the time to educate themselves on organ donation, and sign up to give the gift of life, in the case they lose their own lives. Checking the organ donor box on one's driver's license is a small but noble gesture that I hope every American makes.

The problem is that not everyone does. Everyday 18 people die while on the waiting list for an organ donation—more than 6500 per year. Before they dies, they often spend years suffering with failing organs, and tens or even hundreds of thousands of dollars in hospital bills, or on dialysis. It is tragic that in a country with top-quality surgeons, with state-of-the-art facilities, that so many people on the waiting list and their families must continue to suffer.

H.R. 3926 will take some smart steps to mitigate the problem. First the bill will provide travel and housing expenses for people who choose to donate their organs while living, such as a kidney, or bone marrow. This is a heroic sacrifice, and deserves our endorsement. Often hours are matched with recipients far from home. Of course, health insurance pays for the medical procedures involved with the transplantation, but the donor is often forced to pay for their own travel costs. That could keep some people from deciding to give. This bill will reimburse non-medical travel and lodging costs to make donation more likely.

The bill will also provide grants for efforts to raise public awareness of the need for the organ donors, and to increase enrollment. If we can get a burst of enrollments, and shorten the organ waiting list, we could get rid of this tragic problem once and for all.

The bill also makes important investments to help our hospitals and organ procurement agencies better able to handle organs and get them to the people who need them. Finally, the bill will require the Secretary of Health and Human Services to produce a report every two years, describing our progress in improving our organ donation record—where we are succeeding and where we need further work.

H.R. 3926 will authorize \$25 million dollars per year for those life-saving programs. It is an excellent investment that will ultimately

save millions of dollars in care for people on the organ waiting list, and prevent years of suffering, or even death.

I support this bill and urge my colleagues to do the same.

Mr. UPTON. Mr. Speaker, I rise in support of H.R. 3926, the Organ Donation and Recovery Improvement Act, of which I am a cosponsor. Let me just mention several numbers, that for me, say it all about why we need incentives to increase organ donations across the nation. In Michigan, as of the first of this month, 2544 individuals are on the waiting list for an organ donation. Since the first of the year, 108 individuals received a donated organ and, sadly, 19 people have already died because there was no organ available to save them. 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 and Recovery Improvement Act we will vote on today is a very good start.

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 or improve the health of even one individual.

The intent of H.R. 3926 is primarily to address the shortage of solid human organs. It must be noted, however, that the eye and tissue banking communities are also partners in donation and that their participation and contribution in the donation process is critical to the continued health and well being of many Americans who have either been injured or are suffering from a disease. It is my understanding that it was our intent in crafting H.R. 3926 that specialists in the eye and tissue fields, as well as the organ field, should be consulted and included in the development and dissemination of educational materials on donation. It is my further understanding that it is our intent in this legislation that eye banks and tissue banks be participants in the development of hospital-based donations and protocols that have an impact on eye and tissue banking—as is currently the case under the Medicare and Medicaid programs.

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.

Mr. HOLT. Mr. Speaker, I rise today to support the Organ Donation and Recovery Improvement Act.

The need for human organs for donation has long been a silent crisis, one that rarely hits the headlines but can have a tremendous impact on thousands of patients and their families. 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. But despite the self-sacrifice and charity of so many donors, more than 84,000 Americans are currently on a waiting list, hoping to prolong their lives 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 (UNOS). 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. Every 16 minutes, a new name is added to this growing waiting list.

These numbers are indeed concerning, and they should merit greater attention. Each number represents a person—a human being with a family, friends, and a future, and I have met with several of them who live in central New Jersey. We need to do everything we can to ensure that they get access to the organs that could very well save their lives.

As one who carries an organ donor card and has discussed organ donation with his family, I urge all of my colleagues to consider taking similar steps. This action can mean the difference between life and death for someone in need of an organ transplant.

