

ORDER OF BUSINESS

Mr. SHUSTER. Mr. Speaker, I ask unanimous consent to speak out of order for 5 minutes.

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

There was no objection.

LITIGATION REFORM FOR
RESPIRATOR MANUFACTURERS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. SHUSTER) is recognized for 5 minutes.

Mr. SHUSTER. Mr. Speaker, I want to talk about a special aspect of a subject that has been in our news a great deal lately, emergency preparedness.

As a member of the Select Katrina Committee and as chairman of the subcommittee overseeing FEMA, I know that it is absolutely critical to prepare our Nation for natural disasters, terrorist attacks, or any other catastrophe and the spread of disease that could come with it.

When disasters strike, the most effective method of prevention depends, in part, on effective respiratory protection for millions who may be exposed. This protection is available through careful use of respirators, the masks, mostly disposable, that we see in pictures of first responders, emergency personnel and health care workers who are treating the sick.

The World Health Organization, for example, specifies certain respirators for use in avian flu treatments. The United States has a number of companies that manufacture respirators that are in a number of States around this country. One, Mine Safety Appliances, is headquartered in Pennsylvania and manufactures respirators in the State.

These are high quality products, recognized by industry, health care authorities and other experts as efficient, cost effective. More importantly, these products are 100 percent regulated by an agency of the U.S. Government, the National Institute for Occupational Safety and health, or NIOSH, which is part of the Centers for Disease Control in the Department of Health and Human Services.

NIOSH prescribes design standards for respirators, tests respirators in its own labs by its own professionals and monitors respirator manufacturers to ensure their products consistently meet the standards for which they are approved.

It also approves the warning labels that go on respirators to indicate what uses are and are not appropriate to emphasize the need for users to be sure that these respirators fit well.

It regulates the respirator manufacturers, but the Occupational Safety and Health Administration, or OSHA, regulates employers and prescribes what level of approved respirators should be used to protect against a particular workplace hazard.

Respirator manufacturers do not interact with respirator users. They make their products according to government standards for their uses approved by NIOSH and described on the label, but employers make the decision about whether to provide a respirator and which one to provide based on OSHA rules.

Unfortunately, in our litigation-obsessed society that separation of responsibility has not protected our respirator manufacturers from being sued in literally thousands of cases. Workers allege that a respirator was defectively designed or contained an inadequate warning label, and they got sick, and that somehow it is partly the fault of the manufacturer.

As absurd as this may sound, it is the premise for up to 30,000 individual claims brought against each major respirator manufacturer in the United States. There has been much controversy over many of these claims, since they involve workers who claim to be sick with asbestosis or silicosis.

In one situation, a Federal judge in Texas, a former nurse, found that thousands of claims were essentially without any legal or medical merit. They were produced by collusion between plaintiffs lawyers, doctors paid by the claim, and the x-ray mills that produced the diagnosis that could not survive medical review.

This corrupts the legal system and hurts most those few who are truly ill. It also threatens otherwise strong American industries like respirator manufacturing.

Our American respirator manufacturers are faced with the cost of administering and processing tens of thousands of claims. Some of these will be thrown out and some will be settled for a few hundred dollars, but each one requires thousands of dollars of research and process.

None of these cases has resulted in a trial and a judgment against a respirator manufacturer. It is the administrative cost of millions of dollars each year that are now about to exceed the net income of many companies from making respirators.

In short, we are in danger of losing a vital American industry that we are going to need desperately if disaster strikes. Whether the spread of a virus or biological terrorist attack, we already need respirators for countless industrial applications and routine medical and other health-related needs. Respirators are already providing protection from the airborne hazards that are everywhere in the recovery efforts from Hurricanes Katrina and Rita.

