AMENDMENT NO. 2372

At the request of Mrs. MURRAY, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of amendment No. 2372 proposed to S. 1932, an original bill to provide for reconciliation pursuant to section 202(a) of the concurrent resolution on the budget for fiscal year 2006 (H. Con. Res. 95).

AMENDMENT NO. 2373

At the request of Mr. REED, the name of the Senator from Minnesota (Mr. DAYTON) was added as a cosponsor of amendment No. 2373 intended to be proposed to S. 1932, an original bill to provide for reconciliation pursuant to section 202(a) of the concurrent resolution on the budget for fiscal year 2006 (H. Con. Res. 95).

At the request of Mr. CARPER, his name was added as a cosponsor of amendment No. 2373 intended to be proposed to S. 1932, supra.

AMENDMENT NO. 2380

At the request of Mr. LIEBERMAN, the name of the Senator from Illinois (Mr. OBAMA) was added as a cosponsor of amendment No. 2380 proposed to S. 1932, an original bill to provide for reconciliation pursuant to section 202(a) of the concurrent resolution on the budget for fiscal year 2006 (H. Con. Res. 95).

AMENDMENT NO. 2390

At the request of Mr. SMITH, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of amendment No. 2390 proposed to S. 1932, an original bill to provide for reconciliation pursuant to section 202(a) of the concurrent resolution on the budget for fiscal year 2006 (H. Con. Res. 95).

At the request of Mr. KERRY, his name was added as a cosponsor of amendment No. 2390 proposed to S. 1932, supra.

AMENDMENT NO. 2400

At the request of Ms. CANTWELL, the name of the Senator from Minnesota (Mr. DAYTON) was added as a cosponsor of amendment No. 2400 proposed to S. 1932, an original bill to provide for reconciliation pursuant to section 202(a) of the concurrent resolution on the budget for fiscal year 2006 (H. Con. Res. 95).

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BROWNBACK (for himself and Mr. INHOFE):

S. 1956. A bill to amend the Federal Food, Drug, and Cosmetic Act to create a new three-tiered approval system for drugs, biological products, and devices that is responsive to the needs of seriously ill patients, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. BROWNBACK. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1956

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 ''Access, Compassion, Care, and Ethics for Seriously Ill Patients Act'' or the ''ACCESS Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) The necessity of placebo controlled studies has been questioned on both scientific and ethical grounds for seriously ill patients.

(2) The current standards of the Food and Drug Administration for approval of drugs, biological products, and devices deny the benefits of medical progress to seriously ill patients who face morbidity or death from their disease.

(3) Promising therapies intended to treat serious or life threatening conditions or diseases and which address unmet medical needs have received unjustified delays and denials of approval.

(4) Seriously ill patients have a right to access available investigational drugs, biological products, and devices.

(5) The current Food and Drug Administration and National Cancer Institute case-by-case exception for compassionate access must be required to permit all seriously ill patients access to available experimental therapies as a treatment option.

(6) The current emphasis on statistical analysis of clinical information needs to be balanced by a greater reliance on clinical evaluation of this information.

(7) Food and Drug Administration advisory committees should have greater representation of medical clinicians who represent the interests of seriously ill patients in early access to promising investigational therapies.

(8) The use of available investigational products for treatment is the responsibility of the physician and the patient.

(9) The use of combinations of available investigational and approved products for treatment is the responsibility of the physician and the patient.

(10) The development and approval of drugs, biological products, and devices intended to address serious or life-threatening conditions or diseases is often delayed by the inability of sponsors to obtain prompt meetings with the Food and Drug Administration and to obtain prompt resolution of scientific and regulatory issues related to the investigation and review of new technologies.

SEC. 3. TIERED APPROVAL SYSTEM FOR DRUGS, BIOLOGICAL PRODUCTS, AND DEVICES.

Section 506 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356) is amended to read as follows:

''SEC. 506. TIERED APPROVAL SYSTEM.

