SEC. 806. NATIONAL ACADEMIES STUDY ON RISK OF DEVELOPING MULTIPLE SCLEROSIS AS A RESULT OF CERTAIN SERVICE IN THE PERSIAN GULF WAR AND POST 9/11 GLOBAL OPERATIONS THEATERS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall enter into a contract with the Institute of Medicine of the National Academies to conduct a comprehensive epidemiological study for purposes of identifying any increased risk of developing multiple sclerosis as a result of service in the Armed Forces during the Persian Gulf War in the Southwest Asia theater of operations or in the Post 9/11 Global Operations theaters.

(b) ELEMENTS.—In conducting the study required under subsection (a), the Institute of Medicine shall do the following:

(1) Determine whether service in the Armed Forces during the Persian Gulf War in the Southwest Asia theater of operations, or in the Post 9/11 Global Operations theaters, increased the risk of developing multiple sclerosis.

(2) Identify the incidence and prevalence of diagnosed neurological diseases, including multiple sclerosis, Parkinson's disease, amyotrophic lateral sclerosis, and brain cancers, as well as central nervous system abnormalities that are difficult to precisely diagnose, in each group as follows:

(A) Members of the Armed Forces who served during the Persian Gulf War in the Southwest Asia theater of operations.

(B) Members of the Armed Forces who served in the Post 9/11 Global Operations theaters.

(C) A non-deployed comparison group for those who served in the Persian Gulf War in the Southwest Asia theater of operations and the Post 9/11 Global Operations theaters.

(3) Compare the incidence and prevalence of the named diagnosed neurological diseases and undiagnosed central nervous system abnormalities among veterans who served during the Persian Gulf War in the Southwest Asia theater of operations, or in the Post 9/11 Global Operations theaters, in various locations during such periods, as determined by the Institute of Medicine.

(4) Collect information on risk factors, such as pesticide and other toxic exposures, to which veterans were exposed while serving during the Persian Gulf War in the Southwest Asia theater of operations or the Post 9/11 Global Operations theaters, or thereafter.

(c) REPORTS.—

(1) INTERIM REPORT.—The contract required by subsection (a) shall require the Institute of Medicine to submit to the Secretary, and to appropriate committees of Congress, interim progress reports on the study required under subsection (a). Such reports shall not be required to include a description of interim results on the work under the study.

(2) FINAL REPORT.—The contract shall require the Institute of Medicine to submit to the Secretary, and to appropriate committees of Congress, a final report on the study by not later than December 31, 2011. The final report shall include such recommendations for legislative or administrative action as the Institute considers appropriate in light of the results of the study.

(d) FUNDING.—The Secretary shall provide the Institute of Medicine with such funds as are necessary to ensure the timely completion of the study required under subsection (a).

(e) DEFINITIONS.—In this section:

(1) The term "appropriate committees of Congress" means—

(A) the Committee on Veterans' Affairs of the Senate; and

(B) the Committee on Veterans' Affairs of the House of Representatives.

(2) The term "Persian Gulf War" has the meaning given that term in section 101(33) of title 38, United States Code.

(3) The term "Post 9/11 Global Operations theaters" means Afghanistan, Iraq, or any other theater in which the Global War on Terrorism Expeditionary Medal is awarded for service.

SEC. 807. COMPTROLLER GENERAL REPORT ON ADEQUACY OF DEPENDENCY AND INDEMNITY COMPENSATION TO MAINTAIN SURVIVORS OF VETERANS WHO DIE FROM SERVICE-CONNECTED DISABILITIES.

(a) REPORT REQUIRED.—Not later than 10 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans' Affairs and Appropriations of the Senate and the Committees on Veterans' Affairs and Appropriations of the House of Representatives a report on the adequacy of dependency and indemnity compensation payable under chapter 13 of title 38, United States Code, to surviving spouses and dependents of veterans who die as a result of a service-connected disability in replacing the deceased veteran's income.

(b) ELEMENTS.—The report required by subsection (a) shall include—

(1) a description of the current system for the payment of dependency and indemnity compensation to surviving spouses and dependents described in subsection (a), including a statement of the rates of such compensation so payable;

(2) an assessment of the adequacy of such payments in replacing the deceased veteran's income; and

(3) such recommendations as the Comptroller General considers appropriate in order to improve or enhance the effects of such payments in replacing the deceased veteran's income.

The PRESIDING OFFICER. Under the previous order, the title amendment is agreed to.

The title was amended so as to read:

"To amend title 38, United States Code, to enhance veterans' insurance and housing benefits, to improve benefits and services for transitioning servicemembers, and for other purposes.".

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table.

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2007

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 493, which the clerk will report by title.

The assistant legislative clerk read as follows:

A bill (H.R. 493) to prohibit discrimination on the basis of genetic information with respect to health insurance and employment.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the previous order with respect to H.R. 493 be modified to provide that following disposition of S. 1315, the time until 2:15 p.m. be equally divided and controlled, as previously ordered, and the Senate proceed to vote on passage of H.R. 493, with the remaining provisions of the previous order remaining in effect.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KENNEDY. Mr. President, for the information of our membership, we will be having a rollcall vote, then, at 2:15 p.m., and the time, now, will be divided between Senator ENZI and myself on the issue of the genetic nondiscrimination legislation.

Mr. President, I yield myself such time as I might use.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KENNEDY. Mr. President, today, the Senate is considering the first major new civil rights bill of the new century. Five years ago this week, we celebrated a milestone that once seemed unimaginable: the completion of the Human Genome Project, which sequenced and mapped all the genes in the human body. This Friday is DNA Day, when we pay tribute to this amazing accomplishment, which was the dawn of a new era in the life sciences. Mapping the human genome has provided extraordinary insights for modern medicine, and it has opened the door to immense new opportunities to prevent, diagnosis, treat, and cure disease. Its discovery may well affect the 21st century as profoundly as the invention of the computer or the splitting of the atom affected the 20th century.

But with this invaluable new information comes a tremendous responsibility. A person's unique genetic code contains the most personal aspects of their identity. As we begin to decipher this information, Americans have legitimate fears about how this deeply private information will be used. Surveys show that people are already declining to take medically valuable tests out of fear that they will face discrimination or invasion of their personal privacy. These fears are not unwarranted. As Francis Collins, the leader of the NIH project to sequence the human genome, has said:

> Genetic information and genetic technology can be used in ways that are fundamentally unjust. Already, people have lost their jobs, lost their health insurance, and lost their economic well-being because of the misuse of genetic information.

The remarkable medical advances of the genetic age will be valuable only if people are not afraid to take advantage of them. The promise of this new science will be in jeopardy if our laws fail to contain adequate protections against abuse and misuse of genetic information.

The bipartisan bill now before the Senate takes a substantial step to preserve the value of new genetic technology and to protect the basic rights of every American. The Genetic Information Nondiscrimination Act recognizes that discrimination based on a person's genetic identity is just as unacceptable as discrimination on the basis of race or religion. No American should be denied health insurance or be fired from a job because of genetic testing.

The bill before us provides comprehensive protections. It prohibits health insurers from using a patient's genetic information to deny health insurance coverage or raise premiums. It bars employers from using genetic information to make employment-related decisions. It prohibits insurers and employers from seeking genetic information or requiring individuals to take genetic tests. It bars disclosure of genetic information by insurers or employers, and it contains effective remedies so that anyone who has suffered genetic discrimination can obtain relief. By granting these protections, the bill gives the American people the opportunity to reap the rewards of improved health care through genetics without fear of unjust use of their personal genetic makeup.

This bill has been the product of a decade of dedicated effort by Members on both sides of the aisle. My sincere thanks go to Senator SNOWE and Senator ENZI for helping to lead this bipartisan effort with me, and to Senator REID, our majority leader, and the Senate leadership, for their commitment to moving this bill forward. Thanks to Senator GREGG and Senator DODD and Senator HARKIN, who also made important contributions through their leadership and expertise. I commend our House colleagues—Speaker PELOSI, Representative SLAUGHTER, Representative BIGGERT, Chairman MILLER, Chairman RANGEL, and Chairman DINGELL—for their strong support, and also our former colleague, Senator Daschle, who was a leader in his term here in the Senate. It is a remarkable achievement to get this bill to the President's desk. The administration cooperated with us throughout the process, and we are grateful for its support on this important legislation.

We stand today on the threshold of a major new breakthrough in medical technology. With personalized medicine that genetic science makes possible, patients can receive therapy precisely tailored to their own genetic makeup with reduced side effects and greater potency. But the effectiveness of these new technologies is undercut by people's legitimate fears and the lack of strong protections.

Just this week, doctors announced important findings on the genetic factors that may contribute to Parkinson's disease. There are new discoveries in genetic variations that may confer a reduced risk of heart failure and new insights into the genetic switches that may one day control cancer. But one great barrier stands in the way of these extraordinary advances that are possible in this new field of discovery: the reluctance of patients to receive the benefit of this new science and the fear that is already keeping patients from volunteering for this research.

Even the crown jewel of our Federal research enterprise, the National Institutes of Health, has been affected by this fear. The threat of genetic discrimination is so real that it is even listed on the informed consent document that the NIH provides to patients considering enrolling in the clinical trials of the new genetic medicines. This is what the chart says:

> We will not release any information about you or your family to your insurance company or employer without your permission. However, instances are known in which genetic information has been obtained through legal means by third parties. This may affect you or your family's ability to get health insurance and/or a job.

Can you imagine individuals going out to the NIH and saying: I will volunteer in order to be a part of a research program, only to find out that their genetic information could be leaked? What happens if it is leaked? The insurance companies will say: Look, this individual has a better chance of getting breast cancer, diabetes, bipolar disorder, or a whole series of different types of cancer, so why are we going to go ahead and insure that individual? Or if we are going to insure him, we are going to charge a good deal more.

Some of this genetic information is valuable to know for medical history. For example, if mothers have certain types of genetic markers, the daughters might want to find out whether they have the same kind of proclivity. Yet if they go out and have the test so that they know whether to start thinking about treating that particular health challenge, they know they will be discriminated against. They won't be able to get a job because an employer will say: Why should I hire that person when they may very well develop breast cancer, and why should I hire that person because if they develop breast cancer, then it will cost my company a good deal more to pay for that individual's health insurance. That is the reality today. That is happening today.

