

living with HIV and AIDS, we still have a long way to go in the United States in order to make sure that everyone benefits.

While we now have effective HIV medications, there are still many complicating factors in making sure that everyone can get and successfully use those medications. These drugs can be very expensive, forcing people to choose between lifesaving drugs and other essentials such as food, clothing, and housing. In addition, these complex medications often require refrigeration and precise daily routines and mealtimes for their administration.

Successfully integrating these drugs into anyone's life has its complications. For those who are homeless, or who don't know where they will be sleeping day to day or month to month, the situation is extremely difficult and often, sadly, life threatening.

Study after study has confirmed the connection between the ability to remain healthy after being diagnosed with HIV and access to stable housing.

Here are just a few statistics. According to a 2007 study in the American Journal of Public Health, housing status is a more significant predictor of health care access and outcomes than individual characteristics, insurance status, substance abuse, and mental health comorbidities, or even service utilization.

Up to 70 percent of all people living with HIV report a lifetime experience of homelessness or housing instability.

Rates of HIV infection are 16 times higher, 16 times higher, among those who are homeless or unstably housed compared to similarly situated people with stable housing.

Up to 14 percent of all homeless people are HIV positive, 10 times the rate in the general population.

The death rate due to HIV or AIDS among homeless people living with HIV is seven to nine times the death rate due to HIV-AIDS among the general population.

The studies are equally clear that ensuring access to stable housing is cost-effective. According to economic evaluation studies done by Johns Hopkins Bloomberg School of Public Health, providing housing to those who are HIV positive either helps to save costs associated with treating these patients, or has similar effects such as those associated with kidney dialysis and screening for breast and colon cancer.

If we are to tackle the spread and treatment of HIV and AIDS in our society, we absolutely must address the need for stable housing for people with HIV and AIDS. Housing is not a luxury; it's a necessity. And with stable, safe housing comes better health and healthier habits, especially for those living with HIV-AIDS.

So I ask my colleagues in both parties to support this resolution so that we can move toward a sound and comprehensive policy for the prevention and treatment of HIV-AIDS.

Mr. WILSON of South Carolina. Madam Speaker, I yield myself such time as I may consume.

House Concurrent Resolution 137 expresses the sense of Congress regarding adequate housing options for persons with HIV-AIDS. Studies show that the rates of HIV infection are 3 to 16 times higher among persons who are homeless or unstably housed, and 70 percent of all persons living with HIV-AIDS report a lifetime experience of homelessness.

Currently, the U.S. Department of Housing and Urban Development, through its Housing Opportunities for Persons with AIDS, HOPWA, provides grants to eligible States and cities to provide housing assistance and related supportive services to meet the housing needs of low-income persons with HIV-AIDS and their families.

I have no further requests for time, and I yield back the balance of my time.

Mr. DONNELLY of Indiana. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. DONNELLY) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 137.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

#### ANTITRUST CRIMINAL PENALTY ENHANCEMENT AND REFORM EXTENSION ACT

Mr. NADLER of New York. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5330) to amend the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 to extend the operation of such Act for a 5-year period ending June 22, 2015, and for other purpose, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5330

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

#### SECTION 1. DELAY OF SUNSET.

Section 211(a) of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended—

- (1) in subsection (a)—
  - (A) by inserting “of this subtitle” after “214”, and
  - (B) by striking “6 years” and inserting “16 years”, and
- (2) by amending subsection (b) to read as follows:

“(b) EXCEPTIONS.—With respect to—

“(1) a person who receives a marker on or before the date on which the provisions of section 211 through 214 of this subtitle shall cease to have effect that later results in the execution of an antitrust leniency agreement, or

“(2) an applicant who has entered into an antitrust leniency agreement on or before

the date on which the provisions of sections 211 through 214 of this subtitle shall cease to have effect,

the provisions of sections 211 through 214 of this subtitle shall continue in effect.”.

#### SEC. 2. DEFINITIONS.

Section 212 of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended—

(1) by redesignating paragraph (6) as paragraph (7), and

(2) by inserting after paragraph (5) the following:

“(6) MARKER.—The term ‘marker’ means an assurance given by the Antitrust Division to a candidate for corporate leniency that no other company will be considered for leniency, for some finite period of time, while the candidate is given an opportunity to perfect its leniency application.”.