''(a) IN GENERAL.—Notwithstanding any other provision of law, the sponsor of an investigational drug, biological product, or device may submit an application to the Secretary for Tier I or Tier II approval in accordance with this section.

''(b) TIER I APPROVAL.—

''(1) IN GENERAL.—

''(A) APPLICATION CONTENT.—A sponsor of an investigational drug, biological product, or device applying for Tier I approval of the product shall submit to the Secretary an application as described under section 505(b)(1) or 505(b)(2), section 351(a) of the Public Health Service Act, or section 510(k) or 515(c)(1), as applicable, which shall contain—

''(i) data and information from completed Phase I clinical investigations and any other nonclinical or clinical investigations;

''(ii) preliminary evidence that the product may be effective against a serious or life-threatening condition or disease, which evidence may be based on uncontrolled data such as case histories, information about the pharmacological mechanism of action, data from animal and computer models, comparison with historical data, or other preliminary information, and may be based on a small number of patients; and

''(iii) an assurance that the sponsor will continue clinical investigation to obtain Tier III approval.

''(B) LIMITATION.—Tier I approval shall be primarily based upon clinical evaluation, not statistical analysis.

''(2) DETERMINATION BY SECRETARY.—

''(A) IN GENERAL.—Not later than 30 days after the receipt of an application for Tier I approval, the Secretary shall either—

''(i) approve the application; or

''(ii) refer the application to the Accelerated Approval Advisory Committee.

''(B) RECOMMENDATION.—Within 90 days after receipt of an application for approval, the Accelerated Approval Advisory Committee shall issue a recommendation to the Secretary on whether the Secretary should approve the application.

''(C) FINAL DECISION.—Within 30 days after receipt of the recommendation from the Accelerated Approval Advisory Committee, the Secretary shall either approve the application or shall issue an order setting forth a detailed explanation of the reasons why the application was not approved and the specific data that the sponsor must provide so that the application may be approved.

''(3) APPEAL.—If the Secretary does not approve an application for which the Accelerated Approval Advisory Committee recommended approval, the sponsor of the application shall have the right to appeal the decision to the Commissioner of Food and Drugs. The Commissioner shall provide the sponsor with a hearing within 30 days following the nonapproval of the application and shall issue an order within 30 days following the hearing either concurring in the nonapproval or approving the application. The Commissioner shall not delegate the responsibility described in this paragraph to any other person.

''(4) CRITERIA.—In making a determination under paragraph (2), the Secretary shall consider whether the totality of the information available to the Secretary regarding the safety and effectiveness of an investigational drug, biological product, or device, as compared to the risk of morbidity or death from a condition or disease, indicates that a patient (who may be representative of a small patient subpopulation) may obtain more benefit than risk if treated with the drug, biological product, or device. If the potential risk to a patient of the condition or disease outweighs the potential risk of the product, and the product may possibly provide benefit to the patient, the Secretary shall approve the application.

''(5) PRODUCT LABELING.—The labeling approved by the Secretary for the drug, biological product, or device—

''(A) shall state that the product is intended for use by a patient whose physician has documented in writing that the patient has—

''(i) exhausted all treatment options approved by Secretary for the condition or disease for which the patient is a reasonable candidate; and

''(ii) unsuccessfully sought treatment, or obtained treatment that was not effective, with an investigational drug, biological product, or device for which such individual is a reasonable candidate (which may include consideration of the lack of a source of supply or geographic factors); and

''(B) shall state that every patient to whom the product is administered shall, as a

mandatory condition of receiving the product, provide—

''(i) written informed consent, as described under part 50 of title 21, Code of Federal Regulations;

''(ii) a written waiver of the right to sue the manufacturer or sponsor of the drug, biological product, or device, or the physicians who prescribed the product or the institution where it was administered, for an adverse event caused by the product, which shall be binding in every State and Federal court; and

''(iii) consent for the manufacturer of the product to obtain data and information about the patient and the patient's use of the product that may be used to support an application for Tier II or Tier III approval.

