not just high-priced condos. There is a severe housing shortage in the region, and rental prices have increased by 39 percent and more since the storm. Home sale prices in suburban parishes have also skyrocketed. Average working people can't move home because they can't find affordable housing.

One of the most important features of this bill is the extension of the Gulf Opportunity Zone low-income housing tax credit until the end of 2010. Louisiana is offering these tax credits to developers who build affordable housing in the hurricane-affected communities, but current law requires that developers have the project built and occupied by the end of 2008.

In the post-storm world of south Louisiana, this is almost impossible. The Housing Financing Agency in New Orleans estimates that 65 percent of the affordable housing units under development, about 11,050 units, won't make the deadline to be available for rent by the deadline at the end of 2008. Add all the extenuating circumstances of post-Katrina Louisiana, mold remediation for flood-damaged rehabilitation projects, elevation of property, getting permits, going through the zoning requirements, all the things that take time, including needing water, sewer, and gas lines, there is no way that developers can finish.

Finally, as a fiscal conservative and a Blue Dog, I want to point out that this bill follows House PAYGO rules and will not increase the deficit. In fact, the offsets that are contained in the bill will cause an increase in revenue.

I thank the gentleman from Georgia, and I thank the bipartisan effort of the committee.

Mr. LEWIS of Georgia. Mr. Speaker, I yield myself as much time as I may consume.

I fully support H.R. 1562, the Katrina Housing Relief Act of 2007. Adequate and affordable housing is a basic human right, and today Congress is stepping in again to give our citizens of the gulf coast some help. This bill will provide tax incentives to ensure that adequate and affordable housing is available in the gulf coast region.

I urge all of my colleagues on both sides of the aisle to vote ''yes'' for this bill.

Mr. SAM JOHNSON of Texas. I rise today in support of the amended version of H.R. 1562. During the Committee debate on this bill I raised concerns about the revenue offset used to pay for this legislation. The original bill would have permitted the IRS to seize the assets of a taxpayer prior to a hearing. The provision was scored as raising $240 million. The reason for the change was that there are some taxpayers who are serial abusers of the payroll tax withholding mechanism who needed to be shut down to prevent a drain on revenues.

The problem is that we cannot begin to close the tax gap at the expense of basic civil liberties. We would have a taxpayer revolt at such heavy-handed tactics. Congress put in place many taxpayer protections against heavy-handed IRS tactics and I think we need to be very careful as we contemplate rolling back any of them in the name of closing the ''tax gap.''

The amended bill before us now would go after the serial abusers of the payroll tax system. It would require that if someone has already been through the hearing process in the last two years, then they don't get to keep scamming the tax system. They cannot hide behind the protections meant for taxpayers who have simply made a mistake in filing payroll taxes for their employees.

The protection of having a hearing prior to IRS seizure of assets is important in many circumstances. One of the leading reasons for this protection is innocent spouse relief. If a husband messes up his company's payroll taxes in one quarter, the Committee approved bill and the version already approved by the other body, would have allowed the IRS to seize his wife's assets and give her no ability to claim innocent spouse relief until roughly eight months after the seizure. I don't think this is good policy and I think it is a lousy way to close the ''tax gap.''

I commend Chairman RANGEL and Ranking Member MCCRERY for working to be sure that these situations are addressed by the amendment we have worked out. I hope that whenever the House and Senate put this revenue raiser into a final agreement later this year, that the House version prevails.

Again, I support the version of this legislation that we are debating on the House floor today and I want to personally thank the Chairman and Ranking Member for working so hard to address these concerns.

Mr. LEWIS of Georgia. Mr. Speaker, I yield back the balance of my time.

Mr. CAMP of Michigan. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. RANGEL) that the House suspend the rules and pass the bill, H.R. 1562, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

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APPOINTMENT OF MEMBERS TO JOINT ECONOMIC COMMITTEE

The SPEAKER pro tempore (Mr. BRALEY of Iowa). Pursuant to 15 U.S.C. 1024(a), and the order of the House of January 4, 2007, the Chair announces the Speaker's appointment of the following Members of the House to the Joint Economic Committee:

Mr. HINCHEY, New York
Mr. HILL, Indiana
Ms. LORETTA SANCHEZ, California
Mr. CUMMINGS, Maryland
Mr. DOGGETT, Texas

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM REAUTHORIZATION ACT OF 2007

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1132) to amend the Public Health Service Act to provide waivers relating to grants for preventive health measures with respect to breast and cervical cancers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1132

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 ''National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2007''.

