It is critically important that we enact these serious and substantive reforms, both for America and the rest of the world. As John Bolton once said, ''American leadership is critical to the success of the United Nations, an effective U.N., one that is true to the original intent of its charter's framers.''

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m.

Accordingly (at 12 o'clock and 36 minutes p.m.), the House stood in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. GINNY BROWN-WAITE of Florida) at 2 p.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Almighty and merciful Lord, Father of all, Your ways are inscrutable, Your glory without blemish, Your compassion for Your people without limits and Your forgiveness for all our faulty judgments is inexhaustible. In the mystery of Your presence we find peace.

Hear our prayer which rises before You from a world scorched by violence and desperation because You are forgotten, Your holy name is not invoked with reverence, Your laws are questioned and Your presence is doubted. Because we do not know You, we have no peace.

Help this Nation and the leaders of government to resolve inner contradictions that words may again contain meaning; deliberated actions may give evidence to words, by providing vision; and agreements may unify the energies of Your people.

In You, O Lord, we place our hope for peace now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Ohio (Mr. BROWN) come forward and lead the House in the Pledge of Allegiance.

Mr. BROWN of Ohio led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, June 10, 2005.

Hon. J. DENNIS HASTERT,
The Speaker, U.S. House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on June 10, 2005 at 10 a.m.

That the Senate passed without amendment H. Con. Res. 159.

Appointments: Mexico-United States Interparliamentary Group.

With best wishes, I am

Sincerely.

JEFF TRANDAHL,
Clerk of the House.

RESTORING ORDER TO THE UNITED NATIONS

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Madam Speaker, Saddam Hussein was able to siphon off almost $10 billion from a UN-administered program that was designed to provide food and care to the Iraqi people. As Iraq continues to recover from Hussein's rule of dictatorship, I will urge the United Nations to recover these funds for the Iraqi people.

Unfortunately, the Oil-for-Food scandal was only one example of a long litany of scandals associated with the United Nations. This week Congress will vote on the United Nations Reform Act of 2005, which will ensure efficiency, accountability and effectiveness at the U.N. If the organization fails to enact these changes, America's contributions to the U.N. assessed budget will be reduced by 50 percent.

These reforms will assure the American people that their dollars are used only for legitimate and valuable U.N. projects. When we contribute billions of American dollars to the United Nations each year, the United States should not continue to pay for U.N. programs that operate with essentially a blank check.

In conclusion, God bless our troops, and we will never forget September 11.

TIME TO RENEGOTIATE CAFTA

(Mr. BROWN of Ohio asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BROWN of Ohio. Madam Speaker, the administration, desperate after a series of failed attempts to gin up support for the Central America Free Trade Agreement, now has resorted to making all sorts of fantastic promises: bridges, highways and other pork projects, and outrageous threats.

The Washington Post reported yesterday that Tom Donohue, President of the United States Chamber of Commerce, warned a group of Hill leaders and business people, ''If you are going to vote against it, it is going to cost you.''

We know from past experience that if CAFTA comes to the House floor, it will come in the middle of the night, when votes are held open, threats are made on the House floor and a one-vote margin is secured to force through what most of us in Congress agree is bad policy.

Fast track won by only one vote. The same Mr. Donohue said back then, ''A one-vote margin is all that we could afford.''

Madam Speaker, this agreement has languished in Congress for more than a year. It is time for the President and Ambassador Portman to stop wasting time with toothless, meaningless side deals. It is time to renegotiate a better Central American Free Trade Agreement.

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 motions 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.

Record votes on postponed questions will be taken after 6:30 p.m. today.

PATIENT NAVIGATOR OUTREACH AND CHRONIC DISEASE PREVENTION ACT OF 2005

Mr. GILLMOR. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1812) to amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1812

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 ''Patient Navigator Outreach and Chronic Disease Prevention Act of 2005''.

SEC. 2. PATIENT NAVIGATOR GRANTS.

Subpart V of part D of title III of the Public Health Service Act (42 U.S.C. 256) is amended by adding at the end the following:

''SEC. 340A. PATIENT NAVIGATOR GRANTS.