''(6) LIMITATION ON CONDITIONS.—Tier I approval may be subject to the requirement that the sponsor conduct appropriate post-approval studies.

''(c) TIER II APPROVAL.—

''(1) IN GENERAL.—A sponsor of an investigational drug, biological product, or device applying for Tier II approval shall submit to the Secretary an application as described under section 505(b)(1) or 505(b)(2), section 351(a) of the Public Health Service Act, or section 510(k) or 515(c)(1), as applicable, which shall contain—

''(A) data and information that the drug, biological product, or device has an effect on a clinical endpoint or on a surrogate endpoint or biomarker that is reasonably likely to predict clinical benefit to a patient (who may be representative of a small patient subpopulation) suffering from a serious or life-threatening condition or disease; and

''(B) an assurance that the sponsor will continue clinical investigation to obtain Tier III approval.

''(2) DETERMINATION BY SECRETARY.—

''(A) IN GENERAL.—Not later than 30 days after the receipt of an application for Tier II approval, the Secretary shall either—

''(i) approve the application; or

''(ii) refer the application to the Accelerated Approval Advisory Committee.

''(B) RECOMMENDATION.—Within 90 days after receipt of an application for approval, the Accelerated Approval Advisory Committee shall issue a recommendation to the Secretary on whether the Secretary should approve the application.

''(C) FINAL DECISION.—Within 30 days after receipt of the recommendation from the Accelerated Approval Advisory Committee, the Secretary shall either approve the application or issue an order setting forth a detailed explanation of the reasons why the application was not approved and the specific data that the sponsor must provide so that the application may be approved.

''(3) APPEAL.—If the Secretary does not approve an application for which the Accelerated Approval Advisory Committee recommended approval, the sponsor of the application shall have the right to appeal the decision to the Commissioner of Food and Drugs. The Commissioner shall provide the sponsor with a hearing within 30 days following the nonapproval of the application and shall issue an order within 30 days following the hearing either concurring in the nonapproval or approving the application. The Commissioner shall not delegate the responsibility described in this paragraph to any other person.

''(4) LIMITATION ON CONDITIONS.—

''(A) POST-APPROVAL STUDIES.—Tier II approval may be subject to the requirement that the sponsor conduct appropriate post-approval studies to validate the surrogate endpoint or biomarker or otherwise confirm the effect on the clinical endpoint.

''(B) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to permit the Secretary to condition Tier II approval on compliance with any other standards, including any standard necessary to meet Tier III approval.

''(d) TIER III APPROVAL.—For purposes of this Act, the term 'Tier III approval' means—

''(1) with respect to a new drug or new biological product, approval of such drug or product under section 505(b)(1) or 505(b)(2) or section 351 of the Public Health Service Act, as the case may be; and

''(2) with respect to a new device, clearance of such device under section 510(k) or approval of such device under section 515(c)(1).

''(e) PROMOTIONAL MATERIALS.—Approval of a product under either Tier I or II may be subject to the requirements that—

''(1) the sponsor submit copies of all advertising and promotional materials related to the product during the preapproval review period and, following approval and for such period thereafter as the Secretary determines to be appropriate, and at least 30 days prior to the dissemination of the materials;

''(2) all advertising and promotional materials prominently disclose the limited approval for the product and data available supporting the safety and effectiveness of the product; and

''(3) the sponsor shall not disseminate advertising or promotional material prior to obtaining written notification from the Secretary that the advertising or promotional material complies with this subchapter.

''(f) EXPEDITED WITHDRAWAL OF APPROVAL.—The Secretary may withdraw Tier I or Tier II approval using expedited procedures (as prescribed by the Secretary in regulations which shall include an opportunity for a hearing) if—

''(1) the sponsor fails to conduct post-approval studies with due diligence, considering all of the circumstances involved;

''(2) a post-approval study fails to verify clinical benefit of the product for even a small patient subpopulation;

''(3) other evidence demonstrates that the product is not safe or effective under the conditions of use for even a small patient subpopulation; or

''(4) the sponsor disseminates false or misleading promotional materials with respect to the product and fails to correct the material promptly after written notice from the Secretary.