There has been an explosion of progress in terms of genetic research. New opportunities for personalized medicine are opening, which is really going to be the pathway in the future. With personalized medicine, patients will no longer have to receive treatments that work for the average person—but may not work for them. Instead, they will receive therapies precisely tailored to their own genetic makeup, with reduced side effects and far greater potency.

Individualized medicine is the way of the future. With that, there is going to be a great deal more information about an individual's health, but also the attendant challenge and problem that this information could be used to adversely impact that individual. That is what we want to avoid, and that is what we want to protect against.

We know there are numerous barriers to new discoveries that Congress can do little about: the complexities of disease, the uncertainties of science, and the rarity of true inspiration. But this is one major problem which is entirely within our power to solve. We can make a difference, and we can do it today. With effective protections against the misuse of genetic information, this amazing new technology can realize its potential and bring better health care to all people throughout our world. I hope all of our colleagues will join in advancing the potential of genetic research by supporting the Genetic Information Nondiscrimination Act.

I want to show on the chart all of the different groups that are supporting this legislation. It gives us a very clear idea of the overwhelming support of the medical profession. Family physicians, pediatricians, the American Cancer Society, the American Diabetes Association, the American Heart Association—virtually the whole health community strongly supports this bill. The National Partnership For Women and Families and other women's groups and civil rights groups are supportive, as are the many specialized medical groups that know about genetic diseases.

Genetic discrimination issues are often tied to national origin. We have the Tay-Sachs disease that affects many members of the Jewish community; sickle cell anemia, which affects many African Americans; Cooley's disease, which affects many of those who come from Mediterranean countries, and a host of others. These are genetic diseases. That is why a number of the different groups are so concerned about this, because they have seen the discrimination.

I will just give ease to our colleagues. This chart shows when we have considered the legislation at other times. We considered it in 2003—the Senate did—and in 2005, and look at the overwhelming votes, Republicans and Democrats, even in the House in 2007. But we haven't been able to get the House and Senate together at the same time. So this has been going on since 2003, and we are in 2008. We have the opportunity with this legislation to get the job done, and the President has indicated he is going to sign it so we can achieve this extremely important undertaking.

Let me just review some of the other statements about why this is so important. We remarked here just a few moments ago about the dangers that are out there in terms of people being concerned about the violation of their privacy based on genetic information. Is this really a problem? This is a chart which shows that 72 percent of Americans think laws are needed to protect genetic privacy. The American people are really way ahead of us in the Congress on this issue. They understand that their genetic privacy is enormously important. They have an inner sense, which is well-founded, that their genetic privacy can be abused. We have 72 percent of Americans who think we need laws.

This chart shows that Americans want their genetic information kept private. Ninety-two percent of Americans think their employer should not have access to their genetic information for the reasons I have outlined. If you don't have these protections and employers are able to find out that certain individuals they are employing have a greater proclivity to develop disease, there is a very good chance they will discriminate against those individuals. That has been the case.

Eighty percent of Americans think their health insurer should not have access to their genetic information. The reason for that is a very sound reason, which is they believe if the insurer has that kind of information, the cost for the health insurance, which is extraordinarily high today, will go up even further. So the American people are way ahead of the Congress in getting this. With this, Mr. President, we will be meeting their particular needs.

I want to show this chart. Francis Collins, for many of us in this body—and I think for the health community—is one of the great giants in health research. He is the person who has been at the heart and soul of the research on the Human Genome Project and in understanding the power of genes. He has made an absolutely extraordinary contribution in terms of science and public policy. He is a tireless advocate and a wonderful asset for all of us here in the Senate, on both sides of the aisle, in strong support for this legislation.

As he points out:

> Discrimination in health insurance, and the fear of potential discrimination, threaten both society's ability to use new genetic technologies to improve human health and the ability to conduct the very research we need to understand, treat, and prevent genetic disease.

That says it all. It talks about the danger, in terms of discrimination, and also about the ability to do the research. You could be discriminated against in terms of your job or in terms of the increased costs in your health insurance, or if you were involved in research, volunteering for research—the dangers that this kind of information would be out there and could be used against you.

Mr. President, I remember—and it wasn't that long ago—when we listened to Dr. Collins. He was talking about the progress made in genetic research. They were talking about markers at that time. I think some of the earliest progress was made in terms of developing information about breast cancer and who had the proclivity to develop breast cancer. That was truly remarkable. Since that time—and it has only been a few years—we have seen that expand to prostate cancer, diabetes, bipolar, Alzheimer's, schizophrenia, and Parkinson's. Think of that. That list is growing virtually every day. We are eventually going to be getting health care systems that will say: If you have these kinds of diseases, we have the particular targeted kind of personalized medicine to help you either recover or to protect you in terms of the future. That is going to happen, Mr. President. It is going to happen sooner rather than later.

This gives you an idea of how rapidly this kind of research is moving along and how this kind of research, in the hands of top-rated physicians and researchers who know how to treat these illnesses and sicknesses, will make a difference in terms of improving the quality of health care on the one hand. It is so dramatic, as is the danger of abuse by unscrupulous employers or health insurance companies on the other hand. That is what this legislation is really all about. That is why this is so important and why it has strong bipartisan support.

In many respects, this is going to be one of the most important pieces of health legislation we pass in this Congress. We have other very important health proposals, but this will make an enormous difference in terms of the march for progress for good health care. We look forward to a strong vote.

I yield the floor.

Mr. ENZI. Mr. President, this is an exciting day. We are going to make a difference in health care for this country—not sick care; health care—and this will unlock a door that will allow people to get the kind of genetic testing where they can tell if something down the road might happen to them and prevent it, or at least weaken the effect of it.

As time goes on, we will find more causes that will relate back to the genome and people will be able to immediately check if that new problem could relate to them and they can solve it before it happens to them. That is health care. That gets us away from sick care.

I finished a tour in Wyoming. I called it the 10 stops for 10 steps of health care. I collected ideas from across this body on ways we could solve health care problems in America. It is 10 steps. They can be done separately. If they are done separately, each step will get us closer to lower costs and better access. If all of them are done, we will have every American insured.

We need to get into prevention, particularly of chronic illnesses, and this bill will do it. Right now, people are afraid to get their blood tested. Sometimes they are forced to have their blood tested. Insurance companies sometimes want a blood test. That blood test will tell far more than it ever did in the history of the world, and that can have some dire consequences, except for this bill. This bill will protect people. This bill, first of all, ensures that if an insurance company takes that test and they find out anything, the person whose blood it was gets to find out everything. A lot of times they learn nothing. That is not fair. This will assure that doesn't happen.

Another thing that happens is sometimes there is a little clause—usually there is a clause—which says if it is a preexisting condition, the insurance company doesn't have to cover it. Well, this keeps that information of what could possibly happen to you from becoming a preexisting condition until it actually happens. That gives the individual the chance to do something about it first. If it doesn't happen, it isn't a preexisting condition. That is what this bill will do.

Now, another bill we need to be working on, of course, that I cover in my 10 steps, is health information technology. That fits with this genome project. I have asked many times: How many of you have your medical records with you? You know, I have yet to have anybody say they do. With the technology we have in this country, everybody ought to be able to have all their health care and their genome on a card such as this, that they can carry with them everywhere.

If the health IT bill passed, you could be on vacation from Wyoming out here in DC, and if something happened, that card would be readable out here. So a doctor here could know everything he needs to know to fix you as well as possible. That is a step we have to have in health care. We are very close to getting it.

The old privacy issue crops up every once in a while. It isn't a matter of privacy. Your privacy needs to be protected and it is protected. There is always a problem of data security. Right now, records are in hospital files and in doctors' offices, and hundreds of people can come through there. Yes, the records are kind of protected, but people can look at them, and you would never know. If it is in health information technology and somebody gets to look at it, you will know. In order to sell health information technology, companies need to be working on a daily basis to make sure that information is secured. They are out of business if it is not.

So that is not a problem, and that is a bill we need to put through in a process such as this. I think there is near unanimous agreement on both sides of the aisle that needs to be passed, and we ought to have the hour or hour and a half or 2 hours of debate on that and get that one done. Then people truly could have their information on a card they carry with them all the time. They could even add their own comments and the things they learn about themselves on their card.

There is a better reason for passing it than that, though, and that is there are a lot of duplication tests these days. You go to one provider and he says: I have to do that test. It is an expensive test. He says: Because of this test, I need to send you to a specialist, and the specialist says: It is going to take so long to get that record over here, we are going to do the test over again. Some of these tests are $3,000, $5,000 or $10,000. The RAND Corporation says if we could eliminate the duplication of tests, we could save $140 billion a year. Even in this body, that is real money. We need to do that. That would be another step. It is just as close as this genetic nondiscrimination has been for a long time.

Of course, one of the rules around here is the first 90 percent of a bill takes 90 percent of the time, and the other 10 percent takes 90 percent too. That is where we have been on this. But we have finally bridged the last hurdle. We have gotten understanding among all the people in this body—no small task—so everybody has been speaking favorably on this bill and with good reason. It has been a long time coming.

I should mention that is another thing we kind of do that is a little unusual. We preconferenced with the other side. We have already talked to the people over there who will manage any debate on that side, and this bill is going to pass the House the same way it is passing the Senate. We have already checked with the White House, and it is going to be signed. So I wish to congratulate the chairman of the committee for the way he has been working on this bill. This is the way bills are supposed to be done, in my opinion.

We have worked together on a lot of bills, and the ones that go through committee and we work out these details, wind up going through here in a hurry. We have learned something from being in a hurry. Previously, a lot of bills that have gone through here, we have let them go by unanimous voice vote. We didn't have the benefit of having that opportunity to explain this, consequently we haven't gotten much publicity. If the publicity doesn't go out on it, the people don't know about it. We are not interested in publicity for the publicity, but we are interested in people knowing what this bill does that will help them and that will encourage them to use the genome. That is why we need this.