''(a) GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to eligible entities for the development and operation of demonstration programs to provide patient navigator services to improve health care outcomes. The Secretary shall coordinate with, and ensure the participation of, the Indian Health Service, the National Cancer Institute, the Office

of Rural Health Policy, and such other offices and agencies as deemed appropriate by the Secretary, regarding the design and evaluation of the demonstration programs.

''(b) USE OF FUNDS.—The Secretary shall require each recipient of a grant under this section to use the grant to recruit, assign, train, and employ patient navigators who have direct knowledge of the communities they serve to facilitate the care of individuals, including by performing each of the following duties:

''(1) Acting as contacts, including by assisting in the coordination of health care services and provider referrals, for individuals who are seeking prevention or early detection services for, or who following a screening or early detection service are found to have a symptom, abnormal finding, or diagnosis of, cancer or other chronic disease.

''(2) Facilitating the involvement of community organizations in assisting individuals who are at risk for or who have cancer or other chronic diseases to receive better access to high-quality health care services (such as by creating partnerships with patient advocacy groups, charities, health care centers, community hospice centers, other health care providers, or other organizations in the targeted community).

''(3) Notifying individuals of clinical trials and, on request, facilitating enrollment of eligible individuals in these trials.

''(4) Anticipating, identifying, and helping patients to overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or other chronic disease.

''(5) Coordinating with the relevant health insurance ombudsman programs to provide information to individuals who are at risk for or who have cancer or other chronic diseases about health coverage, including private insurance, health care savings accounts, and other publicly funded programs (such as Medicare, Medicaid, health programs operated by the Department of Veterans Affairs or the Department of Defense, the State children's health insurance program, and any private or governmental prescription assistance programs).

''(6) Conducting ongoing outreach to health disparity populations, including the uninsured, rural populations, and other medically underserved populations, in addition to assisting other individuals who are at risk for or who have cancer or other chronic diseases to seek preventative care.

''(c) PROHIBITIONS.—

''(1) REFERRAL FEES.—The Secretary shall require each recipient of a grant under this section to prohibit any patient navigator providing services under the grant from accepting any referral fee, kickback, or other thing of value in return for referring an individual to a particular health care provider.

''(2) LEGAL FEES AND COSTS.—The Secretary shall prohibit the use of any grant funds received under this section to pay any fees or costs resulting from any litigation, arbitration, mediation, or other proceeding to resolve a legal dispute.

''(d) GRANT PERIOD.—

''(1) IN GENERAL.—Subject to paragraphs (2) and (3), the Secretary may award grants under this section for periods of not more than 3 years.

''(2) EXTENSIONS.—Subject to paragraph (3), the Secretary may extend the period of a grant under this section. Each such extension shall be for a period of not more than 1 year.

''(3) LIMITATIONS ON GRANT PERIOD.—In carrying out this section, the Secretary—

''(A) shall ensure that the total period of a grant does not exceed 4 years; and

''(B) may not authorize any grant period ending after September 30, 2010.

''(e) APPLICATION.—

''(1) IN GENERAL.—To seek a grant under this section, an eligible entity shall submit an application to the Secretary in such form, in such manner, and containing such information as the Secretary may require.

''(2) CONTENTS.—At a minimum, the Secretary shall require each such application to outline how the eligible entity will establish baseline measures and benchmarks that meet the Secretary's requirements to evaluate program outcomes.

''(f) UNIFORM BASELINE MEASURES.—The Secretary shall establish uniform baseline measures in order to properly evaluate the impact of the demonstration projects under this section.

''(g) PREFERENCE.—In making grants under this section, the Secretary shall give preference to eligible entities that demonstrate in their applications plans to utilize patient navigator services to overcome significant barriers in order to improve health care outcomes in their respective communities.

''(h) DUPLICATION OF SERVICES.—An eligible entity that is receiving Federal funds for activities described in subsection (b) on the date on which the entity submits an application under subsection (e) may not receive a grant under this section unless the entity can demonstrate that amounts received under the grant will be utilized to expand services or provide new services to individuals who would not otherwise be served.

''(i) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall ensure coordination of the demonstration grant program under this section with existing authorized programs in order to facilitate access to high-quality health care services.