''(g) ACCELERATED APPROVAL ADVISORY COMMITTEE.—

''(1) IN GENERAL.—In order to facilitate the development and expedite the review of drugs, biological products, and devices intended to treat serious or life threatening conditions, the Secretary shall establish the Accelerated Approval Advisory Committee.

''(2) DELEGATION.—The Secretary may delegate authority for the Accelerated Approval Advisory Committee to the Commissioner of Food and Drugs. The Accelerated Approval Advisory Committee shall be staffed and administered in the Office of the Commissioner.

''(3) COMPOSITION.—

''(A) IN GENERAL.—The Committee shall be composed of 11 voting members, including 1 chairperson and 5 permanent members each of whom shall serve a term of 3 years and may be reappointed for a second 3-year term, and 5 nonpermanent members who shall be appointed to the Committee for a specific meeting, or part of a meeting, in order to provide adequate expertise in the subject being reviewed. The Committee shall include as voting members no less than 2 representatives of patient interests, of which 1 shall be a permanent member of the Committee. The Committee shall include as nonvoting members a representative of interests of the drug, biological product, and device industry.

''(B) APPOINTMENTS.—The Secretary shall appoint to the Committee persons who are qualified by training and experience to evaluate the safety and effectiveness of the types of products to be referred to the Committee and who, to the extent feasible, possess skill in the use of, or experience in the development, manufacture, or utilization of, such products. The Secretary shall make appointments to the Committee so that the Committee shall consist of members with adequately diversified expertise and practical experience in such fields as clinical medicine, biological and physical sciences, and other related professions. Scientific, industry, and consumer organizations and members of the public shall be afforded an opportunity to nominate individuals for appointment to the Committee. No individual who is in the regular full-time employ of the United States and engaged in the administration of this chapter may be a member of the Committee.

''(4) COMPENSATION.—Committee members, while attending meetings or conferences of the Committee or otherwise engaged in its business, shall be entitled to receive compensation at rates to be fixed by the Secretary, but not at rates exceeding the daily equivalent of the rate in effect for grade GS–18 of the General Schedule, for each day so engaged, including traveltime, and while so serving away from their homes or regular places of business each member may be allowed travel expenses (including per diem in lieu of subsistence) as authorized by section 5703 of title 5, for persons in the Government service employed intermittently.

''(5) ASSISTANCE.—The Secretary shall furnish the Committee with adequate clerical and other necessary assistance.

''(6) ANNUAL TRAINING.—The Secretary shall employ nongovernmental experts to provide annual training to the Committee on the statutory and regulatory standards for product approval.

''(7) TIMELINE.—The Committee shall be scheduled to meet at such times as may be appropriate for the Secretary to meet applicable statutory deadlines.

''(8) MEETINGS.—

''(A) OPPORTUNITIES FOR INTERESTED PERSONS.—Any person whose product is specifically the subject of review by the Committee shall have—

''(i) the same access to data and information submitted to the Committee as the Secretary;

''(ii) the opportunity to submit, for review by the Committee, data or information, which shall be submitted to the Secretary for prompt transmittal to the Committee; and

''(iii) the same opportunity as the Secretary to participate in meetings of the Committee.

''(B) ADEQUATE TIME; FREE AND OPEN PARTICIPATION.—Any meetings of the Committee shall provide adequate time for initial presentations and for response to any differing views by persons whose products are specifically the subject of the Committee review, and shall encourage free and open participation by all interested persons.

''(C) SUMMARIES.—At all meetings of the Committee, the Secretary shall provide a summary to the Committee of all Tier I and Tier II applications that the Committee did not consider that were approved by the Secretary since the last meeting of the Committee.

