MUHAMMAD ALI,
Berrien Springs, MI, June 30, 1998.

Senator JOHN MCCAIN,
Russell Senate Office Building,
Washington, DC.

DEAR SENATOR MCCAIN: Thank you for all of your effort in setting up guidelines for boxers in the ring today and for those in the future. I can't begin to express how honored I am that you would name the Boxing Reform Act after me.

After reading the summary you sent me, I can only tell you that these guidelines are long overdue. I only wish they would have been in effect when I was boxing.

Thank you for caring enough about the sport of boxing that you would help those in the ring today and in the future.

Sincerely,

MUHAMMAD ALI.

Mr. BLILEY. Madam Speaker, I yield such time as he may consume to the gentleman from Louisiana (Mr. TAUZIN).

Mr. TAUZIN. Madam Speaker, during our subcommittee markup on this bill earlier this year, we asked a panel of witnesses about the judging of the Holyfield-Lewis championship unification fight that had just occurred. Two said the scoring was incompetent, two indicated that it was dishonest, and the last said Lewis was robbed. Well, we all are robbed when one of our national sports becomes tainted in such a way.

I grew up watching boxing as a child with my grandfather and my dad in the little community of Chackbay, Louisiana. I have heard of too many young fighters who have put so much into training themselves for a big fight only to suffer from what Muhammad Ali has called the ''dishonest ways'' of promoters.

This bill protects boxers from dishonest promoters. It prohibits coercive contracts and empowers the States to develop uniform rules and regulations governing the sport. It requires the sanctioning bodies, the referees, judges, and promoters to disclose any conflicts of interest and sources of compensation to help the States enforce their laws and protect boxers from any taint of corruption.

I want to note, as my good friend, the gentleman from Ohio (Mr. OXLEY), has done, that this legislation has the support of the president of the Association of Boxing Commissioners, Ring Magazine, International Boxing Digest, Boxing News, numerous promoters, managers, and boxers, all of who want to clean up this sport and indeed restore it to its former glory.

Last June, when we began our work in the subcommittee, we indeed promised that we would bring this reform bill to the floor of the House. I am very happy that the Committee on Commerce, with the help of the gentleman from Virginia (Mr. BLILEY) and the gentleman from Ohio (Mr. OXLEY), kept that promise and we have now delivered this bill to the floor of the House.

I also want to thank the gentleman from New York (Mr. ENGEL) for working so closely with the gentleman from Ohio on this legislation, and, of course, the chairman and ranking member of our full Committee on Commerce for moving this bill forward. This is long overdue, and those who love the sport of boxing, as I do, and so many do in my district and across America, will hail this day as a very important day in restoring the dignity and the glory of the sport of boxing in America.

Ms. DEGETTE. Madam Speaker, I yield myself such time as I may consume in closing to acknowledge that my colleagues on the other side of the aisle did note that I am not the gentleman from New York (Mr. ENGEL), who has worked very hard on this bill.

I too would like to commend him. He is sorry he could not be here to manage the time today, but he had a family emergency and I am filling in.

This is an excellent bill, and I commend particularly the gentleman from Ohio (Mr. OXLEY) and the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Madam Speaker, I rise in strong support of H.R. 1832, the Muhammad Ali Boxing Reform Act.

For years, there has been widespread concern about the boxing industry in the United States. Not only have scandals plagued the industry as long as I can remember, but fighters have been taken advantage of financially and opportunities to compete for a title have not always been awarded to legitimate contenders.

As you know, Madam Speaker, almost every other major sport in the United States operates with a central body to establish appropriate business standards and effective mechanisms of self-regulation. Not boxing. Boxing exists in a world of alphabet soup organizations whose rating methodologies are as ephemeral as the famous Ali ''mirage'' and promoters who are as untouchable as Ali was behind the ''rope-a-dope.''

The purpose of the Muhammad Ali Boxing Reform Act is to increase disclosure and prevent abuses in professional boxing, specifically targeting conflicts of interest that arise for promoters.

H.R. 1832 limits contracts between boxers and promoters, ending the coercive practice of requiring long contracts for fighters to obtain particular bouts.

The bill also seeks to ensure that the manager is an independent advocate of the boxer, not an agent serving the financial interest of the promoter.

Furthermore, the sanctioning organizations would have to establish objective criteria for the rating of professional boxers and fully disclose their by-laws, rating systems, and officials.

I firmly believe that with these limitations, the boxing industry can take a giant step toward the 21st century and the ending of corruption.

I would like to thank my good friend, Chairman OXLEY, for his hard work on this legislation. It has been my pleasure to serve as the lead Democratic cosponsor of his bill in the House and to cosign several dear colleagues with him.

