

and annual fees, less the appropriation derived from the Nuclear Waste Fund. This will recover a projected \$581 million in fiscal year 2006 with remaining 10 percent, or \$65 million, funded from the General Fund of the Treasury.

In conclusion, I would like to commend Chairman LEWIS and the Appropriations Committee on their steady work in bringing bills to the floor that comply with H. Con. Res. 95 and wish them continued success as they proceed through this appropriations season.

I therefore express my support for H.R. 2419.

Mr. SALAZAR. Mr. Chairman, I rise today to express my support of the House version of the Energy and Water Appropriations Act for Fiscal Year 2006, and I urge my colleagues to vote in support of this important measure.

I commend Chairman HOBSON and Ranking Member VISCOSKY for their work on this bill. I believe it is a good start for addressing our nation's water infrastructure and energy research needs, especially given the budget constraints.

As a farmer who works the land in Colorado's San Luis Valley, I know and understand water issues, and I can't emphasize how important it is to invest back into local water infrastructure. Without this investment, I fear we will continue to see a decline in the management of this irreplaceable resource—water is the lifeblood of our rural communities.

The House Energy and Water Appropriations Bill would provide \$29.7 billion for the Army Corps of Engineers, the Bureau of Reclamation and Department of Energy, a \$329 million increase over last year's funding level.

I am pleased the Committee included funding for three important projects which I had requested back in March for the 3rd District of Colorado. First and foremost, the Committee included \$56 million in funding for construction of the Animas-La Plata Project. This funding level represents a \$4 million increase over the President's budget request and comes on the heels of a Colorado delegation letter which I spearheaded back in March. I would also like to thank the Committee for the inclusion of language which directs a larger percentage of program funds towards construction, not administrative costs.

Completion of the A-LP will provide a much-needed water supply in the southwest corner of our state for both Indian and non-Indian municipal and industrial purposes. It will also fulfill the intent of a carefully negotiated settlement agreement in the mid-1980s to ensure the legitimate claims of the two Colorado Ute Tribes could be met without harm to the existing uses of their non-tribal neighbors.

Since 2002, the Bureau of Reclamation has made much progress, and work has been completed or initiated on many key project features. This increased funding will allow the Bureau to move forward in a way that will ensure timely completion of the A-LP and avoid costly delays.

The FY2006 Energy and Water Appropriations bill also includes \$315,000 for the Arkansas River Habitat Restoration Project. The U.S. Army Corps of Engineers in cooperation with the City of Pueblo, Colorado has completed 90 percent of the project including fish habitat structures along a 9-mile section of the river below Pueblo Dam through downtown Pueblo. This funding would be used to complete the project which is an important environmental restoration project for the project.

Finally, the Committee also provided a \$1.021 million appropriation for the Army Corps of Engineers to engage in operations and maintenance at Trinidad Lake, Colorado; this amount represents almost a \$100,000 increase from the FY2005 funding level. Trinidad Lake is a multipurpose project for flood control, irrigation and recreation, and was authorized by the 1958 Flood Control Act. The lake is located in southern Colorado on the Purgatoire River, and bordered by the historic Santa Fe Trail. The dam itself is an earthfill structure 6,860 feet long and 200 feet high, and constructed with some 8 million cubic yards of earth and rock.

Each project is an important part of improving water related infrastructure. As this bill proceeds through the appropriations process, I will continue the fight to preserve funding for the 3rd District of Colorado.

Mr. HOBSON. Mr. Chairman, I yield back the balance of my time, and I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SIMPSON) having assumed the chair, Mr. GOODLATTE, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 2419) making appropriations for energy and water development for the fiscal year ending September 30, 2006, and for other purposes, had come to no resolution thereon.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record vote on the postponed question will be taken later today.

STEM CELL THERAPEUTIC AND RESEARCH ACT OF 2005

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2520) to provide for the collection and maintenance of human cord blood stem cells for the treatment of patients and research, and to amend the Public Health Service Act to authorize the C.W. Bill Young Cell Transplantation Program.

The Clerk read as follows:

H.R. 2520

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 "Stem Cell Therapeutic and Research Act of 2005".

SEC. 2. CORD BLOOD INVENTORY.

(a) IN GENERAL.—The Secretary of Health and Human Services shall enter into one-time contracts with qualified cord blood stem cell banks to assist in the collection and maintenance of 150,000 units of high-quality human cord blood to be made avail-

able for transplantation through the C.W. Bill Young Cell Transplantation Program and to carry out the requirements of subsection (b).

(b) REQUIREMENTS.—The Secretary shall require each recipient of a contract under this section—

(1) to acquire, tissue-type, test, cryopreserve, and store donated units of human cord blood acquired with the informed consent of the donor in a manner that complies with applicable Federal and State regulations;

(2) to make cord blood units that are collected pursuant to this section or otherwise and meet all applicable Federal standards available to transplant centers for stem cell transplantation;

(3) to make cord blood units that are collected, but not appropriate for clinical use, available for peer-reviewed research;

(4) to submit data in a standardized format, as required by the Secretary, for the C.W. Bill Young Cell Transplantation Program; and

(5) to submit data for inclusion in the stem cell therapeutic outcomes database maintained under section 379A of the Public Health Service Act, as amended by this Act.

(c) APPLICATION.—To seek to enter into a contract under this section, a qualified cord blood stem cell bank shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require. At a minimum, an application for a contract under this section shall include an assurance that the applicant—

(1) will participate in the C.W. Bill Young Cell Transplantation Program for a period of at least 10 years; and

(2) in the event of abandonment of this activity prior to the expiration of such period, will transfer the units collected pursuant to this section to another qualified cord blood stem cell bank approved by the Secretary to ensure continued availability of cord blood units.

(d) DURATION OF CONTRACTS.—

(1) IN GENERAL.—The Secretary may not enter into any contract under this section for a period that—

(A) exceeds 3 years; or

(B) ends after September 30, 2010.

(2) EXTENSIONS.—Subject to paragraph (1)(B), the Secretary may extend the period of a contract under this section to exceed a period of 3 years if—

(A) the Secretary finds that 150,000 units of high-quality human cord blood have not yet been collected pursuant to this section; and

(B) the Secretary does not receive an application for a contract under this section from any qualified cord blood stem cell bank that has not previously entered into a contract under this section or the Secretary determines that the outstanding inventory need cannot be met by the one or more qualified cord blood stem cell banks that have submitted an application for a contract under this section.

(e) REGULATIONS.—The Secretary may promulgate regulations to carry out this section.

(f) DEFINITIONS.—In this section:

(1) The term "C.W. Bill Young Cell Transplantation Program" means the C.W. Bill Young Cell Transplantation Program under section 379 of the Public Health Service Act, as amended by this Act.

(2) The term "cord blood donor" means a mother who has delivered a baby and consents to donate the neonatal blood remaining in the placenta and umbilical cord after separation from the newborn baby.

(3) The term "human cord blood unit" means the neonatal blood collected from the placenta and umbilical cord.

(4) The term “qualified cord blood stem cell bank” has the meaning given to that term in section 379(b) of the Public Health Service Act, as amended by this Act.

(5) The term “Secretary” means the Secretary of Health and Human Services.

(g) AUTHORIZATION OF APPROPRIATIONS.—

(1) FISCAL YEAR 2006.—Any amounts appropriated to the Secretary for fiscal year 2004 or 2005 for the purpose of assisting in the collection or maintenance of human cord blood shall remain available to the Secretary until the end of fiscal year 2006 for the purpose of carrying out this section.

(2) SUBSEQUENT FISCAL YEARS.—There are authorized to be appropriated to the Secretary \$15,000,000 for each of fiscal years 2007, 2008, 2009, and 2010 to carry out this section. Amounts appropriated pursuant to this paragraph shall remain available for obligation through the end of fiscal year 2010.

SEC. 3. C.W. BILL YOUNG CELL TRANSPLANTATION PROGRAM.

(a) NATIONAL PROGRAM.—Section 379 of the Public Health Service Act (42 U.S.C. 274k) is amended—

(1) in the section heading, by striking “**NATIONAL REGISTRY**” and inserting “**NATIONAL PROGRAM**”;

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking “The Secretary shall by contract” and all that follows through the end of such matter and inserting “The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall by one or more contracts establish and maintain a C.W. Bill Young Cell Transplantation Program that has the purpose of increasing the number of transplants for recipients suitably matched to biologically unrelated donors of bone marrow and cord blood, and that meets the requirements of this section. The Secretary may award a separate contract to perform each of the major functions of the Program described in paragraphs (1) and (2) of subsection (b) if deemed necessary by the Secretary to operate an effective and efficient system. The Secretary shall conduct a separate competition for the initial establishment of the cord blood functions of the Program. The Program shall be under the general supervision of the Secretary. The Secretary shall establish an Advisory Council to advise, assist, consult with, and make recommendations to the Secretary on matters related to the activities carried out by the Program. The members of the Advisory Council shall be appointed in accordance with the following:”;

(B) in paragraph (1), by striking “except that” and all that follows and inserting “except that—

“(A) such limitations shall not apply to the Chair of the Advisory Council (or the Chair-elect) or to the member of the Advisory Council who most recently served as the Chair; and

“(B) 1 additional consecutive 2-year term may be served by any member of the Advisory Council who has no employment, governance, or financial affiliation with any donor center, recruitment group, transplant center, or cord blood stem cell bank.”;

(C) by amending paragraph (4) to read as follows:

“(4) The membership of the Advisory Council—

“(A) shall include as voting members a balanced number of representatives including representatives of marrow donor centers and marrow transplant centers, representatives of cord blood stem cell banks and participating birthing hospitals, recipients of a bone marrow transplant and cord blood transplants, persons who require such transplants, family members of such a recipient

or family members of a patient who has requested the assistance of the Program in searching for an unrelated donor of bone marrow or cord blood, persons with expertise in blood stem cell transplantation including cord blood, persons with expertise in typing, matching, and transplant outcome data analysis, persons with expertise in the social sciences, and members of the general public; and

“(B) shall include as nonvoting members representatives from the Department of Defense Marrow Donor Recruitment and Research Program operated by the Department of the Navy, the Division of Transplantation of the Health Resources and Services Administration, the Food and Drug Administration, and the National Institutes of Health.”; and

(D) by adding at the end the following:

“(5) Members of the Advisory Council shall be chosen so as to ensure objectivity and balance and reduce the potential for conflicts of interest. The Secretary shall establish bylaws and procedures—

“(A) to prohibit any member of the Advisory Council who has an employment, governance, or financial affiliation with a donor center, recruitment group, transplant center, or cord blood stem cell bank from participating in any decision that materially affects the center, recruitment group, transplant center, or cord blood stem cell bank; and

“(B) to limit the number of members of the Advisory Council with any such affiliation.

“(6) The Secretary, acting through the Advisory Council, shall submit to the Congress—

“(A) an annual report on the activities carried out under this section; and

“(B) not later than 6 months after the date of the enactment of the Stem Cell Therapeutic and Research Act of 2005, a report of recommendations on the scientific factors necessary to define a cord blood unit as a high-quality unit.”;

(3) by amending subsection (b) to read as follows:

“(b) FUNCTIONS.—

“(1) BONE MARROW FUNCTIONS.—With respect to bone marrow, the Program shall—

“(A) operate a system for listing, searching, and facilitating the distribution of bone marrow that is suitably matched to candidate patients;

“(B) carry out a program for the recruitment of bone marrow donors in accordance with subsection (c), including with respect to increasing the representation of racial and ethnic minority groups (including persons of mixed ancestry) in the enrollment of the Program;

“(C) maintain and expand medical emergency contingency response capabilities in concert with Federal programs for response to threats of use of terrorist or military weapons that can damage marrow, such as ionizing radiation or chemical agents containing mustard, so that the capability of supporting patients with marrow damage from disease can be used to support casualties with marrow damage;

“(D) carry out informational and educational activities in accordance with subsection (c);

“(E) at least annually update information to account for changes in the status of individuals as potential donors of bone marrow;

“(F) provide for a system of patient advocacy through the office established under subsection (d);

“(G) provide case management services for any potential donor of bone marrow to whom the Program has provided a notice that the potential donor may be suitably matched to a particular patient (which services shall be provided through a mechanism other than

the system of patient advocacy under subsection (d)), and conduct surveys of donors and potential donors to determine the extent of satisfaction with such services and to identify ways in which the services can be improved;

“(H) with respect to searches for unrelated donors of bone marrow that are conducted through the system under subparagraph (A), collect, analyze, and publish data on the number and percentage of patients at each of the various stages of the search process, including data regarding the furthest stage reached, the number and percentage of patients who are unable to complete the search process, and the reasons underlying such circumstances;

“(I) support studies and demonstration and outreach projects for the purpose of increasing the number of individuals who are willing to be marrow donors to ensure a genetically diverse donor pool;

“(J) conduct and support research to improve the availability, efficiency, safety, and cost of transplants from unrelated donors and the effectiveness of Program operations; and

“(K) assist qualified cord blood stem cell banks in the Program in accordance with paragraph (3). Subsections (c) through (e) apply with respect to each entity awarded a contract under this section with respect to bone marrow.