I congratulate Senator KENNEDY for all of his work on this—kind of following the 80-percent rule. He and I are able to agree on 80 percent of everything. Then we pick out one issue and we can usually agree on 80 percent of that and, more importantly, we can get the groups that are interested in that to agree with that same part. If you have groups out there that are opposing something, the bill probably doesn't have a lot of chance of getting through here. We covered quite a range of base between the two of us, and that makes it possible to bring a lot of people along.

I thank Senator KENNEDY, Senator GREGG, and Senator SNOWE for their efforts to reach a bipartisan agreement on this bill. I particularly thank Senator COBURN for working hard to make this historic bill better. He did some important work, working with the business community, and his knowledge as a doctor, to make it better. I appreciate all of that effort. I appreciate the effort of the Senators, the effort of their staffs.

I especially recognize the efforts of my HELP Committee staff director, Ilyse Schuman. The first job she had when she came to work for me 6 years ago was to work on this bill. I said it often takes 6 years to get an idea through the Senate. I never believed that until I figured out that she has been working on it 6 years. It should not take us that long to get some of these ideas to stick.

I also thank Andrew Patzman, who is my former health insurance staffer, who also played a major role in the development and forward progress of this bill.

I thank Shana Christrup, Keith Flanagan, Brian Hayes, and Kyle Hicks of my staff for their hard work on this bill. In addition, I wish to thank some of Senator KENNEDY's staff: Michael Myers, David Bowen, Lauren McGarity, and Portia Wu; also Stephanie Carlton of Senator COBURN's staff, who was absolutely essential; Bill Pewen of Senator SNOWE's staff; Meg Hauck of Leader MCCONNELL's staff; Jen Romans of Senator KYL's staff, and Jay Khosla and David Fisher of Senator GREGG's staff, for their hard work.

We get to come in and take the credit. They work on these for hours, days, even through weekends sometimes.

I also thank Kim Monk, formerly of Senator GREGG's staff, and David Thompson, formerly of Senator GREGG's and my own staff; and lastly special thanks to Bill Baird of the Senate's Office of Legislative Counsel, and Pete Goodloe, formerly of the House Office of Legislative Counsel and now with Chairman DINGELL's staff, because their extraordinary legal drafting and problem-solving skills and their years of hard work helped to make this bill possible.

I thank everybody for their work on this.

The PRESIDING OFFICER. The Senator from Maine is recognized.

Ms. SNOWE. Mr. President, I yield myself such time as I may consume.

It certainly has been an exceptionally long journey to reach this point where we are today in the Senate. We are at least in sight of enactment of this watershed legislation to prevent genetic discrimination. In fact, it will open an entirely new universe of infinite possibilities for Americans for years to come.

I commend the majority leader for making this legislation a high priority for the Senate's consideration today, as well as the minority leader, Senator MCCONNELL, for his concurrence and support, and my colleague, Senator KENNEDY, the lead Democratic cosponsor and chairman of the HELP Committee. He has labored passionately and tirelessly so that every American can realize the protections embodied in the legislation. He marshaled this bill through committee, and we have endeavored to work together throughout this Congress on both sides of the aisle, in both bodies, to ensure that we would be able to be in a position in the Senate to vote on this legislation.

Senator ENZI has been absolutely crucial, as well, to our success. He is the former chairman of the HELP Committee and is now the ranking member. He helped to obtain an array of support from so many Americans across this country, as well as organizations that include health providers, businesses, and health plans, which are central to providing a strong coalition for support.

Similarly, Senator GREGG, former HELP Committee chairman in 2003, has worked to further the cause of defending Americans from genetic discrimination as well.

Together, these colleagues—and more—helped the Senate on two separate occasions to overwhelmingly pass this legislation, in both 2003 and 2005. It has been a long effort to realize this fruition today.

It was a dozen years ago when I first introduced this legislation to protect individuals from discrimination in health insurance based on genetic information. At that time, there were several of us who recognized the tremendous threat posed by this practice, including those I have mentioned and former Senate majority leader, Senator Frist, and former minority leader, Senator Daschle, who at the time certainly foresaw that the misuse of genetic information would create a new form of discrimination.

Yesterday, we attended the unveiling of the portrait of Senator Daschle. One of his former staffers indicated that it is appropriate that the time of that unveiling coincides with this legislation pending before the Senate. It was so important to him.

Today, I am certain many colleagues, past and present, are delighted that we are in a position today to pass this legislation. We are on the brink of forestalling this discrimination before it becomes firmly entrenched.

It is also important, as Senator KENNEDY cited yesterday, given that this Friday is National DNA Day, which will mark the 55th anniversary of the publication of the landmark paper describing the structure of DNA. Since that breakthrough, our understanding of genetics has expanded exponentially. Over the past decade, our progress in understanding genetics has been moving at a dizzying pace, particularly following the completion of the Human Genome Project in 2003. That knowledge can work either for the benefit or harm to individuals, as we know.

Today, my colleagues are dedicated to ensuring the meaning of the words of the Hippocratic Oath to ‘‘do no harm.’’ Today, the Senate will, for the third time, ban discrimination based on genetics.

Passage of this legislation by the House of Representatives was 1 year ago, where Representative SLAUGHTER and others worked to shepherd this legislation through three committee markups to an overwhelming House passage of 420 to 3. The President has called for enactment of the legislation to prevent this discrimination. Ninety percent of Americans believe insurers and employers should not be allowed to discriminate based on genetic information. Now it is the Senate's turn.

We now have an agreement between the Senate, the House, and the President. Indeed, this bill represents a triumph of bipartisan collaboration and truth. Although there was broad agreement in principle to protect individuals from discrimination, some debated the language in our bill, taking issue with whether it would affect the policy that was intended. We have listened to the concerns, and we worked with them and responded. I thank, in particular, Senator COBURN for working with us in a collaborative fashion to resolve these issues and to allow the debate to proceed and finally vote on final enactment of the legislation.

Too much is at stake to create uncertainty and ambiguity. The protections we enact must be effective. Having worked closely with both House and Senate colleagues, the legislation is nearly identical to the legislation passed in the House. We have addressed the remaining concerns that were raised by many, including the administration. I think it did not change in any way. The fundamentals of this legislation, in fact, probably acted to improve it in some categories. We have clarified that entities could communicate genetic information consistent with the HIPAA privacy regulations, the Health Insurance Portability Accountability Act. We worked to ensure that health plans may continue to utilize the presence of actual manifested diseases and issue rating coverages. That is the case today. We don't change that.

We are at the threshold of a new era, without question. For the first time, we act to prevent discrimination before it has taken firm hold. That is why this legislation is unique and groundbreaking. In the past, Congress has acted to address discrimination, but with this bill we are making a statement and taking a stand and saying that we look to the future, and genetic discrimination will not be allowed to flourish, take root, and stand between Americans and the vast potential that genetic information can provide for the greater quality of life.

Genetic discrimination is based on the unchangeable. By its nature, the basis on which one discriminates, with respect to genetics, is not readily apparent. In fact, the individual discriminating must search for information on which to act. So there is no question that it is a deliberate and willful effort. For example, if you see the breast cancer gene information on women, in order to deny women health insurance or raise the cost of that coverage, the question of your intent seems indisputably clear. It is not inadvertent but a willful discrimination against women with greater risk of breast cancer—women who should benefit from that knowledge and intervention, they should not be punished for it. Because these data must be available for such discrimination to take place, it is clear why this legislation not only prohibits the act of discrimination but rightly respects circumstances in which one may request a genetics test or possess an individual's genetic information. That is all the more critical today because there is an ever-expanding universe of such genetic data, information which could be utilized to improve health, reduce costs, and to extend lives. But it is absolutely useless if it, instead, discourages individuals from either participating in vital research or realizing the remarkable benefits that research is producing.

Just a few years ago, it was virtually impossible to find genetic information on which to discriminate. You might be asked if you had a family history of a disorder. Today, the medical and scientific landscape has changed dramatically, and our laws must change with it. We have long known about a small number of genes that play a role in some diseases, such as Huntington's disease and the early onset of Alzheimer's. Yet the progress of discovery and study was maddeningly slow and tedious. The Human Genome Project changed all of that.

Today, with new technology, we are witnessing an explosive increase in our understanding of genetics and human health. That growing genetics knowledge offers the historic potential of cures and customized therapies. Even more promising, genetic advances will enable us to actually prevent the development of diseases. But this potential and the billions spent in discovering genetic relationships and the development of treatments and preventive agents will certainly be in vain if Americans don't choose to access these advances. To do so, Americans must agree to undergo genetic testing. There are more than 1,100 genetic tests today. So that only tells you the exponential growth that will be created and occur in the future. Would you undergo that testing if you knew the information about your genetic makeup could be used against you to deny you employment or health coverage?

Mr. President, some say that kind of discrimination is but a future possibility, that we can afford to wait until genetic discrimination becomes manifest. But it already has done so. We have a veritable litany of examples of heartbreaking circumstances where individuals chose not to seek and utilize genetic information for fear of discrimination.

I learned this from the real-life experience of one of my constituents more than 10 years ago. Her name is Bonnie Lee Tucker. Bonnie Lee wrote me about her fear of having the BRAC test for breast cancer, even though she has nine women in her immediate family who were diagnosed with breast cancer and she herself is a survivor. She wrote to me about her fear of having the BRAC test because she worried it would ruin her daughter's ability to obtain insurance in the future.

Bonnie's experience certainly demonstrated how our expanding knowledge of genetics could truly be both beneficial and harmful. I recognize we simply must act to prevent the latter.

Bonnie Lee is not the only one who has had that fear, as we all learned. Most disturbingly, when the National Institutes of Health offered women genetic testing, nearly 32 percent of those who were offered a test for breast cancer declined to participate, citing concerns about health insurance discrimination. That is a sad commentary today when we cannot maximize the value of scientific progress, we cannot apply it to those who would benefit most.

We have documented cases where some attempted to mandate genetic testing. Even when this is designed to improve the delivery of health care, it must be recognized that once that information is disclosed and is unprotected, a future employer or insurer may not necessarily apply that information in such a benign way, as we have all learned.

Yet we have recognized that if an individual accepts a genetic test, they may be able to take action as a result—preventing disease or premature death in the process or also reducing the burden of high health care costs.

