This is an important program that serves both rural America and the core center of cities. It brings rural and urban America together. But as a Member of Congress from Kansas who cares greatly about the future of rural communities across my State, I recognize this is a significant component to meeting the needs, the health care needs of our communities. I know that should we lose our physicians, should we lose our hospitals, our doctors, our home health care agencies, the ability to keep those communities together, to keep our communities alive and well for the future dissipates quickly.

So this is one way in which we have been successful in Kansas and many communities across the country in attracting and retaining physicians.

The good news about the program is, there is a 3-year commitment that the physician remain in that underserved community for a 3-year period of time but, in reality, nearly two-thirds of all physicians in Kansas who participate in this program remain longer. They become an integral part of the community and an integral part of the health care delivery system. Jewell County, Kansas, population 3,791, has two J–1 physicians in their community. They are the only two physicians in the county, Dr. Kalderon and Dr. Meena. They have brought a breath of fresh air to Jewell County and to its hospital. Absent physicians, we cannot keep our hospital doors open, and this program has made it possible for the citizens, the residents of Jewell County to access health care. The great news is that these people become so important to not only the delivery of health care, but components of the community that make a huge difference in the future of that community.

So once, when there was despair and concern as to whether or not we would be able to access health care, whether or not the community hospital would stay alive and well, and whether or not people could be able to afford to live, because rural folks live in that community, senior citizens, young families, the question was answered when the J–1 physicians arrived and stayed.

So, Mr. Speaker, this issue is important. It matters to the future of our country, and it matters especially to the future of rural communities. I thank the gentlewoman from Wisconsin (Mr. SENSENBRENNER) as well as the gentlewoman from Texas (Ms. JACKSON-LEE) for their support today, and I ask my colleagues in Congress to quickly pass this bill, let the Senate act quickly and keep this program, this highly-valuable program, in place.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, but let me just thank the gentleman from Kansas and as well mention the gentleman from Texas (Mr. STENHOLM) who is a strong, strong supporter of this legislation.

Mr. Speaker, a few years ago, before coming to Congress, I was named to a committee, appointed by the attorney general of the State of Texas, talking about the closing of hospitals in the State of Texas, particularly because of the lack of physicians. So this legislation for our rural communities is extremely important, primarily because we are even seeing, today, hospitals and facilities being closed. This legislation will go a long way, and I particularly want to bring attention again to the idea that even if a physician goes to a served area, we have the flexibility now potentially to allow five doctors to serve in a served area but as well be able to serve in an underserved area, and that flexibility, I am delighted to indicate, is part of this legislation.

So you may be at the Texas Medical Center, but you may be able to go and serve in rural areas at places outside of that particular jurisdiction.

I rise in strong support of H.R. 4453, which I have been pleased to work on and cosponsor with the gentleman from Kansas (Mr. MORAN). I thank the gentleman from Wisconsin (Mr. SENSENBRENNER) for bringing the bill to the floor today.

Mr. Speaker, H.R. 4453 reauthorizes and expands the State Conrad 20 program. The 2-year reauthorization allows States to continue to act as an interested government agency in order to sponsor foreign-born doctors to practice in medically underserved areas. The number of doctors that can be sponsored per State is expanded from 20 to 30.

Since the mid-1990s, the J–1 Visa Program has helped numerous rural counties and underserved communities meet the health care needs of their community.

Nonetheless, the demand for doctors continues to grow. Despite a continuing population migration to urban and suburban communities throughout the State, the vast majority of Texas remains rural, posing unique challenges to the delivery and accessibility of high-quality health care. Not only are health care services likely to be unevenly distributed, but many rural residents do not even have access to a local doctor, primary care provider, or hospital.

Regrettably, a doctor would diagnose the health care problems in rural communities as chronic and persistent. The issues are not new, and we have tried a variety of medicines to remedy these problems, but we still have a long way to go before we achieve a healthy rural America.

Access to primary care promotes appropriate entry into the health system and is vital to ensure the long-term viability of rural health care delivery.

Without access to local health care professionals, rural residents are frequently forced to leave their communities to receive necessary treatments. Not only is this a burden to rural residents, who are often older or lack reliable transportation, but it drains vital health care dollars from the local community, further straining the financial well-being of rural communities.

It is imperative that we identify and expand those programs that provide physicians, pharmacists, nurses, dentists, and physician assistants incentives to practice in rural areas.

The J–1 visa waiver program was expanded in 1995, allowing medical exchange graduates in U.S. residency training to extend their stay for 3 years, provided they practice in an underserved community.

For certain rural—as well as urban—areas in the United States, the J–1 doctors have been key providers.

In rural West Texas, the area I represent, residents are benefiting directly from the services of J–1 visa physicians.

The cities of Rotan and Winters, Texas are two communities in my district that continue to rely on the care of these health care professionals.

The City of Abilene, Texas intends to use the J–1 Visa Program next year after they have exhausted all other avenues to pursue a psychiatrist.

The city is ''medically underserved'' in the area of psychiatry and faces extreme difficulties in attracting a mental health professional. The J–1 Visa Program may be their best solution.

Since 1995, Texas alone has received the services of 400 J-1 physicians. This represents service to a population of over 1 million people. One million people have received health care that they would not otherwise have received, or at least it would have been more difficult to receive, as a result of this program that we reauthorize today.

This isn't the final answer to our health care shortage problems but it certainly is an important part of that answer and I commend Congressman MORAN for his leadership on this issue.

I urge my colleagues to support H.R. 4453, the Access to Rural Physicians Improvement Act.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I ask my colleagues to support this legislation, and I yield back the balance of my time.

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

The SPEAKER pro tempore (Mr. QUINN). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENSENBRENNER) that the House suspend the rules and pass the bill, H.R. 4453, 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.

MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION ACT OF 2004

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1194) to foster local collaborations which will ensure that resources are effectively and efficiently used within the criminal and juvenile justice systems.