“(2) CORD BLOOD FUNCTIONS.—With respect to cord blood, the Program shall—

“(A) operate a system for identifying, matching, and facilitating the distribution of donated cord blood units that are suitably matched to candidate patients and meet all applicable Federal and State regulations (including informed consent and Food and Drug Administration regulations) from a qualified cord blood stem cell bank;

“(B) allow transplant physicians, other appropriate health care professionals, and patients to search by means of electronic access all available cord blood units listed in the Program;

“(C) allow transplant physicians and other appropriate health care professionals to tentatively reserve a cord blood unit for transplantation;

“(D) support studies and demonstration and outreach projects for the purpose of increasing cord blood donation to ensure a genetically diverse collection of cord blood units; and

“(E) coordinate with the Secretary to carry out information and educational activities for the purpose of increasing cord blood donation and promoting the availability of cord blood units as a transplant option.

“(3) SINGLE POINT OF ACCESS.—If the Secretary enters into a contract with more than one entity to perform the functions outlined in this subsection, the Secretary shall establish procedures to ensure that health care professionals and patients are able to obtain, consistent with the functions described in paragraphs (1)(A) and (2)(A), cells from adult donors and cord blood units through a single point of access.

“(4) DEFINITION.—The term ‘qualified cord blood stem cell bank’ means a cord blood stem cell bank that—

“(A) has obtained all applicable Federal and State licenses, certifications, registrations (including pursuant to the regulations of the Food and Drug Administration), and other authorizations required to operate and maintain a cord blood stem cell bank;

“(B) has implemented donor screening, cord blood collection practices, and processing methods intended to protect the health and safety of donors and transplant recipients to improve transplant outcomes,

including with respect to the transmission of potentially harmful infections and other diseases;

“(C) is accredited by an accreditation body recognized pursuant to a public process by the Secretary;

“(D) has established a system of strict confidentiality to protect the identity and privacy of patients and donors in accordance with existing Federal and State law; and

“(E) has established a system for encouraging donation by a genetically diverse group of donors.”;

(4) in subsection (c)—

(A) in paragraph (1), by striking “The Registry shall carry out a program for the recruitment” and inserting “With respect to bone marrow, the Program shall carry out a program for the recruitment”;

(B) in paragraph (2)(A)—

(i) in the matter preceding clause (i), by striking the first sentence and inserting “In carrying out the program under paragraph (1), the Program shall carry out informational and educational activities, in coordination with organ donation public awareness campaigns operated through the Department of Health and Human Services, for purposes of recruiting individuals to serve as donors of bone marrow and shall test and enroll with the Program potential donors.”; and

(ii) in clause (ii), by striking “, including providing updates”; and

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

(5) in subsection (d)—

(A) in paragraph (1), by striking “The Registry shall” and inserting “With respect to bone marrow, the Program shall”;

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

(C) in subparagraphs (C), (D), and (E) of paragraph (2), by striking the term “subsection (b)(1)” each place such term appears and inserting “subsection (b)(1)(A)”;

(D) in paragraph (2)(F)—

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

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

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

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

(6) in the matter preceding paragraph (1) in subsection (e), by striking “the Secretary shall” and inserting “with respect to bone marrow, the Secretary shall”;

(7) by amending subsection (f) to read as follows:

“(f) COMMENT PROCEDURES.—The Secretary shall establish and provide information to the public on procedures under which the Secretary shall receive and consider comments from interested persons relating to the manner in which the Program is carrying out the duties of the Program.”;

(8) by amending subsection (g) to read as follows:

“(g) CONSULTATION.—In developing policies affecting the Program, the Secretary shall consult with the Advisory Council, the Department of Defense Marrow Donor Recruitment and Research Program operated by the Department of the Navy, and the board of directors of each entity awarded a contract under this section.”;

(9) in subsection (h)—

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

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

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

(C) by adding at the end the following:

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

and

(10) by striking subsection (1).

(b) STEM CELL THERAPEUTIC OUTCOMES DATABASE.—Section 379A of the Public Health Service Act (42 U.S.C. 2741) is amended to read as follows:

SEC. 379A. STEM CELL THERAPEUTIC OUTCOMES DATABASE.

“(a) ESTABLISHMENT.—The Secretary shall by contract establish and maintain a scientific database of information relating to patients who have been recipients of stem cell therapeutics product (including bone marrow, cord blood, or other such product) from a biologically unrelated donor.

“(b) INFORMATION.—The outcomes database shall include information with respect to patients described in subsection (a), transplant procedures, and such other information as the Secretary determines to be appropriate, to conduct an ongoing evaluation of the scientific and clinical status of transplantation involving recipients of bone marrow from biologically unrelated donors and recipients of a stem cell therapeutics product.

“(c) ANNUAL REPORT ON PATIENT OUTCOMES.—The Secretary shall require the entity awarded a contract under this section to submit to the Secretary an annual report concerning patient outcomes with respect to each transplant center, based on data collected and maintained by the entity pursuant to this section.

“(d) PUBLICLY AVAILABLE DATA.—The outcomes database shall make relevant scientific information not containing individually identifiable information available to the public in the form of summaries and data sets to encourage medical research and to provide information to transplant programs, physicians, patients, entities awarded a contract under section 379 donor registries, and cord blood stem cell banks.”.

“(e) DEFINITIONS.—Part I of title III of the Public Health Service Act (42 U.S.C. 274k et seq.) is amended by inserting after section 379A the following:

SEC. 379A-1. DEFINITIONS.

“In this part:

“(1) The term ‘Advisory Council’ means the advisory council established by the Secretary under section 379(a)(1).

“(2) The term ‘bone marrow’ means the cells found in adult bone marrow and peripheral blood.

“(3) The term ‘outcomes database’ means the database established by the Secretary under section 379A.

“(4) The term ‘Program’ means the C.W. Bill Young Cell Transplantation Program established under section 379.”.

(d) AUTHORIZATION OF APPROPRIATIONS.—Section 379B of the Public Health Service Act (42 U.S.C. 274m) is amended to read as follows:

SEC. 379B. AUTHORIZATION OF APPROPRIATIONS.

“(a) IN GENERAL.—For the purpose of carrying out this part, there are authorized to be appropriated \$28,000,000 for fiscal year 2006 and \$32,000,000 for each of fiscal years 2007 through 2010.

“(b) EMERGENCY CONTINGENCY RESPONSE CAPABILITIES.—In addition to the amounts authorized to be appropriated under subsection (a), there is authorized to be appropriated \$2,000,000 for the maintenance and expansion of emergency contingency response capabilities under section 379(b)(1)(C).”.

(e) CONFORMING AMENDMENTS.—Part I of title III of the Public Health Service Act (42 U.S.C. 274k et seq.) is amended—

(1) in the title heading, by striking “NATIONAL BONE MARROW DONOR REGISTRY” and inserting “C.W. BILL YOUNG CELL TRANSPLANTATION PROGRAM”; and

(2) in section 379, as amended by this section—

(A) in subsection (a), by striking the term “board” each place such term appears and inserting “Advisory Council”;

(B) in subsection (c)—

(i) in the matter preceding subparagraph (A) in paragraph (1), by striking “Such program” and inserting “Such recruitment program”;

(ii) in paragraph (2), by striking “program under paragraph (1)” and inserting “recruitment program under paragraph (1)”; and

(iii) in paragraph (3), by striking “program under paragraph (1)” and inserting “recruitment program under paragraph (1)”;

(C) in subsection (d)(2)(E), by striking “Registry program” and inserting “Program”;

(D) in subsection (e)—

(i) in the matter preceding paragraph (1), by striking “participating in the program, including the Registry,” and inserting “participating in the Program, including”; and

(ii) in paragraph (6), by striking “the program” and inserting “the Program”; and

(E) by striking the term “Registry” each place such term appears and inserting “Program”.

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

The SPEAKER pro tempore. Is there objection to the request of the gentleman from 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. 2520, the Stem Cell Therapeutic and Research Act of 2005, legislation I have cosponsored along with the honorable gentleman from New Jersey (Mr. SMITH), who is in the Chamber. This would expand the number of stem cell options available to Americans suffering from life-threatening diseases.

Every year, nearly two-thirds of the approximately 200,000 patients in need of a bone marrow transplant will not find a marrow donor match within their families. These patients must rely on the help of strangers to donate bone marrow for a transplant. To assist these patients, Congress established the National Bone Marrow Registry to quickly match donors to patients. Through this program, Congress made a significant investment to connect patients with a rich source of stem cells that offer immediate clinical benefits.

With scientific advances, Congress must now make changes to reflect new

therapeutic options. Cord blood units have been shown to be a suitable alternative to adult bone marrow for the treatment of many diseases, including sickle cell anemia. This is an especially important advancement for those Americans who have desperately searched for a marrow donor but could not find a match with even the help of the National Bone Marrow Registry. As another rich source of stem cells, a cord blood transplant is another chance at life for many of these patients.

The bill before us today builds on the critical investments we have made over the past 2 decades with the National Bone Marrow Registry and re-tools this design into a new, more comprehensive stem cell transplantation program, which will include not only bone marrow but also cord blood units. Through a competitive contracting process, this new program will allow transplant doctors and patients to access information about cord blood units and bone marrow donors, at the same time, and I want to emphasize at the same time, through a single point of access. This new program does not create a preference for either cord blood or bone marrow. Instead, it will provide comprehensive information about both sources of stem cells to doctors and patients and allow them to make the most clinically appropriate choice.

I want to recognize the gentleman from Florida (Mr. YOUNG) at this time. It was the gentleman from Florida's (Mr. YOUNG) drive, when he was chairman of the Committee on Appropriations, and his steadfast support for the idea of a national registry for bone marrow that led to the program's creation. The gentleman from Florida's (Mr. YOUNG) lifesaving work is evident again today in the program's new design and goals. I am pleased that Congress is recognizing his dedication by naming this new program the C.W. Bill Young Cell Transplantation Program. I do not see the gentleman from Florida (Mr. YOUNG) in the Chamber, but at the appropriate time when he does arrive, I hope that the body will give him a standing ovation for his work in this area.

The capacity to search for cord blood units through a national network of cord blood banks will help facilitate cord blood transplants. We also need to expand the inventory of cord blood units so that more transplants can occur. The bill before us today authorizes a new grant program to provide subsidies to cord blood stem cell banks to expand the inventory of high-quality cord blood units that will be included in the new, expanded Cell Transplantation Program. I think that number is 150,000 units, which is a significant increase.

In addition to expanding the number of cord blood units available for clinical use to save lives today, the bill would also expand the number of cord blood units available for research. Re-

search on adult stem cells holds the potential to develop new cures for many diseases, as well as to expand our knowledge of how human beings develop and the body works.

I would also like to make a personal aside here. My wife and I are expecting a child in September, and we are working with the cord blood people as we speak so that my son, and it is going to be a little boy and we are going to name him Jack Kevin, that we are going to save his cord blood so that some day in the future, if he needs it, it will be available. So in this case I can honestly say, in addition to sponsoring the bill, I am beginning to practice what I am preaching today.

It is not enough to connect patients with lifesaving donors. We also need to better understand how these patients fair when they receive the transplants. The bill would authorize research on the clinical outcomes of patients who are recipients of a stem cell therapeutic product, including bone marrow, cord blood, and other such products, from a biologically unrelated donor. It is my hope that this additional research will trigger new scientific breakthroughs to enhance and advance human life.

This is an important bill that merited many hours of negotiation, demanded the willingness of all those involved to put the interest of their patients first. I would like to thank the bill's primary sponsor, the honorable gentleman from New Jersey (Mr. SMITH). I would also like to thank the gentleman from Florida (Mr. YOUNG); the House leadership, including the honorable gentleman from Texas (Mr. DELAY); Congressional Black Caucus; the gentleman from Michigan (Mr. DINGELL), the ranking Democrat on the committee; the gentleman from Ohio (Mr. BROWN), the subcommittee ranking member who is here to speak on the bill; and all of the staff who have labored on this bill.

