

those who have fallen in the line of duty. Furthermore, this legislation expresses the gratitude that we show for the dedication of volunteer and career emergency personnel, who each day leave the security of their homes and families to serve those in need all across America.

Mr. OXLEY. Mr. Speaker, today the House will consider legislation, H. Con. Res. 171, to declare that the memorial service held each year in Roanoke, Virginia to honor emergency medical services personnel who have died in the line of duty be designated as the "National Emergency Medical Services Memorial Service". As the House debates this thoughtful legislation, I would like to take a moment to honor one of my constituents, a dedicated and heroic paramedic who was killed in the line of duty.

On June 6th of last year Mr. Robert Good, of Marion Ohio, was responding to a motor vehicle accident involving live downed power lines. Knowing of the danger, Mr. Good and several other rescue workers extracted the accident victim from the automobile. While Robert Good was able to save the lives of two people, a bystander whom he pushed out of the way of live power lines and his partner whom he directed to stay clear of the accident, he was, unfortunately, not able to save himself. Mr. Good, the motor vehicle accident victim, and two rescue volunteers were killed in the courageous rescue attempt.

Since this is National Emergency Medical Services Week, it is fitting that today the House is passing legislation honoring those emergency medical services personnel, like Mr. Good, who have died while saving the lives of those in need. We all owe a debt of gratitude to these highly skilled professionals.

This week, Mr. Good will also be honored posthumously as part of a program that pays tribute to the men and women of the emergency medical service profession. During the ceremony, Mr. Good's partner will accept the appropriately named Stars of Life award on his behalf. I believe this is a fitting award for his selfless actions to save the lives of others. At this time, allow me to personally add my praise and tribute to the memory of Mr. Good for his courageous actions. Robert Good was truly a hero to all who knew him and benefited from his valiant and noble work.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I would like to take advantage of this great opportunity to personally thank the emergency medical personnel of our nation.

This resolution specifically memorializes our fallen emergency workers through the recognition of the National Emergency Medical Devices Memorial Service held every year in Roanoke, Virginia. It is only appropriate since Roanoke is the site of the first-ever volunteer rescue squad in the United States, the "Roanoke Life Saving and First Aid Crew". The members of that crew, helped establish a tradition of selflessness and virtue that lives on today through our emergency health care workers.

Although we live in a nation of relative prosperity and health, over 170,000 people receive some sort of emergency medical assistance every day. That amounts to 60 million Americans during the course of the year. As staggering an amount as that is, even more impressive is the fact that the great majority of those people will survive and be treated for their ailments successfully. By passing this

resolution, we commend the workers who maintain that standard of excellence, at the risk of their own lives.

I also understand that to limit the extent of our praise to the quantity of injuries our emergency medical personnel treat would be a great disservice. We note that these heroes and heroines often go beyond their job descriptions and perform with expertise, technique, and compassion. Colleagues, I assure you, without them, life as we enjoy it would be substantially different.

I implore my colleagues to support this celebration of the unrecognized daily deeds done by our fellow Americans. There can be no higher praise for any of these individuals, who are oftentimes placed in harm's way, yet almost always reach beyond the realm of good samaritanism and into the province of heroism.

Mr. BILIRAKIS. Mr. Speaker, I would like to acknowledge committee staffers John Ford and Marc Wheat.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the concurrent resolution (H. Con. Res. 171), as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution, as amended, was agreed to.

The title was amended so as to read: "Concurrent resolution declaring the city of Roanoke, Virginia, to be the official site of the National Emergency Medical Services Memorial Service."

A motion to reconsider was laid on the table.

NATIONAL BONE MARROW REGISTRY REAUTHORIZATION ACT OF 1998

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2202) to amend the Public Health Service Act to revise and extend the bone marrow donor program, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2202

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Bone Marrow Registry Reauthorization Act of 1998".

SEC. 2. REAUTHORIZATION.

(a) ESTABLISHMENT OF REGISTRY.—Section 379(a) of the Public Health Service Act (42 U.S.C. 274k(a)) is amended—

(1) by striking "(referred to in this part as the 'Registry') that meets" and inserting "(referred to in this part as the 'Registry') that has the purpose of increasing the number of transplants for recipients suitably matched to biologically unrelated donors of bone marrow, and that meets";

(2) by striking "under the direction of a board of directors that shall include representatives of" and all that follows and inserting the fol-

lowing: "under the direction of a board of directors meeting the following requirements:

"(1) Each member of the board shall serve for a term of two years, and each such member may serve as many as three consecutive two-year terms, except that such limitations shall not apply to the Chair of the board (or the Chair-elect) or to the member of the board who most recently served as the Chair.