The Clerk read as follows:

S. 1194

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 ''Mentally Ill Offender Treatment and Crime Reduction Act of 2004''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the Bureau of Justice Statistics, over 16 percent of adults incarcerated in United States jails and prisons have a mental illness.

(2) According to the Office of Juvenile Justice and Delinquency Prevention, approximately 20 percent of youth in the juvenile justice system have serious mental health problems, and a significant number have co-occurring mental health and substance abuse disorders.

(3) According to the National Alliance for the Mentally Ill, up to 40 percent of adults who suffer from a serious mental illness will come into contact with the American criminal justice system at some point in their lives.

(4) According to the Office of Juvenile Justice and Delinquency Prevention, over 150,000 juveniles who come into contact with the juvenile justice system each year meet the diagnostic criteria for at least 1 mental or emotional disorder.

(5) A significant proportion of adults with a serious mental illness who are involved with the criminal justice system are homeless or at imminent risk of homelessness, and many of these individuals are arrested and jailed for minor, nonviolent offenses.

(6) The majority of individuals with a mental illness or emotional disorder who are involved in the criminal or juvenile justice systems are responsive to medical and psychological interventions that integrate treatment, rehabilitation, and support services.

(7) Collaborative programs between mental health, substance abuse, and criminal or juvenile justice systems that ensure the provision of services for those with mental illness or co-occurring mental illness and substance abuse disorders can reduce the number of such individuals in adult and juvenile corrections facilities, while providing improved public safety.

SEC. 3. PURPOSE.

The purpose of this Act is to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems. Such collaboration is needed to—

(1) protect public safety by intervening with adult and juvenile offenders with mental illness or co-occurring mental illness and substance abuse disorders;

(2) provide courts, including existing and new mental health courts, with appropriate mental health and substance abuse treatment options;

(3) maximize the use of alternatives to prosecution through graduated sanctions in appropriate cases involving nonviolent offenders with mental illness;

(4) promote adequate training for criminal justice system personnel about mental illness and substance abuse disorders and the appropriate responses to people with such illnesses;

(5) promote adequate training for mental health and substance abuse treatment personnel about criminal offenders with mental illness or co-occurring substance abuse disorders and the appropriate response to such offenders in the criminal justice system;

(6) promote communication among adult or juvenile justice personnel, mental health and co-occurring mental illness and substance abuse disorders treatment personnel, nonviolent offenders with mental illness or co-occurring mental illness and substance abuse disorders, and support services such as housing, job placement, community, faith-based, and crime victims organizations; and

(7) promote communication, collaboration, and intergovernmental partnerships among municipal, county, and State elected officials with respect to mentally ill offenders.

SEC. 4. DEPARTMENT OF JUSTICE MENTAL HEALTH AND CRIMINAL JUSTICE COLLABORATION PROGRAM.

(a) IN GENERAL.—Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended by adding at the end the following:

''PART HH—ADULT AND JUVENILE COLLABORATION PROGRAM GRANTS

''SEC. 2991. ADULT AND JUVENILE COLLABORATION PROGRAMS.

''(a) DEFINITIONS.—In this section, the following definitions shall apply:

''(1) APPLICANT.—The term 'applicant' means States, units of local government, Indian tribes, and tribal organizations that apply for a grant under this section.

''(2) COLLABORATION PROGRAM.—The term 'collaboration program' means a program to promote public safety by ensuring access to adequate mental health and other treatment services for mentally ill adults or juveniles that is overseen cooperatively by—

''(A) a criminal or juvenile justice agency or a mental health court; and

''(B) a mental health agency.

''(3) CRIMINAL OR JUVENILE JUSTICE AGENCY.—The term 'criminal or juvenile justice agency' means an agency of a State or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, or parole relating to the violation of the criminal laws of that State or local government.

''(4) DIVERSION AND ALTERNATIVE PROSECUTION AND SENTENCING.—

''(A) IN GENERAL.—The terms 'diversion' and 'alternative prosecution and sentencing' mean the appropriate use of effective mental health treatment alternatives to juvenile justice or criminal justice system institutional placements for preliminarily qualified offenders.

''(B) APPROPRIATE USE.—In this paragraph, the term 'appropriate use' includes the discretion of the judge or supervising authority, the leveraging of graduated sanctions to encourage compliance with treatment, and law enforcement diversion, including crisis intervention teams.

''(C) GRADUATED SANCTIONS.—In this paragraph, the term 'graduated sanctions' means an accountability-based graduated series of sanctions (including incentives, treatments, and services) applicable to mentally ill offenders within both the juvenile and adult justice system to hold individuals accountable for their actions and to protect communities by providing appropriate sanctions for inducing law-abiding behavior and preventing subsequent involvement in the criminal justice system.

''(5) MENTAL HEALTH AGENCY.—The term 'mental health agency' means an agency of a State or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services.

''(6) MENTAL HEALTH COURT.—The term 'mental health court' means a judicial program that meets the requirements of part V of this title.

''(7) MENTAL ILLNESS.—The term 'mental illness' means a diagnosable mental, behavioral, or emotional disorder—

''(A) of sufficient duration to meet diagnostic criteria within the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and

''(B)(i) that, in the case of an adult, has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities; or

''(ii) that, in the case of a juvenile, has resulted in functional impairment that substantially interferes with or limits the juvenile's role or functioning in family, school, or community activities.

''(8) NONVIOLENT OFFENSE.—The term 'nonviolent offense' means an offense that does not have as an element the use, attempted use, or threatened use of physical force against the person or property of another or is not a felony that by its nature involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.

''(9) PRELIMINARILY QUALIFIED OFFENDER.—The term 'preliminarily qualified offender' means an adult or juvenile accused of a nonviolent offense who—

''(A)(i) previously or currently has been diagnosed by a qualified mental health professional as having a mental illness or co-occurring mental illness and substance abuse disorders; or

''(ii) manifests obvious signs of mental illness or co-occurring mental illness and substance abuse disorders during arrest or confinement or before any court; and

''(B) has faced, is facing, or could face criminal charges for a misdemeanor or nonviolent offense and is deemed eligible by a diversion process, designated pretrial screening process, or by a magistrate or judge, on the ground that the commission of the offense is the product of the person's mental illness.