Particularly, I would like to thank Cheryl Jaeger, on my left, of my committee staff, for all of her efforts. She has been tireless in the last several months working on this bill. In the last few weeks, she has been able to forge a compromise that ultimately was acceptable to all the advocates of both bone marrow and cord blood.

We will continue to improve the legislation that moves forward so that pregnant women are informed of all of their options with respect to cord blood donation and the programmatic activities of the Cell Transplantation Program are clarified.

Mr. Speaker, at the appropriate time, I would urge all of my colleagues to support this bill. It is good legislation, well thought out, and deserving of majority support.

THE STEM CELL THERAPEUTIC AND RESEARCH ACT OF 2005 ESTABLISHES A FOUNDATION FOR IMPROVING ACCESS TO LIFESAVING CEL-LULAR THERAPY TRANSPLANTS

The National Marrow Donor Program (NMDP) is pleased that the sponsors of the

Stem Cell Therapeutic and Research Act of 2005 have taken a positive step forward toward expanding the long-standing Congressional commitment to cellular transplant therapies by introducing legislation to continue Federal support for bone marrow, peripheral blood, and umbilical cord blood transplantation and research. Through the legislation introduced today, they acknowledge the important role Congress has played and must continue to play in ensuring that the more than 14,000 Americans in need of these types of transplants have access to them.

The bill calls for Federal dollars to increase the number of umbilical cord blood units available for transplant and research. Currently, there are 42,000 units available through the existing National Bone Marrow Donor Registry (National Registry), which also lists more than 9 million adult donors worldwide. With additional umbilical cord blood units added to this registry, more Americans who would otherwise not be able to locate a suitably matched adult donor will be able to find hope through a cord blood transplant. The NMDP estimates that with access to the existing adult donors and units, the addition of 150,000 cord blood units listed through the existing registry will provide a match for approximately 95 percent of Americans.

By designating the existing National Registry as the C.W. Bill Young Cell Transplantation Program, the sponsors have acknowledged Representative Young's unwavering commitment to the National Registry and its growth. In 1986, Representative Young's vision of a single integrated national bone marrow donor registry became a reality. Since that time, the National Registry has facilitated more than 21,000 unrelated transplants involving cord blood, bone marrow, and peripheral blood. It now includes more than 5 million U.S. adult volunteer donors and has links to another 4 million worldwide. As evidence supporting cord blood as a source of the same cells found in bone marrow and peripheral blood has grown, the National Registry, operated by the NMDP, has expanded to include more than 42,000 cord blood units through the NMDP's partnership with 14 of the 20 U.S. public cord blood banks. We join the sponsors in saluting Representative Young's dedication to helping the thousands of Americans in need of these types of transplants.

The expansion of the Program will benefit patients most if they are able to access the new sources of cells easily and efficiently. The NMDP supports the intent of the sponsors to provide patients and physicians with access to cord blood, bone marrow, and peripheral blood stem cells through a single point of access. To ensure the continued expansion of cord blood transplants, it is important that patients and physicians can search for all of these sources through a single registry, compare each source of cells for transplant quickly and efficiently, and obtain the cells once the search process is finished. One-stop-shopping to obtain information and logistical support is a critical component of the success of transplantation regardless of whether adult donors or cord blood units are used. The bill recognizes this need by calling for a single point of access for these activities to build upon the National Registry. Using the current registry as a basis for the new program will ensure that limited resources are dedicated to increasing the availability of matches and not in reinventing new bureaucracies.

Although this bill is a step in the right direction, it is critically important that the Program also have the authority to establish criteria and standards that provide transplant physicians with the assurances they

need to be confident that when they compare various cord blood units and/or adult donors, they have the same type of information about each unit or donor. In addition, the NMDP urges members to recognize that transplant patients may encounter other barriers to accessing cellular therapy transplants. The need for assistance in addressing barriers to access should be extended to all recipients of transplants under this program, regardless of cell source. Physicians and patients must be able to receive all of the services necessary for a successful transplant, including distribution coordination, patient counseling, translation assistance, testing, insurance coordination, and other patient advocacy services. We look forward to working with the sponsors and the Department of Health and Human Services to strengthen these provisions of the legislation.

The NMDP applauds the sponsors for undertaking this important public health initiative. Through their leadership, thousands of Americans who might otherwise die will have access to lifesaving bone marrow, peripheral blood stem cell, and cord blood transplants.

STATEMENT OF ADMINISTRATION POLICY—MAY 24, 2005

H.R. 2520—Stem Cell Therapeutic and Research Act of 2005

(Rep. Smith (R) NJ and 78 cosponsors)

The Administration strongly supports House passage of H.R. 2520, which would facilitate the use of umbilical-cord-blood stem cells in biomedical research and in the treatment of disease. Cord-blood stem cells, collected from the placenta and umbilical cord after birth without doing harm to mother or child, have been used in the treatment of thousands of patients suffering from more than 60 different diseases, including leukemia, Fanconi anemia, sickle cell disease, and thalassemia. Researchers also believe cord-blood stem cells may have the capacity to be differentiated into other cell types, making them useful in the exploration of ethical stem cell therapies for regenerative medicine.

H.R. 2520 would increase the publicly available inventory of cord-blood stem cells by enabling the Department of Health and Human Services (HHS) to contract with cord-blood banks to assist them in the collection and maintenance of 150,000 cord-blood stem cell units. This would make matched cells available to treat more than 90 percent of patients in need. The bill would also link all participating cord-blood banks to a search network operated under contract with HHS, allowing physicians to search for matches for their patients quickly and effectively in one place. The bill also would reauthorize a similar program already in place for aiding the use of adult bone marrow in medical care. There is now \$19 million available to implement the Cord Blood Cell Bank program; the Administration will work with the Congress to evaluate future spending requirements for these activities. The bill is also consistent with the recommendation from the National Academy of Science to create a National Cord Blood Stem Cell Bank program.

The Administration also applauds the bill's effort to facilitate research into the potential of cord-blood stem cells to advance regenerative medicine in an ethical way. Some research indicates that cord blood cells may have the ability to be differentiated into other cell types, in ways similar to embryonic stem cells, and so present similar potential uses but without raising the ethical problems involved in the intentional destruction of human embryos. The Administration encourages efforts to seek ethical

ways to pursue stem cell research, and believes that—with the appropriate combination of responsible policies and innovative scientific techniques—this field of research can advance without violating important ethical boundaries. H.R. 2520 is an important step in that direction.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Today, Mr. Speaker, we will consider two bills that have significant bearing on the future of medicine and medical research in our country. I want to thank the gentleman from New Jersey (Mr. SMITH) and the gentleman from Texas (Mr. BARTON) for their work on the first of these bills. The Smith-Barton legislation reauthorizes the National Bone Marrow Donor Program and adds a new national cord blood registry. Cord blood and bone marrow have several therapeutic uses in common: first and foremost, the treatment of blood diseases. Coordinating these two registries makes sense for patients, for doctors, and for the public health. With this kind of coordinated program, there will be a single entry point for transplant doctors and their patients to locate available cord blood units.

This bill also increases outreach and education efforts so that we can amass the most diverse possible reserves of cord blood. It improves data keeping and distribution so that necessary blood gets to patients as quickly and as accurately as possible. In addition to the therapeutic uses of cord blood, this bill makes cord blood stem cells available for research purposes.

There is clearly therapeutic potential in the use of cord blood and adult stem cells. Some of the most important research in this area is taking place in Ohio, in northeast Ohio, where I call home, at the National Center for Regenerative Medicine, a partnership of Case Western Reserve University hospitals, and the Cleveland Clinic in Cleveland.

I mentioned we will be considering two bills today that have significant bearing on the future of medicine. And it is in the research area that the distinctions between these two bills takes on the greatest significance.

□ 1230

Smith-Barton focuses on cord-blood and adult stem cell research. In the Castle-DeGette bipartisan bill, it focuses on embryonic stem cell research. That is a critical distinction, and the House needs to acknowledge that. Cord-blood and adult stem cell research are not substitutes for embryonic stem cell research. They are not alternative avenues to the same medical outcomes. Each type of research holds unique potential.

For example, while adult stem cells represent an important advance in the treatment of blood disorders, these cells simply do not occur in every tissue in the body. Because there are no

adult stem cells, for example, in the pancreas, the potential of adult stem cells to develop into therapies for a disease like diabetes is very limited. That is one example of many.

Embryonic stem cell, on the other hand, can grow into any type of cell in the body, making potential use of these far more diverse and far more valuable.

We should not minimize the importance of cord-blood and adult stem cell research, but by the same token, we shouldn't mislead the public into believing that if Smith-Barton passes, the Castle-DeGette bill is unnecessary, because surely it is not. It is irresponsible and even dangerous for Members of this body to distort the value of one form of research in order to stifle another promising avenue of research.

We in this Congress have a responsibility to support medical research and to foster its development, as the committee of the gentleman from Texas (Mr. BARTON) committee has done well over time. Millions of lives have been saved and improved because of the brilliant research conducted in this country. We also have a responsibility to speak honestly about that research and its potential.

Both sides of this debate owe it to the public to draw clear lines between the beliefs we hold and the facts that hold, regardless of what we believe. The fact is that cord-blood research, adult stem cell research and embryonic stem cell research are not interchangeable. The fact is, if we invest in all three types of research, we may finally be able to find cures for debilitating illnesses, cures that are currently beyond our reach.

The fact is, if the U.S. withholds funding for embryonic stem cell research, that research will continue, just at a significantly slower pace. People that you and I know, they may be friends, they may be family members, they may be professional colleagues, will suffer and die from potentially curable illnesses while we wait for the rest of the world to fill our shoes.

Researchers in other nations, researchers in private institutions in this country, are pursuing embryonic stem cell research because they know that it is possible to accomplish this research in an ethical manner. Embryonic stem cell research does not and need not increase the number of embryos that are destroyed. Instead, it decreases the number of embryos that are destroyed in vain.

We will have an opportunity today to pass two pieces of legislation, both are important, that will deliver hope to patients whose futures depend on new answers to life and death medical questions. Our Nation cannot pick and choose between cord-blood research and adult stem cell research and embryonic stem cell research if we want to answer all these questions, unless we want to offer hope to some and sympathy to others.

Mr. Speaker, I urge Members to vote in favor of both the Smith-Barton bill

and the Castle-DeGette bill. Doing so will show that what you know and what you believe intersects at the point where medical progress is harnessed to alleviate untold human suffering.

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

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that debate on this motion be extended by 20 minutes, equally divided between myself and the gentleman from Ohio (Mr. BROWN).

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

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. SMITH), the original author of the bill and my cosponsor.

Mr. SMITH of New Jersey. Mr. Speaker, I thank my good friend for yielding and for his leadership on this bill and for cosponsoring it, along with the gentleman from Alabama (Mr. DAVIS) on the other side of the aisle for his leadership over the last 3 years as we crafted this legislation. It is finally on the floor after almost 3 years of work; and again I thank my friend, the gentleman from Alabama (Mr. DAVIS) for his leadership.

One of the best kept secrets in America today is that umbilical cord-blood stem cells and adult stem cells are curing people of a myriad of terrible conditions and diseases. One of the greatest hopes that I have is that these current-day miracles, denied to many because of an insufficient inventory and inefficient means of matching cord-blood stem cells with patients, will now become available to tens of thousands of patients as a direct result of the Stem Cell Therapeutic and Research Act of 2005, H.R. 2520.

Amazingly, we are on the threshold of systematically turning medical waste, umbilical cords and placentas, into medical miracles for huge numbers of very sick and terminally ill patients who suffer from such maladies as leukemia and sickle cell anemia. And because this legislation promotes cord-blood research as well, we can expect new and expanded uses of these very versatile stem cells.

For the first time ever, our bill establishes a nationwide stem cell transplantation system. It also authorizes the national bone marrow transplant system and combines both under a new program, providing an easy, single-access point for information for doctors and patients and for the purpose of collecting and analyzing outcomes data.

The new program created in our legislation is named for our distinguished colleague, the gentleman from Florida (Mr. YOUNG), because of all of his great work on bone marrow transplantation over the last 2 decades.

Mr. Speaker, cord-blood stem cells are already treating and curing patients. Unlike embryonic stem cell re-

search that has not cured one person, cord-blood stem cells are treating patients. The New York Blood Center, for example, has treated thousands of patients with more than 65 different diseases, including sickle cell disease, leukemia and osteoporosis.