#### SEC. 3. TIMELINESS; COOPERATION AFTER TERMINATION OF STAY OR PROTECTIVE ORDER.

(a) TIMELINESS.—Section 213(c) of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended to read as follows:

“(c) TIMELINESS.—The court shall consider, in making the determination concerning satisfactory cooperation described in subsection (b), the timeliness of the applicant's or cooperating individual's cooperation with the claimant.”.

(b) COOPERATION AFTER TERMINATION OF STAY OR PROTECTIVE ORDER.—Section 213 of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended by adding at the end the following—

(1) by redesignating subsection (d) as subsection (e), and

(2) by inserting after subsection (c) the following:

“(d) COOPERATION AFTER EXPIRATION OF STAY OR PROTECTIVE ORDER.—If the Antitrust Division does obtain a stay or protective order in a civil action based on conduct covered by an antitrust leniency agreement, once the stay or protective order, or a portion thereof, expires or is terminated, the antitrust leniency applicant and cooperating individuals shall provide without unreasonable delay any cooperation described in paragraphs (1) and (2) of subsection (b) that was prohibited by the expired or terminated stay or protective order, or the expired or terminated portion thereof, in order for the cooperation to be deemed satisfactory under such paragraphs.”.

#### SEC. 4. TECHNICAL CORRECTIONS.

Section 214 of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended—

(1) in paragraph (1) by inserting “of this subtitle” after “213(b)”, and

(2) in paragraph (3)—

(A) by inserting “of this subtitle” after “213(a)” the 1st place it appears, and

(B) by striking “title” and inserting “subtitle”.

#### SEC. 5. GAO REPORT.

Not later than 1 year after the date of enactment of this Act, the Comptroller General shall submit, to the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate, a report on the effectiveness of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004, both in criminal investigation and enforcement by the Department of Justice, and in private civil actions. Such report should include study of, inter alia—

(1) the appropriateness of the addition of qui tam proceedings to the antitrust leniency program; and

(2) the appropriateness of creating anti-retaliatory protection for employees who report illegal anticompetitive conduct.

#### SEC. 6. EFFECTIVE DATE OF AMENDMENTS.

The amendments made by section 1 shall take effect immediately before June 22, 2010.

#### SEC. 7. BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. NADLER) and the gentleman from California (Mr. DANIEL E. LUNGREN) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

#### GENERAL LEAVE

Mr. NADLER of New York. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Mr. NADLER of New York. I yield myself such time as I may consume.

Madam Speaker, H.R. 5330 extends by 10 years the Antitrust Criminal Penalty Enhancement and Reform Extension Act of 2004, an important tool in combating illegal cartel behavior.

Set to expire next month, the 2004 act promotes the detection and prosecution of illegal cartel behavior by giving participants in a price-fixing cartel powerful incentives to report the cartel to the Justice Department's Antitrust Division and to cooperate in the investigation and prosecution.

Criminal cartel enforcement targets some of the worst crimes perpetrated on American consumers, but these crimes are not easily detected because the actual criminal activity takes place in secret meetings, behind closed doors among willing coconspirators. So even with the hard work of the Antitrust Division, price-fixing cartels can often go undetected. With hundreds of millions, or even billions, of dollars of unlawful profits at stake, these criminals work hard to keep their actions secret.

In August 1993, the Antitrust Division revised its existing program to destabilize cartels by giving cartel participants a strong incentive to break the code of silence and report the cartel. This program offers amnesty from criminal prosecution for the first company to report the cartel.

The company cannot have been the ringleader, and it has to continue cooperating fully with the criminal investigation and prosecution. The company's executives also receive amnesty if they give full cooperation. But there was still a disincentive for cartel par-

ticipants to come forward because they remained subject to treble damages and joint and several liability in accompanying civil litigation.

Six years ago, this Congress gave the Antitrust Division a new weapon to attack this disincentive head on. ACPERA, the bill we are talking about, addressed this shortcoming in the criminal leniency program by also eliminating the cooperating party's exposure to civil liability. ACPERA limits the civil liability of the cooperating party to single damages.

The remaining conspirators in the cartel, however, remain jointly and severally liable for all damages and treble damages. In this way the act strikes a carefully crafted balance, encouraging the cartel members to turn on each other while ensuring full compensation to the victims.

The positive impact of this law cannot be overstated. ACPERA aided the Antitrust Division in obtaining \$1 billion in criminal fines in fiscal year 2009 alone. Last year, confronted with the expiration of key provisions of ACPERA, we sponsored a bipartisan 1-year extension of the statute.