I am glad to see that the House is considering the Organ Donation and Recovery Improvement Act, which would help improve access to organs by implementing a public awareness campaign, reimbursing expenses for organ donors, and authorizing grants to help hospitals coordinate their efforts with organ procurement organizations.

While this legislation deserves our wholehearted support, it is also important to remember that the need for sustained investments in biomedical research and development at the NIH and in the basic science research, at agencies like the NSF, that creates the knowledge base needed to move ahead with medical research. Investing in R&D is about more than just giving jobs to scientists—it's about saving lives and improving the quality of life for countless Americans.

I urge my colleagues to vote in favor of the Organ Donation and Recovery Improvement Act and to remember the importance of supporting biomedical and basic science research.

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

Mr. ROGERS of Michigan. Mr. Speaker, I thank the other side of the aisle for moving this bill so quickly, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from Michigan (Mr. ROGERS) that the House suspend the rules and pass the bill, H.R. 3926.

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. ROGERS of Michigan. 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.

SENSE OF HOUSE REGARDING HEART DISEASE AMONG WOMEN

Mr. ROGERS of Michigan. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 522) expressing the sense of the House of Representatives that there is a critical need to increase awareness and education about heart disease and the risk factors of heart disease among women.

The Clerk read as follows:

H. RES. 522

Whereas heart disease is the number one killer of American women;

Whereas heart attack, stroke, and other cardiovascular diseases claim the lives of more than half a million women each year;

Whereas heart disease takes the lives of more women than men;

Whereas according to a recent American Heart Association survey, only 13 percent of women consider heart disease their greatest health threat;

Whereas one in three women dies of heart disease;

Whereas heart disease kills almost twice as many women as all forms of cancer;

Whereas African-Americans are at greater risk for heart disease and stroke than Caucasians, affecting African-American females at a rate of 39.6 percent compared to 23.8 percent in Caucasian females;

Whereas heart disease and stroke are the leading causes of death for Hispanics, and responsible for 33 percent of deaths in Hispanic females;

Whereas heart disease risk factors include family history, smoking, high blood pressure, high cholesterol, overweight/obesity, physical inactivity, and diabetes; and

Whereas women are often unaware of the risk and receive fewer preventive services than recommended: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that there is a critical need to increase awareness and education

about heart disease and the risk factors for heart disease among women, and the House of Representatives—

(1) commends First Lady Laura Bush and the National Heart, Lung, and Blood Institute in their vital campaign to raise public awareness that heart disease is the number one killer of American women;

(2) believes that heart disease will remain the number one killer of American women unless we as a society dramatically improve education, preventative care, research, diagnostic capabilities, and treatments; and

(3) recognizes that the more women become cognizant of the scourge of heart disease and how to prevent it, the more likely they can make sound lifestyle changes to help reduce their chances of getting heart disease.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. ROGERS) and the gentleman from New York (Mr. TOWNS) each will control 20 minutes.

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

GENERAL LEAVE

Mr. ROGERS of Michigan. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Res. 522.

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

There was no objection.

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

Mr. Speaker, I rise in support of House Resolution 522 to express the sense of the House of Representatives that there is a critical need to increase awareness and education about heart disease and the risk factors for heart disease among women.

Heart disease is the number one killer of women, killing almost twice as many as all forms of cancer. Yet according to a recent survey conducted by the American Heart Association, only 13 percent of women consider heart disease their greatest health risk. Lack of knowledge and awareness of symptoms of heart disease is dangerous and can be easily addressed.

This resolution goes right to this point. It encourages all women to recognize the dangers of this disease and take steps to make healthy choices that can reduce the risk of heart disease in the first place. Men and women alike are far more likely to make sound life-style changes when they are educated about the risks of heart disease.

This resolution also commends First Lady Laura Bush and the Heart, Lung and Blood Institute for the fantastic work they have done in this area to raise public awareness about this disease. The First Lady and the NIH have taken a creative approach with this public education campaign using a variety of different media to get the word out about heart disease. I applaud the work that they have done to heighten awareness of this issue. I urge my colleagues to support this piece of legislation.