''(10) SECRETARY.—The term 'Secretary' means the Secretary of Health and Human Services.

''(11) UNIT OF LOCAL GOVERNMENT.—The term 'unit of local government' means any city, county, township, town, borough, parish, village, or other general purpose political subdivision of a State, including a State court, local court, or a governmental agency located within a city, county, township, town, borough, parish, or village.

''(b) PLANNING AND IMPLEMENTATION GRANTS.—

''(1) IN GENERAL.—The Attorney General, in consultation with the Secretary, may award nonrenewable grants to eligible applicants to prepare a comprehensive plan for and implement an adult or juvenile collaboration program, which targets preliminarily qualified offenders in order to promote public safety and public health.

''(2) PURPOSES.—Grants awarded under this section shall be used to create or expand—

''(A) mental health courts or other court-based programs for preliminarily qualified offenders;

''(B) programs that offer specialized training to the officers and employees of a criminal or juvenile justice agency and mental health personnel serving those with co-occurring mental illness and substance abuse problems in procedures for identifying the symptoms of preliminarily qualified offenders in order to respond appropriately to individuals with such illnesses;

''(C) programs that support cooperative efforts by criminal and juvenile justice agencies and mental health agencies to promote public safety by offering mental health treatment services and, where appropriate, substance abuse treatment services for—

''(i) preliminarily qualified offenders with mental illness or co-occurring mental illness and substance abuse disorders; or

''(ii) adult offenders with mental illness during periods of incarceration, while under the supervision of a criminal justice agency, or following release from correctional facilities; and

''(D) programs that support intergovernmental cooperation between State and local governments with respect to the mentally ill offender.

''(3) APPLICATIONS.—

''(A) IN GENERAL.—To receive a planning grant or an implementation grant, the joint applicants shall prepare and submit a single application to the Attorney General at such time, in such manner, and containing such information as the Attorney General and the Secretary shall reasonably require. An application under part V of this title may be made in conjunction with an application under this section.

''(B) COMBINED PLANNING AND IMPLEMENTATION GRANT APPLICATION.—The Attorney General and the Secretary shall develop a procedure under which applicants may apply at the same time and in a single application for a planning grant and an implementation grant, with receipt of the implementation grant conditioned on successful completion of the activities funded by the planning grant.

''(4) PLANNING GRANTS.—

''(A) APPLICATION.—The joint applicants may apply to the Attorney General for a nonrenewable planning grant to develop a collaboration program.

''(B) CONTENTS.—The Attorney General and the Secretary may not approve a planning grant unless the application for the grant includes or provides, at a minimum, for a budget and a budget justification, a description of the outcome measures that will be used to measure the effectiveness of the program in promoting public safety and public health, the activities proposed (including the provision of substance abuse treatment services, where appropriate) and a schedule for completion of such activities, and the personnel necessary to complete such activities.

''(C) PERIOD OF GRANT.—A planning grant shall be effective for a period of 1 year, beginning on the first day of the month in which the planning grant is made. Applicants may not receive more than 1 such planning grant.

''(D) AMOUNT.—The amount of a planning grant may not exceed $75,000, except that the Attorney General may, for good cause, approve a grant in a higher amount.

''(E) COLLABORATION SET ASIDE.—Up to 5 percent of all planning funds shall be used to foster collaboration between State and local governments in furtherance of the purposes set forth in the Mentally Ill Offender Treatment and Crime Reduction Act of 2004.

''(5) IMPLEMENTATION GRANTS.—

''(A) APPLICATION.—Joint applicants that have prepared a planning grant application may apply to the Attorney General for approval of a nonrenewable implementation grant to develop a collaboration program.

''(B) COLLABORATION.—To receive an implementation grant, the joint applicants shall—

''(i) document that at least 1 criminal or juvenile justice agency (which can include a mental health court) and 1 mental health agency will participate in the administration of the collaboration program;

''(ii) describe the responsibilities of each participating agency, including how each agency will use grant resources to provide supervision of offenders and jointly ensure that the provision of mental health treatment services and substance abuse services for individuals with co-occurring mental health and substance abuse disorders are coordinated, which may range from consultation or collaboration to integration in a single setting or treatment model;

''(iii) in the case of an application from a unit of local government, document that a State mental health authority has provided comment and review; and

''(iv) involve, to the extent practicable, in developing the grant application—

''(I) preliminarily qualified offenders;

''(II) the families and advocates of such individuals under subclause (I); and

''(III) advocates for victims of crime.

''(C) CONTENT.—To be eligible for an implementation grant, joint applicants shall comply with the following:

''(i) DEFINITION OF TARGET POPULATION.—Applicants for an implementation grant shall—

''(I) describe the population with mental illness or co-occurring mental illness and substance abuse disorders that is targeted for the collaboration program; and

''(II) develop guidelines that can be used by personnel of an adult or juvenile justice agency to identify preliminarily qualified offenders.

''(ii) SERVICES.—Applicants for an implementation grant shall—

''(I) ensure that preliminarily qualified offenders who are to receive treatment services under the collaboration program will first receive individualized, validated, needs-based assessments to determine, plan, and coordinate the most appropriate services for such individuals;

''(II) specify plans for making mental health, or mental health and substance abuse, treatment services available and accessible to preliminarily qualified offenders at the time of their release from the criminal justice system, including outside of normal business hours;

''(III) ensure that there are substance abuse personnel available to respond appropriately to the treatment needs of preliminarily qualified offenders;

''(IV) determine eligibility for Federal benefits;

''(V) ensure that preliminarily qualified offenders served by the collaboration program will have adequate supervision and access to effective and appropriate community-based mental health services, including, in the case of individuals with co-occurring mental health and substance abuse disorders, coordinated services, which may range from consultation or collaboration to integration in a single setting treatment model;

''(VI) make available, to the extent practicable, other support services that will ensure the preliminarily qualified offender's successful reintegration into the community (such as housing, education, job placement, mentoring, and health care and benefits, as well as the services of faith-based and community organizations for mentally ill individuals served by the collaboration program); and

''(VII) include strategies, to the extent practicable, to address developmental and learning disabilities and problems arising from a documented history of physical or sexual abuse.