"(2) A member of the board may continue to serve after the expiration of the term of such member until a successor is appointed.

"(3) In order to ensure the continuity of the board, the board shall be appointed so that each year the terms of approximately 1/3 of the members of the board expire.

"(4) The membership of the board shall include representatives of marrow donor centers and marrow transplant centers; recipients of a bone marrow transplant; persons who require or have required such a transplant; family members of such a recipient or family members of a patient who has requested the assistance of the Registry in searching for an unrelated donor of bone marrow; persons with expertise in the social sciences; and members of the general public; and in addition nonvoting representatives from the Naval Medical Research and Development Command and from the Division of Organ Transplantation of the Health Resources and Services Administration."

(b) PROGRAM FOR UNRELATED MARROW TRANSPLANTS.—

(1) IN GENERAL.—Section 379(b) of the Public Health Service Act (42 U.S.C. 274k(b)) is amended by redesignating paragraph (7) as paragraph (8), and by striking paragraphs (2) through (6) and inserting the following:

"(2) carry out a program for the recruitment of bone marrow donors in accordance with subsection (c), including with respect to increasing the representation of racial and ethnic minority groups (including persons of mixed ancestry) in the enrollment of the Registry;

"(3) carry out informational and educational activities in accordance with subsection (c);

"(4) annually update information to account for changes in the status of individuals as potential donors of bone marrow;

"(5) provide for a system of patient advocacy through the office established under subsection (d);

"(6) provide case management services for any potential donor of bone marrow to whom the Registry has provided a notice that the potential donor may be suitably matched to a particular patient (which services shall be provided through a mechanism other than the system of patient advocacy under subsection (d)), and conduct surveys of donors and potential donors to determine the extent of satisfaction with such services and to identify ways in which the services can be improved;

"(7) with respect to searches for unrelated donors of bone marrow that are conducted through the system under paragraph (1), collect and analyze and publish data on the number and percentage of patients at each of the various stages of the search process, including data regarding the furthest stage reached; the number and percentage of patients who are unable to complete the search process, and the reasons underlying such circumstances; and comparisons of transplant centers regarding search and other costs that prior to transplantation are charged to patients by transplant centers; and"

(2) REPORT OF INSPECTOR GENERAL; PLAN REGARDING RELATIONSHIP BETWEEN REGISTRY AND DONOR CENTERS.—The Secretary of Health and Human Services shall ensure that, not later than one year after the date of the enactment of this Act, the National Bone Marrow Donor Registry (under section 379 of the Public Health Service Act) develops, evaluates, and implements a plan to effectuate efficiencies in the relationship between such Registry and donor centers. The plan shall incorporate, to the extent practicable, the findings and recommendations made

in the inspection conducted by the Office of the Inspector General (Department of Health and Human Services) as of January 1997 and known as the Bone Marrow Program Inspection.

(c) PROGRAM FOR INFORMATION AND EDUCATION.—Section 379 of the Public Health Service Act (42 U.S.C. 274k) is amended by striking subsection (j), by redesignating subsections (c) through (i) as subsections (e) through (k), respectively, and by inserting after subsection (b) the following subsection:

“(c) RECRUITMENT; PRIORITIES; INFORMATION AND EDUCATION.—

“(1) RECRUITMENT; PRIORITIES.—The Registry shall carry out a program for the recruitment of bone marrow donors. Such program shall identify populations that are underrepresented among potential donors enrolled with the Registry. In the case of populations that are identified under the preceding sentence:

“(A) The Registry shall give priority to carrying out activities under this part to increase representation for such populations in order to enable a member of such a population, to the extent practicable, to have a probability of finding a suitable unrelated donor that is comparable to the probability that an individual who is not a member of an underrepresented population would have.

“(B) The Registry shall consider racial and ethnic minority groups (including persons of mixed ancestry) to be populations that have been identified for purposes of this paragraph, and shall carry out subparagraph (A) with respect to such populations.

“(2) INFORMATION AND EDUCATION REGARDING RECRUITMENT; TESTING AND ENROLLMENT.—

“(A) IN GENERAL.—In carrying out the program under paragraph (1), the Registry shall carry out informational and educational activities for purposes of recruiting individuals to serve as donors of bone marrow, and shall test and enroll with the Registry potential donors. Such information and educational activities shall include the following:

“(i) Making information available to the general public, including information describing the needs of patients with respect to donors of bone marrow.