They also served thousands in the aftermath of September 11th. We cannot afford to have this vital industry torn down by inadequate claims with dollar signs at their hubs. That is why I am pleased to be the author, along with my original cosponsors, the gentlewoman from Pennsylvania (Ms. HART) and the gentleman from Pennsylvania (Mr. DOYLE) as well as the

gentleman from Texas (Mr. SMITH), of H.R. 2357, the Respirator Access Assurance Act of 2005.

This is a very simple bill. It says that if a manufacturer has the NIOSH approval for the design and labeling of a respirator, a manufacturer cannot be sued on the basis of the defective design or failure to warn.

It would apply to any case that has not gone to trial as of the enactment and to future cases. We need this legislation, and I am working with my colleagues and the House leadership to find an appropriate opportunity to bring it to the House floor for a vote soon.

I hope my colleagues will share my concern over the need to ensure that this American industry continues to produce these vital products for emergency preparedness, and will approve this and make it the law of the land.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

ORDER OF BUSINESS

Ms. SOLIS. Mr. Speaker, I ask unanimous consent to speak out of order for 5 minutes.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

MEDICAID CUTS AND THEIR
IMPACT ON WOMEN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. SOLIS) is recognized for 5 minutes.

Ms. SOLIS. Mr. Speaker, today I rise in strong opposition to the Republican plan to cut billions of dollars to critically needed Federal programs like the Medicaid program.

In proposing offsets for the \$70 billion cost of hurricane relief, Republicans claim that they are increasing spending cuts from \$35 billion to \$50 billion in order to pay for the expenses recently incurred by the devastation of recent hurricanes in the gulf coast.

However, Republicans have targeted Medicaid and other important programs that serve our Nation's most vulnerable populations like women and children. The reckless Republican budget imposes painful sacrifices on low and moderate income women and their families in the name of deficit reduction.

Republicans claim that offsetting the cost of hurricane relief is fiscally responsible. However, in my opinion it is inconsistent with the decision in recent years not to offset tax cuts that cost \$106 billion or supplemental funding for Iraq that has cost the U.S. nearly \$251 billion, four times the cost of Hurricane Katrina.

These cuts will not go to offset the cost of the hurricane. These cuts will only be used to facilitate additional tax cuts to our Nation's wealthiest Americans, those who make well over \$200,000 a year and up.

Republicans are cutting services for hard working families in my district and, instead, giving away \$70 billion in new tax cuts to the wealthiest Americans. These cuts are reckless, in my opinion, and unfair to the middle and lower income families and reflect the Republican-led Congress' double standards.

Cuts to Medicaid, an already underfunded program, would have a devastating impact on women and their families by cutting vital services especially important to them. Medicaid is an important health insurance program for millions of low income elderly and disabled Americans.

State and Federal Governments have ensured that more than 53 million people, including 14 percent of low income Americans, have access to health care services through the Medicaid program. This includes 25 million children. More than 1 in every 4 children in the U.S. is covered by this program.

This also includes more than 30 percent of children with disabilities who rely on Medicaid for health coverage and services. Medicaid, as you know, provides essential care, such as family planning, breast and cervical cancer treatment, care for disabled women, to more than 16 million women, including approximately 10 million women of child-bearing age.

Nearly 1 in 10 women in the U.S. receives health care coverage through Medicaid. One-third of all poor women are covered by Medicaid, including 40 percent of single women. Mothers are twice as likely as men to qualify for Medicaid, because they are poor and in lower paying jobs that are less likely to have employer-sponsored insurance.

Health insurance, as you know, is critical to women, because mothers with health insurance are more likely to stay employed and get health care for their children than those lacking insurance. And women, as you know, of reproductive age are in a vulnerable position, because they are more likely to lack health insurance.

Medicaid accounts, as you know, for two-thirds of all of the Federal and State family planning funding nationwide. And, by the way, low income pregnant women can receive critical prenatal care when they need it without being turned away from the program.

Medicaid ensures that women receive a full spectrum of maternity coverage, including prenatal, labor and delivery and postpartum care. Medicaid, as you know, is important to the health of women of all ages, and Medicaid is the largest source of funding for women over the age of 80 living in nursing homes.