''(D) HOUSING AND JOB PLACEMENT.—Recipients of an implementation grant may use grant funds to assist mentally ill offenders compliant with the program in seeking housing or employment assistance.

''(E) POLICIES AND PROCEDURES.—Applicants for an implementation grant shall strive to ensure prompt access to defense counsel by criminal defendants with mental illness who are facing charges that would trigger a constitutional right to counsel.

''(F) FINANCIAL.—Applicants for an implementation grant shall—

''(i) explain the applicant's inability to fund the collaboration program adequately without Federal assistance;

''(ii) specify how the Federal support provided will be used to supplement, and not supplant, State, local, Indian tribe, or tribal organization sources of funding that would otherwise be available, including billing third-party resources for services already covered under programs (such as Medicaid, Medicare, and the State Children's Insurance Program); and

''(iii) outline plans for obtaining necessary support and continuing the proposed collaboration program following the conclusion of Federal support.

''(G) OUTCOMES.—Applicants for an implementation grant shall—

''(i) identify methodology and outcome measures, as required by the Attorney General and the Secretary, to be used in evaluating the effectiveness of the collaboration program;

''(ii) ensure mechanisms are in place to capture data, consistent with the methodology and outcome measures under clause (i); and

''(iii) submit specific agreements from affected agencies to provide the data needed by the Attorney General and the Secretary to accomplish the evaluation under clause (i).

''(H) STATE PLANS.—Applicants for an implementation grant shall describe how the adult or juvenile collaboration program relates to existing State criminal or juvenile justice and mental health plans and programs.

''(I) USE OF FUNDS.—Applicants that receive an implementation grant may use funds for 1 or more of the following purposes:

''(i) MENTAL HEALTH COURTS AND DIVERSION/ALTERNATIVE PROSECUTION AND SENTENCING PROGRAMS.—Funds may be used to create or expand existing mental health courts that meet program requirements established by the Attorney General under part V of this title, other court-based programs, or diversion and alternative prosecution and sentencing programs (including crisis intervention teams and treatment accountability services for communities) that meet requirements established by the Attorney General and the Secretary.

''(ii) TRAINING.—Funds may be used to create or expand programs, such as crisis intervention training, which offer specialized training to—

''(I) criminal justice system personnel to identify and respond appropriately to the unique needs of preliminarily qualified offenders; or

''(II) mental health system personnel to respond appropriately to the treatment needs of preliminarily qualified offenders.

''(iii) SERVICE DELIVERY.—Funds may be used to create or expand programs that promote public safety by providing the services described in subparagraph (C)(ii) to preliminarily qualified offenders.

''(iv) IN-JAIL AND TRANSITIONAL SERVICES.—Funds may be used to promote and provide mental health treatment and transitional services for those incarcerated or for transitional reentry programs for those released from any penal or correctional institution.

''(J) GEOGRAPHIC DISTRIBUTION OF GRANTS.—The Attorney General, in consultation with the Secretary, shall ensure that planning and implementation grants are equitably distributed among the geographical regions of the United States and between urban and rural populations.

''(c) PRIORITY.—The Attorney General, in awarding funds under this section, shall give priority to applications that—

''(1) demonstrate the strongest commitment to ensuring that such funds are used to promote both public health and public safety;

''(2) demonstrate the active participation of each co-applicant in the administration of the collaboration program;

''(3) document, in the case of an application for a grant to be used in whole or in part to fund treatment services for adults or juveniles during periods of incarceration or detention, that treatment programs will be available to provide transition and re-entry services for such individuals; and

''(4) have the support of both the Attorney General and the Secretary.

''(d) MATCHING REQUIREMENTS.—

''(1) FEDERAL SHARE.—The Federal share of the cost of a collaboration program carried out by a State, unit of local government, Indian tribe, or tribal organization under this section shall not exceed—

''(A) 80 percent of the total cost of the program during the first 2 years of the grant;

''(B) 60 percent of the total cost of the program in year 3; and

''(C) 25 percent of the total cost of the program in years 4 and 5.

''(2) NON-FEDERAL SHARE.—The non-Federal share of payments made under this section may be made in cash or in-kind fairly evaluated, including planned equipment or services.

''(e) FEDERAL USE OF FUNDS.—The Attorney General, in consultation with the Secretary, in administering grants under this section, may use up to 3 percent of funds appropriated to—

''(1) research the use of alternatives to prosecution through pretrial diversion in appropriate cases involving individuals with mental illness;

''(2) offer specialized training to personnel of criminal and juvenile justice agencies in appropriate diversion techniques;

''(3) provide technical assistance to local governments, mental health courts, and diversion programs, including technical assistance relating to program evaluation;

''(4) help localities build public understanding and support for community reintegration of individuals with mental illness;

''(5) develop a uniform program evaluation process; and

''(6) conduct a national evaluation of the collaboration program that will include an assessment of its cost-effectiveness.

''(f) INTERAGENCY TASK FORCE.—

''(1) IN GENERAL.—The Attorney General and the Secretary shall establish an interagency task force with the Secretaries of Housing and Urban Development, Labor, Education, and Veterans Affairs and the Commissioner of Social Security, or their designees.

''(2) RESPONSIBILITIES.—The task force established under paragraph (1) shall—

''(A) identify policies within their departments that hinder or facilitate local collaborative initiatives for preliminarily qualified offenders; and

''(B) submit, not later than 2 years after the date of enactment of this section, a report to Congress containing recommendations for improved interdepartmental collaboration regarding the provision of services to preliminarily qualified offenders.

''(g) MINIMUM ALLOCATION.—Unless all eligible applications submitted by any State or unit of local government within such State for a planning or implementation grant under this section have been funded, such State, together with grantees within the State (other than Indian tribes), shall be allocated in each fiscal year under this section not less than 0.75 percent of the total amount appropriated in the fiscal year for planning or implementation grants pursuant to this section.