SEC. 2. NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

Title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) is amended—

(1) in section 1501(d)—

(A) in the heading, by striking ''2000'' and inserting ''2020''; and

(B) by striking ''by the year 2000'' and inserting ''by the year 2020'';

(2) in section 1503, by adding at the end the following:

''(d) WAIVER OF SERVICES REQUIREMENT ON DIVISION OF FUNDS.—

''(1) IN GENERAL.—The Secretary shall establish a demonstration project under which the Secretary may waive the requirements of paragraphs (1) and (4) of subsection (a) for not more than 5 States, if—

''(A) the State involved will use the waiver to leverage non-Federal funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a);

''(B) the application of such requirement would result in a barrier to the enrollment of qualifying women;

''(C) the State involved—

''(i) demonstrates, to the satisfaction of the Secretary, the manner in which the State will use such waiver to expand the level of screening and follow-up services provided immediately prior to the date on which the waiver is granted; and

''(ii) provides assurances, satisfactory to the Secretary, that the State will, on an annual basis, demonstrate, through such documentation as the Secretary may require, that the State has used such waiver as described in clause (i);

''(D) the State involved submits to the Secretary—

''(i) assurances, satisfactory to the Secretary, that the State will maintain the average annual level of State fiscal year expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the period for which the waiver is granted, and for the period for which any extension of such wavier is granted, at a level that is not less than—

''(I) the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted; or

''(II) at the option of the State and upon approval by the Secretary, the average level of the State expenditures for such services and activities for the 3-fiscal year period preceding the first fiscal year for which the waiver is granted; and

''(ii) a plan, satisfactory to the Secretary, for maintaining the level of activities carried out under the waiver after the expiration of the waiver and any extension of such waiver;

''(E) the Secretary finds that granting such a waiver to a State will increase the number of women in the State that receive each of the services or activities described in paragraphs (1) and (2) of section 1501(a), including making available screening procedures for both breast and cervical cancers; and

''(F) the Secretary finds that granting such a waiver to a State will not adversely affect the quality of each of the services or activities described in paragraphs (1) and (2) of section 1501(a).

''(2) DURATION OF WAIVER.—

''(A) IN GENERAL.—In granting waivers under paragraph (1), the Secretary—

''(i) shall grant such waivers for a period that is not less than 1 year but not more than 2 years; and

''(ii) upon request of a State, may extend a waiver for an additional period that is not less than 1 year but not more than 2 years in accordance with subparagraph (B).

''(B) ADDITIONAL PERIOD.—The Secretary, upon the request of a State that has received a waiver under paragraph (1), shall, at the end of the waiver period described in subparagraph (A)(i), review performance under the waiver and may extend the waiver for an additional period if the Secretary determines that—

''(i) without an extension of the waiver, there will be a barrier to the enrollment of qualifying women;

''(ii) the State requesting such extended waiver will use the waiver to leverage non-Federal funds to supplement the services or activities described in paragraphs (1) and (2) of section 1501(a);

''(iii) the waiver has increased, and will continue to increase, the number of women in the State that receive the services or activities described in paragraphs (1) and (2) of section 1501(a);

''(iv) the waiver has not, and will not, result in lower quality in the State of the services or activities described in paragraphs (1) and (2) of section 1501(a); and

''(v) the State has maintained the average annual level of State fiscal expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the period for which the waiver was granted at a level that is not less than—

''(I) the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted; or

''(II) at the option of the State and upon approval by the Secretary, the average level of the State expenditures for such services and activities for the 3-fiscal year period preceding the first fiscal year for which the waiver is granted.

''(3) REPORTING REQUIREMENTS.—The Secretary shall include as part of the evaluations and reports required under section 1508, the following:

''(A) A description of the total amount of dollars leveraged annually from Non-Federal entities in States receiving a waiver under paragraph (1) and how these amounts were used.