“(ii) Educating and providing information to individuals who are willing to serve as potential donors, including providing updates.

“(iii) Training individuals in requesting individuals to serve as potential donors.

“(B) PRIORITIES.—In carrying out informational and educational activities under subparagraph (A), the Registry shall give priority to recruiting individuals to serve as donors of bone marrow for populations that are identified under paragraph (1).

“(3) TRANSPLANTATION AS TREATMENT OPTION.—In addition to activities regarding recruitment, the program under paragraph (1) shall provide information to physicians, other health care professionals, and the public regarding the availability, as a potential treatment option, of receiving a transplant of bone marrow from an unrelated donor.”

(d) PATIENT ADVOCACY AND CASE MANAGEMENT.—Section 379 of the Public Health Service Act (42 U.S.C. 274k), as amended by subsection (c) of this section, is amended by inserting after subsection (c) the following subsection:

“(d) PATIENT ADVOCACY; CASE MANAGEMENT.—

“(1) IN GENERAL.—The Registry shall establish and maintain an office of patient advocacy (in this subsection referred to as the ‘Office’).

“(2) GENERAL FUNCTIONS.—The Office shall meet the following requirements:

“(A) The Office shall be headed by a director.

“(B) The Office shall operate a system for patient advocacy, which shall be separate from mechanisms for donor advocacy, and which shall serve patients for whom the Registry is conducting, or has been requested to conduct, a search for an unrelated donor of bone marrow.

“(C) In the case of such a patient, the Office shall serve as an advocate for the patient by di-

rectly providing to the patient (or family members, physicians, or other individuals acting on behalf of the patient) individualized services with respect to efficiently utilizing the system under subsection (b)(1) to conduct an ongoing search for a donor.

“(D) In carrying out subparagraph (C), the Office shall monitor the system under subsection (b)(1) to determine whether the search needs of the patient involved are being met, including with respect to the following:

“(i) Periodically providing to the patient (or an individual acting on behalf of the patient) information regarding donors who are suitability matched to the patient, and other information regarding the progress being made in the search.

“(ii) Informing the patient (or such other individual) if the search has been interrupted or discontinued.

“(iii) Identifying and resolving problems in the search, to the extent practicable.

“(E) In carrying out subparagraph (C), the Office shall monitor the system under subsection (b)(1) to determine whether the Registry, donor centers, transplant centers, and other entities participating in the Registry program are complying with standards issued under subsection (e)(4) for the system for patient advocacy under this subsection.

“(F) The Office shall ensure that the following data are made available to patients:

“(i) The resources available through the Registry.

“(ii) A comparison of transplant centers regarding search and other costs that prior to transplantation are charged to patients by transplant centers.

“(iii) A list of donor registries, transplant centers, and other entities that meet the applicable standards, criteria, and procedures under subsection (e).

“(iv) The posttransplant outcomes for individual transplant centers.

“(v) Such other information as the Registry determines to be appropriate.

“(G) The Office shall conduct surveys of patients (or family members, physicians, or other individuals acting on behalf of patients) to determine the extent of satisfaction with the system for patient advocacy under this subsection, and to identify ways in which the system can be improved.

“(3) CASE MANAGEMENT.—

“(A) IN GENERAL.—In serving as an advocate for a patient under paragraph (2), the Office shall provide individualized case management services directly to the patient (or family members, physicians, or other individuals acting on behalf of the patient), including—

“(i) individualized case assessment; and

“(ii) the functions described in paragraph (2)(D) (relating to progress in the search process).

“(B) POSTSEARCH FUNCTIONS.—In addition to the case management services described in paragraph (1) for patients, the Office may, on behalf of patients who have completed the search for an unrelated donor, provide information and education on the process of receiving a transplant of bone marrow, including the posttransplant process.”

(e) CRITERIA, STANDARDS, AND PROCEDURES.—Section 379(e) of the Public Health Service Act (42 U.S.C. 274k), as redesignated by subsection (c) of this section, is amended by striking paragraph (4) and inserting the following:

“(4) standards for the system for patient advocacy operated under subsection (d), including standards requiring the provision of appropriate information (at the start of the search process and throughout the process) to patients and their families and physicians.”

(f) REPORT.—Section 379 of the Public Health Service Act, as amended by subsection (c) of this section, is amended by adding at the end the following subsection:

“(1) ANNUAL REPORT REGARDING PRETRANSPLANT COSTS.—The Registry shall an-

nually submit to the Secretary the data collected under subsection (b)(7) on comparisons of transplant centers regarding search and other costs that prior to transplantation are charged to patients by transplant centers. The data shall be submitted to the Secretary through inclusion in the annual report required in section 379A(c).”

