

represent the Bronx, Westchester and Rockland County in New York, and we have been hit very hard by asthma, especially our children.

According to the NYC Department of Health, in the Bronx about 25 percent of children have asthma, as opposed to 15 percent Nationwide; hospitalization rates for children are around ten times higher than the national average; and the Bronx, in particular, leads New York City in asthma-related hospitalizations and deaths. Audrey Dregante, a nurse practitioner at Bronx Lebanon Hospital, Pediatric Asthma Center has stated that "Pediatric Asthma is an epidemic in the Bronx."

There are many factors contributing to asthma that can easily be addressed and would save lives and greatly enhance the quality of life for so many suffering with asthma. Many of these factors have to do with the economic status of those with asthma and the fact that they are not educated on the treatments available. Some of the factors contributing to the disease are inadequate housing conditions—impoverished conditions such as mold in homes, dust mites and insects, and the lack of proper ventilation; the poor are less likely to have health care and use emergency room care as their primary care provider and are not getting the proper treatment; low-birth weight babies are surviving in greater numbers, and problems with lung development may be leading to the rise in asthma cases—early diagnosis and treatment is critical in these instances, as well as pre-natal care for the poor; and the increasing amounts of pollution and congestion in urban areas caused by traffic and diesel-powered trucks and buses.

Children in particular have a difficult time with asthma and, as we know, proper treatment and control of the disease is crucial. The legislation before us today seeks to rectify one situation that is preventing children from even carrying their asthma medication. Amazingly, many States do not allow kids to self-administer their asthma medications in school, which can lead to severe conditions if proper treatment is not available in time.

New York does allow kids to carry and administer their asthma medication. I believe it is irrational and irresponsible to prohibit children from having their medication readily available. H.R. 2023 would encourage schools to allow children to carry their asthma medication by giving those schools preference when awarding public health and asthma-related grants.

I think this is positive legislation that will encourage school districts to allow their children to carry and self-administer their asthma medicine, which will improve their condition and could save their lives. I urge my colleagues to support this legislation.

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

Mr. BROWN of Ohio. 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. 2023, 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.

MAMMOGRAPHY QUALITY STANDARDS REAUTHORIZATION ACT OF 2004

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H. R. 4555) to amend the Public Health Service Act to revise and extend provisions relating to mammography quality standards, as amended.

The Clerk read as follows:

H.R. 4555

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 "Mammography Quality Standards Reauthorization Act of 2004".

SEC. 2. TEMPORARY RENEWAL AND LIMITED PROVISIONAL CERTIFICATE.

Section 354 of the Public Health Service Act (42 U.S.C. 263b) is amended—

(1) in subsection (b)(1)—

(A) in subparagraph (A)—

(i) in the matter preceding clause (i), by inserting "or a temporary renewal certificate" after "certificate"; and

(ii) in clause (i), by striking "subsection (c)(1)" and inserting "paragraphs (1) or (2) of subsection (c)";

(B) in subparagraph (B)—

(i) in the matter preceding clause (i), by inserting "or a limited provisional certificate" after "certificate"; and

(ii) in clause (i), by striking "subsection (c)(2)" and inserting "paragraphs (3) and (4) of subsection (c)"; and

(C) in the flush matter at the end, by striking "provisional certificate" and inserting "temporary renewal certificate, provisional certificate, or a limited provisional certificate"; and

(2) in subsection (c)—

(A) by redesignating paragraph (2) as paragraph (4); and

(B) by inserting after paragraph (1) the following:

"(2) TEMPORARY RENEWAL CERTIFICATE.—The Secretary may issue a temporary renewal certificate, for a period of not to exceed 45 days, to a facility seeking reaccreditation if the accreditation body has issued an accreditation extension, for a period of not to exceed 45 days, for any of the following:

"(A) The facility has submitted the required materials to the accreditation body within the established time frames for the submission of such materials but the accreditation body is unable to complete the reaccreditation process before the certification expires.

"(B) The facility has acquired additional or replacement equipment, or has had significant personnel changes or other unforeseen situations that have caused the facility to be unable to meet reaccreditation timeframes, but in the opinion of the accreditation body have not compromised the quality of mammography.