''(B) With respect to States receiving a waiver under paragraph (1), a description of the percentage of the grant that is expended on providing each of the services or activities described in—

''(i) paragraphs (1) and (2) of section 1501(a); and

''(ii) paragraphs (3) through (6) of section 1501(a).

''(C) A description of the number of States receiving waivers under paragraph (1) annually.

''(D) With respect to States receiving a waiver under paragraph (1), a description of—

''(i) the number of women receiving services under paragraphs (1), (2), and (3) of section 1501(a) in programs before and after the granting of such waiver; and

''(ii) the average annual level of State fiscal expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the year preceding the first year for which the waiver was granted.

''(4) LIMITATION.—Amounts to which a waiver applies under this subsection shall not be used to increase the number of salaried employees.

''(5) DEFINITIONS.—In this subsection:

''(A) INDIAN TRIBE.—The term 'Indian tribe' has the meaning given the term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

''(B) TRIBAL ORGANIZATION.—The term 'tribal organization' has the meaning given the term in section 4 of the Indian Health Care Improvement Act.

''(C) STATE.—The term 'State' means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, an Indian tribe, and a tribal organization.

''(6) SUNSET.—The Secretary may not grant a waiver or extension under this subsection after September 30, 2012.'';

(3) in section 1508—

(A) in subsection (a), by striking ''evaluations of the extent to which'' and all that follows through the period and inserting: ''evaluations of—

''(1) the extent to which States carrying out such programs are in compliance with section 1501(a)(2) and with section 1504(c); and

''(2) the extent to which each State receiving a grant under this title is in compliance with section 1502, including identification of—

''(A) the amount of the non-Federal contributions by the State for the preceding fiscal year, disaggregated according to the source of the contributions; and

''(B) the proportion of such amount of non-Federal contributions relative to the amount of Federal funds provided through the grant to the State for the preceding fiscal year.''; and

(B) in subsection (b), by striking ''not later than 1 year after the date on which amounts are first appropriated pursuant to section 1509(a), and annually thereafter'' and inserting ''not later than 1 year after the date of the enactment of the National Breast and Cervical Cancer Early Detection Program Reauthorization of 2007, and annually thereafter''; and

(4) in section 1510(a)—

(A) by striking ''and'' after ''$150,000,000 for fiscal year 1994,''; and

(B) by inserting '', $225,000,000 for fiscal year 2008, $245,000,000 for fiscal year 2009, $250,000,000 for fiscal year 2010, $255,000,000 for fiscal year 2011, and $275,000,000 for fiscal year 2012'' before the period at the end.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. Mr. Speaker, I have a request from the gentleman from New York (Mr. TOWNS) to go out of order, and I yield 2 minutes to Mr. TOWNS at this time.

CONGRATULATING NEW YORK HIGH SCHOOL BASKETBALL CHAMPIONS

Mr. TOWNS. Mr. Speaker, I thank Mr. PALLONE very much for yielding.

Mr. Speaker, I rise today to congratulate East New York's Transit Technical High School boy's basketball team for winning the PSAL New York City Championship.

The East New York Transit defeated Thomas Edison High School of Queens with a score of 52–46. This is only the second time in the school's history that the Transit boys' basketball team made it to the State playoff. The first time was in 1993 when the team still played in the ''B'' division.

I would also like to congratulate the staff of New York Transit Tech and its principal, Larry Kalvar, and its basketball coach, Michael Perazzo.

Mr. Speaker, I ask that you please join me in honoring the boys' basketball team at East New York Transit Tech High School for its outstanding accomplishment.

I also rise to congratulate Brooklyn's Thomas Jefferson High School girls' basketball team for winning the PSAL A-league championship. The girls at Jefferson defeated New Town High School championship team to win the title, finishing with an overall 17–1 record, making this the first girls' basketball team to represent the borough of Brooklyn in the State playoffs.

My congratulations also goes out to the Jefferson High School principal, Michael Alexander, and the girls' basketball team coach, Calvin Young, for doing a marvelous job with the team. We need to recognize him as well.

I ask that you all please join me in honoring the girls' basketball team at Brooklyn's Thomas Jefferson High School for this outstanding accomplishment.

Sometimes we criticize our young people about not doing what we feel is right, but here is a situation where some young people have done a very positive thing, and I think we should pause to salute them for that.