''(h) COMMENCEMENT OF REVIEW.—If the Secretary determines, after preliminary evaluation of the data and information submitted by the sponsor, that the product may be effective, the Secretary shall evaluate for filing, and may commence review of portions

of, an application for Tier I or Tier II approval before the sponsor submits a complete application. The Secretary shall commence such review only if the applicant provides a schedule for submission of information necessary to make the application complete.

''(i) INAPPLICABILITY OF PROVISIONS.—The following provisions shall not apply to Tier I or Tier II applications and approvals:

''(1) Chapter VII, subchapter C, parts 2 and 3 relating to fees for drugs, biological products, and devices.

''(2) The provisions of the Drug Price Competition and Patent Term Restoration Act of 1984 that authorize approval of abbreviated new drug applications and applications submitted under section 505(b)(2). Market exclusivity and patent term restoration of Tier I and Tier II approved drugs, biological products, and devices shall be determined solely at the time of Tier III approval without regard to prior Tier I or Tier II approval. Prior to Tier III approval, the Secretary shall not approve any application submitted under section 505(b)(2) or section 505(j) that references a drug approved under subsections (b) or (c) of this section.''.

SEC. 4. ETHICS IN HUMAN TESTING.

Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by adding at the end of section 505(i) the following:

''(5) Notwithstanding any other provision of law, the Secretary shall prohibit placebo-only or no-treatment-only concurrent controls in any clinical investigation conducted under this chapter or, in the use of the last-observation-carried-forward convention, in any clinical investigation conducted under this chapter or section 351 of the Public Health Service Act with respect to any life-threatening condition or disease where reasonably effective approved alternative therapies exist for the specific indication.''.

SEC. 5. EXPANDED ACCESS TO INVESTIGATIONAL DRUGS AND DEVICES.

(a) IN GENERAL.—Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by adding at the end of section 561 the following:

''(f) EXPANDED ACCESS PROGRAM.—The Food and Drug Administration shall establish a new program to expand access to investigational treatments for individuals with serious or life threatening conditions and diseases. In carrying out this expanded access program, the Secretary shall publish and broadly disseminate written guidance that—

''(1) describes such expanded access programs for investigational drugs, biological products, and devices intended to treat serious or life-threatening conditions or diseases;

''(2) encourages and facilitates submission of Tier I and Tier II applications and approvals; and

''(3) facilitates the provision of investigational drugs and devices to seriously ill individuals without unreasonable delay by recognizing that the use of available investigational products for treatment is the responsibility of the physician and the patient.

''(g) IMPLEMENTATION OF EXPANDED ACCESS PROGRAMS.—

''(1) TRAINING OF PERSONNEL.—Not later than 90 days after the date of enactment of this subsection, the Secretary shall implement training programs at the Food and Drug Administration with respect to the expanded access programs established under this section.

''(2) POLICIES, REGULATIONS, AND GUIDANCE.—The Secretary shall establish policies, regulations, and guidance designed to most directly benefit seriously ill patients.

''(h) DEVELOPMENT OF SURROGATE ENDPOINTS AND BIOMARKERS.—The Secretary shall—

''(1) establish a program to encourage the development of surrogate endpoints and biomarkers that are reasonably likely to predict clinical benefit for serious or life-threatening conditions for which there exist significant unmet medical needs;

''(2) request the Institute of Medicine to undertake a study to identify validated surrogate endpoints and biomarkers, and recommend research to validate surrogate endpoints and biomarkers, that may support approvals for products intended for the treatment of serious or life-threatening conditions or diseases; and

''(3) make widely available to the public a list of drugs, biological products, and devices that are being investigated for serious or life-threatening conditions or diseases and that have not yet received Tier I or Tier II approval for marketing.''.

(b) CONFORMING AMENDMENT.—Section 561(c) of the Federal Food, Drug, and Cosmetic Act is amended by striking the heading and inserting ''EXPANDED ACCESS TO INVESTIGATIONAL DRUGS AND DEVICES FOR SERIOUSLY ILL PATIENTS''.