(g) CONFORMING AMENDMENTS.—Section 379 of the Public Health Service Act, as amended by subsection (c) of this section, is amended—

(1) in subsection (f), by striking “subsection (c)” and inserting “subsection (e)”; and

(2) in subsection (k), by striking “subsection (c)(5)(A)” and inserting “subsection (e)(5)(A)” and by striking “subsection (c)(5)(B)” and inserting “subsection (e)(5)(B)”.

SEC. 3. RECIPIENT REGISTRY.

Part I of title III of the Public Health Service Act (42 U.S.C. 274k et seq.) is amended by striking section 379A and inserting the following:

“SEC. 379A. BONE MARROW SCIENTIFIC REGISTRY.

“(a) ESTABLISHMENT OF RECIPIENT REGISTRY.—The Secretary, acting through the Registry under section 379 (in this section referred to as the ‘Registry’), shall establish and maintain a scientific registry of information relating to patients who have been recipients of a transplant of bone marrow from a biologically unrelated donor.

“(b) INFORMATION.—The scientific registry under subsection (a) shall include information with respect to patients described in subsection (a), transplant procedures, and such other information as the Secretary determines to be appropriate to conduct an ongoing evaluation of the scientific and clinical status of transplantation involving recipients of bone marrow from biologically unrelated donors.

“(c) ANNUAL REPORT ON PATIENT OUTCOMES.—The Registry shall annually submit to the Secretary a report concerning patient outcomes with respect to each transplant center. Each such report shall use data collected and maintained by the scientific registry under subsection (a). Each such report shall in addition include the data required in section 379(l) (relating to pretransplant costs).”

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended—

(1) by transferring section 378 from the current placement of the section and inserting the section after section 377; and

(2) in part I, by inserting after section 379A the following section:

“SEC. 379B. AUTHORIZATION OF APPROPRIATIONS.

“For the purpose of carrying out this part, there are authorized to be appropriated \$18,000,000 for fiscal year 1999, and such sums as may be necessary for each of the fiscal years 2000 through 2003.”

SEC. 5. STUDY BY GENERAL ACCOUNTING OFFICE.

(a) IN GENERAL.—During the period indicated pursuant to subsection (b), the Comptroller General of the United States shall conduct a study of the National Bone Marrow Donor Registry under section 379 of the Public Health Service Act for purposes of making determinations of the following:

(1) The extent to which, relative to the effective date of this Act, such Registry has increased the representation of racial and ethnic minority groups (including persons of mixed ancestry) among potential donors of bone marrow who are enrolled with the Registry, and whether the extent of increase results in a level of representation that meets the standard established in subsection (c)(1)(A) of such section 379 (as added by section 2(c) of this Act).

(2) The extent to which patients in need of a transplant of bone marrow from a biologically unrelated donor, and the physicians of such patients, have been utilizing the Registry in the search for such a donor.

(3) The number of such patients for whom the Registry began a preliminary search but for whom the full search process was not completed, and the reasons underlying such circumstances.

(4) The extent to which the plan required in section 2(b)(2) of this Act (relating to the relationship between the Registry and donor centers) has been implemented.

(5) The extent to which the Registry, donor centers, donor registries, collection centers, transplant centers, and other appropriate entities have been complying with the standards, criteria, and procedures under subsection (e) of such section 379 (as redesignated by section 2(c) of this Act).

(b) REPORT.—A report describing the findings of the study under subsection (a) shall be submitted to the Congress not later than October 1, 2001. The report may not be submitted before January 1, 2001.

SEC. 6. COMPLIANCE WITH NEW REQUIREMENTS FOR OFFICE OF PATIENT ADVOCACY.

With respect to requirements for the office of patient advocacy under section 379(d) of the Public Health Service Act, the Secretary of Health and Human Services shall ensure that, not later than 180 days after the effective date of this Act, such office is in compliance with all requirements (established pursuant to the amendment made by section 2(d)) that are additional to the requirements that under section 379 of such Act were in effect with respect to patient advocacy on the day before the date of the enactment of this Act.

SEC. 7. EFFECTIVE DATE.

This Act takes effect October 1, 1998, or upon the date of the enactment of this Act, whichever occurs later.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2202 and to insert extraneous material on the bill.

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

There was no objection.

(Mr. BILIRAKIS asked and was given permission to revise and extend his remarks.)