We have since solicited input from a number of parties, including the Department of Justice, the American Bar Association, noted academics such as William Kovacic, and representatives of civil litigants, leniency applicants, and cartel whistleblowers. I want to ensure that the Justice Department has all the tools that it needs to continue its excellent work protecting consumers from price-fixing cartels.

The legislation before us today extends the law for 10 years and incorporates a number of smaller findings based on other suggestions that have been made. Specifically, it makes minor changes to the law to ensure that companies provide timely cooperation to victims of the cartel in the related civil action in order to receive the reduced damages liability. It also ensures that no one in the amnesty process in the future will be adversely affected if this law were to sunset in the future.

Finally, it commissions the Government Accountability Office, the GAO, to perform a 1-year study to examine several other suggestions that have been made to further improve the law.

I urge my colleagues to support this important legislation.

I reserve the balance of my time.

Mr. DANIEL E. LUNGREN of California. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I am pleased to support H.R. 5330, a bill to extend the Antitrust Criminal Penalty Enhancement and Reform Act for 10 years. Portions of title II of Public Law 108-237, the Antitrust Criminal Penalty Enhancement and Reform Act of 2004, called ACPERA—now that's not a drug or a disease, it is just the acronym for this law—are set to expire on the 22nd of June. The expiring sections relate to incentives for companies to participate

in the Antitrust Division's corporate leniency program.

Specifically, the expiring provisions allow a company that's entered into the leniency program to request that it be held liable only for the full compensatory damages in a follow-on civil suit. Normally, as was mentioned by the gentleman from New York, defendants are required to pay treble damages in an antitrust action. This program has proven to be successful in allowing the Antitrust Division to pursue criminal price-fixing cases in recent years.

Last year, Congress approved a 1-year extension of ACPERA so that the Judiciary Committee could study the issue further. After months of discussions with the stakeholders, we have made some changes to ACPERA to require defendants to disclose more information to plaintiffs in the follow-on class action suits.

These additional cooperation requirements apply only if, one, the defendant has pleaded guilty to a criminal price-fixing conspiracy and, two, seeks the liability limitations that ACPERA provides. Most importantly, the changes in this bill will not affect the Justice Department's ability to prosecute these cases. So for this reason, the Department does not oppose these additional disclosure requirements.

This bill provides a 10-year extension of ACPERA. Given the success that the program has had in uncovering criminal price-fixing schemes, a 10-year extension appears to be quite appropriate. It is crucial that we continue to provide the Justice Department with the tools it needs to ensure that it can protect consumers against price-fixing schemes.

With that in mind, I am happy to support this legislation. I hope that my colleagues will support this measure and the Senate will take it up in a timely manner so as to ensure that this authority does not expire next month.

I yield back the balance of my time.

Mr. NADLER of New York. Madam Speaker, I urge my colleagues to support this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. NADLER) that the House suspend the rules and pass the bill, H.R. 5330, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. NADLER of New York. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

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# CHIROPRACTIC CARE AVAILABLE TO ALL VETERANS ACT

Mr. FILNER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1017) to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1017

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

## SECTION 1. SHORT TITLE.

*This Act may be cited as the "Chiropractic Care Available to All Veterans Act".*

## SEC. 2. PROGRAM FOR PROVISION OF CHIROPRACTIC CARE AND SERVICES TO VETERANS.

*Section 204(c) of the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 (38 U.S.C. 1710 note) is amended—*

*(1) by inserting "(1)" before "The program";*

*and*

*(2) by adding at the end the following new paragraph:*

*"(2) The program shall be carried out at not fewer than 75 medical centers by not later than December 31, 2011, and at all medical centers by not later than December 31, 2013."*

## SEC. 3. EXPANDED CHIROPRACTIC SERVICES AVAILABLE TO VETERANS.

*(a) MEDICAL SERVICES.—Paragraph (6) of section 1701 of title 38, United States Code, is amended by adding at the end the following new subparagraph:*

*"(H) Chiropractic services."*

*(b) REHABILITATIVE SERVICES.—Paragraph (8) of such section is amended by inserting "chiropractic," after "counseling."*

*(c) PREVENTIVE HEALTH SERVICES.—Paragraph (9) of such section is amended—*

*(1) by redesignating subparagraphs (F) through (K) as subparagraphs (G) through (L), respectively; and*

*(2) by inserting after subparagraph (E) the following new subparagraph (F):*

*"(F) periodic and preventative chiropractic examinations and services;"*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Indiana (Mr. BUYER) each will control 20 minutes.