''(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Department of Justice to carry out this section—

''(1) $50,000,000 for fiscal year 2005; and

''(2) such sums as may be necessary for fiscal years 2006 through 2009.''.

(b) LIST OF ''BEST PRACTICES''.—The Attorney General, in consultation with the Secretary of Health and Human Services, shall develop a list of ''best practices'' for appropriate diversion from incarceration of adult and juvenile offenders.

The SPEAKER pro tempore (Mr. FOLEY). Pursuant to the rule, the gentleman from Wisconsin (Mr. SENSENBRENNER) and the gentlewoman from Texas (Ms. JACKSON-LEE) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. SENSENBRENNER).

GENERAL LEAVE

Mr. SENSENBRENNER. 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 S. 1194, the bill currently under consideration.

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

There was no objection.

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

Before beginning my statement, let me state that after the committee filed the committee report on this legislation, we received a Congressional Budget Office cost estimate dated October 6, 2004, and I will insert this cost estimate into the RECORD at this point.

OCTOBER 6, 2004.

Hon F. JAMES SENSENBRENNER, Jr.,
Chairman, Committee on the Judiciary, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 1194, the Mentally Ill Offender Treatment and Crime Reduction Act of 2004.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Susanne S. Mehlman.

Sincerely,

DOUGLAS HOLTZ-EAKIN,
Director.

Enclosure.

S. 1194—Mentally Ill Offender Treatment and Crime Reduction Act of 2004

Summary: S. 1194 would authorize the appropriation of $50 million for fiscal year 2005 and such sums as may be necessary for the 2006–2009 period for the Department of Justice to make grants to state and local governments to improve the treatment of criminal offenders with mental illnesses or substance abuse disorders. CBO estimates that implementing the bill would cost $172 million over the 2005–2009 period, assuming the appropriation of the necessary amounts. Enacting S. 1194 would not affect direct spending or revenues.

S. 1194 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA). The creation of a new grant for mental health programs in the state, local, or tribal justice systems would benefit those governments.

Estimated cost to the Federal Government: The estimated budgetary impact of S. 1194 is shown in the following table. For this estimate, CBO assumes that the authorized amounts will be appropriated near the start of each fiscal year and that outlays will follow the historical rate of spending for similar programs. For the 2006–2009 authorization levels, CBO estimated the necessary funding levels by adjusting the fiscal year 2005 authorization level for anticipated inflation. The costs of this legislation fall within budget function 750 (administration of justice).

	By fiscal year, in millions of dollars—				
	2005	2006	2007	2008	2009
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level	50	51	52	53	55
Estimated Outlays	11	26	37	45	53

Intergovernmental and private-sector impact: S. 1194 contains no intergovernmental or private-sector mandates as defined in UMRA and would benefit state, local, and tribal governments by authorizing a joint grant program between those justice systems and social service providers. These grants could be used for planning and implementing alternative court systems for defendants with mental illness, creating training and treatment programs, and coordinating efforts of state and local governments. Any costs to those governments would be voluntarily as conditions of receiving federal aid.

Previous CBO estimate: On October 28, 2003, CBO transmitted a cost estimate for S. 1194, as reported by the Senate Committee on the Judiciary on October 23, 2003. The two versions of the bill are similar, though the authorization levels and timing of the authorizations differ and the cost estimates reflect those differences.

Estimate prepared by: Federal Costs: Susanne S. Mehlman; Impact on State, Local, and Tribal Governments: Melissa Merrell; and Impact on the Private Sector: Paige Piper/Bach.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

Mr. Speaker, many of our Nation's inmates are mentally ill, and the system is not well equipped to deal with them. The Bureau of Justice Statistics estimated in 1999 that 16 percent of State prison inmates, 7 percent of Federal inmates, and 16 percent of those in local jails or on probation reported either a mental condition or an overnight stay in a mental hospital.

According to this study and others, homelessness and unemployment are most prevalent amongst the mentally ill. Mental health treatment and other forms of assistance for the nonviolent mentally ill offenders can reduce recidivism in the criminal justice system. These offenders require treatment for their mental illness and often for their drug and alcohol abuse problems as well.

In response to this problem, Members on both sides of the aisle have proposed this bill to establish a grant program to encourage States to address this issue. The grants may be used to fund mental health courts or diversion programs for those with mental health issues. They may also be used to promote cooperation between the criminal justice system and the mental health community, or to train both criminal justice personnel and mental health providers to respond to the needs of mentally ill offenders.

In addition, changes were made to S. 1194 by the Committee on the Judiciary to encourage a system of graduated sanctions for mentally ill offenders and supervision of those who are offered a diversion option to ensure the safety of the community.

I believe this legislation will reduce recidivism amongst the mentally ill while striking the appropriate balance between protecting our communities and addressing the needs of mentally ill offenders. I urge my colleagues to join me in supporting it.

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

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is Mental Health Awareness Week, and I rise to support S. 1194, the Mentally Ill Offender Treatment and Crime Reduction Act of 2003. This bill is designed to address the needs of mental illness sufferers who become entangled in the criminal justice system. All too often we find that mentally ill defendants are inappropriately placed into criminal or juvenile corrections facilities, and the negative impact that this has on the individual and society is reflected in increased recidivism rates, wasted administrative costs, and unnecessary overcrowding of correction facilities, among other things. The Bureau of Justice reported that, in 1998, over 280,000 individuals in jail or prison and almost 550,000 of those on probation had a mental impairment.

The mentally ill are disproportionately represented in jails and prisons and amongst our homeless, leaving them vulnerable to criminal acts as well as criminal activities. Five percent of all Americans have a serious mental illness, but 16 to 20 percent of incarcerated persons have a mental impairment. We need to direct the kinds of resources for this issue that will provide meaningful solutions, including

expanding diversion programs, community-based treatment, re-entry services, and improved treatment during incarcerations.