This program covers high-cost nursing homes and long-term care services.

In my State of California, the Medicaid program is run jointly by the Federal, State and local county governments. The Federal share cost in California is about 50 percent.

Medicaid in California provides vital health services to low income women who comprise right now 74 percent of the beneficiaries ages 19 and older. And in my State of California, 42 percent of all births in the State are paid for by Medicaid.

These facts demonstrate, in my opinion, that Medicaid is a significant health safety net for women and their children. The cuts in Medicaid would shut the neediest individuals out of the public health system and put the health of millions of women and children at risk. Proposing reductions without ensuring the preservation of coverage for those in need simply transfers the burden to the States that are already overstretched.

Medicaid cuts will shift costs to the States, impose higher costs to beneficiaries, and health care providers. States would be forced to reduce coverage and benefits. Despite the national tragedy, the proposed Republican budget would cut billions of dollars from Medicaid while doing nothing to make sure that we have affordable health care for Americans.

Democrats believe in strengthening and not undermining Medicaid. The Federal Government should fulfill its promise of being a reliable partner. We must protect Medicaid and maintain the current Federal commitment to this fundamental public health insurance system.

I am in strong opposition to the Republican budget, because it does not keep the best interests of women and their children in mind. I urge my colleagues to provide full funding for Medicaid, and preserve the health care safety net program that many women and children rely on currently.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. PAUL) is recognized for 5 minutes.

(Mr. PAUL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

ORDER OF BUSINESS

Mr. MORAN of Kansas. Mr. Speaker, I ask unanimous consent to speak out of order for 5 minutes.

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

There was no objection.

WHERE IS THE U.S. BEEF IN JAPAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. Mr. Speaker, I rise this afternoon to discuss the eco-

nomic harm that U.S. farmers and ranchers have experienced as a result of the Japanese embargo of U.S. beef. This issue has gone on far too long, and we in Kansas have lost our patience.

Mr. Speaker, Japan has prohibited the imports of beef from the United States since December 2003 when a single case of BSE was found in a Canadian-born animal.

Since that time, the United States has undergone rigorous and thorough surveillance programs for BSE testing and has implemented safeguards to protect human and animal health. These safeguards have far exceeded internationally recognized standards promoted by the World Organization for Animal Health, of which Japan is a member.

While the Sanitary and Phytosanitary Agreement provides that members of the WTO have the right to take measures to protect human, animal and plant health under principles of sound science, the SPS Agreement does not allow WTO members the right to discriminate and restrict trade arbitrarily.

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The U.S. State Department, the Office of the United States Trade Representative, and the United States Department of Agriculture have worked tirelessly to reopen this market for U.S. beef, and I commend them for their efforts.

On October 23, 2004, nearly a year ago, the United States and Japan concluded an understanding that established a process to lead to the resumption of beef imports from the United States. Despite this agreement a year ago, the Government of Japan continues to delay imports of beef from the U.S. on a basis and factors not grounded in science or consumer safety.

Losing the export market to Japan is having a significant impact upon our entire industry, and it also puts at risk a well-established bilateral trading relationship. This 2-year delay has now almost totaled \$3.4 billion in losses to American agriculture. Whether you are a farmer or a rancher, a beef processor or a retailer, this loss of market is having a detrimental effect upon that business, upon our rural communities, and upon the agriculture economy. The U.S. cattle and beef industries are losing \$100 million each month that Japan remains closed to U.S. beef markets. Since December 2003, the U.S. meat industry has lost 10,000 jobs, mostly attributed to a loss of the export markets.

In March this year, Mr. Speaker, I introduced House Resolution 137, which currently has more than 80 co-sponsors. I encourage my colleagues to join me in sponsoring this legislation. The resolution is a sense of the House of Representatives that if the Government of Japan continues to delay in meeting its obligations under the understanding reached last October, then