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

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

Let me also add my congratulations to the girls' basketball team at Brooklyn Thomas Jefferson High School. That is quite an accomplishment.

Mr. Speaker, I rise tonight in support of H.R. 1132, the National Breast and Cervical Cancer Early Detection Program. The National Breast and Cervical Cancer Early Detection Program has had many proven successes in screening low-income, minority and uninsured women for little or no cost.

The Centers for Disease Control estimates that between 8 and 11 percent of women nationwide are eligible for participation in this program. Since its inception in 1991, the early detection program has served almost 3 million women, providing more than 6.9 million screening examinations, and has diagnosed almost 30,000 breast cancers, 95,000 precursor cervical lesions, and 1,800 cervical cancers. There is a direct link between these statistical figures and the lives that have been saved.

The Susan G. Komen Breast Cancer Foundation and the American Cancer Society have been instrumental in promoting the successes of the early detection program.

I would also like to commend the gentlewoman from Wisconsin (Ms. BALDWIN) and the gentlewoman from North Carolina (Mrs. MYRICK), a breast cancer survivor herself, who have worked tirelessly in bringing this legislation to the floor of the House and eventually to the President's desk to be signed into law. I urge my colleagues' support of this legislation.

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

Mr. PALLONE. Mr. Speaker, I yield 4 minutes to the sponsor of the bill, Ms. BALDWIN.

Ms. BALDWIN. Mr. Speaker, it is high time we reauthorize the National Breast and Cervical Cancer Early Detection Program. This important program provides breast and cervical cancer screening to low-income, uninsured women who otherwise would have little or no access to such care. Early detection is a woman's most powerful weapon against breast or cervical cancer because early detection, followed by early treatment intervention, greatly increases a woman's odds of beating cancer; and we know that our vigilance is having results as this is the second straight year of declining cancer deaths.

The National Breast and Cervical Cancer Early Detection Program is a Federal-State partnership that builds on the existing public health infrastructure and involves all sectors of the community in outreach and delivery of services.

Established in 1991, the National Breast and Cervical Cancer Early Detection Program provides low-income women who have limited or no health insurance with breast and cervical cancer screening, education, outreach, and case management services. Administered by the Centers for Disease Control and Prevention, the National Breast and Cervical Cancer Early Detection Program provides access to mammograms, pap tests, surgical consultations, and diagnostic testing. The program is operational in all 50 states, four U.S. territories, the District of Columbia, and 13 American Indian or Alaskan Native organizations. The National Breast and Cervical Cancer Early Detection Program also works with nonprofit organizations that provide supplemental funding for screening, education, outreach, case management and treatment services.

To date, the National Breast and Cervical Cancer Early Detection Program has provided nearly 6.5 million screenings to 2.7 million women, detecting almost 30,000 breast cancers, almost 90,000 precancerous cervical lesions and 1,700 cervical cancers.

This reauthorization will strengthen this important program by increasing the program's authorization level. At its current $205 million funding level, it is estimated that the program only provides services to 20 percent of all eligible women in the United States. This additional authorization would enable the program to provide 147,000 more screenings per year.

In addition, it will assist rural communities and special populations by permitting a five-State demonstration program for States to receive a time-limited waiver of current regulatory requirements in order to provide greater emphasis on education and outreach, while ensuring that women continue to have access to life-saving screening services.

I have been honored to work on this reauthorization, and I want to thank the American Cancer Society and the Susan G. Komen Foundation for their continued support of this critical program.

In addition, I have been honored to work with my colleague, Congresswoman SUE MYRICK, in advancing this important legislation. In the war against breast and cervical cancer, we know that screening and early detection saves lives. I am very proud and pleased that on this issue Republicans and Democrats are working together to support a life-saving program. I urge all of my colleagues to support this reauthorization.

Mr. BURGESS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from North Carolina (Mrs. MYRICK), the cosponsor of this legislation.

Mrs. MYRICK. Mr. Speaker, I am really pleased to be able to speak on behalf of this bill tonight in reauthorizing the Nation's breast and cervical cancer screening program in all 50 States.