The Mentally Ill Offender Treatment and Crime Reduction Act of 2003 recognizes that true partnerships between the mental health and criminal and juvenile corrections systems and between the Federal and State governments are needed to meet these challenges. Indeed, the bill requires that Federal funds authorized under this program be supplemented with contributions from the States, local governments and tribal organizations.

Under the provisions of this bill, planning and implementation grants would be authorized for creation or expansion of mental health courts or other court-based programs for preliminary qualified offenders; training of criminal and juvenile justice personnel and mental health professionals about mental illness and substance abuse disorders; creation or expansion of cooperative efforts between criminal and juvenile justice agencies and mental health agencies; and creation or expansion of intergovernmental cooperation between State and local governments with respect to the mentally ill offender.

Mr. Speaker, S. 1194 would authorize a grants program of $100 million a year for 2 years and would authorize amounts necessary to cover the final 3 years. Furthermore, this bill would establish a Federal interagency task force to identify better Federal, local and interdepartmental coordination of mental health services.

Congress has an obligation to legislate to protect the community from those who become aggressive or violent because of mental illness. We also have a responsibility to see that the offender receives the proper treatment for his or her illness. Far too often, mental illness goes undiagnosed, and many in our prison systems would do better in alternative settings designed to handle their particular needs.

This legislation has many supporters. It has been advocated by the U.S. Conference of Bishops and, according to its statement, S. 1194 would be a good start in ensuring that mentally ill offenders receive the proper treatment they need with grants designed to create community-based treatment programs and other services.

Mr. Speaker, I ask my colleagues in the first instance to support this particular legislation and, as well, to be cognizant of the need for more mental health services around the Nation at this time.

Mr. Speaker, I rise in support of S. 1194, the ''Mentally Ill Offender Treatment and Crime Reduction Act of 2003.'' This bill is designed to address the needs of mental illness sufferers who become entangled within the criminal justice system.

All too often, we find that mentally ill defendants are inappropriately placed into criminal or juvenile corrections facilities, and the negative impact that this has on the individual and society is reflected in increased recidivism rates, wasted administrative costs, and unnecessary overcrowding of corrections facilities, among other things.

The Bureau of Justice reported that in 1998 over 280,000 individuals in jail or prison and almost 550,000 of those on probation had a mental impairment. The mentally ill are disproportionately represented in jails and prisons. Five percent of all Americans have a serious mental illness, but sixteen to twenty percent of incarcerated individuals have a mental impairment.

We need to direct the kinds of resources for this issue that will provide meaningful solutions, including expanding diversion programs, community-based treatment, re-entry services, and improved treatment during incarceration. The Mentally Ill Offender Treatment and Crime Reduction Act of 2003 recognizes that true partnerships between the mental health and criminal and juvenile corrections systems and between the Federal and State Governments are needed to meet these challenges. Indeed, the bill requires that Federal funds authorized under this program be supplemented with contributions from the States, local governments, and tribal organizations.

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Creation or expansion of cooperative efforts between criminal and juvenile justice agencies and mental health agencies; and

Creation or expansion of intergovernmental cooperation between State and local governments with respect to the mentally ill offender.

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This legislation has been advocated by the U.S. Conference of Bishops. According to its statement, S. 1194 would be ''a good start towards ensuring that mentally ill offenders receive the proper treatment they need with grants designed to create community based treatment programs and other services.''

In Texas, past treatment of mentally ill offenders illustrates the need for legislation such as S. 1194. Senior U.S. District Judge William Wayne Justice, who is experienced in dealing with mentally ill prisoners in Texas, ruled in 1980 that the Texas prison system is unconstitutional and placed it under Federal control for 30 years. In Judge Justice's estimation, the Texas laws that apply to the mentally ill ''lack compassion and emphasize vengeance.'' KPFT news reported him as having said, ''We have allowed the spirit of vengeance such unrivaled sway in our dealings with those who commit crime that we have ceased to consider properly whether we have taken adequate account of the role that mental impairment may play in the determination of moral responsibility. As a result, we punish those who we cannot justly blame. Such result is not, I believe worthy of a civil society.''

The Mentally Ill Offender Treatment and Crime Reduction Act of 2003 takes a good first step toward reforming a system that has operated under a shield for far too long. We must continue to make this legislation effective enough to save the lives of these defendants who are truly victims.

Mr. Speaker, for the reasons above-stated, I support the legislation before this body as reported favorably by the Full Committee on the Judiciary and its Subcommittee on Crime, Terrorism, and Homeland Security.

Mr. Speaker, I am delighted to yield 5 minutes to the gentleman from Rhode Island (Mr. KENNEDY), one of this Congress's most vocal and most passionate voices for the underserved when it comes to mental health services around the Nation and has consistently battled on their behalf.

Mr. KENNEDY of Rhode Island. Mr. Speaker, I thank the gentlewoman for her kind words and her leadership on this issue as well. I thank the chairman as well for his work on this legislation.

I just wanted an opportunity to speak on this for a moment or two. It is true that, this week, we are celebrating the Mental Health Awareness Month, and it is appropriate as we celebrate it, to reflect on what we are doing as a Nation to address mental illness in this country. We have 271 cosponsors of mental health parity legislation in this House. We have 71 cosponsors in the United States Senate for mental health parity. We have 368 sponsors by national organizations endorsing mental health parity, and yet, mental health parity legislation is bottled up in committee.

Mental health parity legislation is very basic. It simply says that mental illness is treated as every other physical illness. And if anyone had a doubt that mental illness is not a physical illness, if their common sense did not tell them this, well, we have reams of evidence and knowledge supporting it. Even the Surgeon General Carmona and the former Surgeon General Satcher have released very extensive reports about the need to address the problem of mental illness in this country.

I say all of this because, today, we are addressing a bill that is designed to meet the needs of those who are incarcerated in this country by developing a stronger mental health network for those prisoners either coming out of prison or those juveniles before they end up in prison. But, Mr. Speaker, I would suggest that we would not have the problems in this country, where in our prison system we have 2 million people in this country incarcerated,

more people incarcerated in this country than any other industrialized Nation on the face of the earth.