Some of those patients came and told their stories yesterday at a press conference, and they are in the gallery watching this debate right now. One of those men, a young man named Keonne Penn was here to tell his story of how he was cured of sickle cell anemia, and he said, "If it wasn't for cord-blood stem cells, I would probably be dead by now. It is a good thing I found a match. It saved my life."

Stephen Sprague, another man who was cured of leukemia, said he too was lucky to find a cord-blood match. And 22-year-old Jaclyn Albanese, who just graduated from Rutgers University from my State, said, "If the New York blood center had not been there, I do not know what kind of shape I would be in." She is thankful as well.

Mr. Speaker, I say to my colleagues, cord-blood has also been used to treat Hurler's disease and Krabbe's disease, both neurological conditions, which blows away the idea that cord-blood stem cells are limited in the potential and the capacity to turn into other kinds of cells. That is not too surprising. I say to my colleagues, when you simply read the published literature on the flexibility of cord-blood stem cells.

According to a July 2004 study published in the Journal of Experimental Medicine, a research group led by Dr. Kogler found "a new human somatic stem cell from placental cord-blood with intrinsic pluripotent differential potential," which means it can become any type of cell in the body. In addition, they found that the cells could expand to 10 quadrillion, or 10 to the power of 15, cells before losing any pluripotent abilities.

And cord-blood stem cells are not only ahead in treating real human patients, they are also able to turn into different kinds of cells for research. One company has already turned cord-blood stem cells into representatives of three germinal layers, including neural stem cells, nerve stem cells, liver/pancreas precursors, skeletal muscle, fat cells, bone cells and blood vessels.

Last month, Celgene Corporation announced that cord-blood cells "are 'pluripotent', or have the ability to become different types of tissue." So we are just on the beginning of realizing the vast potential of what was formerly medical waste and has now been turned into these medical miracles.

Let me just say to my colleagues that this idea that research on bone marrow and cord-blood stem cells has been researched on for decades and that embryo stem cells have only been researched for a short time is ludicrous and an unfair attack on cord-blood stem cell research. During the entire period where research has been hap-

pening in this area of regenerative medicine, the idea that cells can change types and repair organs, both adult and embryo cells have been around in animals. And, again, great progress has been made in the cord-blood and the adult stem cell. My bill needs to be passed.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MATSUI).

(Ms. MATSUI asked and was given permission to revise and extend 2 remarks.)

Ms. MATSUI. Mr. Speaker, I rise today in support of H.R. 2520, as well as the Stem Cell Research Enhancement Act, as both bills are part of today's larger debate on stem cell research and the hope being offered with them.

As Samuel Smiles said, "Hope is the companion of power and the mother of success; for who so hopes has within him the gift of miracles."

That is what today's debate is about, because at its core, stem cell research is about the idea of hope and miracles, a hope which has become quite personal for me. As you know, my husband Bob, who worked with all of you for so many years, suffered from a rare bone marrow disorder. I saw what this disease did to him. I saw his life cut short. And it is my hope that by expanding stem cell research, other families will have more than just a hope for a cure for this disease, as well as many, many others.

But to be effective, hope and optimism need to be based on a possibility. This is what we are talking about today, whether or not this country will close the door on hope on the unexplainable, on what is truly a miracle. It is clear that by passing this bill and the Stem Cell Research Enhancement Act we will not be reading articles in next week's paper that we found the cure for cancer or any other disease, that we hope to be effected. But I feel strongly that the effects of Federal dollars and involvement in stem cell research will make an unquestionable difference.

Our country has been a leader in so many areas of medicine. Now is not the time to cede our role to countries like South Korea, France or Great Britain. By doing so, we will not only diminish the contributions of Americans, but also our ability to shape and impact the ethical debate.

Both bills are an important step in harnessing the power of optimism. I hope we will not ignore this opportunity.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. FERGUSON), a member of the Committee on Energy and Commerce.

Mr. FERGUSON. Mr. Speaker, I thank the chairman for yielding me time.

Mr. Speaker, today we will hear some of our colleagues talk about the empty promise of embryonic stem cell research. They will argue for research

that not only requires the destruction of human life, but to date, has also not yielded a single therapy.

What we in Congress should be advocating for is the continuing advancement of adult stem cell research, a true scientific success story, which has benefited thousands of Americans already.

Perhaps nowhere is this success more evident than in the advancement of cord-blood stem cells. A rich source of stem cells, umbilical cords are already treating patients. Cord-blood stem cells have already been used to treat thousands of patients and more than 67 different diseases, including leukemia, sickle cell anemia and lymphoma. The New York Blood Center's National cord-blood program alone has provided transplants to over 1,500 gravely ill children and adults.

And there is great promise for the future. Studies have shown that these cells have the capacity to change into other cell types, giving them potential to treat debilitating conditions such as Parkinson's disease, spinal cord injury and diabetes.

The Stem Cell Therapeutic and Research Act focuses government efforts on research with real promise, providing Federal funding to increase the number of cord-blood units available to match and treat patients.

The bill also takes on the recommendations of the Institute of Medicine, providing a national network that would link all the cord-blood banks participating in an inventory program into a search system, allowing transplant physicians to search for cord-blood and bone marrow matches through a single-access point.

□ 1245

It would also promote additional stem cell research for units not suitable for transplant. The Stem Cell Therapeutic and Research Act advances true stem cell research, research with real promise, grounded in proven science; and it is ethically sound.

I urge my colleagues to join me in supporting this important and timely legislation.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from Alabama (Mr. DAVIS).

Mr. DAVIS of Alabama. Mr. Speaker, let me begin by joining the various Members of this institution who will speak today and who will urge the passage of both of these bills. I certainly cannot speak with the particular passion of the gentlewoman from California (Ms. MATSUI) who has been touched by this issue, but this is a very good day for the House of Representatives. It is a very good day, because we have managed to reach across the partisan divides, I believe twice today, or we will manage to reach across the partisan divide, I believe twice today, to pass bills that are good for the American people and good for countless numbers of Americans who need this research.

I want to say something about the cord blood bill in particular. I have had the honor for 2 years of working with the gentleman from New Jersey (Mr. SMITH) on this bill, and I am a Democratic sponsor on it; and I want to thank him for his good work.

This bill will make an enormous difference to the African Americans around this country who often struggle with blood matches. Cord bloods do not require a blood match. The young man that we saw on the Cannon terrace yesterday who suffered from sickle cell anemia whose life has been permanently transformed by cord blood cell technology speaks to the power of this bill. We talk a great deal about health care disparities, and we ought to talk about health care disparities in this country; but rather than talk, this bill acts. It actually provides relief for a group of people who otherwise would not have seen it.

But I want to talk for just a moment about the concept of principled difference, because I think it is very much illustrated today. Mr. Speaker, the reason that this cord blood bill made it to the floor is in large measure because rather than digging in opposition to stem cell opposition, as strongly as the gentleman from New Jersey (Mr. SMITH) feels about this issue, rather than digging in opposition, the gentleman worked with the scientific community, he worked across the aisle to try to find another approach. And as circumstance has it, both of these approaches are before us today.

If we would somehow as an institution learn from his example, if we figured out how, rather than digging in and deciding how much we disagree with each other, what other ways exist, what ways can we find to work together, we would not have a 34 percent approval rating as an institution.

The final point that I will make is that I firmly believe that we have all of our genius and all of our brilliance as a scientific and medical community for a very good reason. I think that we are meant to use it. I am hopeful that all of the technological advances that have happened in the last several years, with cord blood cells and with stem cells, can make a significant difference.

So to all the Members of this institution, I simply urge them and encourage them to vote for both of these bills but, even more importantly, to accept this as an example of what happens when Democrats and Republicans find intelligent common ground. There will be people who will benefit from this, and I do not think it is going too far to say that lives will be saved because of these two bills.

So I thank the gentleman from New Jersey (Mr. SMITH) for his good work and, again, I am honored to be the lead Democratic sponsor of the cord blood bill.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Florida (Mr. WELDON),

a doctor, and one of our more thoughtful Members on this subject and somebody who has given a lot of time to it.

Mr. WELDON of Florida. Mr. Speaker, I commend the chairman of the Committee on Energy and Commerce and his staff, as well as the gentleman from New Jersey (Mr. SMITH), for their diligent work on bringing this very, very good bill to the floor of the House.

What we are going to be voting for here will help create a banking system so that if a patient comes in to see me with a particular illness that is amenable to treatment with stem cells, I can enter their genetic information in a computer, find a match of cord blood that would be kept in a freezer, and actually treat the patient. It is really exciting, I have to say. I never thought I would live to see the day where we would be curing sickle cell anemia. And for those of my colleagues who do not know about sickle cell anemia, sickle cell is a terrible disease. You get these young people, kids, coming in your office with these horrible, painful crises where their bones are aching and you end up having to give them narcotics and transfuse them. It stunts their growth, horrible condition. We now have 10, 10 kids that have been cured of sickle cell anemia.

Just yesterday I was flying up here, and as I often do, I grabbed some medical journals to read on the plane. I was reading the May 19 issue of the New England Journal of Medicine and, lo and behold, another research article, this one on transplantation of umbilical cord blood in babies with Infantile Krabbe's disease, a rare disease, a terrible disease, the babies die; and this cord blood study shows if you catch it early, you can actually cure these kids.

I know there have been a number of Members coming to the floor talking about the embryonic bill that we are going to take up later; the embryonic stem cells have never been shown to be successfully useful in a human model. They do not even have one case. We have thousands of people who have been treated with adult stem cells and these cord blood treatments.

I just want to correct the gentleman from Alabama. He has implied some of us are against stem cell research. That is not the case at all here. We are just for ethical stem cell research.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the ranking Member for yielding me this time.

Let me thank the sponsors of this legislation, the gentleman from New Jersey (Mr. SMITH), the gentleman from Texas (Mr. BARTON), the gentleman from Alabama (Mr. DAVIS), and, of course, the gentlewoman from Colorado (Ms. DEGETTE) and the gentleman from Delaware (Mr. CASTLE) for the second bill, the bills being H.R. 810 and H.R. 2520.

Let me just say that separating these two legislative initiatives would be

like separating the Flag from the Pledge of Allegiance. It is appropriate to have a marriage today of two very vital and important legislative initiatives, one dealing with adult stem cell research, which is vital and done along ethical lines and will help many in our community that have a number of significant diseases; in particular, Alzheimer's and sickle cell anemia. Then, of course, the importance of stem cell lines and expanding it under Federal funding is something that we cannot imagine.

Let me tell my colleagues about an individual that I love and admire in my community, Reverend M.L. Jackson, exciting, exuberant, a leader in our community. His family just said that with all of his leadership and heading up ministerial alliances, he has Alzheimer's. I go home this weekend to meet with Reverend Jackson and to recount his life with him as he now sees it. But would it not be wonderful for a vibrant and outstanding leader of our community to have an expanded opportunity, as Nancy Reagan argued for, for President Reagan.

Unless Federal funding for stem cell research is expanded, the United States stands in real danger of falling behind other countries in this promising area of research. I would mention that the National Academy of Sciences recently issued a set of guidelines to ensure that human embryonic stem cell research is conducted in a safe and ethical manner.

This legislation, the Castle-DeGette legislation, H.R. 810, and, of course, the fantastic and forward-thinking legislation, H.R. 2520, sponsored by the gentleman from Texas (Mr. BARTON), the gentleman from New Jersey (Mr. SMITH), and the gentleman from Alabama (Mr. DAVIS), represents a coming together of our family. It certainly deserves a good marriage. Just as we cannot separate the Pledge and the Flag, let us unite today and vote unanimously on these two outstanding initiatives to support American stem cell research, and to save lives.

Mr. Chairman, I rise this morning in support of the "Stem Cell Therapeutic and Research Act of 2005." This measure, sponsored by CHRISTOPHER H. SMITH, JOE BARTON, and ARTUR DAVIS would promote research on a type of stem cell, known as an adult stem cell, taken from umbilical cord blood. In addition, the bill creates a new federal program to collect and store umbilical-cord-blood stem cells, and expands the current bone-marrow registry program.

While I have no objections to the bill, it is important that no one view H.R. 2520 as a substitute for H.R. 810, the "Stem Cell Research Enhancement Act." These are entirely different bills, but both deserve passage.

Recent discoveries have convinced scientists that stem cells might eventually become the key to treating diseases such as Parkinson's, diabetes, and heart disease. Researchers hope to be able to study stem cells to better understand how diseases develop and eventually use them to generate tissues that could replace damaged or diseased tissues and organs in patients.