''(j) STUDY; REPORTS.—

''(1) FINAL REPORT BY SECRETARY.—Not later than 6 months after the completion of the demonstration grant program under this section, the Secretary shall conduct a study of the results of the program and submit to the Congress a report on such results that includes the following:

''(A) An evaluation of the program outcomes, including—

''(i) quantitative analysis of baseline and benchmark measures; and

''(ii) aggregate information about the patients served and program activities.

''(B) Recommendations on whether patient navigator programs could be used to improve patient outcomes in other public health areas.

''(2) INTERIM REPORTS BY SECRETARY.—The Secretary may provide interim reports to the Congress on the demonstration grant program under this section at such intervals as the Secretary determines to be appropriate.

''(3) REPORTS BY GRANTEES.—The Secretary may require grant recipients under this section to submit interim and final reports on grant program outcomes.

''(k) RULE OF CONSTRUCTION.—This section shall not be construed to authorize funding for the delivery of health care services (other than the patient navigator duties listed in subsection (b)).

''(l) DEFINITIONS.—In this section:

''(1) The term 'eligible entity' means a public or nonprofit private health center (including a Federally qualified health center (as that term is defined in section 1861(aa)(4) of the Social Security Act)), a health facility operated by or pursuant to a contract with the Indian Health Service, a hospital, a cancer center, a rural health clinic, an academic health center, or a nonprofit entity that enters into a partnership or coordinates referrals with such a center, clinic, facility, or hospital to provide patient navigator services.

''(2) The term 'health disparity population' means a population that, as determined by the Secretary, has a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates as compared to the health status of the general population.

''(3) The term 'patient navigator' means an individual who has completed a training program approved by the Secretary to perform the duties listed in subsection (b).

''(m) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated $2,000,000 for fiscal year 2006, $5,000,000 for fiscal year 2007, $8,000,000 for fiscal year 2008, $6,500,000 for fiscal year 2009, and $3,500,000 for fiscal year 2010.

''(2) AVAILABILITY.—The amounts appropriated pursuant to paragraph (1) shall remain available for obligation through the end of fiscal year 2010.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. GILLMOR) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio (Mr. GILLMOR).

GENERAL LEAVE

Mr. GILLMOR. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 1812, as amended.

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

There was no objection.

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

Madam Speaker, I rise in strong support of H.R. 1812, the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005.

After the House passed similar legislation last fall, I would like to commend the initiative of the gentleman from Texas (Chairman BARTON) in bringing H.R. 1812 before us again for consideration. I was very pleased to be a cosponsor of that bill last year, and I want to commend both the gentleman from New Jersey (Mr. MENENDEZ) and the gentlewoman from Ohio (Ms. PRYCE) for their sponsorship of the legislation this year.

H.R. 1812 authorizes a 5-year demonstration program to evaluate the use of patient navigators. Patient navigator programs provide outreach to communities to encourage more individuals to seek preventative care and coordinate health care services for individuals who are at risk for or have a chronic disease.

Specifically, the legislation requires trained individuals, or ''patient navigators,'' to coordinate health care services and provider referrals, facilitate involvement of community organizations to provide assistance to patients, facilitate enrollment in clinical trials, help ensure prompt diagnostic care and treatment, and to coordinate with health insurance programs and conduct ongoing outreach to rural or health disparity populations for preventative

care. H.R. 1812 authorizes a total of $25 million over a 5-year period to conduct the demonstration project.

Furthermore, this measure will be particularly helpful to sprawling districts such as my own in northwest Ohio, in which patients must drive or be driven by friends or family long distances for basic medical care and services.

Madam Speaker, I again urge my colleagues to join me in supporting H.R. 1812.

Madam Speaker, I reserve the balance of my time.

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

Too many Americans, as my friend from Ohio said, face financial barriers to health care. The American Cancer Society and other patient advocates support H.R. 1812 because they know that many Americans also face serious nonfinancial barriers; racial, cultural, linguistic and geographical barriers; barriers that have contributed to striking disparities across racial and ethnic lines in the incidence and treatment of cancer and other serious diseases.

This is by no means a minor or inconsequential issue. It is a crisis, and addressing it should be one of our Nation's highest priorities. According to former Surgeon General David Satcher, more than 80,000 African Americans die every year because of continuing disparities in health care; 80,000.