□ 1500

That is an indictment, an indictment on our society that we as a country are picking up the broken pieces of people's lives because we as a country have not done what we are supposed to do in providing those support services, providing that counseling, making sure that our health care system treats the health care needs of those with mental illness.

It is discriminatory for someone with a chemical imbalance in their brain not to be given the same services and health care that someone suffering diabetes would be given. It is a shame and a violation that we are spending less money on mental health care research than many, many other diseases that do not even reflect a fraction of the burden of the disease that mental illness does in this country.

The biggest mental health hospital in this country is Los Angeles County Jail. The biggest mental health hospital is Los Angeles County Jail. Our prisons represent the unmet need of this country when it comes to those with mental illness.

So, Mr. Speaker, when it comes to S. 1194, I want to come down here and say this is the kind of legislation we need. We need to do more of this. But I might add we ought to do this in a comprehensive fashion, and that means we ought to pass mental health parity legislation. I hope we get a chance, if not in this Congress, in next Congress to finally pass mental health parity legislation. Not is it only a matter of failure in our health care system, but it is a matter of civil rights and human rights for those who suffer from mental illness because, indeed,their illness is the only illness that is being discriminated against in this country.

We spend money for every other illness, but we do not spend the money on this illness because somehow our country has not recognized that this is a real physical illness and as such we as a Nation are continuing the discrimination, the stigma that exists against people with mental illness. I look forward to working with my colleagues on this and many other bills that have to do with juvenile justice and mental illness.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, it is an indictment. Certainly this bill stands as a model of what we can do for incarcerated persons suffering from mental illness; but we are long overdue, long overdue from the vast understanding of mental health in this country and the need for a mental health parity bill. I cannot thank the gentleman enough for being the leader of this team that continues to work on this issue.

Mr. Speaker, I yield 4 minutes to the gentleman from Ohio (Mr. STRICKLAND), who brings not only his professional background, but we have worked over the years together, particularly after the numerous school shootings, on issues dealing with counselors in schools and the need for mental health care in schools.

Mr. STRICKLAND. Mr. Speaker, I rise in support of S. 1194, the Mentally Ill Offender Treatment and Crime Reduction Act. As the sponsor of H.R. 2387, the companion House bill to S. 1194, I am very pleased to have this legislation on the floor, and I would like to thank my colleagues on the Committee on the Judiciary and their staff who have been instrumental in moving this legislation.

S. 1194 was introduced and shepherded through the Senate by Ohio Senator MIKE DEWINE, and I would like to thank him for his leadership and friendship. Senator DEWINE and I have worked together to end the criminalization of the mentally ill since the 106th Congress when we introduced and passed into law a bill that established a small demonstration program to help communities begin and operate mental health courts. Response to the mental health courts program has been tremendous, with the Department of Justice receiving applications from far more communities than they could fund with the small appropriations allocated for the program.

I am fortunate that two of the mental health courts grants have been awarded to jurisdictions that serve my constituents in Youngstown, Ohio and Athens, Hocking, and Vinton counties.

To build on the success of the mental health courts, Senator DEWINE and I introduced the bill before us today. As a counseling psychologist who has worked at a maximum security prison, I know how important this legislation is for improving mental health treatment. This bill addresses one small part of the mentally ill population's complex treatment system by seeking to treat mentally ill individuals who are or who become involved in the criminal or juvenile justice systems.

According to the Bureau of Justice statistics, over 16 percent of adults incarcerated in U.S. jails and prisons have a mental illness. In addition, the Office of Juvenile Justice and Delinquency Prevention reports that over 20 percent of the youth in the juvenile justice system have serious mental health problems, and many more have co-occurring mental health and substance abuse disorders. If a person with mental illness does not receive treatment, his or her condition almost certainly will worsen when he or she is in custody. Generally, the criminal justice system is not equipped to identify and ensure that people with mental illness find appropriate treatment programs, either through diversion into community treatment or within a jail or prison.

The Mentally Ill Offender Treatment and Crime Reduction Act addresses the needs of both the criminal justice system and the mentally ill offender population. The bill creates a grant program for communities that will provide resources for diversion programs across the spectrum of the criminal justice system. Communities will also be able to design programs that provide mental health treatment in jails and in prisons.

And, finally, grants will be available for transitional and aftercare programs that seek to ensure offenders are provided appropriate treatment and care when they transition from jail back into the community. They transition from the jail or prison back into the communities when they have completed their sentences.

In addition, the bill calls for an interagency task force to be established at the Federal level. Task force members will include the Attorney General, the Secretaries of Health and Human Services, Labor, Education, Veterans Affairs, and Housing and Urban Development and the Commissioner of Social Security who will be charged with identifying ways that Federal Departments can respond in a collaborative way to the needs of mentally ill adults and juveniles.

I believe that encouraging collaboration at the Federal, State, and local levels of government is essential to ensuring that people with mental illness are able to access appropriate treatment. Again, I would like to thank the chairman of the committee and the staff of the committee, as well as Members on my side of the aisle and for Senator MIKE DEWINE's heroic efforts in the Senate for bringing this bill to the floor.

Mr. SENSENBRENNER. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. CUNNINGHAM).

Mr. CUNNINGHAM. Mr. Speaker, I commend both the minority and the majority for bringing this bill up as a suspension. It should pass well. But I would like to address something my friend, the gentleman from Rhode Island (Mr. KENNEDY), said. It is not negative. It is just a difference of opinion and the fact that we ought to condemn our society for all of the people that are in jail.

I remember a young gentleman that spray-painted a car in Singapore, and he was caned. And I guarantee you he would not do that in Singapore, although the gentleman from Wisconsin (Mr. SENSENBRENNER) did tell me he did get in trouble in the United States and then got a letter from the head of Singapore and said, I do not think he would have done that here.