Adult stem cells are unspecialized cells found in specialized tissue such as bone marrow or skeletal tissue. Initially, scientists viewed their medical applications as limited in what they can become to the cell types from which they were extracted. Recent evidence has suggested that adult stem cells could provide more flexibility than previously thought, according to the National Institutes of Health.

This legislation would create a new federal program to collect and store umbilical-cord-blood stem cells, and reauthorizes and expands the current bone marrow registry program. I am supportive of this bill because it would be of great benefit to African Americans. This bill has specific language that would diversify the Bone Marrow Banks of this nation. This would be of extreme importance to many African Americans suffering from Sickle Cell Anemia.

As you can see, these are complicated issues, but I think we are headed in the right direction. This bill would help our doctors and scientists discover new treatments and cures for otherwise debilitating and incurable diseases and ailments. For this I must support it. However, I cannot support this bill without clarifying that it should not be viewed as an alternative to H.R. 810, rather as a complementary force.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. DANIEL E. LUNGRON).

Mr. DANIEL E. LUNGRON of California. Mr. Speaker, I thank the gentleman for yielding me this time.

I rise in support of H.R. 2520, which I really view as a noncontroversial, bipartisan piece of legislation that we should all be able to agree on. I think one speaker a moment ago talked about science and our obligation to promote science. I would agree with him, but with this caveat: science tells us what we can do; science does not tell us what we should do. That is an ethical dimension, and we are called upon oftentimes to decide what the ethical thing to do is.

Here we have a piece of legislation dealing with an emerging area of science, but one that has already proven itself to be effective in human application and one that also shows itself to be easily obtained, that is, we either throw away umbilical cords, throw away the umbilical cord and the placenta at the time of birth, or we save the blood that can be captured at that time to make it available such that the stem cells can be taken from that and utilized in this therapeutic fashion. This bill would also allow us to do research with these stem cells.

There is a tremendous frontier out there. There is a tremendous frontier that shows tremendous opportunity for success. I do not want to overhype it. I do not know far it will go, but certainly it has not gotten the attention that needs to be given it. When we talk about stem cells, we can talk about how we obtain the stem cells. We can do it in several ways. And there is an ethical dimension, an ethical dilemma that exists with respect to the second bill that will be up today. There is no

such dilemma that exists with respect to this bill.

We can obtain this in very easy ways, voluntarily, asking mothers at the time their children are born to donate these units such that others might be helped. We have been laggard in our approach to this particular area of science. Again, I say, where we have no ethical question, where we have strong support from the scientific community, we should do no less than to support this bill strongly.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I rise in strong support of H.R. 2520, the Stem Cell Therapeutic and Research Act of 2005. The gentleman from Texas (Chairman BARTON), the gentleman from Michigan (Ranking Member DINGELL), the gentleman from New Jersey (Mr. SMITH), and the gentleman from Alabama (Mr. DAVIS) are to be applauded for their leadership and the bipartisan way in which they worked to craft this bill and bring it to the floor today.

I have come to this floor on numerous occasions to remind my colleagues about the health care crisis taking place in minority communities. I am proud to say that while this bill is important to saving the lives of all Americans, it also has the potential to eliminate the disparity in pain management and treatment of chronic diseases, and inherited ones, like sickle cell anemia in minorities.

In September of last year, I hosted one of the first briefings on Capitol Hill about the importance of cord blood. As discussed then, with additional umbilical cord blood units added to the registry, more Americans, and minorities in particular, who would otherwise not be able to locate a suitably matched, adult transplant donor, will be able to find successful treatment and, thus, hope. With the addition of a possible 150,000 more cord blood units, we will be able to potentially match up to 95 percent of Americans.

Earlier this month, the Institute of Medicine recommended that cord blood donors be provided with clear information about their options, including a balanced perspective on the different options of banking. The bill directs the Secretary to guarantee that education.

But, Mr. Speaker, we need not only cord blood, but adult and embryonic stem cells as well to provide the full complement of this lifesaving therapy. As this chart shows, unlike human embryonic stem cells, adult stem cells and stem cells from umbilical cord blood cannot continually reproduce themselves and are unable to form diverse, nonblood cell types. The cord blood stem cells are an important tool for medicine, as I have said before, especially in the treatment of blood diseases; but they are not, they are not a

substitute for embryonic stem cells. We need both.

So I strongly urge support for H.R. 810, the Stem Cell Enhancement bill of 2005, and I urge the President to sign both bills into law. That bill was introduced by the gentlewoman from Colorado (Ms. DEGETTE) and the gentleman from Delaware (Mr. CASTLE), and I commend them for their work as well.

Mr. Speaker, H.R. 810 would allow important research on embryonic stem cells to continue. Many of the initial lines have been contaminated and cannot be used. Further, the bill includes strong safeguards to protect life and against abuse.

I urge my colleagues to support these bills and to join me in urging the President to sign both bills. Through the enactment of H.R. 2520 and H.R. 810, we can provide this lifesaving therapy to many who otherwise may not have any other option to improve or extend their lives. They and their families are depending on us.

□ 1300

Mr. BARTON of Texas. Mr. Speaker, I yield 15 seconds to the gentleman from New Jersey (Mr. SMITH), very briefly.

Mr. SMITH of New Jersey. Mr. Speaker, I just want to make the point that some misinformation perhaps inadvertently is being spread on this floor, that these stem cells that are derived from cord blood only have a blood application. That is unmitigated nonsense. It is not true. And I pointed out in my opening comments that in the Celgene Cellular Therapeutics first reported back in 2001 that placental stem cells turned into nerve, blood, cartilage, skin and muscle cells, and that since that time other studies have confirmed cord blood's pluripotent capability. Surely there needs to be further research.

Mr. BARTON of Texas. Mr. Speaker, I yield 2 minutes to a member of the committee, the distinguished gentleman from Pennsylvania (Mr. MURPHY).

Mr. MURPHY. Mr. Speaker, I thank the chairman for yielding his time.

You know, you cannot divorce medical research from medical ethics. And as such, it is critically important we are dealing here with medical facts.

First of all, although many Members and the public and the media seem to get this wrong, the truth is, I believe we will have probably close to unanimous support for using Federal dollars for stem cell research, but it is important to understand the different types:

Adult stem cell, which has much promise to harvest and grow these, although it has some risk for infections and other problems. Some 30,000 people have been treated.

Umbilical cord, which is pluripotent. It can be used in multiple ways. Over 6,000 cases have been treated.

Frozen embryo research, zero. And cloning has its own problems with that as well.

In the area of umbilical cord blood, one of the cases, because in my practice, I oftentimes dealt with children with developmental disabilities. One case of the New England Journal of Medicine reports 90 percent success rate with Hurley's syndrome, a developmental disorder, autosomal dominant one, which ends up in severe developmental delays and death. Those are incredible results, incredible results that come from looking at the facts of what cord blood stem cell research is about.

Let us not distort this discussion and confuse cord blood and embryonic, because when you are using cord blood, umbilical blood, you are not killing anyone. You are not limiting or destroying a life. You are taking something that has been discarded in the normal process of pregnancy and birth.

Let us help support the continuation of this vital research which does not just show promise, but shows demonstrable results. And it does not involve the ending of any life in the process. This is where we should continue our research. This is where we must continue our work. This is where we must take our stand today, to continue to support medical research that is important. Look also at medical ethics.

Mr. BROWN of Ohio. Mr. Speaker, could the Chair inform both sides how much time is remaining?

The SPEAKER pro tempore (Mr. FLAKE). The gentleman from Ohio (Mr. BROWN) has 13 minutes. The gentleman from Texas (Mr. BARTON) has 11 minutes.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. ENGEL), a member of the Health Subcommittee.

Mr. ENGEL. Mr. Speaker, I thank the gentleman from Ohio (Mr. BROWN) for yielding time to me. And I rise in support of H.R. 2520, the Stem Cell Therapeutic and Research Act of 2005. This act, combined with H.R. 810, the Stem Cell Research Enhancement Act of 2005, will go a long way towards helping millions of Americans who suffer from debilitating health conditions.

I wholeheartedly support umbilical stem cell research, but also support embryonic stem cell research. As anyone who suffers from diabetes, Parkinson's disease, ALS, or a host of other health problems knows, one possible treatment is the use of stem cells to help regrow the tissues affected by their ailments.

Scientists have stated that embryonic stem cells provide the best opportunity for devising unique treatments of these serious diseases since, unlike adult stem cells, they may be induced to develop into any type of cell. Adult stem cells are also problematic, as they are difficult to identify, purify and grow, and simply may not exist for certain diseased tissues that need to be replaced.

Please understand that I do not discount the promise of adult stem cell research or cord blood research, but I

agree with the National Institutes of Health that we must carefully study all types of adult and embryonic stem cells. In their words, "Given the enormous promise of stem cell therapies for so many devastating diseases, NIH believes that it is important to simultaneously pursue all lines of research." Our loved ones deserve science's best hope for the future.

Now, I want to say something. This is not about cloning. I oppose cloning of human beings. This is about the use of embryonic stem cells which would have been discarded anyway.

I want to repeat that. This is about the use of embryonic stem cells which would have been discarded anyway. It has been estimated that there are currently 400,000 frozen IVF embryos, which would be destroyed if they are not donated for research.

I would never condone the donation of embryos to science without the informed, written consent of donors and strict regulations prohibiting financial remuneration for potential donors. Our Nation's scientific research must adhere to the highest ethical standards. But it is important that we do embryonic stem cell research. We are falling behind other countries, and this is not what ought to be happening.

President Bush has limited Federal funding of stem cell research to only those stem cell lines that existed prior to August of 2001. But unfortunately, only 22 cell lines are available for study, which prevents scientists from having access to important genetic cell diversity. Simply put, if it continues, that would not be ethical. Please support both bills.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I rise today in strong support of the gentleman from New Jersey (Mr. SMITH's) Stem Cell Therapeutics and Research Act of 2005, and commend the gentleman for his courageous and principled stand for the sanctity of life.

As a physician Member, I know that significant successes are being reported from the use of umbilical cord stem cells in the treatment of 67 diseases, including sickle cell anemia, leukemia, osteoporosis and lymphoma. There is great promise in this research. Umbilical cord stem cells, unlike embryonic stem cells can be matched to a recipient by blood type, gender, ethnicity, that results in fewer tissue rejections.

Compare this to embryonic stem cells. Aside from the fact that harvesting embryonic stem cells results in the destruction of innocent life, embryonic stem cells are gathered without knowledge of blood cell type, without assurance that they are free from infection, and without screening for genetic defects. These embryonic stem cells may be mismatched, carry infection, or have genetic defects with cancer-producing potential.

There is a better way, Mr. Speaker. It is H.R. 2520, which enhances Federal

funding for expanding the already successful use of umbilical cord stem cells. When you consider the ethics and the science and the debate, it is clear that cord blood stem cells are the right choice for our Federal funding and scientific support.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. GENE GREEN), an outstanding member of the Health Subcommittee.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise today to support not only H.R. 2520, but also H.R. 810, the Castle/DeGette legislation to expand Federal research for embryonic stem cells.

Undoubtedly, each of us on this floor today has a friend, family member or neighbor who could benefit from increased embryonic stem cell research, whether they suffer from spinal cord injury, Alzheimer's, MS or juvenile diabetes. As we consider both the Castle/DeGette stem cell bill and the Smith legislation on umbilical cord stem cells, it is important we differentiate between the effects of these two bills.

I support both of them. But one is not a substitute for the other. The Castle/DeGette bill will expand research on embryonic stem cells, which would have the ability to reproduce indefinitely and to evolve into any cell type in the body.

It is this element of embryonic cell research that offers the most hope for finding cures to the diverse set of diseases that plague too many Americans. We cannot take away that hope by shutting the door on Federal research on embryonic stem cells. The President's policy shut that door, and we have lost 4 years of robust research that will be needed to cure the most complex diseases.

Opponents of this bill will say that the embryonic cell research is unproven, but we will never know the true promise of embryonic stem cells if we hold back Federal dollars for the research. If embryonic stem cell research gets us even one step closer to curing Parkinson's, spinal cord injury and Alzheimer's, it is worth every penny. Just ask Michael J. Fox, Dana Reeves or Nancy Reagan.

These tremendous people, as well as countless more in each of our communities, know what it is like to live every day waiting for your cure. Slamming the door on stem cell research slams the door in their faces.

We talk about using our values to pass legislation to help people. Both these bills are important to helping people with such terrible illnesses.

This last Saturday I helped my wife's mom move into a nursing home. She was diagnosed with Alzheimer's in the mid-1990s. We have watched the progression of that terrible disease. Nothing can help my mother-in-law. But by voting today for both these bills, we can help maybe the next generation, instead of sticking our heads in the sand.

