

prosecutions, we should return to State medical boards and State civil courts review that looks to science-based standards of medical care and patients' best interests.

H.R. 3015 also threatens patients' privacy. A patient's medical records should be treated according to the mutual agreement of the patient and doctor. In contrast, H.R. 3015 will put a patient's prescriptions on a government-mandated database that can be accessed without the patient's permission.

Instead of further eroding our medical privacy, Congress should take steps to protect it. Why should someone not be able to deny the government and third parties access to his medical records without his permission or a warrant?

One way the House can act to protect patients' privacy is by enacting my Patient Privacy Act (H.R. 1699) that repeals the provision of Federal law establishing a medical ID for every American. Under the guise of "protecting privacy," the Health and Human Services' so-called "medical privacy" regulations allow medical researchers, insurance agents, and government officials access to your personal medical records—without your consent. Congress should act now to reverse this government-imposed invasion of our medical privacy.

Please join me in opposing H.R. 3015—legislation that, if enacted, will make us less free and less healthy.

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

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

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and pass the bill, H.R. 3015, 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.

The title of the bill was amended so as to read: "A bill to provide for the establishment of a controlled substance monitoring program in each State."

A motion to reconsider was laid on the table.

PANCREATIC ISLET CELL TRANSPLANTATION ACT OF 2004

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3858) to amend the Public Health Service Act to increase the supply of pancreatic islet cells for research, and to provide for better coordination of Federal efforts and information on islet cell transplantation.

The Clerk read as follows:

H.R. 3858

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 "Pancreatic Islet Cell Transplantation Act of 2004".

SEC. 2. ORGAN PROCUREMENT ORGANIZATION CERTIFICATION.

Section 371 of the Public Health Service Act (42 U.S.C. 273) is amended by adding at the end the following:

"(c) Pancreata procured by an organ procurement organization and used for islet cell transplantation or research shall be counted for purposes of certification or recertification under subsection (b)."

SEC. 3. ANNUAL ASSESSMENT ON PANCREATIC ISLET CELL TRANSPLANTATION.

Section 429 of the Public Health Service Act (42 U.S.C. 285c-3) is amended by adding at the end the following:

"(d) In each annual report prepared by the Diabetes Mellitus Interagency Coordinating Committee pursuant to subsection (c), the Committee shall include an assessment of the Federal activities and programs related to pancreatic islet cell transplantation. Such assessment shall, at a minimum, address the following:

"(1) The adequacy of Federal funding for taking advantage of scientific opportunities relating to pancreatic islet cell transplantation.

"(2) Current policies and regulations affecting the supply of pancreata for islet cell transplantation.

"(3) The effect of xenotransplantation on advancing pancreatic islet cell transplantation.

"(4) The effect of United Network for Organ Sharing policies regarding pancreas retrieval and islet cell transplantation.

"(5) The existing mechanisms to collect and coordinate outcomes data from existing islet cell transplantation trials.

"(6) Implementation of multiagency clinical investigations of pancreatic islet cell transplantation.

"(7) Recommendations for such legislation and administrative actions as the Committee considers appropriate to increase the supply of pancreata available for islet cell transplantation."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentleman from Colorado (Ms. DEGETTE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BARTON).

GENERAL LEAVE

Mr. BARTON of Texas. 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 include extraneous material on the bill.

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

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strongest possible support of H.R. 3858, the Pancreatic Islet Cell Transplantation Act of 2004, introduced by the gentleman from Washington (Mr. NETHERCUTT).

The Pancreatic Islet Cell Transplantation Act is short and simple. It requires the pancreata donated for the purposes of islet cell transplantation or research be counted for purposes of certification or recertification of organ procurement organizations. Islet cell transplantation is a procedure where islet cells are removed from a donor pancreas and transferred into another person. Once implanted, the beta cells in these islets begin to make and release insulin. H.R. 3858 will help to increase the number of pancreatic and

other organ donations, expanding the capabilities of pancreatic islet cell research.

My family is very active in raising the awareness of diabetes. My father, Larry Barton, died of complications from diabetes, and my wife, Terry Barton, is executive director of the Tarrant County Chapter of the American Diabetes Association. So I know personally how excited people are about islet cell transplantation. It may help people with certain type 1 diabetes live without daily injections of insulin, which is very exciting. It is my hope that this legislation will help to speed this research forward.

