

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 cosponsor 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 serv-

ice, 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

that the bill can go on to the White House for the President's signature.

What is the Certified State Mediation Program? When producers and the USDA are in disagreement regarding loans, wetlands remediation, conservation compliance, grazing, pesticides, and other issues deemed appropriate by the Secretary of Agriculture, any State with a program can allow a mediator to help solve the differences between the producers and USDA. Both sides must agree to the mediator chosen to help resolve the dispute.

Mediators can only help reach an agreement that both sides agree to abide by. The mediators are not arbitrators whose decisions are legally enforceable. The mediators work to find consensus. If the two sides involved in the dispute cannot reach agreement, they still have all the legal options available to them. States that decide to participate in the program must go through a certification process and provide 30 percent of the program's operating costs.

The program is authorized to spend up to \$7.5 million per year but, in 2004, only \$3,950,000 was needed to operate the program in over 30 States. The program provides a great deal of bang for the buck and has been highly successful and useful.

The USDA's Farm Service Agency, FSA, works with States to ensure that their mediation programs are meeting all required standards, and it also helps those States that are interested in becoming certified to navigate and complete the approval process. One of the most important aspects of the program is that it provides strict confidentiality for those who decide to use the mediation program.

I have a breakdown of the States that are currently certified mediation States and the amount of money they received in 2004, I am happy to make that information available to any interested Member.

I urge my colleagues to vote "yes" on S. 643 to ensure that an extremely practical and cost-efficient program continues to be utilized.

Madam Speaker, I reserve the balance of my time.

Ms. HERSETH. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I also rise today in strong support of S. 643, which is the companion legislation of H.R. 1930 introduced by my distinguished colleague on the Committee on Agriculture, the gentleman from Oklahoma (Mr. LUCAS).

This legislation would extend the authorization for the State Mediation Grant Program carried out by USDA's Farm Service Agency to provide Federal matching grants to State mediation programs.

Currently 32 States, including my home State of South Dakota, are certified to receive matching funds under this program, and two more States are working on becoming certified. To re-

ceive Federal funding, a State program must meet certain criteria and have at least a 30 percent match in State funding.

This program was created in 1987 as a result of the credit crisis facing agriculture in the mid-1980s. Since its inception, an original intent of dealing with credit and loan disputes, Congress has expanded its scope to cover a number of other issues stemming from farm program participation, everything from wetland determinations to commodity program eligibility and pesticide drift.

Early on, leaders in South Dakota recognized the value that such a program could provide to the farmers, ranchers, and lenders in our State, and they created a program in 1988 to deal with agricultural credit disputes. It has been a resounding success. In the more than 16 years that the South Dakota Department of Agriculture has operated its mediation program, it has received more than 4,500 requests for mediation.

In South Dakota, mediation is available for agricultural credit disputes involving any amount of money. However, a creditor must submit to mediation in any credit dispute involving more than \$50,000.

This popular program provides many benefits to both agricultural borrowers and lenders in many States across the country. We all know that lending disputes can become contentious, and this program enables participants to negotiate and create their own mutually agreeable solutions to such disputes.

Also, the cost of mediation is much less than the formal appeals process at USDA, averaging less than \$700 per year, as opposed to the thousands of dollars it can cost to go through the National Appeals Division. The length of time to reach conclusions is also much shorter, normally several days, in contrast to appeals cases that can stretch for months.

Mediation works because it is a time-saving and affordable alternative to litigation and appeals. It also promotes communication between disputing parties rather than confrontation and animosity. And, in my communications with the South Dakota Department of Agriculture staff, mediation generally results in more successful and enduring resolution to most credit disputes.

This program has worked for farmers and agricultural lenders in South Dakota and across the country for almost 20 years, and I am pleased to support S. 643 to extend the authorization of this program through 2010.

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

Mr. LUCAS of Oklahoma. 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 Oklahoma (Mr. LUCAS) that the House suspend the rules and pass the Senate bill, S. 643.

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. LUCAS of Oklahoma. Madam 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.

GENERAL LEAVE

Mr. LUCAS of Oklahoma. 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 S. 643, the bill just considered.

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

There was no objection.

COMMENDING THE ESTABLISHMENT IN COLLEGE POINT, NEW YORK, OF THE FIRST KINDERGARTEN IN THE UNITED STATES

Mr. KLINE. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 47) commending the establishment in College Point, New York, of the first kindergarten in the United States, as amended.

The Clerk read as follows:

H. CON. RES. 47

Whereas in 1854, Conrad Poppenhusen, a successful businessman from Germany, built a factory in College Point, Queens, New York, and, breaking with many entrepreneurs of his time, worked to create an environment beneficial to the immigrant community, which included schools;

Whereas the Poppenhusen Institute was established in 1868 with a \$100,000 donation;

Whereas the Poppenhusen Institute was to serve the fundamental educational needs of the community and began as a free adult evening school for the residents of Flushing Town;

Whereas in 1870, the Poppenhusen Institute's services expanded to serve as the first free, public kindergarten in the United States for the children of Mr. Poppenhusen's factory and the community;

Whereas children who attend a high-quality kindergarten demonstrate higher levels of reading and mathematics knowledge and skills than those who do not attend kindergarten;

Whereas a number of studies, including studies commissioned by the Department of Education, demonstrate that children enrolled in kindergarten more rapidly acquire the knowledge and skills integral to succeed in school and life;

Whereas the United States is a stronger, better place because of the children who are able to enrich their academic and social development through free kindergartens across the country;

Whereas for some children, kindergarten is the first common ground where they interact with students from a myriad of cultural, economic, racial, and religious backgrounds to learn about their world, each other, and themselves; and