Many women around the country work hard but are uninsured and don't qualify for Medicaid or other insurance assistance. This program helps to give them peace of mind when it comes to a disease that women often fear the most: Cancer.

Many hardworking women would like to be responsible and get preventive screenings. But, as we all know, it is very expensive to do so without insurance. And it is even more expensive for all of us if these women go without screening and an undiagnosed cancer is allowed to progress.

The early detection programs in our States and districts provide free and low-cost screenings, medical referrals, and education for women who may not otherwise have access to preventive tests. It is literally a lifesaver for women across the country, because breast cancer is still the most common cancer among women, and cervical cancer is very preventable. Thankfully, we continue to make strides against these diseases.

Millions of women have been screened; and at CDC's last count, they state the program has detected almost 30,000 breast cancers and over 1,700 cervical cancers.

As a breast cancer survivor, I know how scary it is to hear those words, ''You have cancer.'' I can't even imagine what it would be like to be told, ''But I'm sorry, I can't help.''

That is why a few years ago I introduced a bill that would allow State Medicaid programs to cover treatment costs for women who are screened through the program; and it passed the House with only one ''no'' vote in May, 2000. And of course 50 States do cover the treatment cost as well.

We all know prevention is the most cost-effective way to fight the war on cancer, and this screening program saves money by detecting those cancers early and steering women towards treatment options.

It is also, unfortunately, estimated that less than 20 percent of the eligible women in the country are served by the program; and so the bill today provides for enhanced preventive efforts and includes a structured limited waiver demonstration project through the Department of Health and Human Services to improve flexibility.

States that can prove that they can increase the number of women served may apply to use the higher percentage of their Federal funding for outreach, education, medical training and other services. So, hopefully, some of the most vulnerable women will be reached.

States must meet a series of requirements in order to apply for the waiver to ensure that the Federal dollars are spent as efficiently as possible.

Grantees across the country have effectively leveraged the private dollars with the Federal money they receive; and, as others have acknowledged, I am grateful, too, to Susan G. Komen and the American Cancer Society and other groups for their dedication to the screening program.

I am glad that this bill is on the House floor today; and I would like to thank the bill's sponsor, Representative TAMMY BALDWIN, for her hard work on this legislation. I would also like to thank Chairman DINGELL and Ranking Member BARTON for their prompt consideration of this bill. I urge my colleagues to join me in supporting H.R. 1132.

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Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Connecticut (Ms. DELAURO), a champion on this issue.

Ms. DELAURO. Mr. Speaker, I rise in support of the National Breast and Cervical Cancer Early Detection Program and its reauthorization. I commend the congresswomen who have spoken tonight, Mrs. MYRICK and Ms. BALDWIN, for their dedication to this important program and for their work to ensure its continued success.

Cancer is a disease that affects almost all Americans in one way or another. It is as indiscriminate a disease as you can find. It does not care about your age, your family, your sex, your race, your religion.

It reminds us that we are human and we are vulnerable. But as every survivor knows, it brings out our resilience, our strength, and it makes us value and really savor every moment of our lives afterward, and I can say that as a survivor of ovarian cancer.

It has also taught us just how critical early detection can be; and when detected at its earliest stages, the 5-year survival rate for breast cancer is nearly 98 percent. When detected at its earliest stages, the 5-year survival rate for cervical cancer is more than 92 percent. However, many women have limited access to life-saving early cancer detection.

So in 1990, Congress created a National Breast and Cervical Cancer Early Detection Program, and I was

proud to be part of that effort. It provides access to critical breast and cervical cancer screening services for underserved women in the United States, especially those at high risk for breast cancer, including minority women and women with a family history of breast cancer.

Since its launch, the program has served more than 2.9 million women, and it has provided more than 6.9 million screening examinations and diagnosed more than 29,000 breast cancers; 94,000 precursor cervical lesions; and 1,800 cervical cancers. Any way you look at it, these numbers represent incredible success, and they translate into lives saved.

We have made tremendous progress in the fight against cancer, but there is no doubt we have a long way still to go. Today, the National Breast and Cervical Cancer Early Detection Program reaches only 20 percent of eligible women. We need to work together to make sure that all women can take advantage of the medical advances we have seen, so that everyone has a fighting chance of beating this disease.