Mr. Speaker, I cannot urge in any stronger possible terms that all Members support this legislation.

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

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

Mr. Speaker, today this body can greatly improve the lives of more than 1 million Americans who are affected by juvenile diabetes. The Pancreatic Islet Cell Transplantation Act addresses a significant problem by reducing the nonscientific barriers standing in the way of this promising treatment.

Pancreatic islet cell transplantation is a procedure that infuses new insulin-producing cells into an individual with juvenile diabetes. This procedure has now been performed in over 300 people in this country. The results are nothing short of miraculous. A majority of those islet cell transplantation recipients no longer need to inject themselves with insulin.

For a person with juvenile diabetes this change is life altering. It means no more needles and no more worry. It means the question of what to eat no longer requires calculation or cause for alarm. For those patients islet cell transplantation means freedom, and ultimately islet cell transplantation will be a cure for type 1 diabetes.

As we know too well, Mr. Speaker, living with diabetes is challenging. Insulin is not a cure. It is only a means of managing the disease, and it is more complicated by the difficulties of monitoring glucose levels. Very serious complications like blindness and kidney disease are not uncommon. In fact, a staggering number of patients with juvenile, or type 1, diabetes suffer from some type of complication. Every year 82,000 individuals lose their foot or leg to diabetes. Heart disease is the leading cause of diabetes-related deaths. And diabetes is the leading cause of new blindness in people 20 to 74 years old.

This bill, which I was proud to introduce with the gentleman from Washington (Mr. NETHERCUTT), who, unfortunately, cannot be here with us today, takes us one step closer to preventing these devastating complications. H.R. 3858 will help increase the supply of pancreata for islet cell transplantation and better coordinate Federal Government efforts and information. These

are narrow, yet essential, improvements to our health care system that may not only change the lives of people with juvenile diabetes but also will reduce costs in our health care system.

The total annual cost of diabetes in 2002 was estimated to be \$132 billion. Of that, \$23 billion was due to the cost care for complications of diabetes. This is exactly why we need to use new procedures like islet cell transplantation to improve lives and reduce the cost of health care in the United States.

We are at a time of extraordinary opportunity in the field of juvenile diabetes research, and pancreatic islet cell transplantation is just one of the new procedures that gives us great hope. The gentleman from Washington (Mr. NETHERCUTT) and I have been the co-chairs of the Congressional Diabetes Caucus for many years now, and we are pleased to say it is still the largest caucus in Congress. We have seen the technologies improve, and we have worked to improve the coordination and Federal support for diabetes programs. The Pancreatic Islet Cell Transplantation Act continues that work.

Like so many of my colleagues, I support improved scientifically based efforts that will improve patients' lives and even eradicate this disease. Since the science in this area is developing at a rapid pace, additional efforts are needed to ensure that Federal policies and regulatory actions support the momentum.

I want to add my thanks to the gentleman from Texas (Chairman BARTON) and for the gentleman from Michigan (Mr. DINGELL) as well as the Committee on Energy and Commerce staff on both sides of the aisle for their hard work and diligence on this and all of the health bills being considered today.

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Their leadership provides exactly the kind of bipartisan cooperation that we need to address significant issues like improving our health care system, that Congress faces today.

I also want to thank the volunteers of the Juvenile Diabetes Research Foundation and the American Diabetes Association. These two organizations have been tireless, and they are to be commended.

Finally, Mr. Speaker, I would like to thank you for all of your hard work in this area over the years.

Pancreatic islet cell transplantation is an incredible innovation in medicine. I urge all of my colleagues to support this bill.

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

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let me in summary again commend the gentlewoman from Colorado (Ms. DEGETTE), the gentleman from Michigan (Mr. DINGELL) and all the folks on the minority side that worked with us on this. I want to thank again the gentleman from Washington (Mr. NETHERCUTT) for his work.

This bill is going to pass on suspension, which shows how noncontroversial and bipartisan this particular issue is. But this is a bill that is worthy of considerable celebration because if you have a family member that has diabetes and you have to watch and sometimes help them get their insulin injections, the ability to get an islet cell transplant revolutionizes their life. It is just amazing.