SEC. 6. MODERNIZATION OF THE FOOD AND DRUG ADMINISTRATION.

Subchapter E of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is amended by adding at the end the following:

''SEC. 565. POLICIES RELATED TO STUDY EVALUATION INFORMATION.

''(a) IN GENERAL.—

''(1) NONSTATISTICAL MEASURES.—The Secretary shall give equal weight to clinical judgment and statistical analysis in the evaluation of the safety and effectiveness of drugs, biological products, and devices, and shall not disapprove a product application solely on the basis of a statistical analysis or the rigid use of the 95 percent confidence level convention. This policy shall apply—

''(A) in evaluating clinical study designs and endpoints; and

''(B) in making decisions with respect to product applications.

''(2) TYPES OF NONSTATISTICAL MEASURES.—The policy established under paragraph (1), for the purposes described in such paragraph—

''(A) shall include but not be limited to such nonstatistical information as—

''(i) clinical evaluation information, such as case history reports;

''(ii) scientific and clinical studies designed to measure or define mechanisms of action or molecular targeting;

''(iii) data from animal and computer models; and

''(iv) comparison with historical data; and

''(B) shall incorporate the use of—

''(i) evaluations of the adverse effect of delaying the availability of an investigational drug to even a small subpopulation of seriously ill patients; and

''(ii) scientific, observational, or clinical studies designed and conducted to collect well-documented information.

''(b) MEETINGS.—A meeting to address any pending scientific, medical, regulatory, or other issue relating to the development, investigation, review, or other aspect of a drug, biological product, or device shall ordinarily be held within 15 days of the receipt of a written request for the meeting by the sponsor of the product, which may be extended to 30 days for good cause. Such meetings shall ordinarily be conducted in person, but may be conducted by telephone or other form of communication if both parties agree. In order to reduce the burden of meetings, only those Food and Drug Administration employees who are intended to actively participate in the discussion shall attend a meeting. Minutes of a meeting shall be promptly prepared and exchanged by both parties immediately following the meeting and shall accurately summarize what occurred at the meeting

''(c) RULE OF CONSTRUCTION.—The provisions of chapter V and section 351 of the Public Health Service Act shall be construed to incorporate the policy established in this section.''.

SEC. 7. MEMBERSHIP OF ONCOLOGY DRUGS ADVISORY COMMITTEE.

Membership of the Oncology Drugs Advisory Committee of the Food and Drug Administration shall consist of no less than 2 patient representatives who are voting members of the committee.

By Mr. KERRY (for himself, Mr. OBAMA, Mr. LEVIN, Ms. STABENOW, Mr. KENNEDY, Mr. CORZINE, and Mr. SMITH):

S. 1959. A bill to direct the Architect of the Capitol to obtain a statue of Rosa Parks and to place the statue in the United States Capitol in National Statuary Hall; to the Committee on Rules and Administration.

Mr. KERRY. Mr. President, our Nation is mourning the recent loss of an icon in this country's civil rights movement and a true national hero, Ms. Rosa Parks. Today, along with Senators OBAMA, LEVIN, STABENOW, KENNEDY, CORZINE and SMITH, I am introducing legislation to honor the memory of Rosa Parks by placing her statue in the United States Capitol. This will help future generations understand her efforts to increase equality in the United States.

When I met Rosa Parks, I was overwhelmed by this graceful, small woman's quiet strength and humility—her conviction in taking on the army of power that was deployed before her—her courage to dig in, knowing full well the power of the courthouse, the power of the sheriff's badge, the power of the vigilante, the power of the establishment—knowing that on dark country roads or after a knock on the door in the middle of the night, people still disappeared and died almost anonymous deaths. So many were killed just trying to be citizens in the land of the free.

Rosa Parks reminded many and taught even more how to speak the truth to power. In an era when these words are thrown around too easily, she lived the words 'courage' and 'patriot'—she loved the dream of our country more than herself, and she was willing to risk it all to live the dream.