That is why this legislation is so important. It provides this critical and proven program with the resources for 147,000 more screenings per year. Through a five-State demonstration project it extends assistance to rural communities and special populations, providing an emphasis on education and on outreach, while ensuring that women continue to have access to lifesaving screening services.

Reauthorization is critical. We know that more challenges lie ahead, and so we must keep up the drumbeat. Outreach, education, screenings: these make early detection possible. They make beating cancer possible. They are powerful tools that give us real hope.

We do a lot of things in this institution. We deal with roads, bridges, any number of parks. This is life and death.

Mr. BURGESS. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Indiana (Mr. BURTON).

Mr. BURTON of Indiana. Mr. Speaker, I thank the gentleman for yielding.

I want to thank SUE MYRICK who has worked on this for such a long time, along with the gentlewoman from Wisconsin for sponsoring this bill. It really is so important for people to be screened early.

I do not think there is a family in the United States that has not been touched by some form of cancer; and if you catch it early, the life expectancy can be extended a great deal of time, and in many cases, it can be cured.

We had a personal experience in my family. In fact, I lost my first wife to cancer, and I think in part it was because there was not early detection of that cancer. So one of the things that I think is most important is that women and men get screened for various forms of cancer. There is prostate cancer in men. There is cervical cancer for women. There is ovarian cancer. There is breast cancer. There needs to be early screening.

That is one of the reasons why DARRELL ISSA and I cosponsored Jo-Anna's Law to make doctors and patients aware of the signs of cervical cancer very, very early so that women can be saved from terminally being ill. It is so important that they learn about these things before they get out of hand.

I cannot express enough and I think SUE will tell you this, I cannot express enough the pain that a family goes through when they find out that one of their loved ones is terminally ill and it could have been prevented if you had found out about it early enough. That is why I think this is such a great program.

I am glad this reauthorization is taking place, and I thank SUE once again for working so hard on this. I want to thank the gentlewoman from Wisconsin for working so hard on this. I thank you for yielding the time, and I would just urge anybody who is paying attention to this discussion tonight, and a lot of people are not, get detection early. Get screened early. It will save your life. It will save your family a lot of heartache if you learn about these things before it is too late.

I thank the gentleman for yielding.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Oregon (Ms. HOOLEY), a member of our Health Subcommittee.

Ms. HOOLEY. Mr. Speaker, I thank the gentleman from New Jersey for yielding and for all the work that he has done on this. I also thank Ms. BALDWIN and Mrs. MYRICK for all of their hard work and their commitment to this.

The National Breast and Cervical Cancer Early Detection Program is vital to help promote the well-being of low-income and uninsured women throughout the country. The 5.8 million screening examinations provided under the program have saved lives. More than 22,000 women were diagnosed with breast cancer and over 1,500 with cervical cancer through the program's screening.

Early detection of breast and cervical cancer can mean the difference between life or death. For breast cancer, the 5-year survival rate is 95 percent when caught early. Given what we know about the importance of early detection, I believe it is critical to provide this screening assistance to low-income or uninsured women.

I am also pleased that this reauthorization gives more flexibility to rural communities as they try to use these funds. The situation is so different in rural communities. Their outreach has to be different, and the fact that this bill acknowledges that, I am very pleased about it.

This is an important, life-saving measure. It needs all of our support, and I thank the gentleman for the time.

Mr. BURGESS. Mr. Speaker, the gentlewoman from Oregon is indeed correct: this is important, life-saving legislation. Early detection expands the treatment options available to women who are afflicted with this disease.

With that, I yield back the balance of my time.

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

I just wanted to mention, Mr. Speaker, that screening for, and early detection of, breast and cervical cancer reduces death rates and greatly improves cancer patients' survival. Sadly, there is a low rate of screening among women of certain racial and ethnic minorities and among under- or uninsured women, which creates disparities in health outcomes.

Since 1991, this program has served more than 2.5 million women nationwide, provided more than 5.8 million screening examinations, and diagnosed more than 22,000 breast cancers, 76,000 precursor cervical lesions, and 1,500 cervical cancers.

This bill reauthorizes a program vital to the health and well-being of women nationwide. I just want to thank again Representatives BALDWIN and MYRICK for their hard work on this legislation and urge my colleagues to support H.R. 1132.