I recall the testimony before Congress, as Senator KENNEDY, of Dr. Francis Collins, the Director of the National Human Genome Institute. He has been such an extraordinary leader in helping us realize the critical role genomics will play in human health and the arena beyond.

In speaking of the next step for those involved in the genome project, he explained that the project scientists were engaged in a major endeavor ''to uncover the connections between particular genes and particular diseases to apply the knowledge they had just unlocked.''

In order to accomplish this, Dr. Collins said:

> We need a vigorous research enterprise with an involvement of a large number of individuals so we can draw the most precise connections between a particular spelling of a gene and a particular outcome.

It is undeniably evident that this effort cannot be successful if people are fearful of possible repercussions from their participation in genetic testing. The bottom line that given the advances in science, there are two separate issues at hand.

The first is to restrict discrimination by health insurers. The second is to prevent employment discrimination based simply on an individual's genetic information. Some of us saw this danger and the harm it can pose to millions of Americans, and that is why more than a decade ago, Representative Louise Slaughter and I introduced legislation in our respective bodies to ban discrimination in health insurance. At that time, the completion of the human genome seemed to be in the very distant future. But the science has certainly outpaced congressional action. As we know and as mentioned in the Senate on two different occasions, we passed this legislation unanimously on the floor of the Senate. Unfortunately, we could not get it beyond. So here we are today on the verge of doing it once again. This legislation does reflect the bipartisan bicameral efforts we are entering into: a new era of human health, that we have engaged in this process mightily over the last 16 months to forge an even stronger consensus on the fundamental agreements of genome.

Since the time of the introduction of our first bipartisan bill in the Senate, we have worked to reiterate the agreements on which this legislation is based and to build an even stronger foundation for this legislation, for fundamental to this bill is establishing strong protections, both in health coverage and in employment, without unraveling established law.

With regard to health insurance, the issues are clear and familiar. The Senate debated them previously in the context of consideration of larger privacy issues. Indeed, as Congress considered what is now the Health Insurance Accountability and Portability Act of 1996, we also addressed the issues of privacy of medical information.

Moreover, any legislation that seeks to fully address genetic discrimination must consider the interaction and new protections with HIPAA. In fact, our legislation uses the exact same framework. As this bill makes clear, we do not create an onerous burden in recordkeeping. Specifically, we clarify the protection of genetic information, as well as information on the request or receipt of genetic tests from being used by an insurer against an individual. That is key because we must recognize that genetic information only detects the potential for genetically linked disease or disorder and does not equal a diagnosis of a disease.

At the same time, it is also credible that this data be available to doctors and other health care professionals when necessary to diagnose or treat an illness. This is a distinction that begs our acknowledgment as we discuss protecting patients from potential discriminatory practices by insurers.

On the subject of employment discrimination, unlike our legislative history on debating privacy health matters, the record regarding protecting genetic information from workplace discrimination is not as extensive. To that end, our bipartisan bill creates these protections in the workplace, and there should be no question that great harm can occur when genetic information is used inappropriately.

As demonstrated by the Burlington Northern case, the threat of employment discrimination was very real and, therefore, it was essential that we take this information out of the realm of employers' reach before the use of this information becomes more widespread. In that instance, employees were tested without their knowledge of what the testing was going to be used for. Ultimately, it turned out it was for carpal tunnel syndrome. But there was no way they were required, mandated by the employer to undergo that testing.

In this aspect, the Congress has to provide the protections to ensure that these discriminatory actions do not become widespread. On this aspect, the Congress has substantial employment case law and legislative history on which to build. Indeed, as we consider the remarkable growth in genomics and the harm which could result with its use, we agree we must extend current law discrimination protections to genetic information.

We reviewed the current employment discrimination code and decided what remedies would be available for instances of genetic discriminations and if they would differ for those available in other instances under current law, such as the Americans with Disabilities Act, which are enforced by the Equal Employment Opportunity Commission.

As a result, the pending legislation creates new protections by paralleling current law and clarifying the recent remedies available to victims of discrimination. Ensuring that regardless of whether a person is discriminated against because of their religion, their race, or their DNA, individuals will all receive the same protections under the law, as they should.

Some have been concerned that despite clear prohibitions and reasonable remedies and penalties in disputes, there will be incentives to seek greater or lesser penalties justified under statute, and the legislation defines those boundaries. It will be the presence of these prohibitions and penalties which will ensure we do not see a growth in genetic discrimination. Indeed, I believe some who have questioned the necessity of this legislation may continue to do so, pointing to no overwhelming problem before us, that it is essentially a solution in search of a problem.

The bottom line is this legislation will prevent and preempt harm. They will recognize in the final analysis, given the open-ended, infinite possibilities that will be created by genetics, that if we provide these protections, individuals will have the incentive to increasingly avail themselves of medical knowledge which will not only improve their health, but actually reduce health care costs.

The fact is, for employers who have had concerns about this legislation, they should also recognize how it will significantly reduce health care costs. Isn't it essential to utilize our investments in advancing medical knowledge to prevent disease, disability, or even death? To the contrary. The fact is we need the incentives to ensure individuals will use genetic testing. So to that end, IBM pledged a few years ago not to use genetic information in hiring practices and deciding eligibility for health insurance coverage. This, again, demonstrated admirable understanding of how such discrimination can harm both the individual and business, and IBM has found that policy works.

It has been more than 6 years since the completion of the working draft of the human genome. Like a book which is never opened, the potential of our expanding genetic knowledge will not be realized unless individuals can take advantage of it without adverse consequences.

The pending legislation is a shining example of what we can accomplish when we set aside our partisan differences. In fact, we achieved remarkable success in this endeavor. I stated this earlier. The House of Representatives passed it by 420 to 3. That is an extraordinary tally reflecting, I think, the broad-based support this legislation enjoys.

Today 46 Members of the Senate—Republicans, Democrats, and Independents—are sponsors of this legislation and a broad coalition of the Genetic Alliance that includes more than 600 member organizations.

We are at a historic crossroads on a paramount issue that can make the difference between life and death for countless Americans. People deserve to have protections from genetic discrimination, and this legislation deserves swift enactment in the Senate.

As science and medicine hurl headlong into the 21st century, we have a responsibility to ensure our laws keep pace to ensure the benefits of this extraordinary era of advancements that can be realized by everyone without penalty.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. Salazar). The Senator from Connecticut.

Mr. DODD. Mr. President, I rise to address this issue as well. Before she leaves the floor, I commend the Senator from Maine who has been long involved, going back more than 10 years on this issue. I had the privilege joining with her 10 years ago as a cosponsor of legislation in 1997. This is a colleague who has been deeply involved in this issue for a long time. I recognize her early contribution to this debate. I thank her for her comments.

I rise today to express my strong support for the Genetic Information Nondiscrimination Act—better known as GINA—to urge its speedy passage by this body. When I first joined Senator Snowe in the fight for passage of this legislation, our Nation was at the dawn of a burgeoning genetic age, a time when we could only dream of the technologies that would exist 10 years later. Those genetic technologies are here now and here to stay.

Genetic testing and genomic services are being advertised directly to consumers even as we speak.

These ads are hard to read, but I am going to try to hold them up for people to see. Maybe others have put up similar ads. Here are some of the advertisements that appear in local newspapers that advertise services. One is for $99. I don't know what the cost is on this one. It is a BRAC analysis dealing with breast cancer. These are a few ads to show what is happening across the country.

This is good news, but also dangerous in some ways because people are making decisions about their conditions and their futures sometimes based on very shoddy information. It is troubling to me people are being drawn into this situation without understanding the full implications.

Genetic testing and genomic services are being advertised, as I said, to consumers. So the need for this legislation has never been greater. This is a very important moment for us to act.

I also wish to take a moment to commend the leadership of Senator SNOWE who, as I said earlier, was involved in this issue early on. Also, Senator PETE DOMENICI. He and I were involved with a bill in 1997 as well, about the time I joined Senator SNOWE on her legislation. Senator DOMENICI was very interested in this subject. And, obviously, I commend the work of Senator KENNEDY and Senator ENZI. Their leadership and skillful negotiations have allowed for passage of this legislation. I commend Senator HARRY REID, the majority leader, as well for his support and commitment to the passage of this legislation. While he is no longer a Member of this body, I commend Senator Tom Daschle, who was very interested in this subject matter and offered legislation as a Senator, also as leader. While we recognized his contributions a day or so ago with the hanging of his portrait as a former leader of this body, he was deeply involved in this issue, and I would be remiss if I did not recognize his contribution as well, as a former Member of this body whose work enabled the Senate to achieve passage of this legislation in previous Congresses.

Many of us on both sides of the aisle saw the need years ago for legally enforceable rules to maximize the potential benefits of genetic information and to minimize its potential dangers. But despite passage of the legislation in the Senate twice and the House once, it is still not the law of the land. Up until today, passage of this legislation has been blocked by one Senator. While I am heartened that efforts to obstruct passage of a bill so widely supported in the House and the Senate have been overcome, I am disappointed that the valuable protections provided by this legislation were denied to the American people until now.

In the decade that has passed while this legislation has been pending, the sequencing of the human genome was completed, yielding a dizzying number of discoveries about genes associated with diseases and accelerating genetic research. Scientists are finding that nearly all diseases, including common diseases, such as diabetes and heart disease, have a genetic component. Determining the underlying genetic components of disease is fueling the development of new treatments and cures.

As an aside, years ago, at Yale Medical School, I attended a briefing by the professionals there. They were doing studies on young girls, determining in twins the ability to detect very early on a genetic predisposition to breast cancer. A remarkable breakthrough was occurring with the wonderful news that we could possibly moderate lifestyles and improve them accordingly to avoid the onslaught of that dreaded disease. Obviously, there were concerns as well about such information becoming available without adequate protections with respect to insurance and employment opportunities as well as the conclusions people might make as a result of that information. But, nonetheless, I was very impressed with the work being done years ago in this whole area of identifying the genetic components of diseases.

Additionally, genetic tests for hundreds of disorders are already available, with many more in the pipeline. Some of these tests predict the likelihood of developing a disease or condition, providing unique opportunities for interventions that may delay the onset or wholly prevent that disease from occurring. In the not-so-distant future, routine use of genetic information is going to give doctors an unprecedented ability to tailor treatments to the individual patient.