African American and Latino adults are disproportionately more likely than whites to suffer from chronic conditions such as heart disease, cancer, asthma, depression, diabetes and high blood pressure. Modern medicine can combat these conditions, but only if it is available to those that need it. The earlier people receive preventative, diagnostic and treatment services, the better.

Prevention and timely treatment are not only optimal from a public health perspective, they are optimal from a budget perspective. Timely care is cost-efficient care. The complexity and fragmentation of our health care system is perhaps the most daunting barrier of all. It exacerbates racial and ethnic disparities and reduces the efficiency of health care across the board.

The patient navigator bill lays out a comprehensive strategy designed to foster prevention, early diagnosis and efficient treatment of serious illnesses. The goal is twofold: To reach those who are currently disenfranchised from the health care system, and to help ease the way for those who face a serious illness, an intimidating array of treatment options and uncertainty about the best course of action.

This bill establishes a year-round community outreach program to promote cost-effective preventive services, including cancer screening. Early detection saves dollars, and, more importantly, saves lives.

The program features culturally and linguistically competent patient navigators who are trained to assist and empower patients, serve as their advocates in negotiating our complicated and too often impersonal health care system, and help patients overcome barriers to health care services.

With this legislation's passage, we can expect to see increased enrollment in clinical trials, greater community involvement and health awareness, a more coordinated approach to health care delivery, and enhanced access to timely health care services for racial and ethnic minorities.

H.R. 1812 has the endorsement of the American Cancer Society, the National Association of Community Health Centers, the National Council of La Raza, the American Diabetes Association and the American Medical Association.

I want to commend the gentleman from New Jersey (Mr. MENENDEZ) and the gentlewoman from Ohio (Ms. PRYCE) for their hard work on this legislation. I am pleased to support it.

Mr. DINGELL. Madam Speaker, I rise in strong support of H.R. 1812, the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2005. This legislation establishes a five-year, $25 million demonstration grant program to evaluate the use of ''patient navigators,'' who are individuals trained to assist persons who are at risk for or who have cancer or other chronic diseases. Assistance provided by patient navigators would include coordinating health care services for patients such as enrollment in clinical trials, facilitating community involvement, and coordinating health insurance ombudsman programs to improve health care options. Simply put, this bill reduces barriers to access and improves health care outcomes.

H.R. 1812 ensures year-round outreach to target communities and funds culturally and linguistically competent patient navigators to conduct outreach, build relationships, and educate the public, while encouraging prevention screenings and follow-up treatment. It also ensures that navigators are available to help patients make their way through the health care system—offering a wide variety of services including translating technical medical terminology, making sense of their insurance, making appointments for referral screenings, following-up to make sure the patient keeps that appointment, or even accompanying a patient to a referral appointment.

This bill will support the placement of patient navigators in a variety of health care settings. Eligible entities for patient navigators include community health centers, cancer centers, rural health clinics, academic health centers, and facilities operated by the Indian Health Service.

This bill is supported by many patient advocate organizations, health care providers, and others, including the American Diabetes Association, the American Cancer Society, the National Hispanic Medical Association, the National Rural Health Association, and the National Association of Community Health Centers. I know that the bipartisan support for this bill involved the work of many of my colleagues. I would especially like to thank Representatives MENENDEZ and SOLIS for their hard work on this legislation. I will support H.R. 1812 and I encourage all of my colleagues to do the same.

Mrs. CHRISTENSEN. Madam Speaker, I rise today in support of H.R. 1812, the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2005. I applaud my colleague, friend and chair of the Democratic Caucus, Congressman ROBERT MENENDEZ of New Jersey for introducing this bill and getting it to the floor today. I also want to thank Chairman BARTON and Ranking member DINGELL for their support of measure.

As you know, Madam Speaker, I have come to this floor on numerous occasions call attention to the racial and ethnic health disparities in this Nation. For years, research has told us that minorities and low-income populations are the least likely to receive the health care they need to live a long, healthy life. There are many barriers to access which go beyond just the complex nature of the system.

While I am pleased that today we have a bill that will begin to break down these barriers, and open up access to healthcare for many who might otherwise be left out, I would have to say though that I am deeply disappointed that the Committee did not see it fit to include some of the provisions that specifically addressed the additional barriers that people of racial and ethnic minority populations face, such as those related to language and unique cultural factors.