Our problem is that there just are not enough organ donations to make it possible to do this for many people. Hopefully, this legislation will make it possible to get more donations and, over time, perhaps even do the research that can result in being able to replicate the islet cells so that every diabetic in the country that wants one of these transplants can get that.

So I cannot say in stronger terms how happy I am to bring this to the floor, and I would urge unanimous adoption of the bill.

Mr. NETHERCUTT. Mr. Speaker, I rise in strong support of the Pancreatic Islet Cell Transplantation Act and urge my colleagues to pass this bill.

As the parent of a daughter with Type 1, or juvenile diabetes, I can tell you that it is a terrible disease. People with diabetes must contend with daily insulin injections and blood tests to monitor glucose levels. Hanging above this constant management is the threatening cloud of complications, such as kidney failure, blindness or amputation that this disease so often brings.

The legislation that we consider today reflects an extraordinary opportunity in the field of juvenile diabetes research. Pancreatic islet transplantation has been hailed as the most important advance in diabetes research since the discovery of insulin in 1921. The procedure, which involves transplanting insulin-producing cells into an individual with juvenile diabetes, has been performed on over 300 individuals, and the majority of them no longer need to take insulin to stay alive. While significant research remains to be done to expand this procedure to all who suffer with juvenile diabetes, its promise is incredibly exciting for families like mine.

My bill seeks to remove some of the non-scientific barriers currently before the scientists racing to perfect this procedure. A shortage of donor pancreata is one of the major obstacles to higher transplant rates. In 2001, approximately 1,800 pancreata were donated and only 500 were available for islet cell transplantation and research. At the same time, more than one million people suffer from juvenile diabetes. Current Federal regulations do not credit organ procurement organizations (OPOs) for harvesting pancreases for islet cell transplantation toward their certification or recertification. The Pancreatic Islet Cell Transplantation Act alters these regulations to credit OPOs for pancreata used for islet cell transplantation or research.

This legislation provides help for an extremely promising procedure, that in turn offers a great deal of hope to the millions of Americans with juvenile diabetes. It gives me great pride to have introduced this bill, and I urge my colleagues to support this legislation.

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

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

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and pass the bill, H.R. 3858.

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.

ASTHMATIC SCHOOLCHILDREN'S TREATMENT AND HEALTH MANAGEMENT ACT OF 2004

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2023) to give a preference regarding States that require schools to allow students to self-administer medication to treat that student's asthma or anaphylaxis, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2023

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 "Asthmatic Schoolchildren's Treatment and Health Management Act of 2004".

SEC. 2. FINDINGS.

The Congress finds the following:

- (1) Asthma is a chronic condition requiring lifetime, ongoing medical intervention.
- (2) In 1980, 6,700,000 Americans had asthma.
- (3) In 2001, 20,300,000 Americans had asthma; 6,300,000 children under age 18 had asthma.
- (4) The prevalence of asthma among African-American children was 40 percent greater than among Caucasian children, and more than 26 percent of all asthma deaths are in the African-American population.
- (5) In 2000, there were 1,800,000 asthma-related visits to emergency departments (more than 728,000 of these involved children under 18 years of age).
- (6) In 2000, there were 465,000 asthma-related hospitalizations (214,000 of these involved children under 18 years of age).
- (7) In 2000, 4,487 people died from asthma, and of these 223 were children.
- (8) According to the Centers for Disease Control and Prevention, asthma is a common cause of missed school days, accounting for approximately 14,000,000 missed school days annually.
- (9) According to the New England Journal of Medicine, working parents of children with asthma lose an estimated \$1,000,000,000 a year in productivity.
- (10) At least 30 States have legislation protecting the rights of children to carry and self-administer asthma metered-dose inhalers, and at least 18 States expand this protection to epinephrine auto-injectors.
- (11) Tragic refusals of schools to permit students to carry their inhalers and auto-injectable epinephrine have occurred, some resulting in death and spawning litigation.
- (12) School district medication policies must be developed with the safety of all students in mind. The immediate and correct use of asthma inhalers and auto-injectable epinephrine are necessary to avoid serious respiratory complications and improve health care outcomes.
- (13) No school should interfere with the patient-physician relationship.
- (14) Anaphylaxis, or anaphylactic shock, is a systemic allergic reaction that can kill within