In the struggle for civil rights, some were called to stand up to Bull Connor's fire hoses and police dogs—some to stand up to Klan terrorism—and some to stand up to state sponsored acts of violence. But some were called simply to sit down—at lunch counters in Greensboro and Nashville and Atlanta—or on a bus in Montgomery.

Ms. Parks' dedication to civil rights has had an impact on the lives of all Americans. Her act of courage on December 1, 1955 inspired a movement that eventually brought about laws to

end segregation, ensure voting rights, end discrimination in housing, and create a greater equality throughout this Nation. Thanks to Rosa Parks, a path was forged for future generations to encourage freedom and social justice. Her legacy of courage and commitment plays an important role each time our Nation acts for equality and justice, and most of all, in the hope for a better America.

If just one woman was able to do all this, then how much greater the responsibility is for those of us with privilege and power who pay tribute to her today. The life of Rosa Parks demands deeds, not epitaphs. Our final words cannot be spoken or written while her cause is still unfinished. No simple words can match what she did in that sacred moment on a municipal bus in Montgomery, Alabama. What matters now is what we do after the candles are quenched, the speeches have been exhausted, and the next bus comes by.

I am grateful for the opportunity to join my colleagues in this body, as well as those in the House of Representatives, to honor the legacy of this graceful, humble, and courageous woman who embodies the American spirit. If this legislation is adopted, when our children and our grandchildren visit the United States Capitol, they will have the opportunity to learn more about the women who risked so much for their freedom. Ms. Parks belongs among the other great leaders that have shaped this country and made the world a better place.

Sometimes the days seem heavy and the odds seem high, but that moment on a bus in Montgomery always comes. Someone gets on that bus, refuses to equivocate or yield and changes history. Today, that someone must be us, for Rosa Parks and for our country.

The bus still comes by again and again and each time we have to decide whether to go quietly to the back, or by simple acts of courage and conviction, change the direction of our own country's journey. A statue of Rosa Parks in the Capitol can help future Senators and Congressmen find the courage necessary to make sure our Nation takes the right course in the future.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1959

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

SECTION 1. PLACEMENT OF STATUE OF ROSA PARKS IN NATIONAL STATUARY HALL.

(a) OBTAINING STATUE.—The Architect of the Capitol shall enter into an agreement to obtain a statue of Rosa Parks, under such terms and conditions as the Architect considers appropriate and consistent with applicable law.

(b) PLACEMENT.—Not later than 2 years after the date of enactment of this Act, the Architect shall place the statue obtained under subsection (a) in the United States Capitol in a suitable permanent location in National Statuary Hall.

SEC. 2. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary to carry out this Act, and any amounts so appropriated shall remain available until expended.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 298—DESIGNATING THURSDAY, NOVEMBER 17, 2005, AS ''FEED AMERICA THURSDAY''

Mr. HATCH (for himself and Mr. BENNETT) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 298

Whereas Thanksgiving Day celebrates the spirit of selfless giving and an appreciation for family and friends;

Whereas the spirit of Thanksgiving Day is a virtue upon which our Nation was founded;

Whereas 33,000,000 Americans, including 13,000,000 children, continue to live in households that do not have an adequate supply of food;

Whereas almost 3,000,000 of those children experience hunger; and

Whereas selfless sacrifice breeds a genuine spirit of Thanksgiving, both affirming and restoring fundamental principles in our society: Now, therefore, be it

Resolved, That the Senate—

(1) designates Thursday, November 17, 2005, as ''Feed America Thursday''; and

(2) requests that the President issue a proclamation calling on the people of the United States to sacrifice 2 meals on Thursday, November 17, 2005, and to donate the money that they would have spent on food to a religious or charitable organization of their choice for the purpose of feeding the hungry.

Mr. HATCH. Mr. President, I rise today to offer S. Res. 298, designating Thursday, November 17, 2005, as Feed America Thursday. I appreciate my friend, Senator ROBERT BENNETT, joining with me in this resolution.