"(3) LIMITED PROVISIONAL CERTIFICATE.—The Secretary may, upon the request of an accreditation body, issue a limited provisional certificate to an entity to enable the entity to conduct examinations for educational purposes while an onsite visit from an accreditation body is in progress. Such certificate shall be valid only during the time the site visit team from the accreditation body is physically in the facility, and in no case shall be valid for longer than 72 hours. The issuance of a certificate under this paragraph, shall not preclude the entity from qualifying for a provisional certificate under paragraph (4)."

SEC. 3. NATIONAL ADVISORY COMMITTEE.

Section 354(n) of the Public Health Service Act (42 U.S.C. 263b(n)) is amended—

(1) in paragraph (2), by striking subparagraph (C) and all that follows and inserting the following:

"(C) other health professionals,

whose clinical practice, research specialization, or professional expertise include a significant focus on mammography. The Secretary shall appoint at least 4 individuals from among national breast cancer or consumer health organizations with expertise in mammography, at least 2 industry representatives with expertise in mammography equipment, and at least 2 practicing physicians who provide mammography services."; and

(2) in paragraph (4), by striking "biannually" and inserting "annually".

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

Subparagraphs (A) and (B) of section 354(r)(2) of the Public Health Service Act (42 U.S.C. 263b(r)(2)(A) and (B)) are amended by striking "2002" each place it appears and inserting "2007".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentleman from Ohio (Mr. BROWN) 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 and include extraneous material on this legislation.

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 strong support of H.R. 4555, the Mammography Quality Standards Act. I want to commend my good friend and ranking minority member, the gentleman from Michigan (Mr. DINGELL) for bringing the bill forward.

It is particularly fitting that the House is considering this bill today, as the month of October is formally recognized as National Breast Cancer Awareness Month. It is estimated that this year over 200,000 women will be diagnosed with breast cancer. Like many other diseases, early detection of breast cancer is critical to saving lives. Right now, mammograms are the best screening tool available to women to help detect breast cancer at an early age.

In 1992, Congress enacted the Mammography Quality Standards Act to ensure that all women have access to quality mammography for the detection of breast cancer in its earliest, most treatable stages. The MQSA provides that screening and diagnostic services must be accredited and certified by the Food and Drug Administration. H.R. 4555 reauthorizes the Act through fiscal year 2007.

The bill includes a new provision to permit the Secretary of Health and Human Services to issue a temporary renewal certificate or a limited provisional certificate to any facility seeking reaccreditation under MQSA. The legislation also permits the Secretary to appoint individuals with expertise in

mammography equipment to the National Mammography Quality Assurance Advisory Committee and grants the advisory committee greater flexibility in how many times the committee must meet annually.

Mr. Speaker, this is a good piece of legislation and I would encourage my colleagues to support it.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I would like to thank the gentleman from Texas (Chairman BARTON) for his good work on this legislation, the gentleman from Michigan (Mr. DINGELL) and the gentleman from Florida (Chairman BILIRAKIS) for offering this legislation reauthorizing the Mammography Quality Standards Act of 1992.

The gentleman from Michigan (Mr. DINGELL) pioneered this important legislation a dozen years or so ago. By increasing the breast cancer early detection rate, this legislation has undoubtedly contributed to the battle against this deadly disease.

Breast cancer is the top cancer threat for American women. This year alone, in our country, almost 216,000 women will be diagnosed with breast cancer, and more than 40,000 will lose their lives from it.

Accurate reading of mammograms is essential to early detection of breast cancer. Mammography has increased the survival rate for women in their 40s by 16 percent.

Over a decade ago, Congress recognized the importance of high-quality mammography screening by passing the Mammography Quality Standards Act. This act was designed to ensure that mammography is safe and reliable and that breast cancer is detected during its most treatable stages. This act established national standards for mammography facilities, for personnel, including doctors who interpret mammograms, for equipment, and for operating procedures.

This legislation today, H.R. 4555, ensures that American mammography providers continue to be held to high standards and that mammography continues to become a safer, more accurate tool for detecting breast cancer. It makes sense to update and extend this program to make certain we are fighting breast cancer as early as possible and as accurately as possible.

I am pleased to support this important legislation.

Mr. DINGELL. Mr. Speaker, I rise in support of H.R. 4555, the Mammography Quality Standards Reauthorization Act of 2004. I am proud to have introduced this bill, and proud to have helped author the original Mammography Quality Standards Act which has made a major contribution to improving the quality of mammograms.