However, the potential benefits of such advances in medicine will not be realized if people refuse genetic testing or do not participate in genetic research because they fear discrimination by an employer or by an insurance company. Indeed, surveys have repeatedly shown that Americans do fear the possibility of genetic discrimination. They are afraid of losing their jobs or health insurance coverage because their employer or insurance company learns of a genetic risk for a disease, a disease they do not currently have or may never get at all. The fact you have a predisposition does not in any way guarantee it is going to happen. It is merely a predisposition. Yet that information, obviously, could affect the cost of insurance available to you if insurance is available at all or whether you were going to get that job you would like to have. Many people are also afraid of affecting their children's ability to get jobs or obtain insurance.

So without adequate protections against discrimination, people may forgo genetic testing, even in cases where the results have the potential to save their lives or the lives of their family.

Our genetic code is the most personal of all information. We do not yet fully understand what it can reveal about us as individuals and about whom we may or may not become. All Americans have the right to use this information to make better health care decisions and not fear for its misuse.

The potential for misuse, of course, is very real. State laws provide only a mixed bag of safeguards, leaving inadequate or no protection at all against discrimination for many of our fellow citizens. Existing Federal protections against genetic discrimination under the Health Insurance Portability and Accountability Act or the Americans with Disability Act are inadequate to comprehensively protect against misuse of genetic information.

That is why this bill is so important, and why, again, the authors of it, the early sponsors of it, deserve great commendation by all. It would provide significant protections against the misuse of genetic information by health care providers and employers, ensuring that all Americans will not lose or be denied health insurance, jobs or promotions based on their genetic makeup.

Specifically, it prohibits enrollment restriction and premium adjustment on the basis of genetic information or genetic services. It prevents health plans and insurers from requesting or requiring an individual take a genetic test. With respect to employment discrimination, the legislation prohibits discrimination in hiring, compensation and other personnel processes and prohibits the collection of genetic information. The legislation protects each and every one of us because we all potentially have a genetic makeup that makes us more susceptible to some kind of an ailment, and that possibility should not be an obstruction to an insurance policy or a job.

While this legislation represents an enormous step forward and is a vast improvement over current law, many remain concerned about the measure's privacy protections, and we intend to continue monitoring them over time. Specifically, the legislation imposes important limitations on the collection of personal genetic information by insurance companies, but it would still allow them to collect such information without consent once an individual is enrolled in a health plan. While insurance companies are expressly prohibited from using this information for the purposes of underwriting, frankly, I remain concerned, once this information is collected, it may be difficult to control how it is used and who has access to it. As we have seen with numerous high-profile data breaches at the Veterans' Administration and the National Institutes of Health, the greater the number of people who have access to information, the greater the challenge of protecting that information.

As this bill becomes law—and I genuinely hope it will and am confident it will—all of us will be following the implementation and the extent to which it ensures privacy is protected. We will not hesitate to revisit the issue in the future, as I suspect we may have to.

I am the author of the Newborn Screening Saves Lives Act, along with my colleague Senator HATCH of Utah, which the Senate passed unanimously last December and is expected to be signed into law by the President in the coming days. In fact, I am told that might occur today. This legislation would expand and improve the number and quality of screening tests for genetic and metabolic conditions offered to newborns, which I feel so strongly about, throughout our country. These tests are critical because if a newborn tests positive for one of these rare conditions, treatment must begin immediately to prevent a lifetime of disability or even death. Because many of these conditions are genetic, the protections guaranteed under this bill are critical to preventing discrimination against these infants and their families by insurers or employers.

The newborn screening legislation authored by Senator HATCH and myself, possibly signed into law today, will be enhanced tremendously by the adoption of this legislation because several of those tests, as I said, are genetic. So it is my strong hope GINA will be sent to the President for his signature.

Again, my compliments to Senators KENNEDY and ENZI and their staff for the work they have done on this, and, of course, to Senator SNOWE for being a pioneer years ago in this area.

With that, I yield the floor.

Mr. COBURN, Mr, President, I am pleased that we have finally reached an agreement on the Genetic Information Non-discrimination Act, GINA, and that it will soon become law.

April 2003 marked a scientific discovery significant enough to transform both science and society. April 2003 brought the announcement that a vast team of scientists had determined the exact sequence of the human genetic code and placed that information in public databases. This is an achievement the last generation could only dream about.

Scientific understanding of the links between genes and disease will soon give rise to a flood of new answers and cures for those that suffer from disease. We are on the cusp of a new, unprecedented era of personalized medicine.

As a practicing physician, I look forward to the better care and cures that I'll be able to give my patients with new technology developed from the use of genetic information.

While there have been very few documented cases of genetic discrimination, GINA will eliminate the fear of genetic information. All Americans need to know that their predictive genetic information—that they have no ability to change or control—will not be used against them in health care and employment decisions.

These protections will finally be enacted with the passage of GINA today in the Senate, House passage to follow, and then finally a bill that can be signed by President Bush.

Appropriately drafted legislation is an important key to unlocking the tremendous potential to save and improve lives through the exciting field of medical genomics. GINA has long been a bipartisan vision.

I want to be crystal clear that I have supported the vision of GINA in the past, and I will support it again today.

While I did place a hold on GINA for a while, that hold meant we weren't finished crafting the legislative language on GINA. I reserved my right to debate and perfect it—after taking the time to read and understand the language of GINA and the House action on GINA.

It is like working on an appropriations bill—I support funding the government but that doesn't mean I support throwing $3.1 trillion into it. There is some work that has to be done before we send a bill to the President. As lawmakers, we have the responsibility to make sure we write laws that do exactly what we're telling the American people they do. I feel confident that today's version of GINA does that.

I would note that when we finally started negotiating the substance of my concerns with GINA, we were able to get them resolved in 2 weeks. That was a much faster and more effective way of getting GINA done than what we've seen over the last year—slandering my reputation in the media and trying to slip the unfinished version of GINA into last minute appropriations bills.

I am pleased that Senators KENNEDY and ENZI recognized this and exercised leadership in bringing everyone to the table to get a solution that everyone could support. That's the kind of transparency and debate that the American people deserve.

Today's Senate passage of GINA marks a significant step forward so that the American people may fully benefit from the promise of genomics and personalized medicine. GINA removes the barriers to the full potential of personalized medicine.

Mr. ENZI. Mr. President, I yield 5 minutes to the Senator from Kansas.

The PRESIDING OFFICER. The Senator from Kansas is recognized.

Mr. BROWNBACK. Mr. President, I thank my colleague, Senator ENZI, for his work, the chairman for his work, and I particularly recognize Senator SNOWE. I know Dr. Francis Collins, head of our Human Genome Project, and the key thing he has talked about from the outset of it was the need for this type of legislation which Senator SNOWE has championed for a long time. I am delighted to see it passing here. There is strong support for it.

I want to particularly point out a provision in the bill that was added on the House side by Representative BART STUPAK from Michigan, that would prevent the use of genetic information from unborn children and children in the process of being adopted. We can see a situation where somebody would apply for work, a lady who is pregnant, the child has Down syndrome, and that information being used against her in being able to get employment. That is built within the bill and I am delighted that is in there so we do not have that type of discrimination taking place as well.

I have spoken previously about the very real pressure that exists in these types of situations, where people get a Down syndrome designation and then the pressure in the system to abort the child. Senator KENNEDY and I have a bill that I am hopeful we will be able to get passed on nondiscrimination taking place in these situations, getting more information out to the parents and an adoption registry of people who want to adopt Down syndrome children, who want to adopt children who have these difficulties.

At the same time, I think we need to know that today there is a real tragedy on a massive scale going on in the country of genetic discrimination. That is happening today in this country. We know that, today, 90 percent of the women who are pregnant with Down syndrome children, once they get that genetic designation of the child, the child will not be allowed to live—90 percent is the level that is taking place there, of that genetic information and its use. The numbers are similarly high for prenatally diagnosed children with spina bifida, cystic fibrosis, and dwarfism. It has all been well documented by the American Journal of Medical Genetics and the journal Prenatal Diagnosis. So we have an increase in genetic testing, up to 120 different tests, and then a number of these children in this situation not being allowed to live.

It is a bit personal with one of my staff members. Stacey Cervenka is here with me, who was born blind and is concerned that in the future our children are going to be prenatally diagnosed as being blind, deaf, and not allowed to get here. I do not think that is the kind of country we want to be in.

That is why I am so happy this bill is passing, so we do not have genetic discrimination of people. I think it should extend to the full range of a lifetime of genetic discrimination. That is why I have offered a bill with Senator KENNEDY to partially address this issue, the Prenatally and Postnatally Diagnosed Conditions Awareness Act, to ensure families get the necessary information in these situations and also the connection to the help and support services they need. It also provides for national registry for those willing to adopt children with these conditions.

We all should be concerned when one's genetic information is being used for discrimination. We know we are better than that as a society. The real question is whether every life at every stage and every place has that value and is worth protecting and fighting for. I think it is. I think we as a body believe that. One's genetic composition does not determine one's value. Those with disabilities have the same inherent human dignity and value as everyone else. Genetic discrimination against anyone is unacceptable, particularly those who are next generation, our children.

I might add, as a close, that as reported this week, the Governor of Alaska, Governor Sarah Palin, gave birth to a child named Trig, who happens to be a Down syndrome child. I wish to share what she said on this occasion:

> Trig is beautiful and already adored by us. We knew through early testings he would face special challenges, and we feel privileged that God would entrust us with this gift and allow us unspeakable joy as he entered our lives. We have faith that every baby is created for good purpose and has potential to make this world a better place. We are truly blessed.

What a great thought for all of us.

I yield the floor.

Mr. CARDIN. Mr. President, today is a groundbreaking day for millions of Americans and for the future of health care. I am pleased to strongly support the Genetic Information Nondiscrimination Act of 2007, a bill that I am proud to be an original cosponsor of.

I also want to recognize the outstanding leadership of Senator SNOWE and Congresswoman LOUISE SLAUGHTER, who have been working on this bill for many years. The House passed its bill last year by an overwhelming margin of 420 to 3. Tomorrow will mark 1 year since that House vote. It is my hope that today, the Senate will pass this bill by a substantial margin as well.