I urge my colleagues to do the right thing for the millions of Americans suffering from incurable diseases. Pass both the Castle/DeGette bill and the Smith legislation and keep the hope for embryonic cell and cord blood research alive.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the distinguished Majority Leader of the great State of Texas (Mr. DELAY), Fort Bend County, Sugarland.

Mr. DELAY. Mr. Speaker, the issue of human cloning and embryonic stem cell research cuts to the very core of politics. And today the House will hear passionate arguments, essentially about the nature and value of human life.

Now, that debate will be, among other things, controversial, because the proponents of embryo destruction in the name of progress believe it is not the embryo destruction its opponents oppose, but rather progress itself. But it is not so, and the bill before us now, the Stem Cell Therapeutic and Research Act proves it.

This bill, which provides for Federal funding of research using adult stem cells which have, unlike embryonic stem cells, proven medical benefits in treating more than 60 separate diseases, will pass with the overwhelming support of both sides of this debate.

Now, this bill, sponsored by the gentleman from New Jersey (Mr. SMITH) will, for the first time, provide for taxpayer-funded research on well-developed stem cells from umbilical cords, expand Federal funding in bone marrow stem cell research, and provide for the development of a national stem cell therapy database for medical practitioners and researchers.

This is what progress is, Mr. Speaker, concrete, definable and based on fact, rather than speculation or a false sense of hope.

The best one can say about embryonic stem cell research is that it is a scientific exploration into the potential benefits of killing human beings. Proponents of medical research on destroyed human embryos would justify admittedly unfortunate means with the potential ends of medical breakthroughs down the line.

But the deliberate destruction of unique, living self-integrated human persons is not some incidental tangent of embryonic stem cell research. It is the essence of the experiment. Kill some in hopes of saving others.

The choice, however well intentioned, is predicated upon a utilitarian view of human life that this bill shows our government need not take. The Smith bill will fund the only kind of stem cell research that has ever proven medically beneficial, while helping to develop new and exciting avenues of inquiry, all without harming a single human embryo.

This bill is progress, Mr. Speaker, and represents a perfect contrast to speculative and harmful methods of embryonic stem cell research. This is the right stem cell bill, Mr. Speaker.

Progress, even progress that pushes the envelope of medical knowledge, need not be controversial. It need not divide us or force people of goodwill to devalue human life. Progress, in fact, is the opposite of such a choice. And the Smith bill unites the public and private sectors, both doctors and patients, and recognizes the inherent dignity and value of every human person.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Michigan (Ms. KILPATRICK).

Ms. KILPATRICK of Michigan. Mr. Speaker, I am a strong supporter of stem cell research. It saves lives, it prolongs life, and it helps unhealthy people remain existent on this earth.

I am a diabetic myself, and for the last decade I have been working with stem cell research in my own district. The Karmanos Cancer Institute, world renowned in our community and in Michigan, and part of the former Detroit Medical Center, is a leader in research.

This bill deals with cord research, umbilical cord research, not controversial. Medical professionals and others support umbilical cord research.

□ 1315

Umbilical cord research is the cord that is separated after a woman delivers her child. In many instances, 90 percent of the time, those cords are displaced and thrown away. What this bill will help us do is first of all gather those cords across America to save lives, to renew organs, and to continue life as we know it.

So I rise in support of H.R. 2520 as another means for us to prolong life, to give life, from stem cords, umbilical cords of women that are heretofore thrown out.

In our community, we are educating women and asking for their permission that medical research is able to use the cords, the umbilical cords of the fetus. It is new, it is exciting, and it is happening all over the world. Our country is first in medical science; and this act that we are taking today will continue research and development, healthier lives and longer lives.

Support H.R. 2520 and let us bring America up so that we can save lives, prolong lives, and build a real strong America.

Mr. Speaker, I rise to support the "Stem Cell Therapeutic and Research Act".

This bill creates a new federal program to collect and store umbilical cord blood stem cells and reauthorize and expands the current bone marrow registry program.

Umbilical cord blood units, typically discarded at hospitals, can be an unlimited source of stem cells with representation of all races and ethnicities.

According to the National Marrow Donor Program (NMDP), African-Americans have only a 30 percent chance of finding a stem cell match within their own families and often require healthy stem cells from an unrelated individual, typically another African American. Of the NMDP's registry of donors, only 8 percent are from African-Americans.

I support the use of embryonic stem cells, adult stem cells and cord blood research to find cures. I urge all of my colleagues to support this bill and H.R. 810 "Stem Cell Research Enhancement Act" introduced by Representatives MIKE CASTLE and DIANA DEGETTE that would lift Bush's 2001 ban on the use of federal dollars for research using any new embryonic stem cell lines.

All avenues of stem cell research need to be explored. The current embryonic stem cell policy must be changed.

We can no longer tie the hands of our scientists and researchers when millions of lives are at stake.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. PRICE).

Mr. PRICE of Georgia. Mr. Speaker, I thank the chairman for yielding me time. I want to congratulate the chairman and the gentleman from New Jersey (Mr. SMITH) and the gentleman from Alabama (Mr. DAVIS) for their leadership.

What we are doing with this legislation is that we are celebrating life and we are celebrating science. Our debate today and this bill, this bill is so very important because it is not often that politicians get it right when dealing with health care or science. I know. As a physician I have seen government inject itself in places it ought not go and spend countless dollars on fanciful and distorted claims. However, H.R. 2520 will save lives and improve the quality of life for millions. And I know this because it will increase the use of a science that has already been proven.

As a new Member of Congress, I am proud to stand before you and lend my support to a positive and productive piece of legislation that will bring sunlight to those who have experienced too many clouds, and it will do so in an unquestionable and ethical manner.

I commend the gentleman from Texas (Mr. BARTON), the gentleman from New Jersey (Mr. SMITH), and the gentleman from Alabama (Mr. DAVIS) for their persistence, their cooperation, and their leadership.

Mr. BROWN of Ohio. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Ohio (Mrs. JONES).

Mrs. JONES of Ohio. Mr. Speaker, I rise today to lend my voice to the stem cell research debate. As a co-sponsor of H.R. 810, I hope we can expand our scope and benefit of existing stem cell lines. H.R. 810 represents another step forward in our battle against diseases and illnesses which we have spent billions of dollars trying to research, treat, and cure.

As the premier medical research Nation, we must allow our researchers and doctors to remain at the top of their fields of research both internationally and nationally. We must support our research institutions as they embark on the ethical, expert and very, very necessary trials.

Federal research restricts federal funding of stem cell research to the 78 stem cell lines that existed prior to Aug. 9, 2001. Mr. Speaker, H.R. 810 does not usher us into uncharted

waters: we are already engaged in both the federal funding and the federal oversight of this research. If we see the benefit to permitting research on 78, then the argument is not embryonic research—but rather numbers.

I come from a district where we have perhaps the leading medical research institutions. In my district Case Western Reserve University, the Cleveland Clinic, and University Hospital have embarked on a monumental and groundbreaking project to establish the National Center for Regenerative Medicine. Within the walls of these three institutions lie perhaps some of the most advanced and prolific members of the scientific research community on regenerative medicine.

While this research is basically focused on adult stem cell and umbilical cord research, we must continue to move forward with research in a responsible, compassionate, and humane way. We must support the efforts of the National Institutes of Health as we move forward.

I support the movement towards the treatment, research, and cure of diseases and illnesses which the use of stem cells can alleviate.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. PENCE), the distinguished leader of the Republican Study Committee.

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

Mr. PENCE. Mr. Speaker, I thank the gentleman for yielding me time. I commend the gentleman from New Jersey (Mr. SMITH) for his visionary legislation, the Stem Cell Research Act.

There is such enormous promise, Mr. Speaker, in adult stem cell research, the ethical research that has been under way for decades and has produced to date treatments to nearly 67 diseases including sickle cell, leukemia, osteoporosis, just to name a few.

Even last October, a Korean woman who had been paralyzed for 19 years took a few steps for reporters in Seoul with the aid of a walker and ethical adult cord blood stem cells injected into her spine.

I just spoke today to a young man in my congressional district who was injured last Saturday night and now faces a lifetime in a wheelchair. I can tell you, having spoken to his parents, I would do anything to help that brave young man out of that chair. I would do anything except fund the destruction of human embryos for research.

President Kennedy said: "To lead is to choose" and today Congress will choose and should choose to promote ethical healing by adopting the Stem Cell Research Act, to prevent the erosion of the principle that all human life, even embryonic human life, is sacred.

Say "yes" to ethical adult stem cell research and "no" to funding the destruction of human embryos for scientific advancement.

Mr. BROWN of Ohio. Mr. Speaker, how many speakers does the gentleman from Texas (Mr. BARTON) have remaining and, Mr. Speaker, who has the right to close?

The SPEAKER pro tempore (Mr. FLAKE). The gentleman from Texas (Mr. BARTON) has the right to close.

Mr. BARTON of Texas. Mr. Speaker, I have three willing speakers now and more on the way.

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

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. PITTS), a member of the committee.

Mr. PITTS. Mr. Speaker, I rise in favor of adult stem cell research, characterized by the gentleman from New Jersey's (Mr. SMITH) bill, and oppose H.R. 810, the Castle legislation, that would propose Federal dollars for destroying human embryos for embryonic stem cell research.

I can illustrate the difference with these two binders. In this one binder there are 67 successful treatments using adult stem cells, and stem cells from cord blood, adult stem cells for treatment of diseases. They are all categorized here by diseases, successful treatments. From embryonic stem cell research: zero.

The simple fact of the matter is with the use of embryonic stem cells the only thing that you have today are dead embryos and dead laboratory rats with tumors. They have not worked. They do not work. With adult stem cells you have live patients with treatments. This is the ethical way to go. This is what we should support.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, we wonder, as most medical scientists wonder, why not both kinds of research. We in no way want to restrict it to just one or the other like my friends on the other side of the aisle.

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

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Delaware (Mr. CASTLE), the distinguished Congressman and former Governor of the first State of our Union.

Mr. CASTLE. Mr. Speaker, I rise today in support of H.R. 2520, which establishes a national cord blood stem cell inventory, a cord blood system, and to reauthorize the National Bone Marrow Registry.

This is an important piece of legislation because it addresses a vital need to establish a publicly coordinated national umbilical cord blood bank similar to the National Bone Marrow Registry. However, it is important to note that umbilical cord blood cells are a type of adult stem cells that have been used only to treat blood disorders like leukemia and lymphoma.

Scientists do not believe that these cord blood stem cells will provide answers to diseases like diabetes, Parkinson's, spinal cord injuries, or other nonblood-related disorders.

According to Dr. David Shaywitz, an endocrinologist and stem cell researcher at Harvard, it seems extremely unlikely that adult blood cells or blood cells from the umbilical cord will be therapeutically useful as a source of anything else but blood. That is why we must support all forms of stem cell research, including embryonic stem cell research, so researchers have the greatest chance of discovering treatments and cures. That is why I am supporting this legislation as well as H.R. 810, the Stem Cell Research Enhancement Act, to expand the current Federal embryonic stem cell policy.

I urge everyone to support this legislation and support H.R. 810.

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

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentlewoman from Pennsylvania (Ms. HART).

Ms. HART. Mr. Speaker, I rise in support of the legislation to help us have continued success in the funding for research for uses for adult stem cells.

Adult stem cells really encompass a number of different kinds. People have talked today about cord blood. They have talked about the bone marrow stem cells. A number of them have already been used clinically and with much success.

I believe it is this Congress's duty to help support that, because certainly we will have many people who have benefited already and additional people in the future who can benefit from this kind of research. In fact, the University of Pittsburgh in my hometown just announced about a week or so ago that they are doing clinical trials regarding the use of bone marrow stem cells to help reverse chronic heart failure.

I met a gentleman actually who was involved in the research, and they talked about trials that have already been done in South America that have been successful. These are all with adult stem cells. It is important for Congress to fund research, but it is especially important for this Congress to fund responsible research and that is the research supported on this bill on adult stem cells.

Mr. BROWN of Ohio. Mr. Speaker, how much time remains?

The SPEAKER pro tempore. The gentleman from Ohio (Mr. BROWN) has 4½ minutes. The gentleman from Texas (Mr. BARTON) has 4 minutes.

Mr. BROWN of Ohio. Mr. Speaker, I have two remaining speakers.

Mr. BARTON of Texas. Mr. Speaker, I have one speaker remaining, and I will close.

Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I rise again to set the record straight.