Mr. HIGGINS. Mr. Speaker, today I rise in support of H.R. 1132.

Today in our country, millions of families are faced with the agonizing emotional and financial stress caused by a loved one who has cancer. In fact, every year cancer claims the lives of hundreds of thousands of Americans, making it our country's second leading cause of death. The financial costs of cancer on our society are also enormous, and it has been estimated by the Centers for Disease Control and Prevention that, in 2006 alone, the cost of cancer was an astonishing $206 billion dollars. This Congress must do more to accelerate the pace of cancer research, and to help alleviate the immense suffering of so many of our citizens.

This bill is a small step that could have a significant impact on the lives of many women across our country. Every year, too many women fail to receive crucial preventative screenings because they do not have the means to see a doctor. Along with a good knowledge of their family's medical history, these screenings are the best indicators by which many women can determine whether they are at risk for common cancers. By providing easy access to these screenings, this bill would allow women to determine whether they are at risk for cancer, allow them to detect any problems early, and prevent any cancer from spreading, if it has already developed.

We already know that prevention is a key factor to stopping the spread of cancer. Mr. Speaker, I urge my colleagues to recognize this reality and support this legislation because it would provide a crucial tool by which many women across our country could take control over their health and prevent the spread of cancer.

Ms. BORDALLO. Mr. Speaker, I rise today in strong support of H.R. 1132, the National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2007. This legislation will further the work of this important program within the Centers for Disease Control and Prevention (CDC). The National

Breast and Cervical Cancer Early Detection Program (NBCCEDP) is a federally-funded initiative that provides access to breast and cervical cancer early detection services to low-income and underserved women.

Breast cancer is the second leading cause of cancer-related death among American women. Sadly, one in every eight American women—an estimated 200,000 women this year alone—will be diagnosed with breast cancer according to the Susan G. Komen Breast Cancer Foundation. The American Cancer Society reports in ''Breast Cancer Facts and Figures 2005–2006'' that 40,410 women lost their fights with breast cancer last year. In 2007, the American Cancer Society estimates that 11,150 cases of cervical cancer will be diagnosed and about 3,670 women will lose the battle with cervical cancer this year alone. More must be done to provide access to early detection programs that have the potential to greatly reduce these staggering numbers.

The NBCCEDP provides breast examinations, mammograms, pap smears, and a number of other services to women who fall at or below 250 percent of the Federal poverty level. To date, this successful program has served nearly three million women and diagnosed more than 29,000 breast cancers and 1,800 cervical cancers. Access to early detection medical services is an important step in battling breast and cervical cancers.

As the Chair of the Congressional Asian Pacific American Caucus' Health Task Force, I am acutely aware of the high rates of cancer infections present in the Asian and Pacific Islander American communities. For instance, breast cancer is also the leading cause of cancer death for Filipino-American women, and cervical cancer strikes Vietnamese American women five times more often than Caucasian women, according to the Asian and Pacific Islander American Health Forum. I am also all too aware of the disparities that exist for and the challenges that must be overcome by women from minority communities in order to gain access to screening and diagnostic services for breast and cervical cancer. The CDC reports that the number of new breast cancer diagnoses over the last ten years has remained stable or decreased significantly within ethnic groups other than Asian and Pacific Islander American. The prevalence of breast cancer diagnoses in the Asian and Pacific Islander American, however, has increased during the last 10 years.

On Guam, we have a shortage of oncology-related services. There is no radiology treatment center on Guam. Our only oncologist recently left the island. Cancer early detection is an even higher priority for the people of Guam in light of the challenges we face each day toward gaining better access to cancer diagnosis for those who may be at risk, better treatment for those battling the disease, and better long-term care for those who are survivors.

As someone who knows firsthand the impact that breast and cervical cancer can have on a family, I urge my colleagues to support this important legislation and ensure that we make early detection and diagnosis of breast and cervical cancer a national priority.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1132, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

TRAUMA CARE SYSTEMS PLANNING AND DEVELOPMENT ACT OF 2007

Mr. GENE GREEN of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 727) to amend the Public Health Service Act to add requirements regarding trauma care, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 727

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 ''Trauma Care Systems Planning and Development Act of 2007''.