In many cases, our penalties are not strong enough. We found that if many times a youth will commit a crime and just get their hands slapped, he will commit another crime and get their hands slapped and each time it elevates in severity. And many times we need the counseling, we need the guidance, I agree. And in first-time offenders I think it is very important too, but in many cases the penalty is not strong enough, so we end up with more people in jail.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY of Rhode Island. Mr. Speaker, I would agree with the gentleman. The big problem here is a lot of these kids do not get anyone to pay attention to them until it starts to be too late. They commit so many crimes. They do not have the people intervene early when they show the predisposition to having a proclivity to commit crimes where they might just be calling out for help. And so the kind of grants that are going to be provided under this legislation ideally will be used as they are designed to be used in the prevention of kids getting into trouble. Because at the very outset, those children, if identified with mental illness, will get the treatment they need.

I have talked to both family court judges in Rhode Island and State court judges. The family court is very excited about the chance to have a mental health court where the child can be brought in and the family can be brought in and they can be given a treatment plan.

In the State court situations, the judges can talk about bail and say, listen, you have a chance. If you go to this treatment program you can avoid perhaps getting sentenced, if it is a minor petty crime.

So these things make sense not only for those who are caught up in our prison system, but of course it makes sense for all of us as a society to try to do the right thing early on, and I think this legislation goes in that direction. That is why I support it.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, in closing, I was expecting another speaker. I do not see that that person has arrived at this point. But let me in closing on this legislation ask my colleagues to support it.

Let me mention a fallen colleague, Senator Paul Wellstone, who I had the pleasure of having spend some time with me in my congressional district; and what the distinguished gentleman said from Rhode Island (Mr. KENNEDY) is very accurate.

We visited juvenile detention centers and found in the course of that visit individuals who really needed to have intervention with respect to mental health concerns. We found that constantly. And I just want to mention that in Texas past treatments of mentally ill offenders certainly illustrates the need for this legislation.

Senior U.S. District Judge William Wayne Justice, who is experienced in dealing with mentally ill prisoners in Texas, ruled in 1980 that the Texas prison system is unconstitutional and placed under Federal control for 30 years. In Judge Justice's estimation, the Texas laws that apply to the mentally ill lack compassion and emphasize a vengeance.

KPFT News reported him as having said, ''We have allowed the spirit of vengeance such unrivaled sway in our dealings with those who commit crime that we cease to consider properly whether we have taken adequate account of the role that mental impairment may play in the determination of moral responsibility. As a result, we punish those who we cannot justify blame. Such result is not I believe worthy of civil society.''

This mentally ill offender treatment bill will answer the question long asked in the State of Texas and many other States. Maybe the bill will also give comfort to Lydia Roumo who called me today to indicate that her sister-in-law was diagnosed manic depressive. The family had sought help in many places but could not get her hospitalized due to laws in this particular Nation. Unfortunately, she stopped taking her medication, deteriorated and became homeless.

Certainly, this is part of the mental health concern. But the tragedy of her sister-in-law is as she became homeless she also became a victim of crime and was murdered just a few days ago.

The combination of homeless persons with mental impairment, the combination of people who perpetrate terrible acts with mental impairment and juveniles warrants an enthusiastic support of the Mentally Ill Offender Treatment and Crime Reduction Act of 2003. I thank the authors of this legislation. And to Lydia, let me say that this is one step towards trying to solve her problem and the problems of many, many families around the Nation who have experienced the devastation of mental illness.

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

□ 1515

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

The SPEAKER pro tempore (Mr. FOLEY). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENSENBRENNER) that the House suspend the rules and pass the Senate bill, S. 1194, as amended.

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

A motion to reconsider was laid on the table.

EXTENDING AUTHORITY OF SUPREME COURT POLICE, MODIFYING VENUE OF PROSECUTIONS RELATING TO SUPREME COURT BUILDING AND GROUNDS, AND AUTHORIZING ACCEPTANCE OF GIFTS TO UNITED STATES SUPREME COURT

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2742) to extend certain authority of the Supreme Court Police, modify the venue of prosecutions relating to the Supreme Court building and grounds, and authorize the acceptance of gifts to the United States Supreme Court.

The Clerk read as follows:

S. 2742

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENSION OF AUTHORITY FOR THE UNITED STATES SUPREME COURT POLICE TO PROTECT COURT OFFICIALS OFF THE SUPREME COURT GROUNDS.

Section 6121(b)(2) of title 40, United States Code, is amended by striking ''2004'' and inserting ''2008''.

SEC. 2. VENUE FOR PROSECUTIONS RELATING TO THE UNITED STATES SUPREME COURT BUILDING AND GROUNDS.

Section 6137 of title 40, United States Code, is amended by striking subsection (b) and inserting the following:

''(b) VENUE AND PROCEDURE.—Prosecution for a violation described in subsection (a) shall be in the United States District Court for the District of Columbia or in the Superior Court of the District of Columbia, on information by the United States Attorney or an Assistant United States Attorney.''.

SEC. 3. GIFTS TO THE UNITED STATES SUPREME COURT.

The Chief Justice or his designee is authorized to accept, hold, administer, and utilize gifts and bequests of personal property pertaining to the history of the United States Supreme Court or its justices, but gifts or bequests of money shall be covered into the Treasury.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. SENSENBRENNER) and the gentlewoman from Texas (Ms. JACKSON-LEE) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. SENSENBRENNER).

GENERAL LEAVE

Mr. SENSENBRENNER. 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 S. 2742, currently under consideration.

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

There was no objection.

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

Mr. Speaker, S. 2742 contains three provisions that will benefit the administrative operations of the U.S. Supreme Court.

First, the bill renews until 2008 authority provided under current law that allows the Supreme Court police to provide security for the Justices when they leave the Supreme Court premises. The Supreme Court police offer that protection, and without this extension, their services would be confined to the immediate area of the Court's grounds. In other words, they would not travel with the Justices when they vacation or speak out of the area, a responsibility that is imposed upon the Marshal's Service when necessary. The need for this protection is illustrated by the recent assault on Justice Souter near his home.