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

Mr. Speaker, I am delighted this afternoon, truly delighted, to ask my colleagues in the House to support H.R. 2202, the National Bone Marrow Registry Reauthorization Act of 1998. I would acknowledge the hard work of Mr. Marc Wheat of the Majority staff, Mr. John Ford of the Minority staff, and other staffers from Mr. YOUNG'S office and staffers in the Senate in the process of working out this legislation.

I know that many of my colleagues in the House have heard from individuals whose lives were saved by this program, but many Members may not know that this legislation has been championed by a man whose own daughter was saved by the program. Coincidentally, if that is a proper word, he decided to go forward with this program quite a few years ago, and it was

after he decided to go through with this program and put it into effect that his daughter was saved by the program.

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That, of course, I am referring to my friend and colleague, the gentleman from Florida (Mr. BILL YOUNG).

The gentleman from Florida (Mr. YOUNG) secured the original appropriation which established this important program in early 1987 through a grant to the Department of the Navy. In this Congress he has worked tirelessly to secure reauthorization of the program, and I was pleased to support his effort as a cosponsor of H.R. 2202.

In 1997 the National Marrow Donor Program was responsible for facilitating 1,280 unrelated marrow transplants, men and women who never met each other but knew that through the simple procedure of marrow donation a life would be saved.

There are approximately 5,000 to 7,000 Americans who could benefit from potentially lifesaving unrelated donor transplants, and yet for many, matches cannot be found yet. But thanks to the great work of the men and women in this program, over 3 million Americans have volunteered to be listed confidentially in a registry of the national marrow donor program.

Through innovative cooperation with programs in other countries, including Germany, France, Israel, South Africa, Greece, among others, patients can search for their tissue type through a worldwide network of 37 registries in 29 countries. Through this network the National Marrow Donor Program has direct access to over 4 million volunteer donors worldwide.

The language in the bill under consideration today is identical to an amendment approved by voice vote in the Subcommittee on Health and Environment which I chair. My substitute amendment represented a consensus position developed through long negotiations between the majority and minority of the Committee on Commerce and the Committee on Labor and Human Resources in the other body, the Department of Health and Human Resources, the Food and Drug Administration, the National Institutes of Health, the National Bone Marrow Donor Program itself, and many associations and interested parties who want to see this authorization pass this year.

Mr. Speaker, I want to again express my great appreciation on behalf of all of us, and on behalf of the many people out there who have benefited from this program and who will continue to benefit, and to the gentleman from Florida (Mr. YOUNG) for his efforts to secure this reauthorization.

Mr. Speaker, I urge all of my colleagues to join me in expressing their strong support for passage of this important legislation.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the legislation we are considering today to reauthorize the National Bone Marrow Donor Registry Program. This program has given thousands of patients suffering from diseases like leukemia a second chance at life.

I would like to recognize the work of my chairman, the gentleman from Florida (Mr. MIKE BILIRAKIS) and the sponsor of this legislation, the gentleman from Florida (Mr. BILL YOUNG), in moving this important bill to the floor.

I extend a special thanks to the gentlewoman from Southern California (Ms. JUANITA MILLENDER-MCDONALD), who has worked tirelessly to include provisions in the bill to help meet the needs of minority and mixed-race patients. For patients who suffer from terminal diseases, such as cancer and blood and immune system disorders, the transplantation of bone marrow offers their only hope for a cure.

In 1987, with a small grant to the Department of the Navy, the National Marrow Donor Program was established to help facilitate bone marrow matches between patients and donors and maintain a registry of individuals willing to donate marrow. I am pleased that since its inception 12 years ago NMDP has facilitated over 6,500 marrow transplants between unrelated patients and donors around the world. Further, the annual number of transplants has increased by 53 percent between 1994 and 1997, since NMDP was transferred to Health Resources Services Administration.

I am pleased the legislation we are considering today builds upon this success by fully funding current and new innovative educational campaigns to increase the number of willing donors which will obviously, in turn, increase the number of successful transplantations. Working with patients and physicians, NMDP and its partners can improve outreach and increase awareness of the importance of marrow donation. This work is especially important if we are going to continue to increase the number of minorities, such as African Americans and Latinos, who are successfully matched with willing donors.

Mr. Speaker, we can all take pride in the accomplishments of this lifesaving program. I am hopeful we can work together to ensure that more sick patients have access to these lifesaving therapies by passing this legislation today.

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

Mr. BILIRAKIS. Mr. Speaker, I gladly yield such time as he may consume to the gentleman from Florida (Mr. BILL YOUNG), my friend, neighbor, and colleague.