The Chair recognizes the gentleman from California.

### GENERAL LEAVE

Mr. FILNER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material.

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

There was no objection.

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

Madam Speaker, I rise today in strong support of the Chiropractic Care Available to All Veterans Act, H.R. 1017, as amended, which emphasizes the critical need for robust chiropractic services within the Department of Veterans Affairs.

In the theater today, Madam Speaker, servicemembers may carry up to 55

pounds of combat equipment and armor. Consistently supporting such a heavy load places a serious strain on the backs and joints of our servicemembers, thereby causing musculoskeletal injuries. In fact, the VA reports that musculoskeletal disorders are the single most common ailment facing returning veterans. Among veterans of Operation Enduring Freedom and Operation Iraqi Freedom who have received treatment from the VA, over 52 percent have been diagnosed with such a disorder; however, the VA is not presently equipped to serve this clear need.

Current law specifies that the VA must have at least one chiropractic care program in each of the 21 Veterans Integrated Service Networks, or VISNs. Today, in-house chiropractic care is available at just 32 major VA facilities. This leaves veterans living near the remaining 121 centers without access to chiropractic care at a VA facility.

Madam Speaker, H.R. 1017 would make chiropractic care available to all veterans at all VA medical centers by phasing in the establishment of such chiropractic care programs. The VA would be required to offer chiropractic care at 75 medical centers by the end of 2011 and at all VA medical centers by the end of 2013. This bill provides an opportunity to significantly expand access to chiropractic care for one of the most prevalent disorders facing veterans returning from Iraq and Afghanistan.

I urge the support of my colleagues and reserve the balance of my time.

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

I rise in support of H.R. 1017, as amended, the Chiropractic Care Available to All Veterans Act, to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38 United States Code to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand such care and services.

Musculoskeletal injuries cause problems not only for veterans of past conflicts, but are also one of the leading health concerns for veterans returning from Iraq and Afghanistan. This committee has a long history of taking action to ensure that the VA provides quality and accessible chiropractic care, and I would like to thank the chairman for introducing legislation once again.

I also want to thank my good friend and colleague from Kansas, JERRY MORAN, for his strong advocacy of the need to provide quality chiropractic care within the VA. It was legislation that JERRY MORAN introduced in the 108th Congress that initially provided the VA with the authority to hire and employ chiropractors.

The VA provides chiropractic care at 32 VA medical centers using hired or contracted staff. Chiropractic services are also available to veterans who live in areas distant from facilities through

its fee basis program, which uses local non-VA providers.

Given the prevalence of back, neck, and joint pain in the veteran population, there is a need to expand access to chiropractic care within the VA medical facilities. This bill would do that by mandating such care at 75 VA medical centers by the end of next year and at each VA medical center by the end of 2013. However, I want to point out that it is also important that the VA continues to ensure chiropractic care remains available as an option through the VA's fee basis program.

Oftentimes, the fee basis program is needed or would benefit the health status of an eligible veteran. For instance, multiple treatments with some frequency may be required to receive the full benefits of chiropractic care. If a veteran lives some distance from a VA medical center requiring that veteran to make multiple trips, it creates an undue travel burden. In such cases, the use of the VA's fee basis program is in the best interest of the veteran. Therefore, it must always remain a mechanism for accessing care to ensure system-wide availability regardless of whether a VA medical center has a chiropractor on staff.

As always, I believe it is our duty to do all we can to help our veteran warriors heal from the injuries incurred through service to our Nation. Providing them with readily-accessible, widely-available, and highly skilled chiropractic care I believe will go a long way towards increasing the health and well-being of our veteran population. As such, I encourage all my colleagues to join with me in supporting H.R. 1017, as amended.

I would also like to extend special recognition to Chairman MICHAUD and Ranking Member BROWN of the Health Subcommittee for their work on this bill and that of the staff.

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

Mr. FILNER. Madam Speaker, I just want to point out that we are approaching the Memorial Day recess. Probably all of us will be at veterans memorials and parades, saluting them on Memorial Day, and we will all say, of course, that we support our veterans.

What we are doing today, as we have done throughout the year, is to say we have a series of bills that will in fact add to the benefits and the well-being of our veterans, and that is the best way to celebrate Memorial Day.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 1017, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.