Considering that people of this color bear such a disproportionate share of ill health and premature death, and that our lack of access contributes greatly to the skyrocketing cost of health care, it would have seemed to me to be only natural that a bill such as this would have sought to include the extra provisions that would ensure that every American would have the extra help, according to their need to get the health care services they need.

Nevertheless the bill we are passing today while greatly modified meets an important need and I join the many organizations which support it in asking my colleagues to pass this bill, and then continue to work with Democrats and the minority caucuses to address all of the other deficiencies in the health care system that keep wellness out of the reach of people of color in this country.

The bill before us provides that navigators will be available to help patients make their way through the health care system—whether it's translating technical medical terminology, making sense of their insurance, making appointments for referral screenings, following up to make sure the patient keeps that appointment, or even accompanying a patient to a referral appointment.

Madam Speaker, I also want to acknowledge that the original concept for the legislation comes from Dr. Harold Freeman's ''navigator'' program, which he created while he was Director of Surgery at Harlem Hospital. It is our hope that Dr. Freeman's navigator concept and its laser shape focus on comprehensive modeling of prevention services will eventually be fully translated in legislative terms.

I would also want at this time to recognize Brenda Pillars, the chief of staff to Congressman TOWNS who labored hard on this bill and who passed away last evening. Her passion for the health of all Americans but particularly the African American community, and her work in this body will be missed but long be remembered.

In closing, Madam Speaker, I also want to thank Karissa Willhite of Mr. MENENDEZ's office and John Ford and Cheryl Jaeger of the

Energy and Commerce Committee along with other staff that enabled this bill to come to the floor. I urge my colleagues to vote for its adoption.

Ms. JACKSON–LEE of Texas. Madam Speaker, I rise today to speak in support of The Patient Navigator, Outreach and Chronic Disease Prevention Act of 2005. As a co-sponsor of the bill last year, I am fully aware of the benefits the bill will provide. Specifically, the bill would establish a 5-year, $25 million demonstration program for patient navigator services through Community Health Centers, National Cancer Institute centers, Indian Health Service centers, and Rural Health Clinics, as well as certain non-profit entities that provide patient navigator services.

Further, the goal of a patient navigator is to improve health outcomes by helping patients, particularly in underserved communities, to overcome the barriers they face in getting early screening and appropriate follow-up treatment.

Patient navigators are individuals who know the local community and can help patients navigate through the complicated health care system. They help with referrals and follow-up treatment and direct patients to programs and clinical trials that are available to help them get the treatment and care they need to fight cancer and other chronic diseases. In addition, the patient navigator guides patients to health coverage that they may be eligible to receive. They also conduct ongoing outreach to health disparity communities to encourage people to get screenings and early detection services.

Racial and ethnic minorities benefit from patient navigators because they ensure that patients will have someone at their sides who understands their language, culture, and barriers to care, helping them get in to see a doctor early and work their way through our complicated health care system to get the coverage and treatment they need to stay healthy. The same applies to those in rural communities who face significant geographic barriers and limited access to care.

Again, I strongly support this legislation and I hope my colleagues will do the same.

Mr. GENE GREEN of Texas. Madam Speaker, I rise today in support of HR 1812, the Patient Navigator legislation. This legislation would help reduce health disparities and barriers to health care through the increased use of patient navigators.

Under the program, Community Health Centers, National Cancer Institute centers, Rural Health Clinics and other non-profit groups can utilize federal funding to help patients navigate through the complex health care system. Patient navigators can help to stem the rising number of uninsured in our country by helping individuals understand their eligibility for health care coverage. These kinds of services are needed throughout the country, but they are particularly helpful in underserved communities, where uninsured individuals too often put off health care either because of a lack of coverage or due to the difficulties in finding the appropriate health care home.

In my hometown of Houston, patient navigators have made tremendous strides in helping patients find an appropriate health care home. Our Harris County Community Access Collaborative has implemented a Navigation Services program that has helped 31,000 patients find health care homes.