On Thanksgiving Day, we remember with deep gratitude the many bounties of life, including an appreciation for families and friends and the great country in which we live. Part of what makes this country great is the spirit of selfless giving and generosity of its citizens. The great outpouring of support and assistance for the victims of Hurricane Katrina is a most recent example.

In this season of Thanksgiving, it is important to also remember that over 33 million Americans, including 13 million children, continue to live in households that do not have an adequate supply of food. These fellow citizens in need of food must not be forgotten.

On behalf of the Utah congressional delegation, Congressman CHRIS CANNON has submitted a companion resolution in the House of Representatives. We urge our distinguished colleagues to join us in designating Thursday, November 17, 2005, as Feed America Thursday, to encourage our fellow citizens to sacrifice two meals on that day and donate the money they would have spent on food to a religious or charitable organization of their choice for the purpose of feeding the hungry.

SENATE RESOLUTION 299—TO EXPRESS SUPPORT FOR THE GOALS OF NATIONAL ADOPTION MONTH BY PROMOTING NATIONAL AWARENESS OF ADOPTION, CELEBRATING CHILDREN AND FAMILIES INVOLVED IN ADOPTION, AND ENCOURAGING AMERICANS TO SECURE SAFETY, PERMANENCY, AND WELL-BEING FOR ALL CHILDREN

Ms. LANDRIEU (for herself, Mr. DEMINT, Mrs. CLINTON, Mr. NELSON of Nebraska, Mr. BROWNBACK, Mr. CRAIG, Mr. KERRY, Mr. COLEMAN, and Mr. SALAZAR) submitted the following resolution; which was considered and agreed to:

S. RES. 299

Whereas there are approximately 532,000 children in the foster care system in the United States, approximately 129,000 of whom are waiting to be adopted;

Whereas the average length of time a child in foster care remains in foster care is almost 3 years;

Whereas for many foster children, the wait for a loving family in which they are nurtured, comforted, and protected is endless;

Whereas every year 25,000 children ''age out'' of foster care by reaching adulthood without being placed in a permanent home;

Whereas, since 1987, the number of annual adoptions has ranged from 118,000 to 127,000;

Whereas approximately 2,100,000 children in the United States live with adoptive parents;

Whereas approximately 6 of every 10 Americans have been touched personally by adoption in that they, a family member, or a close friend was adopted, has adopted a child, or has placed a child for adoption;

Whereas every day loving and nurturing families are formed when committed and dedicated individuals make an important difference in the life of a child through adoption; and

Whereas on November 4, 2004, the President proclaimed November 2004 as National Adoption Month: Now, therefore, be it

Resolved, That the Senate recognizes November 2005 as National Adoption Month.

SENATE RESOLUTION 300—RELATIVE TO THE DEATH OF HENRY KU'UALOHA GIUGNI, FORMER SERGEANT-AT-ARMS OF THE UNITED STATES SENATE

Mr. INOUYE (for himself, Mr. AKAKA, Mr. BYRD, Mr. FRIST, Mr. REID, Mr. ALEXANDER, Mr. ALLARD, Mr. ALLEN, Mr. BAUCUS, Mr. BAYH, Mr. BENNETT, Mr. BIDEN, Mr. BINGAMAN, Mr. BOND, Mrs. BOXER, Mr. BROWNBACK, Mr. BUNNING, Mr. BURNS, Mr. BURR, Ms. CANTWELL, Mr. CARPER, Mr. CHAFEE, Mr. CHAMBLISS, Mrs. CLINTON, Mr. COBURN, Mr. COCHRAN, Mr. COLEMAN, Ms. COLLINS, Mr. CONRAD, Mr. CORNYN, Mr. CORZINE, Mr. CRAIG, Mr. CRAPO, Mr. DAYTON, Mr. DEMINT, Mr. DEWINE, Mr. DODD, Mrs. DOLE, Mr. DOMENICI, Mr.