Much credit is also due to Senator JOHN MCCAIN, author of the Senator-approved version of the bill. I would also like to call attention to Eliot Spitzer, the Attorney General of the State of New York, for his efforts to root out corruption in the boxing industry. As Chairman of the National Association of Attorneys General Boxing Task Force, Eliot Spitzer has helped guide Congress through the legal technicalities required for effective enforcement of new boxing regulations. His contribution and testimony before Congress will not be forgotten.

In the end, the Muhammad Ali Boxing Reform Act puts abuse in the boxing industry on the ropes. By passing this important legislation, I believe that Congress will deliver the final one, two punch to boxing corruption.

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

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

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from Virginia (Mr. BLILEY) that the House suspend the rules and pass the bill, H.R. 1832 , 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.

RECOGNIZING GENEROUS CONTRIBUTION BY LIVING PERSONS WHO HAVE DONATED A KIDNEY TO SAVE A LIFE

Mr. BLILEY. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 94) recognizing the generous contribution made by each living person who has donated a kidney to save a life.

The Clerk read as follows:

H. RES. 94

Whereas kidneys are vital organs that clean the blood by removing wastes, and failed kidneys have lost the ability to remove these wastes;

Whereas in the United States more than 250,000 patients with kidney failure, also known as end stage renal disease (ESRD), have died since 1989;

Whereas during 1996, 283,932 patients were in treatment for ESRD, and an additional 73,091 patients began treatment for ESRD;

Whereas the most common cause of ESRD has consistently been diabetes, because the high levels of blood sugar in persons with diabetes cause the kidneys to filter too much blood and leave the kidneys, over time, unable to filter waste products;

Whereas of the patients who began treatment for ESRD in 1996, 43 percent were persons with diabetes;

Whereas ESRD can be treated with dialysis, which artificially cleans the blood but which imposes significant burdens on quality of life, or with a successful kidney transplant operation, which frees the patient from dialysis and brings about a dramatic improvement in quality of life;

Whereas in 1996 the number of kidneys transplanted in the United States was 12,238, with 25 percent of the kidneys donated from biologically related living relatives, 5 percent from spousal or other biologically unrelated living persons, and the remainder from cadavers;

Whereas from 1988 to 1997, the number of patients on the waiting list for a cadaveric

kidney transplant increased more than 150 percent, from 13,943 to more than 35,000;

Whereas the annual number of cadaveric kidneys available for transplant has increased only slightly, from 8,327 in 1994 to 8,526 in 1996, an increase of less than 100 such kidneys per year;

Whereas from 1988 to 1997, the annual number of kidneys donated by living persons rose 104 percent, from 1,812 to 3,705; and

Whereas in 1995, the 3-year survival rate for kidney recipients was 82 percent if the donor was a living parent, 85 percent if the donor was a living spouse, 81 percent if the donor was a biologically unrelated living person other than a spouse, and 70 percent if the kidney was cadaveric: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the generous contribution made by each living person who has donated a kidney to save a life; and

(2) acknowledges the advances in medical technology that have enabled living kidney transplantation to become a viable treatment option for an increasing number of patients with end stage renal disease.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. BLILEY) and the gentlewoman from Colorado (Ms. DEGETTE) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia (Mr. BLILEY).

GENERAL LEAVE

Mr. BLILEY. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on House Resolution 94, and to insert extraneous material.

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

There was no objection.

Mr. BLILEY. Madam Speaker, I yield myself such time as I may consume, and I rise in support of H. Res. 94, a resolution recognizing the generous contribution made by each living person who has donated a kidney to save the life of another person.

Americans who donate their organs to save another's life are heroes, and I am delighted that the House of Representatives has taken the time to recognize them as such. From 1998 to 1997, the annual number of kidneys donated by living persons rose 104 percent, from 1,812 to 3,705. Even so, the number of people on dialysis while they wait for a kidney transplant has grown to some 35,000. We have to do more.

The Committee on Commerce has spent a great deal of time and effort in the last year working to develop good solutions to the difficult problem of increasing the supplies of donated organs while safeguarding the system from unintended bureaucratic interference that would dramatically harm efforts to increase donations. Many of those ideas are embodied in H.R. 2418, the Organ Procurement and Transplant Patient Network Amendments of 1999, which was reported out of my committee just 3 weeks ago.

Among the initiatives in H.R. 2418 is a program to provide living and travel expenses for those individuals who donate an organ to a person requiring a transplant in another State. The committee found that there may be many willing donors who would like to save the life of another American but find themselves in financial circumstances that would make it impossible for them to take a leave of absence from their job. H.R. 2418 would ease that burden.

I am also proud to say that due to the Committee on Commerce efforts, H.R. 3075, the Medicare, Medicaid and S–CHIP Balance Budget Refinement Act of 1999, added $200 million to pay for additional immunosuppressive drug therapy. Medicare presently only covers these drugs for 36 months. This bill takes a first step at addressing that issue and allows us to provide more coverage for needy organ transplant patients. Access to these drugs can literally make the difference between life and death.