Years ago medical researchers began to discover the vast array of personal health information that could be determined through genetic testing, with the discovery of the human genome. By decoding the human genome, scientists have identified many of the gene sequences associated with disease, leading to new knowledge about the underlying causes of illnesses.

Last November, Duke University researchers announced the discovery of 200 ‘‘silenced genes,’’ a unique group of genes that they believe play a profound role in health status. These are genes that may increase the likelihood that a person will develop mental illness, cancer, diabetes, or other major diseases, or they may serve to prevent the development of certain diseases. There are approximately 1,000 different tests available now, and private insurers are beginning to include some clinical genetic tests as part of their health insurance benefits packages.

Genetic testing holds extraordinary promise for individuals and for the doctors who treat them. It allows us to identify the predisposition to develop a certain disease. It allows us to decide which medical specialists to seek out, which preventive screenings to begin earlier than standards may recommend for the general population, which signs and symptoms of illness to be particularly alert to, and which diagnostic or predictive testing to pursue even when symptoms may not be present. It can be extremely helpful in cases, such as Huntington Disease, where gene testing is necessary to make a certain diagnosis. It also allows health care practitioners to make informed decisions about the optimal medical care to provide a patient with an inherited disease. And beyond the patients themselves, genetic testing can help predict the risk of disease to parents, siblings, and children.

Over the years, Americans have come to realize what these developments would mean for them. Unfortunately, at the same time we also began to realize that genetic testing can be used against us in the workplace and by health insurers. For example, the results of the BRCA–1 test for breast cancer can be used to deny employment to a woman or to refuse to issue her comprehensive health insurance coverage. And so it is completely understandable that patients decline tests that could provide them life-saving information because they fear discrimination.

What a waste of resources and medical information if, after all the work done by biomedical research and supported by billions of our dollars, the people who can benefit most from these discoveries do not take advantage of them.

Just this week, a new report revealed the poor health status of Americans. Our health status is worse than it should be, and our health care costs are far higher than they need to be because we are not taking advantage of the technology available to us to fight disease. Passage of GINA will help change that.

The Health Insurance Portability and Accountability Act of 1996 took some important first steps to protect employees and health consumers from discrimination along these lines, but current law does not go far enough. For example, now, employers may require clinical genetic tests as a qualifier for employment. Passage of GINA will change that also.

Most State legislatures have taken action to prevent health insurers from discriminating based on genetic testing. My State of Maryland, for example, prevents individual and group health insurance policies from establishing rules for eligibility based on genetic information. Insurance companies are not permitted to require applicants or enrollees to take genetic tests or provide genetic information, or can they use genetic information for risk selection or for determining health insurance rates. Maryland law also prohibits insurance companies from disclosing information without the informed consent of subscribers. Many other States have passed similar laws.

But because of ERISA pre-emption, millions of other Americans who are not protected by State laws still need our help. ERISA plans—those that are not fully insured but are instead self-insured and regulated by the Federal Government—are not covered by State laws. In Maryland, nearly 40 percent of insured workers have health insurance coverage that is not protected against genetic discrimination.

Nationwide, the numbers are even larger. According to the Employee Benefit Research Institute, nearly 55 percent of all workers are covered by a self-insured health plan, and in larger firms, those with 5,000 or more employees, 89 percent of workers are covered by self-insured arrangements in 2006, up from 62 percent in 1999. So just in the last 8 years, we have seen substantial increases in the number of workers who are subject to genetic discrimination in health insurance, even though the States where they live and work have taken steps to outlaw it. That is another of many reasons why passage of this bill today is necessary.

We know that the medical technology exists to help us defeat deadly and debilitating illnesses. It is time for Federal law to change so that Americans are free to use this technology.

In the 109th Congress, while I was still a Member of the House of Representatives, the Senate passed this legislation unanimously. I urge my colleagues to join me in strong support of this bill today and provide the American people with the protections they need to receive the quality health care they deserve.

Mr. LEVIN. Mr. President, I support the Genetic Information Nondiscrimination Act. Medical science has made amazing progress over the past century and a half, and I hope that we can pass this legislation, which will allow our nation to harness the promise of personalized medicine through an understanding of individual genomes, while ensuring that Americans are protected against the misuse of such powerful knowledge.

The past 140 years have marked an increasingly frequent series of scientific breakthroughs regarding that intricate and vital component of life called deoxyribonucleic acid, or DNA.

In 1869, Friedrich Miescher found the microscopic substance that would come to be called DNA within the nuclei of cells. In 1952, Alfred Hershey and Martha Chase confirmed that DNA plays a role in heredity. The following year, James Watson and Francis Crick used images produced by Rosalind Franklin to propose what many believe to be the first accurate model of the structure of DNA, the now-familiar double helix. In 1977, Fred Sanger boosted the ‘‘phi X’’ bacteriophage into the limelight by making it the first organism to have its genome sequenced.

With the advent of genome sequencing came the need for a common location to store all that information. Efforts to develop the Los Alamos Sequence Database, which was established in 1979, led to the establishment in 1982 of the GenBank to store genome sequences, which was jointly funded by the National Institutes of Health, NIH, the National Science Foundation, NSF, and the Departments of Defense and Energy.

In 1990, the Human Genome Project, a bold new international collaboration, was established. While there is more work to be done, by about February of 2003, approximately 92 percent of the human genome had been sequenced. As scientists discover more about the human genome, we learn more about disease and illness. Understanding the relationship between our genes and disease has already led to improvements in screening, diagnosis, treatment, and even prevention where possible. In 2006, George Church announced the Personal Genome Project, which seeks to record the complete genome of each volunteer. The ability to unlock an individual's genome could, combined with the knowledge developed through genetic research, allow for personalized medicine to a degree that would have been unheard of only years ago.

Though there are many diseases we do not yet fully understand and though much additional research is needed, we have at our grasp the ability to make stunning breakthroughs in medicine by looking inside ourselves, to our own genes. With the incredible advances in modern medicine resulting from our new understanding of, and ability to analyze, our own genes comes great responsibility.

Genetic information about an individual could be used for great good: it could hold the keys to identifying the best way to treat each person for their illnesses. However, we must be careful to guard against the use of this information to discriminate against those of differing genetic compositions. It would be absolutely unacceptable, for example, for an employer to use genetic information in making hiring decisions or determining pay. Likewise, it would be unconscionable to allow insurance companies, whose business combines both health and risk assessment, to utilize genetic information for the purpose of denying coverage for, or charging higher rates to, an individual merely because of that person's unalterable building blocks of life, their DNA.

Probabilities and statistical measures derived from analysis of the human genome may be able to help us to be proactive and preventive in caring for patients. However, we must not allow discrimination on the basis of that information. There is always the chance that an individual will never develop a particular disease and, therefore, never incur the cost of treating the disease that never developed. It would be unjust to force an additional burden upon an individual as a result of the potential, as opposed to the fact, of developing a particular disease.

Unfortunately, the risk of discrimination is real. Our history has shown us that some employers have discriminated on the basis of a range of impermissible categories. As a result, Congress has passed laws such as the Civil Rights Act, CRA, the Americans with Disabilities Act, ADA, and the Age Discrimination in Employment Act, ADEA. These laws have made significant steps in reducing discrimination in employment, but problems remain and Congress continues to work to pass additional antidiscrimination legislation to expand those protections.

Likewise, the economics of the health insurance industry, in its current form, demand that Congress act to pass legislation to protect individuals from being discriminated against, perhaps because their DNA indicates a possible disease or disorder that the insurance provider would rather not cover. Or perhaps merely because people with certain genetic markers might require more attention and care—and therefore represent a higher cost to the insurer—than others. I believe we have a moral obligation as a Nation to ensure that all Americans have access to quality, affordable health care. Part of that obligation includes ensuring that no American is denied health care because of their DNA.

We do not determine our own DNA. We are born with it. We cannot allow discrimination on the basis of such a fundamental aspect of life and one in which we had no choice. Beyond the genes that set the backdrop for our physical existence, we are, each of us, unique beings with the freedom to choose our paths in life. We must not allow the use of genetic information to constrain our freedoms.

The Genetic Information Nondiscrimination Act provides essential protections to preserve our individual freedom and protect our rights. I support this bill and I hope that it will receive speedy passage in the House of Representatives and that the President will act quickly to sign this critical legislation.

Mr. REID. Mr. President, passage of the Genetic Information Nondiscrimination Act, GINA, is the culmination of many years of work. This effort began over a dozen years ago and would not be possible without the work of many Members on both sides of the aisle.

Senator Daschle worked tirelessly on this legislation during his time as Democratic leader. Senator Jeffords was also a dedicated champion of this bill. Passage of this legislation today would not be possible without the perseverance of the bill's sponsors, Health, Education, Labor and Pensions, HELP, Committee Chairman KENNEDY, HELP Committee Ranking Member ENZI, and Senator SNOWE. Senators DODD and HARKIN have also been central to this effort. Congresswomen SLAUGHTER and BIGGERT along with Congressmen MILLER, DINGELL, and RANGEL have been leaders on this issue in the House. Thanks to their collective commitment to GINA, this crucial piece of legislation is finally on the verge of becoming law.

I also want to acknowledge the Coalition for Genetic Fairness and the many other organizations representing patient groups, medical professionals, scientists, researchers, families, and employees who advocated tirelessly on behalf of the protections offered by this legislation. They never let us forget about the urgent need to enact GINA and the dire consequences of neglecting this issue.

There are too many individuals and groups to mention by name, but I do want to single out one individual in particular. Dr. Francis Collins, Director of the National Human Genome Research Institute, has been an important voice in this debate. Dr. Collins' groundbreaking work in advancing the science of genomics has led us to powerful new insights into the links between genes and common diseases such as diabetes, cancer, multiple sclerosis, and Crohn's disease. He has dedicated himself to securing Federal protection against genetic discrimination so that the American people do not have to fear discrimination because they have had genetic tests or participated in genetic research.