In a related navigation service, the collaborative began an Ask Your Nurse phone service, whereby nurses are available 24 hours a day, 7 days a week to steer patients to the best providers for their health care needs. Studies have shown that 57 percent of the diagnoses in Harris County safety net hospitals' emergency rooms could have been treated in our clinics and primary care physician offices. With this kind of ER overutilization, the Ask Your Nurse services are a welcome addition to the public health care infrastructure in our county and steer an average of 2,700 patients each month to the best health care provider for their condition.

This legislation we consider today would allow other communities to replicate the successes we've achieved in Harris County. In addition, the legislation places an important emphasis on patient navigator services for individuals with cancer and other chronic conditions. For these diagnoses, it is extremely important that patients receive the scheduled follow-up treatment, and patient navigators can play a critical role in ensuring that patients receive the necessary care to successfully manage their health care conditions.

I would like to thank my friend and Chairman, JOE BARTON, for the bi-partisan nature in which he shepherded this bill through committee. I offer particular thanks to Mr. BARTON for his willingness to work with me to eliminate an unnecessary reference in the bill to the H–CAP program—a program that is important to me and my constituents. This is just one example of the lengths he will go to seek consensus, and I thank him for those efforts. With that, Madam Speaker, I encourage my colleagues to join me in supporting this bi-partisan legislation that will help many more Americans gain access to quality health care.

Mr. MATHESON. Madam Speaker, thank you for the opportunity to share my remarks on H.R. 1812, the Patient Navigator Outreach and Chronic Disease Prevention Act. I rise in strong support of this important legislation.

H.R. 1812 would authorize the Department of Health and Human Services to make grants for the development and operation of a pilot ''patient navigator program.'' This demonstration project would provide Community Health Centers, National Cancer Institute centers, Indian Health Service centers, Rural Health Clinics, and other health providers with funding to help patients ''navigate'' what can often be a complicated and confusing health care system.

Under this legislation, patient navigators would help individual patients and their families overcome obstacles to the prompt diagnosis and treatment of their diseases by helping them understand the processes for receiving medical care and insurance, helping them coordinate referrals between different providers and specialists, helping them identify and possibly enroll in life-saving clinical trials, and even helping them manage their treatment plans.

The bill ensures that particular attention is paid to patients with significant barriers to high-quality health care services including those who are geographically isolated, those with cultural or linguistic barriers, and the uninsured. In their endorsement of this important legislation, the American Cancer Society noted that despite notable advances in prevention interventions, screening technologies, and high-quality treatments, a disproportionate burden of cancer falls on the uninsured, those who live in rural areas, and minority and other medically underserved populations. These populations have higher risks of developing cancer and poorer chances of early diagnosis, optimal treatment, and survival.

I believe that this pilot project will be helpful in providing patients with much-needed information. As receiving a diagnosis of cancer or another chronic disease can be overwhelming for an individual and their family members, this pilot project should ensure that information is available in an accessible, understandable format. I encourage my colleagues to support this legislation.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. GILLMOR) that the House suspend the rules and pass the bill, H.R. 1812, as amended.

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

A motion to reconsider was laid on the table.

□ 1415

AMENDING AGRICULTURAL CREDIT ACT TO REAUTHORIZE STATE MEDIATION PROGRAMS

Mr. LUCAS of Oklahoma. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 643) to amend the Agricultural Credit Act of 1987 to reauthorize State mediation programs.

The Clerk read as follows:

S. 643

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

SECTION 1. REAUTHORIZATION OF STATE MEDIATION PROGRAMS.

Section 506 of the Agricultural Credit Act of 1987 (7 U.S.C. 5106) is amended by striking ''2005'' and inserting ''2010''.

The SPEAKER pro tempore (Ms. GINNY BROWN-WAITE). Pursuant to the rule, the gentleman from Oklahoma (Mr. LUCAS) and the gentlewoman from South Dakota (Ms. HERSETH) each will control 20 minutes.

The Chair recognizes the gentleman from Oklahoma (Mr. LUCAS).

Mr. LUCAS of Oklahoma. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of S. 643. S. 643 will reauthorize USDA's Certified State Mediation Program through 2010.

The State Mediation Program provides agricultural producers and the government with the means to allow a neutral third party to settle disputes between producers and USDA instead of going through potentially costly and time-consuming court cases.

I have introduced S. 643's companion bill in the House, H.R. 1930. Since the bills are identical, it would be the most expedient thing to simply pass S. 643 so