There have been some people who have implied there is limited capacity for these cord blood stems to be used successfully. They have been shown to be pluripotent. They can become all

different cell types, and they have shown a tremendous amount of plasticity.

This poster is of a young lady who was paralyzed for years and had an adult stem cell transplant. She is able to stand up.

But I just want to clarify on the cord blood, it has been used to treat leukemia, adrenoleukodystrophy, Burkitt's lymphoma, chronic granulomatous disease, congenital neutropenia, DiGeorge's syndrome, Fanconi's anemia, and these are just some of them, Gaucher's disease. Hodgkin's disease, cord blood has been used successfully to treat Hodgkin's disease; idiopathic thrombocytopenic purpura, which is a really bad disease. I used to see some of those. Krabbe's disease I mentioned earlier, that was just in the New England Journal this month. Lymphoma; lymphoproliferative syndrome; myelofibrosis; neuroblastoma, which is a form of brain tumor which has been successfully treated with cord blood. Osteopetrosis has been successfully treated. Reticular dysgenesis, severe aplastic anemia.

The list goes on and on. There are 65 different medical conditions that have been successfully treated with cord blood.

People have mentioned diabetes. Embryonic stem cells have not been successfully used to treat diabetes either, but actually in animal models adult stem cells have been used successfully to treat diabetes. I think most of the hope and success is in this cord blood. That is why this bill is very, very important.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 1½ minutes.

Mr. Speaker, I would like to share the words from the President who seems to have sent a different message than my friends on the other side of the aisle.

President Bush said, "Most scientists believe that research on embryonic stem cells offers the most promise because these cells have the potential to develop in all of the tissues in the body."

I hear my friends on the other side of the aisle argue that we really only need cord blood stem cell research, that that will lead us to all that we need.

□ 1330

And the President said about that, that "No adult stem cell has been shown in culture to be pluripotent." And he said, "Embryonic stem cells have the potential to develop into all or nearly all of the tissues in the body."

I then hear my friends on the other side of the aisle talk about research, that this is going to lead to so much more research. Yet at the same time we have seen no increase, flat-lined spending, budgeting on the National Institutes of Health, something that many of us, the gentlewoman from Colorado (Ms. DEGETTE) and many of the

rest of us, have thought we should increase spending on, medical research all across the board in all kinds of medical research.

Yes, in order to make room for the President's tax cuts that have gone overwhelmingly to the wealthiest in our country, we have simply cut medical research and not done what we should as a Nation do overall in medical research.

So when I hear my friends talk on this, I do not quite get how this will expand medical research while closing out one whole avenue of medical research and, at the same time, cutting spending on what we should be doing to move our country ahead.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the distinguished gentleman from the Keystone State of Pennsylvania (Mr. WELDON).

Mr. WELDON of Pennsylvania. Mr. Speaker, this is a difficult issue for me. I am a diabetic. I have diabetes in my family. I am cochairman of the Congressional Diabetes Caucus. My wife is a full-time diabetes educator. She has spent her entire time as a health care professional educating and working with diabetics.

The gentleman from Delaware (Mr. CASTLE) and the gentleman from Massachusetts (Mr. LANGEVIN) are very good friends of mine. I have studied all their information. I have tried to be as open about this as I possibly can be. But I can say, Mr. Speaker, that in the end it comes down to not eliminating any type of research, because that is allowable in this country; it is whether or not we should use Federal funds. California is using some \$3 billion right now on what this bill is attempting to do with.

In the end, Mr. Speaker, this is a very personal decision. It is one that I agonized over. I am not a medical professional. I consulted with all four of my friends who are medical doctors in this Chamber. They have studied medicine, they understand medical research, they understand bioethics far better than I ever will, and I come down on their side. I come down on the side of life.

I will oppose the bill that is being offered by my friend, the gentleman from Delaware (Mr. CASTLE) and my friend, the gentlewoman from Colorado (Ms. DEGETTE) and I will support the alternative that is being offered by this conference.

Mr. BROWN of Ohio. Mr. Speaker, I yield the remainder of my time to the gentlewoman from Colorado (Ms. DEGETTE), the sponsor of this bill.

The SPEAKER pro tempore (Mr. FORBES). The gentleman from Ohio has 3½ minutes remaining.

Ms. DEGETTE. Mr. Speaker, I do not know why this debate has to be either/or, either we are going to cure sickle cell anemia or we have the potential to cure Type 1 diabetes. Every single American who suffers from a terrible disease should have the right to a cure.

Now, this bill that we are debating right now, it is a fine bill. I support

this bill. I think cord blood research is important. Like adult stem cells, umbilical cord stem cells have proven to be a source of hematopoietic stem cells. Those are the ones that are the blood-forming stem cells that have been used for about a decade to treat blood diseases like leukemia and lymphoma. That is great.

But it is not either that or H.R. 810, because unlike human embryonic stem cells, stem cells from umbilical cord blood cannot continually reproduce themselves. Instead of proliferating, they quickly evolve into specialized cells. That is why they have not proven to be useful in some of the early studies.

Now, the opponents of H.R. 810 say, well, embryonic stem cells have not been used to cure any disease. That is because we are in the very promising early stages of that research. And the adult stem cells have been used in their narrow milieu to cure diseases and to help with diseases that are blood specific.

Mr. Speaker, I am here to say that there is no, no scientific evidence today that will show that the cord blood or the adult stem cells will cure Alzheimer's, Parkinson's, Type 1 diabetes, or the multitude of other diseases that are not blood based.

Now, some of the opponents of H.R. 810 say, well, scientific studies have shown adult stem cells to be pluripotent. Number one, their argument, their argument is that embryonic stem cells have not shown clinical application. Guess what? Neither have adult stem cells been shown clinically to be pluripotent. Furthermore, the studies where there were some indications of that were not peer reviewed and, frankly, are rejected by the scientific community.

Here is a chart. This chart shows exactly what embryonic and adult stem cells are good for and, frankly, they are good for different things. So let us not muddle the science. If people do not want to do embryonic stem cell research, they can look in the eye of our colleague, the gentleman from Massachusetts (Mr. LANGEVIN) and others and say to them, we do not want to do the research that could cure your disease, and I challenge them to do that.

In conclusion, Curt Civin, M.D., who is a doctor at Johns Hopkins University School of Medicine and a researcher, says "As a physician-scientist who has done research involving umbilical cord stem cells for over 20 years, I am frequently surprised by the thought from nonscientists that core blood stem cells may provide an alternative to embryonic stem cells for research. This is simply wrong."

And it is wrong to say either/or. That is why we should vote "yes" on this bill and H.R. 810.

Mr. BARTON of Texas. Mr. Speaker, how much time remains?

The SPEAKER pro tempore. The gentleman has 1 minute remaining.

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

and I want to thank the majority leader and the Speaker for bringing these two bills to the floor today.

The first vote we will have is on the cord blood and bone marrow bill, H.R. 2520. This bill, by itself, is an extremely important advance for those of us that believe you can use medical research ethically to help find cures for existing disease and enhance human life both now and in the future.

I am, obviously, as one of the original sponsors of the bill, going to vote for it and encourage all the Members on both sides of the aisle to vote for its. It is a good piece of legislation and, by itself, is a major advancement in the state of the art that we have today.

The next debate that we will have is on the Castle-DeGette bill which is another form of stem cell research, embryonic stem cell. That issue is much more controversial, but on its own merit that bill itself deserves a serious debate. And while it is not yet time to debate that bill, at that time I will announce that I will vote for that bill also.

So I hope we can do first things first. Let us pass in a strong bipartisan fashion the Smith-Barton-Young adult cord blood bone marrow bill, and then go on to the next issue.

Mr. CLAY. Mr. Speaker, I rise today to voice my support for the Stem Cell Therapeutics and Research Act of 2005. As many of my colleagues have discussed, this bill provides federal support to help cord blood banks collect and maintain new cord blood units. It's important to acknowledge that this bill also reaffirms Congress's commitment to the National Bone Marrow Donor Registry.

Established in 1986, the National Registry has facilitated more than 21,000 lifesaving transplants involving cord blood, peripheral blood, and bone marrow. Although we are discussing cord blood for the first time today, the National Marrow Donor Program (NMDP), which has operated the National Registry since its inception, has already incorporated cord blood into the registry to help patients, especially minority patients whose genetic diversity often makes it difficult to find a suitably matched adult volunteer donor. Through the NMDP today, individuals in need of a cord blood transplant already have access to the largest listing of cord blood units in the United States—more than 42,000 units. In addition, the NMDP lists more than 9 million adult volunteer donors. Today, we celebrate the National Registry's success by acknowledging its expanded role in the research and development of new sources of hematopoietic cells for transplant by renaming it the CW Bill Young Cell Therapies Program.

I am particularly proud of the work of the NMDP, especially its strong support for cord blood and because of its partnership with the St. Louis Cord Blood Bank. The St. Louis Cord Blood Bank is the cornerstone of an active clinical stem cell transplantation and research program at Cardinal Glennon Children's Hospital and St. Louis University.

Along with the St. Louis Cord Blood Bank, the NMDP partners with 14 of the 20 U.S. public cord blood banks. Another 3 are in the process of becoming partners. Together, the NMDP and these cord blood banks are work-

ing to increase the national inventory of cord blood available for transplants and research. Their work helps thousands of Americans with life-threatening diseases, such as sickle cell anemia.

It is essential that the existing integrated program continue to be able to operate as it does today. Physicians and patients must be able to search for and obtain support from a single national registry that includes cord blood, peripheral blood, and bone marrow. Physicians should not have to waste time searching multiple cord blood banks and adult donor registries or having to coordinate the further testing and delivery of units.

Searching is not the only function that must be integrated. Physicians need to be confident that the results of their searches allow them to truly compare cord blood units and adult donor information. Thus, the cord blood community should work with the National Program to establish criteria and standards to ensure consistency of the information that is part of the registry. Finally, it is important that all patients, not just those who receive a bone marrow or peripheral blood stem cell transplants, receive the patient advocacy and educational services that the NMDP provides to all the patients it assists.

The NMDP already provides physicians and their patients with this type of support. This bill is a step in the right direction because it builds upon the existing registry. We must be careful not to waste scarce federal dollars by duplicating what is already working well. Therefore, I urge my colleagues to vote in favor of H.R. 2520, which provides for an integrated National Program.

Mr. YOUNG of Florida. Mr. Speaker, I rise in strong support of H.R. 2520, which combines legislation I introduced and passed in the 108th Congress to reauthorize the National Bone Marrow Registry with legislation by my colleague from New Jersey, Mr. SMITH to authorize a federal investment in building an inventory of 150,000 umbilical cord blood units. This life-saving bill is good for patients, good for transplant doctors, good for researchers and it represents good policy for our Nation.

I would like to take this opportunity to thank many colleagues for bringing this legislation to the floor. Let me thank the Chairman of the Energy and Commerce Committee, Mr. BARTON for providing the leadership to advance this important bill. His commitment to providing sound national policy in this area of stem cell transplantation has produced an excellent legislative design that will benefit thousands of patients immediately upon enactment. I would also like to thank my friend, Mr. SMITH of New Jersey for his leadership in the area of umbilical cord blood—an area of rapidly developing science and opportunity. His legislation from the previous Congress has provided the framework for enhancing our Nation's ability to provide cord blood units to help save lives. His vision on the potential of cord blood has helped make this bill possible today and I thank him for his dedication.

This legislation builds on the investment made by Congress 18 years ago when we established a national bone marrow donor program to save the lives of patients with leukemia and many other blood disorders. Countless dedicated doctors, patients, families, and research scientists have continued to pioneer new approaches to saving lives using these

blood stem cells from bone marrow and now umbilical cord blood cells.

This bill authorizes funding for 5 years to continue federal support for bone marrow, peripheral blood and umbilical cord blood transplantation and research. With this legislation, transplant doctors and patients will have an enhanced, single point of electronic access to the full array of information on possible bone marrow matches, as well as matches with cord blood units from the new national inventory which would be created. In a matter of minutes, physicians can review the options and reserve the best possible sources for their patients. In addition, the new effort will facilitate accreditation of cord blood banks, stimulate research, and collect and share data on the outcomes of all transplants.

Last month, at the request of our Appropriations Committee direction, the Institute of Medicine released its report on cord blood and how the inventory should be built and integrated into the existing national registry. This bill before us has been shaped by the guidance provided through the IOM process and during the past year-and-a-half a consensus has been building for moving forward to combine our activities in bone marrow and cord blood. That consensus has formed the basis for this legislation.