(Mr. YOUNG of Florida asked and was given permission to revise and extend his remarks.)

Mr. YOUNG of Florida. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, I would have to say this is an exciting moment. This legislation, we have worked long and hard to get it in a condition that everybody could support. The basic idea here is that it extends the authorization for the National Marrow Donor Program, which, as my distinguished friends the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) have said, is a lifesaver.

It is actually a miracle. This process allows people who really had no chance for life, there was no outlook, they were not going to survive, but when the opportunity to have a bone marrow transplant came about and we were able to find enough donors to create a registry, peoples' lives have been saved. People have had a second chance for life where none existed before.

Mr. Speaker, I want to thank the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) as the ranking minority member, and every Member of this Congress. This program, from when we began in 1985, we began to try to create this program, and we hit a lot of doors that were not open to us. We were told by people high up in the realm of medical research that this would never work. In fact, one of our committees was told in testimony, well, you will be lucky if you could ever get 50,000 people willing to be a bone marrow donor.

Mr. Speaker, as we speak today, there are more than 3 million Americans who are in that registry with their marrow typed and ready to be a donor. In addition, as the gentleman from Florida (Mr. BILIRAKIS) has pointed out, we have agreements with many other nations, and we are exchanging patients and exchanging bone marrow across the ocean itself, saving lives around the world.

I want to thank the many people in the Congress who have made it possible to keep this program going. I want to thank the many people in the medical community who have been heroes in this effort. I want to thank the millions of donors who have been willing to give another person a second chance for life. This Nation of ours is full of heroes, and the list is lengthy. I wish we had time to mention all of them by name, but obviously we do not.

Mr. BROWN of Ohio. Mr. Speaker, I yield 4 minutes to my friend, the gentleman from California (Ms. MILLENDER-MCDONALD), who has shown great leadership in coming to our committee and on the floor on this issue.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I thank the gentleman for yielding me the time, and for his comments.

Mr. Speaker, I am so proud to be able to stand before the Members today, a day when the House will finally vote on one of the most important pieces of legislation affecting the health of minorities and their families. For more than a year now I have been working to increase the number of minorities and people of mixed ancestry on the Na-

tional Bone Marrow Registry, not only through legislation but through coordinated outreach efforts throughout this country.

I would like to thank the gentleman from Florida for working so closely with me to make sure that when we reauthorize this program, we do everything possible to increase the number of minorities and people of mixed ancestry.

Every year, Mr. Speaker, more than 30,000 people are diagnosed with one of the 60 diseases that can be cured with a bone marrow transplant. Of those, only 30 percent will have a family member who is a marrow match. That means 20,000 people each year need to find an unrelated marrow donor.

There are almost 2 million registered donors in this country, an increase of more than 260 percent since the beginning of 1993. But of these impressive numbers of transplants, Mr. Speaker, minorities continue to receive far fewer transplants.

In fact, in 1997, only 65 African Americans received transplants, 105 Hispanic Americans received transplants, and approximately 37 people of mixed ancestry received transplants. During that same year, however, 1,021 Caucasians received transplants; so we can see, Mr. Speaker, the critical need for this.

Again, let me thank the gentleman from Florida (Mr. YOUNG) for his leadership on this issue. I urge all of my colleagues to join me in voting yes for H.R. 2202. The day has finally come to close the gap on this critical minority health care disparity.

Mr. YOUNG of Florida. Mr. Speaker, will the gentlewoman yield?

Ms. MILLENDER-MCDONALD. I yield to the gentleman from Florida.

Mr. YOUNG of Florida. I just wanted to express to the Speaker and the Members, Mr. Speaker, my appreciation for the really hard work that the gentlewoman has done in this effort.

We introduced the bill almost a year ago, as the gentlewoman is well aware, and because of the bureaucracy involved, it has taken a while, but the gentlewoman has stayed right there on track and helped keep it moving. I mentioned many of the heroes, and the gentlewoman is one of the heroes at the top of the list.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I thank the gentlemen from Florida, Mr. YOUNG and Mr. BILIRAKIS, for their leadership.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Michigan (Mr. UPTON).

(Mr. UPTON asked and was given permission to revise and extend his remarks.)

Mr. UPTON. Mr. Speaker, I rise this afternoon in strong support of H.R. 2202, the National Bone Marrow Registry Reauthorization Act of 1998.

I want to also commend my good friend and colleague, the gentleman from Florida (Mr. YOUNG) for introducing and working hard and diligently for

the consideration of this legislation, and my subcommittee chairman, the gentleman from Florida (Mr. BILIRAKIS) and his ranking member, the gentleman from Ohio (Mr. BROWN), for the smooth passage through the committee process.