Every one of us stands to benefit from this landmark legislation. Genetic research is advancing at a remarkable pace. The sequencing of the human genetic code has already allowed doctors to develop better ways to diagnose, prevent, or treat some of the most dreaded diseases known to man. In 2007 alone, researchers discovered more than 70 gene variants associated with common diseases such as diabetes, cardiovascular disease, and cancer. Each of these discoveries suggests new options for both the treatment and prevention of these diseases. However, these exciting advances are being threatened by fears of genetic discrimination.

This concern has been communicated to me in hundreds of meetings, letters, and phone calls from constituents.

For example, a woman from Las Vegas who is affected by pulmonary hypertension, a continuous high blood pressure in the arteries that supply the lungs, wrote the following:

> Life expectancy for PH patients who do not receive treatment averages 2.5 years, but with early, appropriate treatment, some patients are now able to manage their PH for twenty years or more. . . . GINA will allow patients with a family history of PH to pursue genetic testing and receive life-saving treatment without fear of related discrimination.

And a man from Las Vegas, who suffers from Polycystic Kidney Disease, PKD, a life-threatening genetic disease affecting the kidneys, wrote:

> Fear of genetic discrimination keeps many PKD families from testing for the presence of the disease or seeking treatments that could prolong their kidney function. In addition, fear of genetic discrimination has adversely affected many clinical drug trials now underway in the PKD research field. These clinical trials desperately need volunteers to participate, but many with PKD are fearful their participation in such trials will be used against them by their insurers and/or employers.

For genetic research to fulfill its true potential, patients need strong protections against genetic discrimination. GINA will establish strong protections against discrimination based on genetic information in health insurance and employment. As a result, patients can receive the best possible medical treatments without having to fear that genetic information will be used against them by their insurers or by their employers. The bill will also allow researchers to pursue the promise of genetic research by ensuring the confidentiality of genetic information by participants in clinical trials. GINA will enable all Americans to take full advantage of potentially life-saving genetic testing, and will pave the way for full realization of the promise of personalized medicine.

The House will soon take up and pass this legislation, and I urge President Bush to sign this bill into law.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Will the Chair let me know when I have 30 seconds left? I yield myself the remaining time.

Mr. President, I thank Senator BROWNBACK for reminding us about our bill dealing with Down's syndrome. It is a very worthwhile effort and one that is enormously compelling. I give him the assurance we want to work very closely with him. We are trying to get a counterpart in the House of Representatives and trying to get this done during this session. We thank him for his strong leadership in that area. He has been working on it for a long time.

Mr. President, we are in a new era of the life sciences, and the truth of that statement can be seen in fields from medical imaging, to new biologic drugs and even to the use of DNA technology to improve our environment and reduce greenhouse gasses. But in no area of research is the promise greater than in the field of personalized medicine.

With personalized medicine, patients will no longer have to receive treatments that work for the average person—but may not work for them. Instead, they will receive therapies precisely tailored to their own genetic makeup, with reduced side effects and far greater potency.

The cost of developing new drugs is likely to be significantly reduced. No longer will a potentially promising drug be consigned to a dusty warehouse because it fails to work well on average, if it has the potential to treat patients with a particular genetic condition.

A main barrier in the way of such extraordinary advances is the reluctance of patients to seek the benefits of this new science and the fear volunteering for this research.

Three stories recounted to the advisory committee on genetic issues at the Department of Health and Human Services make the point.

Tonia Phillips has the BRCA–1 mutation. He told the committee that based on her genetic risk for ovarian and breast cancer, she elected to have a hysterectomy and a prophylactic double mastectomy. Ms. Phillips works for a small company of just four people. After her surgery, the health insurance premium for the company increased by $13,000 year. Her employers asked her to switch to her husband's health insurance policy, and even offered to increase her salary if she would switch policies. She refused. The company then adopted a policy requiring employees to pay half their insurance costs. If GINA is passed, changing the terms of employment based on genetic information would be illegal.

Paula Funk, a 33-year-old mother from Arkansas, told the committee that of her 24 female relatives, 13 have developed breast cancer. She decided to pay out-of-pocket and be tested for BRCA–1 anonymously. She tested positive, had a prophylactic double mastectomy, and plans to have her ovaries removed in the near future. Paula and her husband opened their own computer business but were prepared to abandon their plans unless they could get a group health plan for their two-person company, because they knew she wouldn't qualify for individual insurance based on her BRCA–1 status. Her concern now is for protection against discrimination for her two young daughters, Audrey and Anna, who will someday have to make the difficult decision about being tested. If GINA is passed, Audrey and Anna would not have to fear losing their health insurance based on a BRCA–1 test result.

Judith Berman Carlyle, a 48-year-old woman with a family history of ovarian cancer, was afraid that she wouldn't be able to obtain health insurance if she tested positive for the variant of the BRCA–1 gene that is related to breast and ovarian cancer. Instead of being tested, she decided to have prophylactic surgery to remove her ovaries, believing that the surgery would be less likely to cause her to be dropped by her insurer. Later, having obtained health insurance, Judith decided to be tested for BRCA–1 before having a prophylactic double mastectomy. Her test was negative. If she had known this information, she might not have chosen to have her ovaries removed and might have opted for increased screening measures.

Earlier this year, the Pulitzer Prize was awarded for an extraordinary series of articles on the promise and challenge of this new science. One article dealt with the fears of discrimination faced by those who undergo genetic tests, and the measures they take to protect themselves. Those articles included new revelations about the harm caused by the fear of discrimination.

Victoria Grove, of Woodbury, MN, told how she concealed crucial information about her genetic tests from her doctor, for fear it would be used to deny coverage. As a result, she did not receive proper treatment for her lung condition.

Kathy Anderson's parents refused to let her be tested for a genetic condition that affects blood clotting, for fear of discrimination. When Kathy was prescribed a common birth control pill, she developed massive clots—a life threatening illness that could have been avoided if she had had the genetic tests.

For Judith Carlisle, the consequences of not taking a genetic test were tragic. She has a strong family history of breast cancer, but was afraid that a genetic test to detect a particular gene mutation would provide proof to insurance companies and employers that she was a health risk. So she refused to take the test.

Still, she worried about the risks of cancer, so she had a hysterectomy to prevent that risk. Only later, when she took the gene test, did she discover that her fears had been misplaced. The test showed that she had no elevated risk of cancer.

We've also heard other stories in the years of debate on this bill.

Phil Hardt is a grandfather in Arizona with hemophilia B, a bleeding disorder, and Huntington's disease. His human resources manager told him to withhold that information from his employer, or he would never be promoted or trained. In addition, his grandchildren would be denied health insurance because the genes they might have inherited.

Rebecca Fisher is a mother and early onset breast cancer survivor with a family history of the disease. She recounted how her employer, a small, self-insured community hospital, was more concerned that the cost of her bone marrow transplantation and other health care had exceeded the cap for that year, than with her health or productivity as a worker.

Thousands of other patients who refuse to receive the benefits of this new technology have similar stories. The time for delay is over—and I urge my colleagues to pass this needed legislation.

I again acknowledge the great work and effort of my colleague and friend, Senator ENZI, the work he and his strong staff have provided. We know we would not be here without his strong commitment to this legislation.

This legislation was stuck for a time in the legislative cauldron of good works, but it was never lost. Through his efforts we had the good opportunity to work out some of the final differences and we have the opportunity to get it passed today. I am very grateful to him.

Senator SNOWE has been a long-time leader in this. Her leadership has been referred to and all of us who have been interested in this thank her for her long-time dedication and commitment to it.

I want to mention some of the other people and say a final word. Dr. Collins, who has been the leader of the Human Genome Project, has been such a strong voice in passing this legislation; Sharon Terry, the Director of the Genetic Alliance; Kathy Hudson, who works at NIH and gave us excellent technical assistance; Representative

LOUISE SLAUGHTER, who has a longtime commitment to this program—I thank her and Michelle Adams, who has worked with her; Representative JUDY BIGGERT and her staffer Brian Peterson; Shana Christrup, Keith Flanagan, and Ilyse Schuman—all have worked with Senator ENZI, and I thank them personally for their strong help working with me and with our staff; Kim Monk and David Thompson with Senator GREGG, who was a strong supporter of this bill when he chaired the HELP Committee—I thank him; Pete Goodloe from Congressman DINGELL, Michelle Varnhagan from Congressman MILLER; Cybele Bjorklund, who worked with CHARLIE RANGEL and previously worked with us on our staff when we were fortunate to have her efforts here in the Senate; Kate Leone and Jennifer Duck had worked for Senator Daschle—they are not now here, but we acknowledge their work at an important time in this bill's history; Stephanie Carlton for Senator COBURN staff, her efforts are appreciated as well.

On my staff I thank Portia Wu, Lauren McFerran, Holly Fechner, Michael Myers, Laura Kwinn, and especially David Bowen. All have been invaluable.

This bill opens a new frontier in medicine, in which can read the genetic makeup of patients to stop diseases before they ever happen. This legislation opens the door to modern medical progress for millions and millions of Americans. It means that people whose genetic profiles put them at risk of cancer and other serious conditions can get tested and seek treatment without fear of losing their privacy, their jobs, or their health insurance.

It is the first civil rights bill of the new century of the life sciences. This is the era of life science, with extraordinary possibility over these next years.

With the passage of this legislation we take a quantum leap forward in preserving the values of new genetic technology and protecting the basic rights of every American. We will ensure that our laws reflect the advances we are making each and every day in medical science. The promise of new science will be in jeopardy if our laws fail to maintain adequate protections against abuse and misuse of private genetic information.

It was a hard-fought battle to get here. This bill has been the product of a decade of dedicated efforts by Members of both sides of the aisle. I am honored to work with many of my colleagues, particularly Senator ENZI, Senator SNOWE, and Congresswoman SLAUGHTER on this bill. I hope it will get overwhelming support.

AMENDMENT NO. 4573

(Purpose: In the nature of a substitute)

Mr. President, I call up the Snowe-Kennedy-Enzi substitute, which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Massachusetts (Mr. KENNEDY), for Ms. SNOWE, for herself, Mr. KENNEDY, and Mr. ENZI, proposes an amendment numbered 4573.

(The amendment is printed in the RECORD of Wednesday, April 23, 2008, under "Text of Amendments.")

Mr. KENNEDY. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The yeas and nays were ordered.