Mr. Speaker, this literally is life saving legislation. Through the efforts of the National Marrow Donor Program—which this Congress initiated in 1987—many lives have already been saved. To date, the Program has facilitated almost 21,000 unrelated transplants involving bone marrow, cord blood or peripheral blood. That means 21,000 individuals—both children and adults who are otherwise suffering from terminal disease—received the gift of life through this national program.

When the program first started, our goal was to build a national registry of 250,000 individuals willing to donate marrow. Mr. Speaker, we found that the human spirit responded to our efforts in ways that we could not imagine. I am proud to say that as of this month, the National Bone Marrow Registry has more than 5.6 million potential bone marrow donors signed up. In addition, the Program has an additional 41,666 units of umbilical cord blood in reserve for transplant through its network of 15 affiliated cord blood banks throughout the country. Total transplants from all sources for last year alone exceeded 2500.

Let me repeat—we have 5.6 million volunteer bone marrow donors signed up in the national program. These are true volunteers in every sense of the word. They have given of their time to take a simple blood test to be listed in the national registry. For more than 20,000 who have been called upon to donate bone marrow, they have undergone a relatively simple surgical procedure to donate their bone marrow to save the life of a man, woman or child with anyone of more than 85 different diseases. Another 41,000 women have donated umbilical cord blood which can be used in the same way as bone marrow, to transplant life giving cells to cure disease.

This legislation will provide the funding to greatly increase the number of cord blood units that can be collected and stored. Nineteen million dollars has already been appropriated for this purpose over the past two years and this legislation will allow that immediate infusion of funds into building up reserves of umbilical cord blood. The scientific

reason for this is clear. Thanks to research, cord blood has now become another very important source for obtaining and transplanting the particular cell found in bone marrow and peripheral blood that can restore health to those suffering from so many different diseases. In addition, by building up the cord blood inventory, the overall resource will be much more likely to meet the needs of patients from genetically diverse, ethnic populations. It is estimated that adding 150,000 new cord blood units to the number of existing bone marrow donors will provide potential cell matches for about 95 percent of all Americans.

Mr. Speaker, this national effort is a true modern miracle and this new legislation will reinforce and strengthen the program. Today, our National Bone Marrow Program is affiliated with 156 transplant centers, 82 donor centers, 15 cord blood banks, 102 transplant marrow collection centers and 82 Apheresis centers. Of these, 72 are international facilities.

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

Mr. Speaker, there are many people who have been heroes in this effort and need to be recognized for their contributions. The first is a little 10 year old girl who died of leukemia at All Children's Hospital in my home district of St. Petersburg 18 years ago. Brandy Bly might have been saved from leukemia back in 1987 if matched bone marrow or cord blood cells had been available. It was during her treatment that I first learned from doctors how difficult it is to find a compatible, unrelated bone marrow donor. Her death inspired me, and her doctor—Dr. Jerry Barbosa—inspired me to help find a way to build a national bone marrow program. There were other early medical pioneers, like the late Dr. Robert Goode, Dr. John Hansen and Dr. Donnell Thomas—all who helped perfect the science of marrow transplantation and who assisted us in our legislative quest to establish a federal registry. In the early days, Admiral Elmo Zumwalt, Jr. and Dr. Bob Graves helped find a federal home for the effort. And I must recognize Navy Captain Bob Hartzman who first connected us with the Navy Medical Command to give birth to the early program. Dr. Hartzman continues to direct the military program and is an invaluable scientific leader and advisor.

There have been many members of Congress, past and present, who have stood together with me over the years to develop and fund the program that we reauthorize and enhance today. I thank each and every one for your dedication.

We must recognize the staff and members of the board of the National Marrow Donor Program and the Marrow Foundation who have volunteered their time to establish and grow a finely tuned international registry program. And we must recognize the dedicated doctors and medical teams at transplant and donor centers around the nation who use their medical expertise to perform the transplants and save lives. Dr. Joanne Kurtzberg, the head transplant doctor at Duke University's blood bank center, is the epitome of a dedicated, caring and highly knowledgeable physician who works hard to save lives. We must

recognize the pioneering cord blood research of Dr. Pablo Rubenstein and Dr. Cladd Stevens at the New York Blood Center, and Dr. Claude Lenfant, the former director of the National Heart, Lung and Blood Institute at NIH who initiated the major COBLT study on cord blood banking and transplantation.

The ultimate true heroes of the national effort are the patients and donors. Every patient who has sought a marrow or cord blood transplant has helped in the overall effort to gain more scientific knowledge on perfecting the transplant process. Every patient helps all those who will follow. And every donor who has rolled up his or her sleeve to sign up for the national bone marrow program, or every family that has decided to donate umbilical cord blood, are heroes for taking part in giving the ultimate gift of life.

Mr. Speaker, in closing let me again thank Chairman BARTON and Mr. SMITH for their leadership in enhancing this great national program. Let me thank every member of this House for their support for the efforts we started 18 years ago on behalf of patients everywhere. With your support, we will provide hope—and a second chance at life—to thousands of patients today and into the future.

Mr. PAUL. Mr. Speaker, the issue of government funding of embryonic stem cell research is one of the most divisive issues facing the country. While I sympathize with those who see embryonic stem cell research as providing a path to a cure for the dreadful diseases that have stricken so many Americans, I strongly object to forcing those Americans who believe embryonic stem cell research is immoral to subsidize such research with their tax dollars.

The main question that should concern Congress today is does the United States Government have the constitutional authority to fund any form of stem cell research. The clear answer to that question is no. A proper constitutional position would reject federal funding for stem cell research, while allowing the individual states and private citizens to decide whether to permit, ban, or fund this research. Therefore, I will vote against H.R. 810.

Unfortunately, many opponents of embryonic stem cell research are disregarding the Constitution by supporting H.R. 2520, an “acceptable” alternative that funds umbilical-cord stem cell research. While this approach is much less objectionable than funding embryonic stem cell research, it is still unconstitutional. Therefore, I must also oppose H.R. 2520.

Federal funding of medical research guarantees the politicization of decisions about what types of research for what diseases will be funded. Thus, scarce resources will be allocated according to who has the most effective lobby rather than allocated on the basis of need or even likely success. Federal funding will also cause researchers to neglect potential treatments and cures that do not qualify for federal funds. Ironically, an example of this process may be found in H.R. 2520; some research indicates that adult stem cells may be as useful or more useful to medical science than either embryonic or umbilical cord stem cells. In fact, the supporters of embryonic stem cell research may have a point when they question the effectiveness of umbilical cord stem cells for medical purposes. Yet, if H.R. 2520 becomes law, researchers will have an incentive to turn away from adult stem cell

research in order to receive federal funds for umbilical cord stem cell research!

Mr. Speaker, there is no question that H.R. 810 violates basic constitutional principles by forcing taxpayers to subsidize embryonic stem cell research. However, H.R. 2520 also exceeds Congress's constitutional authority and may even retard effective adult stem cell research. Therefore, I urge my colleagues to vote against both H.R. 810 and H.R. 2520.

Ms. BORDALLO. Mr. Speaker, I rise today in support of H.R. 2520, an act that will provide for a nationwide umbilical stem cell transplantation system. Not only does the implementation of such a system pave the way for numerous potentially life saving medical advances, but it builds on an area of study that has a demonstrated track record of success. Additionally, this legislation reauthorizes the national bone marrow transplant system, which has been a great success.

The Twenty-First Century witnessed many great scientific achievements and medical advances. These advances have helped to cure or mitigate against a number of formerly terminal conditions and diseases. One can only imagine the possibilities that modern technology and modern research offer, which will yield even greater achievements in the near and distant future. However, we must also be cognizant of ethical standards to ensure that new technology does not compete with the moral standards of our society. H.R. 2520 is a good start.

Studies have demonstrated that stem cells found in umbilical cords may be used to regenerate human nerve, blood, cartilage, skin and muscle cells. Research also demonstrates that conditions such as leukemia and sickle cell disease could be cured by more advanced umbilical cord stem cell research. Cord blood cells are already being used to treat over 67 diseases. We need to support this research, and creating a nationwide umbilical stem cell transplantation system is an important first step to providing scientists with the resources they need to make advances in this field of study. This database can also be used to allow potential donors to patients in need of various types of transplants.

H.R. 2520 provides a vehicle for promoting and enhancing promising scientific research in the field of umbilical stem cell transplantation. It certainly meets the highest standards of bioethics and has a track record of scientific evidence suggesting that investing taxpayer resources to promote this field of study will result in positive dividends for the health of our communities. I strongly support H.R. 2520, and I encourage my colleagues to vote yes for this important legislation.

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. 2520.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SMITH of New Jersey. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further

proceedings on this motion will be postponed.

STEM CELL RESEARCH ENHANCEMENT ACT OF 2005

Mr. BARTON of Texas. Mr. Speaker, pursuant to the order of the House of Monday, May 23, 2005, I call up the bill (H.R. 810) to amend the Public Health Service Act to provide for human embryonic stem cell research, and ask for its immediate consideration.

The Clerk read the title of the bill.

The text of H.R. 810 is as follows:

H.R. 810

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 "Stem Cell Research Enhancement Act of 2005".

SEC. 2. HUMAN EMBRYONIC STEM CELL RESEARCH.

Part H of title IV of the Public Health Service Act (42 U.S.C. 289 et seq.) is amended by inserting after section 498C the following:

SEC. 498D. HUMAN EMBRYONIC STEM CELL RESEARCH.

"(a) IN GENERAL.—Notwithstanding any other provision of law (including any regulation or guidance), the Secretary shall conduct and support research that utilizes human embryonic stem cells in accordance with this section (regardless of the date on which the stem cells were derived from a human embryo).

"(b) ETHICAL REQUIREMENTS.—Human embryonic stem cells shall be eligible for use in any research conducted or supported by the Secretary if the cells meet each of the following:

"(1) The stem cells were derived from human embryos that have been donated from in vitro fertilization clinics, were created for the purposes of fertility treatment, and were in excess of the clinical need of the individuals seeking such treatment.

"(2) Prior to the consideration of embryo donation and through consultation with the individuals seeking fertility treatment, it was determined that the embryos would never be implanted in a woman and would otherwise be discarded.

"(3) The individuals seeking fertility treatment donated the embryos with written informed consent and without receiving any financial or other inducements to make the donation.

"(c) GUIDELINES.—Not later than 60 days after the date of the enactment of this section, the Secretary, in consultation with the Director of NIH, shall issue final guidelines to carry out this section.

"(d) REPORTING REQUIREMENTS.—The Secretary shall annually prepare and submit to the appropriate committees of the Congress a report describing the activities carried out under this section during the preceding fiscal year, and including a description of whether and to what extent research under subsection (a) has been conducted in accordance with this section."

The SPEAKER pro tempore. Pursuant to the order of the House of Monday, May 23, 2005, the gentleman from Texas (Mr. BARTON) and the gentlewoman from California (Ms. DEGETTE) each will control 1 hour and 30 minutes.

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

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the gen-

tleman from Texas (Mr. DELAY) be given 45 minutes of the debate time on the pending bill.

The SPEAKER pro tempore. Without objection, the gentleman from Texas (Mr. DELAY) will control that time.

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the gentleman from Delaware (Mr. CASTLE) be allowed to control 20 minutes of the remaining 45 minutes that I currently have control over.

The SPEAKER pro tempore. Without objection, the gentleman from Delaware (Mr. CASTLE) will control that time.

There was no objection.

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 to insert extraneous material on the pending 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 5 minutes.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Mr. Speaker, I have a prepared statement I am going to put into the record on this bill, H.R. 810, but I am going to actually speak from the heart because I think that this is a very important issue.

Most of the issues that come before this body, there is an automatic position on. It may be the Republican position, the Democrat position, the Texas position, or it could be the committee position. And we come to the floor and we, almost by rote, say what is the particular position, and that is the way we vote.

But every now and then an issue comes up that is really an issue of conscience. It is an issue that deserves to be thoughtfully considered, debated, and decided on its own merit.

Now, there are many Members today that believe this particular issue is an issue that they feel so strongly about, on either side, that this is an easy issue for them, it is an automatic issue. They are going to be for it or against it for very valid reasons. But there are some of us, and I am in that camp today, that believe it is not an easy issue.

I come to the floor as a 100 percent lifetime voting member on prolife issues, minus one vote, in over 21 years. On all the votes that the prolife coalition at the State and Federal levels have scored as scorable votes, my record until this year was 100 percent, and I voted the wrong way on one issue so far this year from the prolife position. So that is not a bad record, 100 percent minus one. And after this vote today, I am going to be 100 percent minus two.