Mr. Speaker, this program is a vital one. This holds out promise for nearly the approximately 12,000 people each year who are diagnosed with diseases for which bone marrow transplantation may offer the possibility of a cure.

The National Bone Marrow Donor Registry established by this program provides for a central registry of bone marrow donors, linking a network of 100 donor centers, 111 transplant centers, and 11 recruitment groups across the country.

The registry is also a research organization, studying the effectiveness of unrelated marrow transplants. This program has been effective in increasing the availability of unrelated bone marrow transplants, which have grown in number from 200 in 1989 to almost 1,300 in 1997 last year.

In my State of Michigan our donor centers have, as of March of this year, registered over 92,000 donors and facilitated some 291 transplants. However, estimates suggest that those who could benefit from bone marrow transplants far outnumber the actual recipients by a 2- or 3-to-1 margin. All of us have individuals in our districts hoping desperately that they will be successfully matched with a volunteer donor. For too many, that hope will not be realized.

Mr. Speaker, this is particularly true for minority individuals, who are underrepresented in the donor registry. This legislation that we are considering this afternoon strengthens the program's focus on minority recruitment.

I encourage all of us here to register as a volunteer donor. I did, because of my relationship with the gentleman from Florida (Mr. YOUNG). The process is very simple. You have to go to a donor center and give a blood sample. That is all it is. You can literally give the gift of life to another individual through this simple act.

Mr. DELAHUNT. Mr. Speaker, I rise in strong support of H.R. 2202, the National Bone Marrow Registry Reauthorization Act of 1998.

For over a decade, the National Bone Marrow Program has brought hope to the over 30,000 patients diagnosed each year with leukemia and more than 60 otherwise fatal blood disorders. From modest beginnings, the program now maintains a registry of millions of potential donors.

H.R. 2202 will expand and improve the National Bone Marrow Registry, establishing new services to help patients locate donors, redoubling efforts to recruit donors within underserved populations, and encouraging continued advances in the science of marrow transplantation.

For me, this bill has very personal meaning. It calls to mind a very special young woman and her family in Duxbury, Massachusetts, whom I have had the honor of knowing since I learned of their story in the local press.

The young woman is Brittany Lambert, who suffers from a rare blood disorder called myelodysplasia, for which she received a bone marrow transplant from an unrelated donor found through the registry. When Brittany's first transplant failed, she needed a second one. Through it all, she has shown qualities of courage and tenacity that would make any parent proud.

Brittany has been lucky in at least one respect: her parents, Jim and Linda Haehnel, and her sister, Brienne, have been with her every step of the way. In fact, when I met Jim Haehnel back in February of 1997, he was organizing a screening drive for Brittany at an Air National Guard base in my district. I was among the 300 people who registered as potential donors on that occasion, and I promised Jim that I would do everything I could to see that more people have the opportunity to join in this effort.

The Haehnel family has shown tremendous fortitude in the face of repeated setbacks. They have continued to do everything they can to see that kids like Brittany get a second chance at life.

It is because of the heroism and selflessness of people like Brittany and her family that this program exists. And it is because of them that I feel so strongly about this effort. I am proud to join with my colleague, Mr. YOUNG, in cosponsoring this legislation, and I hope that all of my colleagues will give it their support.

Mr. PORTER. Mr. Speaker, I rise to commend my good friend, BILL YOUNG, for his tireless efforts to promote and strengthen the National Bone Marrow Donor Registry. There is no stronger advocate in the Congress for this vital public policy initiative than BILL. His work has provided a second chance at life for thousands of individuals who suffer from debilitating illness and fatal blood disease. Because of BILL's outstanding leadership, the registry has grown tremendously. I am proud to cosponsor this vital legislation and I will continue to support BILL's important efforts.

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

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

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 2202, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

EXTENDING CERTAIN PROGRAMS UNDER THE ENERGY POLICY AND CONSERVATION ACT

Mr. DAN SCHAEFER of Colorado. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the House amendment to the Senate amendment to the bill (H.R. 2472) to extend certain programs under the Energy Policy and Conservation Act.

The Clerk read as follows:

Senate amendment to House amendment to Senate amendment:

In lieu of the matter proposed to be inserted by the House amendment, insert:

SECTION 1. ENERGY POLICY AND CONSERVATION ACT AMENDMENTS.