SEC. 2. ESTABLISHMENT.

Section 1201 of the Public Health Service Act (42 U.S.C. 300d) is amended to read as follows:

''SEC. 1201. ESTABLISHMENT.

''(a) IN GENERAL.—The Secretary shall, with respect to trauma care—

''(1) conduct and support research, training, evaluations, and demonstration projects;

''(2) foster the development of appropriate, modern systems of such care through the sharing of information among agencies and individuals involved in the study and provision of such care;

''(3) collect, compile, and disseminate information on the achievements of, and problems experienced by, State and local agencies and private entities in providing trauma care and emergency medical services and, in so doing, give special consideration to the unique needs of rural areas;

''(4) provide to State and local agencies technical assistance to enhance each State's capability to develop, implement, and sustain the trauma care component of each State's plan for the provision of emergency medical services;

''(5) sponsor workshops and conferences; and

''(6) promote the collection and categorization of trauma data in a consistent and standardized manner.

''(b) GRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS.—The Secretary may make grants, and enter into cooperative agreements and contracts, for the purpose of carrying out subsection (a).''.

SEC. 3. CLEARINGHOUSE ON TRAUMA CARE AND EMERGENCY MEDICAL SERVICES.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) by striking section 1202; and

(2) by redesignating section 1203 as section 1202.

SEC. 4. ESTABLISHMENT OF PROGRAMS FOR IMPROVING TRAUMA CARE IN RURAL AREAS.

Section 1202 of the Public Health Service Act, as redesignated by section 3(2), is amended to read as follows:

''SEC. 1202. ESTABLISHMENT OF PROGRAMS FOR IMPROVING TRAUMA CARE IN RURAL AREAS.

''(a) IN GENERAL.—The Secretary may make grants to public and nonprofit private entities for the purpose of carrying out research and demonstration projects with respect to improving the availability and quality of emergency medical services in rural areas—

''(1) by developing innovative uses of communications technologies and the use of new communications technology;

''(2) by developing model curricula, such as advanced trauma life support, for training emergency medical services personnel, including first responders, emergency medical technicians, emergency nurses and physicians, and paramedics—

''(A) in the assessment, stabilization, treatment, preparation for transport, and resuscitation of seriously injured patients, with special attention to problems that arise during long transports and to methods of minimizing delays in transport to the appropriate facility; and

''(B) in the management of the operation of the emergency medical services system;

''(3) by making training for original certification, and continuing education, in the provision and management of emergency medical services more accessible to emergency medical personnel in rural areas through telecommunications, home studies, providing teachers and training at locations accessible to such personnel, and other methods;

''(4) by developing innovative protocols and agreements to increase access to prehospital care and equipment necessary for the transportation of seriously injured patients to the appropriate facilities;

''(5) by evaluating the effectiveness of protocols with respect to emergency medical services and systems; and

''(6) by increasing communication and coordination with State trauma systems.

''(b) SPECIAL CONSIDERATION FOR CERTAIN RURAL AREAS.—In making grants under subsection (a), the Secretary shall give special consideration to any applicant for the grant that will provide services under the grant in any rural area identified by a State under section 1214(d)(1).

''(c) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.''.

SEC. 5. COMPETITIVE GRANTS.

Part A of title XII of the Public Health Service Act, as amended by section 3, is amended by adding at the end the following:

''SEC. 1203. COMPETITIVE GRANTS FOR THE IMPROVEMENT OF TRAUMA CARE.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States, political subdivisions, or consortia of States or political subdivisions for the purpose of improving access to and enhancing the development of trauma care systems.

''(b) USE OF FUNDS.—The Secretary may make a grant under this section only if the applicant agrees to use the grant—

''(1) to integrate and broaden the reach of a trauma care system, such as by developing innovative protocols to increase access to prehospital care;

''(2) to strengthen, develop, and improve an existing trauma care system;

''(3) to expand communications between the trauma care system and emergency medical services through improved equipment or a telemedicine system;

''(4) to improve data collection and retention; or

''(5) to increase education, training, and technical assistance opportunities, such as training and continuing education in the management of emergency medical services accessible to emergency medical personnel in rural areas through telehealth, home studies, and other methods.