Mr. KENNEDY. I yield any time that remains.

Mr. ENZI. I also yield back any time.

The PRESIDING OFFICER. All time is yielded back.

Under the previous order, the substitute amendment is agreed to.

The amendment (No. 4573) was agreed to.

The PRESIDING OFFICER. The question is on the engrossment of the amendment and third reading of the bill.

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

The PRESIDING OFFICER. The question is on the passage of the bill, as amended. The yeas and nays have been ordered.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from New York (Mrs. CLINTON) and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from South Carolina (Mr. DEMINT), the Senator from New Hampshire (Mr. GREGG), and the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER (Mr. NELSON of Nebraska). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 95, nays 0, as follows:

[Rollcall Vote No. 113 Leg.]

YEAS—95

Akaka
Alexander
Allard
Barrasso
Baucus
Bayh
Bennett
Biden
Bingaman
Bond
Boxer
Brown
Brownback
Bunning
Burr
Byrd
Cantwell
Cardin
Carper
Casey
Chambliss
Coburn
Cochran
Coleman
Collins
Conrad
Corker
Cornyn
Craig
Crapo
Dodd
Dole
Domenici
Dorgan
Durbin
Ensign
Enzi
Feingold
Feinstein
Graham
Grassley
Hagel
Harkin
Hatch
Hutchison
Inhofe
Inouye
Isakson
Johnson
Kennedy
Kerry
Klobuchar
Kohl
Kyl
Landrieu
Lautenberg
Leahy
Levin
Lieberman
Lincoln
Lugar
Martinez
McCaskill
McConnell
Menendez
Mikulski
Murkowski
Murray
Nelson (FL)
Nelson (NE)
Pryor
Reed
Reid
Roberts
Rockefeller
Salazar
Sanders
Schumer
Sessions
Shelby
Smith
Snowe
Specter
Stabenow
Stevens
Sununu
Tester
Thune
Vitter
Voinovich
Warner
Webb
Whitehouse
Wicker
Wyden

NOT VOTING—5

Clinton
DeMint
Gregg
McCain
Obama

The bill, H.R. 493, as amended, was passed.

Mr. KENNEDY. I move to reconsider the vote and to lay that motion on the table.

The motion to lay on the table was agreed to.

Ms. MIKULSKI. Mr. President I wish today to applaud the passage of the Genetic Information Nondiscrimination Act. I am proud to be an original cosponsor of this legislation that prohibits health insurance companies and employers from discriminating against individuals based on their genetic information. I would also like to take this opportunity to commend Hadassah for their relentless advocacy over the past 11 years on this important civil rights issue. Hadassah is a founding member of the Coalition on Genetic Fairness and has been a leader fighting to outlaw genetic discrimination.

As a Senator from Maryland, the home of the National Institutes of Health and cutting edge companies like Celera Genomic, genetic testing and its implications for Marylanders and all Americans is especially important to me. This bill provides necessary protections so that people will take advantage of the potential that genetic testing can offer, without losing their job or their health insurance. Montgomery County in Maryland was the first county in the Nation to pass genetic nondiscrimination legislation. It has been a longer road for Congress. The Genetic Information Nondiscrimination Act was the first bill passed out of the Senate Health, Education, Labor, and Pensions, HELP, Committee in this Congress. I sit on the HELP Committee and we have worked on this bill since 1996. We have conducted five hearings on genetic discrimination and this bill has passed out of our committee three times. The Senate unanimously passed this bill in 2003 and 2005. It is time that this bill is signed into law.

Thirty years ago, the idea of mapping the entire human genome seemed liked science fiction. But we now have a map of it. Fifteen years ago, the thought of testing individuals for a genetic predisposition to an illness seemed decades away, but here we are in 2008 with the technology and knowledge to do that. Someone with a genetic predisposition for a disease could begin preventive measures in diet and lifestyle, years before symptoms even appear.

But with this new technology comes responsibility—the responsibility to protect the people that these theologies seek to help. What good is knowing that you have a genetic predisposition for diabetes if you lose your health insurance because of it? How does knowing that you may be more likely to develop breast cancer help if you can't get a job because of this information? Individuals should also have the information they need to make informed decisions about whether to get a genetic test.

A person must not be denied insurance coverage or employment based on their predictive genetic information. That is why I support this strong, enforceable genetic nondiscrimination legislation that establishes meaningful remedies for individuals and their families—remedies which act as powerful disincentives for insurance providers and employers to discriminate. I am proud the Senate has acted to help ensure that individuals can choose to get genetic tests that could help save or prolong their lives, without fear of discrimination in the workplace or by health insurance providers. We need to make sure the information from genetic testing reaches its true potential: that a woman can be screened for a genetic predisposition to breast cancer or a man can be screened for his risk for a heart attack without fear of their health insurance premiums rising or losing their jobs.

Again, I want to thank Hadassah for all of their hard work on preventing genetic discrimination and I also want to thank Senator SNOWE for her leadership on this bill.

The PRESIDING OFFICER. The Senator from Michigan.

MORNING BUSINESS

Ms. STABENOW. I ask unanimous consent that there now be a period of morning business with Senators permitted to speak for up to 10 minutes each and that the following Senators be recognized in the order listed: myself for 15 minutes, Senator HATCH for 10 minutes, Senator TESTER for 7 minutes, Senator ISAKSON for 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Michigan.

REPUBLICAN FILIBUSTERS

Ms. STABENOW. Mr. President, I rise to express my deep disappointment and concern about last night's vote on the Lilly Ledbetter Fair Pay Act. Unfortunately, colleagues across the aisle voted to block us from considering what is an important bill that relates to fairness, fair pay, equality, and recognition of the hard work of women all across this country. We weren't even allowed to bring this to the floor of the Senate to begin the debate. It wasn't only about pay discrimination; it was about fundamental fairness for working families, as so many of those working families are headed by women. The vote last night sends the wrong message to families who are struggling to stretch their paychecks to pay for higher gas prices, groceries, health care costs, all of the things they need to survive and care for their families, childcare costs, on and on and on. Voting to block this bill from even coming up for consideration says to these women and their families that this body does not understand and is not on their side when they have been treated unfairly or taken advantage of on the job.

I am proud of the fact that Senator REID, our majority leader, saw fit to bring this bill forward as a priority in the crush of time we have to consider legislation in the Senate. I am proud of Senator KENNEDY for his passion and leadership in bringing this bill out of committee and fighting so vigorously, and all of my women colleagues who came to the floor to stand up for women across America. Unfortunately, we were stopped from even proceeding to the bill. I am hopeful at some point we can come back and colleagues on the other side of the aisle will decide, rather than turning their backs on millions of women across the country, that they will join us in doing what is right to guarantee that if a woman is working hard every day, putting in the same amount of hours, lifting the same boxes and doing the same kind of work, she will know she is protected and feel confident the law is on her side that she will receive equal pay.

Unfortunately, this is not an isolated vote. This has been a pattern. We have spoken many times about what has been happening in the last year and a half. We now have seen 68 Republican filibusters. We had a filibuster that stopped us from proceeding. We have a fancy title for it, called a cloture vote on a motion to proceed. But the reality is, Republican colleagues on the other side of the aisle have filibustered our ability to move forward on equal pay for women in the workplace. This is one of 68 different times in the last year and a half that we have brought forward something critically important to families, from extending unemployment insurance to addressing health care, education, and economic issues, focusing on those things that directly affect families every day.

We know around here the way the rules work. You can filibuster and you can stop something if you don't have 60 votes. Unfortunately, we don't at this time have 60 votes to stop filibusters. There have been so many that we have put this on a board with Velcro so we can change it. We have to change it way too many times, because this number goes up every week. We are now at 68. This is an historic record in the Senate that we would see this many filibusters to block moving forward an agenda for change that the American people are desperately asking for.

We will continue to bring these issues forward that are absolutely critical. We will continue to bring forward areas of investment in the future and creating jobs and tackling health care costs and access and children's health insurance and quality education and tax fairness and all of these other things that are so critical for the American people—fair trade, so that we are exporting products and not jobs.

We are going to continue to bring this forward. But we are going to continue—unfortunately—to see this number go up. It is important the American people understand what is happening.

Now, we also, earlier today, saw something else happen—it did not quite come to the point of blocking in terms of a motion to proceed but efforts of delay, waiting, obstructing, over and over again. Earlier today, we passed a bill to help our Nation's veterans by almost a unanimous vote. We should be proud of having done that on a bipartisan basis. But this bill was reported out of committee last year. It was blocked for 7 months—7 months—by colleagues on the other side of the aisle. Then we had to spend a week trying to get this bill done. There was the procedural motion, again, to force us to vote on whether to even consider the bill, and then that vote was unanimous—unanimous. Yet that vote was forced so the time would run so we would slow-walk a bill we have been waiting to take up for veterans and their families for 7 months.

People expect better from us. I am very hopeful we will come together and begin to see the change the American people want to have happen and be the focus of this body.

Mr. President, I will speak for a moment about the Lilly Ledbetter Fair Pay Act because this issue of equal pay, of fairness in the workplace, is not going to go away. We are going to come back and we are going to come back until we get this Court decision fixed.

Lilly Ledbetter was one of the few female supervisors in a Goodyear tire plant in Gadsen, AL. She got up early in the morning. She sweated throughout long shifts, which often stretched to 18 hours or more when another supervisor was absent, just like her male counterparts. For years she endured insults from her male bosses because she was a woman in a traditionally male job.

Late in her career with the company, Lilly discovered that Goodyear paid her male counterparts 20 percent to 40 percent more than what she earned for doing the very same job for all of those years. She filed a lawsuit, just as she should have, and the jury awarded her full damages.

She was right. This was against the law. This was unfair. We need to value work and value equal work. The court sided with her.

However, the Roberts Supreme Court overruled the jury, stating that Ms. Ledbetter was not entitled to anything because she waited too long to file her claim. The Supreme Court ruled that victims of discrimination have only 180 days of the last discriminatory raise to file a lawsuit for discrimination—even if they did not know about it, even if they knew nothing about it.

So in Lilly Ledbetter's case, it did not matter that her employer discriminated against her for years and that she had been, for years, paid less than her male counterparts. Instead, the