The Energy Policy and Conservation Act is amended—

(1) in section 166 (42 U.S.C. 6246) by striking "1997" and inserting in lieu thereof "1999";

(2) in section 181 (42 U.S.C. 6251) by striking "1997" both places it appears and inserting in lieu thereof "1999";

(3) by striking "section 252(l)(1)" in section 251(e)(1) (42 U.S.C. 6271(e)(1)) and inserting "section 252(k)(1)";

(4) in section 252 (42 U.S.C. 6272)—

(A) in subsections (a)(1) and (b), by striking "allocation and information provisions of the international energy program" and inserting "international emergency response provisions";

(B) in subsection (d)(3), by striking "known" and inserting after "circumstances" "known at the time of approval";

(C) in subsection (e)(2) by striking "shall" and inserting "may";

(D) in subsection (f)(2) by inserting "voluntary agreement or" after "approved";

(E) by amending subsection (h) to read as follows:

"(h) Section 708 of the Defense Production Act of 1950 shall not apply to any agreement or action undertaken for the purpose of developing or carrying out—

"(1) the international energy program, or
 "(2) any allocation, price control, or similar program with respect to petroleum products under this Act.";

(F) in subsection (k) by amending paragraph (2) to read as follows:

"(2) The term 'international emergency response provisions' means—

"(A) the provisions of the international energy program which relate to international allocation of petroleum products and to the information system provided in the program, and

"(B) the emergency response measures adopted by the Governing Board of the International Energy Agency (including the July 11, 1984, decision by the Governing Board on 'Stocks and Supply Disruptions') for—

"(i) the coordinated drawdown of stocks of petroleum products held or controlled by governments; and

"(ii) complementary actions taken by governments during an existing or impending international oil supply disruption.";

(G) by amending subsection (l) to read as follows:

"(l) The antitrust defense under subsection (f) shall not extend to the international allocation of petroleum products unless allocation is required by chapters III and IV of the international energy program during an international energy supply emergency.";

(5) in section 281 (42 U.S.C. 6285) by striking "1997" both places it appears and inserting in lieu thereof "1999".

(6) at the end of section 154 by adding the following new subsection:

"(f)(1) The drawdown and distribution of petroleum products from the Strategic Petroleum Reserve is authorized only under section 161 of this Act, and drawdown and distribution of petroleum products for purposes other than those described in section 161 of this Act shall be prohibited.

"(2) In the Secretary's annual budget submission, the Secretary shall request funds for acquisition, transportation, and injection of petroleum products for storage in the Reserve. If no requests for funds is made, the Secretary shall provide a written explanation of the reason therefore."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Colorado (Mr. DAN SCHAEFER) and the gentleman from Texas (Mr. Hall) each will control 20 minutes.

The Chair recognizes the gentleman from Colorado (Mr. DAN SCHAEFER).

GENERAL LEAVE

Mr. DAN SCHAEFER of Colorado. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill, H.R. 2472, as amended.

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

There was no objection.

□ 1600

Mr. DAN SCHAEFER of Colorado. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill reauthorizes provisions of the Energy Policy and Conservation Act relating to the Strategic Petroleum Reserve and U.S. participation in the International Energy Agreement through fiscal year 1999. These provisions, which expired on September 30, assure that if there is any emergency dealing with energy at all, the President's authority to draw down the Strategic Petroleum Reserve is preserved and the ability of U.S. oil companies to participate in the International Energy Agreement without violating the antitrust laws is expanded and extended.

Because of their importance to U.S. national energy security, I believe these programs should be reauthorized. And with the decision by the President and the appropriators to stop the budgetary sales of oil from the Strategic Petroleum Reserve, I believe it is now appropriate to pass a long-term extension. I certainly do appreciate that fact because that has been a long-standing problem that we have had selling off our oil.

In recent years, with respect to the Strategic Petroleum Reserve, this body has been penny wise and pound foolish. For the past 3 years, we have allowed our energy security, for which we paid for so dearly, to be sold at less than half of what it cost us. If the most recent sale had gone through with today's oil prices being so low, the taxpayers would have lost at least \$175 million, but they would also have lost something even more important, the energy security in this country.

In the past decade of low oil prices and steady supply, we have become increasingly dependent on foreign oil. We now rely on oil imports to meet more than half of our daily petroleum needs. Moreover, we have become complacent about how vulnerable that dependence makes the United States.

When oil prices fell to record lows recently, OPEC and non-OPEC producing countries began to restrict production in order to boost the prices. While we are still a long way from the oil embargo of the 1970s, our vulnerability remains, and we must guard carefully the