Just a few months ago, the Institute of Medicine (IOM) published a detailed report entitled: "Saving Women's Lives, Strategies for Improving Breast Cancer Detection and Diagnosis." According to the IOM,

"[m]ammography is a safety net that saves lives each year, . . . and although mammography saves lives, it is not perfect." The IOM report noted that many women who would benefit from mammography do not undergo regular screening and others who do undergo regular screening develop breast cancers that were not detected by their mammography exam. While the report notes that progress has been made in reducing mortality from breast cancer, it is still the second leading cause of death for women.

While research will hopefully lead us to improved techniques for detecting and treating breast cancer, another IOM study entitled: "Mammography and Beyond: Developing Technologies for Early Detection of Breast Cancer," concluded that mammography, while not perfect, is still the best choice for screening the general population to detect breast cancer at early and treatable stages. To be sure, there are important issues regarding quality and access with respect to screening and treatment services, and work on those will continue.

This legislation is almost identical to S. 1879, a bill introduced by Senator MIKULSKI that has already been passed by the Senate. The only substantive difference is the authorization period. Our bill extends the authorization period through FY 2007, two years longer than the Senate bill. But I support a timely completion of various mammography issue studies requested by Senator MIKULSKI, and I look forward to working with her, Chairman BARTON, my other colleagues, and stakeholders, including the Susan G. Komen Foundation, to bring an MQSA reauthorization bill to the President's desk as quickly as possible.

Mr. GREEN of Texas. Mr. Speaker, I rise today in support of the Mammography Quality Standards Act. It is truly fitting for the House to pass a reauthorization of MQSA during October, which is Breast Cancer Awareness Month. This year, more than 215,000 individuals will learn that they have breast cancer. Hopefully, many of these will be early diagnoses, detected by mammograms that have proven time and again to be the most important tool for early detection.

Thanks to the efforts of HHS, the FDA and private advocacy groups, such as the Susan G. Komen Foundation, an estimated 40 million mammograms are performed annually. And thanks to the Mammography Quality Standards Act initially enacted over a decade ago, women all across America have benefited from uniform quality standards for mammography facilities.

For several years, I've been working with the FDA on issues related to silicone breast implants. I am concerned about recent studies on the effect of breast implants on mammography readings.

Specifically, an April 2003 NIH report highlighted clinical studies suggesting that women with breast implants have more advanced cancer at diagnosis than women without breast implants. And more recently, a January 2004 article published in the Journal of the American Medical Association concluded that breast implants decrease the sensitivity of mammography screenings to detect breast cancer.

The FDA has been extremely responsive on this issue and has acknowledged that breast implants can hide tumors or make it more difficult to include them in the image. As such,

the FDA has suggested that medical professionals take special implant displacement views in addition to those taken during routine mammograms. These extra views are crucial to ensuring that women with breast implants have effective mammograms.

The folks at FDA have worked wonders on mammography standards thus far. I have every confidence that they will keep up the good work and take into consideration the unique circumstances of women with breast implants. With that, Mr. Speaker, I would encourage all of my colleagues to support this important legislation.

Mr. BROWN of Ohio. 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 Texas (Mr. BARTON) that the House suspend the rules and pass the bill, H.R. 4555, 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.

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SECURELY PROTECT YOURSELF AGAINST CYBER TRESPASS ACT

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2929) to protect users of the Internet from unknowing transmission of their personally identifiable information through spyware programs, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2929

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 "Securely Protect Yourself Against Cyber Trespass Act" or the "SPY ACT".

SEC. 2. PROHIBITION OF DECEPTIVE ACTS OR PRACTICES RELATING TO SPYWARE.

(a) PROHIBITION.—It is unlawful for any person, who is not the owner or authorized user of a protected computer, to engage in deceptive acts or practices that involve any of the following conduct with respect to the protected computer:

(1) Taking control of the computer by—

(A) utilizing such computer to send unsolicited information or material from the protected computer to others;

(B) diverting the Internet browser of the computer, or similar program of the computer used to access and navigate the Internet—

(i) without authorization of the owner or authorized user of the computer; and

(ii) away from the site the user intended to view, to one or more other Web pages, such that the user is prevented from viewing the content at the intended Web page, unless such diverting is otherwise authorized;

(C) accessing or using the modem, or Internet connection or service, for the computer and thereby causing damage to the computer or causing the owner or authorized user to incur unauthorized financial charges;

(D) using the computer as part of an activity performed by a group of computers that causes damage to another computer; or