While we in Congress continue to do what we can to safeguard the organ allocation system from bureaucratic interference, and work to address financial problems donors face as well as those recipients who needs affordable immunosuppressive drug therapy, let us remember the role that the thousands of ordinary Americans have played in the lives of their neighbors and families who have donated kidneys. We salute you for your sacrifice and your charity.

Madam Speaker, I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield myself such time as I may consume.

First of all, I again want to thank my chairman, the esteemed gentleman from Virginia, for bringing this bill up, and I also want to thank my colleague, the gentleman from Washington (Mr. NETHERCUTT), for the opportunity to recognize those individuals who are willing to make a living donation of one of their kidneys. The gentleman from Washington and I are cochairs of the Congressional Diabetes Caucus, and both of us recognize that for those who care about that particular issue, kidney disease and kidney donation is a critical and important issue for us to be discussing today.

Those who donate kidneys are courageous individuals who give selflessly of themselves, literally, to save another person's life. Last year, more than 4,000 living donors gave kidneys. That was 31 percent of the transplants. Over a 10-year period, the number of kidney donations has increased by 54 percent, from 5,688 in 1988 to 8,774 in 1997. The increase in the number of living kidney donors has been even more dramatic, from 1,812 to 3,695, a doubling of living donors to relatives that received this critical gift of life.

Every year thousands of lives are saved when a family member, a friend, a coworker, or even a member of the community they do not know makes the choice to donate one of their two kidneys to someone in need. With the need for organ transplants far outpacing the supply, we are also starting to see a new type of donation, a nondirected donation, where an individual makes a choice to donate a kidney to any patient who needs it.

An outstanding example of a nondirected live kidney donation is Joyce Roush. In September of this year, she used the donation of her kidney to a stranger as an opportunity to bring the public's attention to the possibility of making nondirected donations.

Most of us are also aware of the case where Sean Elliott, of the world champion San Antonio Spurs, needed a kidney transplant and received one from his older brother Noel Elliott.

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According to Elliott, he would like to return to playing in the NBA this year if possible. Elliott said, ''It's another obstacle I have a chance to topple.''

He has also overcome two knee surgeries. ''It would be a pretty awesome accomplishment,'' he said, ''and a great statement for anyone who faces adversity. It would be inspirational to a lot of people.''

While that certainly would be a tremendous inspiration to many people across the country, the example of his older brother Noel and individuals like Joyce Roush should also be an inspiration and an example for people across the country.

Unfortunately, while there has been a substantial increase in organ donations over the past decade, almost 350,000 Americans still have lost their lives to kidney failure. Moreover, the number of patients on the waiting list for a kidney transplant has increased by 174 percent, from 13,943 in 1988 to 38,270 in 1997.

The number of cadaveric kidney transplants is stagnant, so the fact that we are seeing this increase in living donors in recent years is good news to the many who suffer from kidney failure. We can perform more living donor transplants without either putting the donor or recipient in undue danger because of medical advances.

In 1995, a new type of procedure was developed that made a kidney transplant a great deal less intrusive and thus reduced the risk to the donor and cut down on the amount of recovery time.

Madam Speaker, as co-chair of the Congressional Diabetes Caucus, the gentleman from Washington (Mr. NETHERCUTT) and I have over 240 Members of the House who have signed on as members of this caucus.

We know that the most common cause of end stage renal disease has consistently been diabetes. In fact, 35 percent of the new cases of kidney failure every year and 25 percent of all cases of kidney failure come from diabetic causes. This is true because of the high levels of blood sugar people with diabetes have that cause the kidneys to filter too much blood and leave the kidneys over time unable to filter waste products.

Of those beginning ESRD treatment in 1997, just under half are people with diabetes. This is why it is so important every day that relatives, friends, and co-workers and members of the community donate kidneys both to those that they know and those they do not know.

I hope we can find ways before we cure diabetes, which is our ultimate and, by the way, our short-term goal, still, in the meantime, we need to find ways to find these kidneys.

I want to once again thank the gentleman from Washington (Mr. NETHERCUTT) for the opportunity to recognize these individuals that make living donations of a kidney and work with him to make sure that we encourage more of this in the future.

Madam Speaker, I reserve the balance of my time.

Mr. BLILEY. Madam Speaker, I yield such time as he may consume to the gentleman from Washington (Mr. NETHERCUTT), the principal cosponsor of the bill.

Mr. NETHERCUTT. Madam Speaker, I thank the chairman for his generosity in not only yielding me time on this resolution but his leadership on the part of the Committee on Commerce in bringing this resolution forward today.

I certainly appreciate the remarks of my colleague the gentlewoman from Colorado (Ms. DEGETTE), who has served very, very strongly as co-chair of the Diabetes Caucus. We are in this together, the two of us, notwithstanding our difference in party affiliation.

That is the great thing about the Diabetes Caucus, that it looks beyond party affiliation and seeks to find a cure for diabetes and, thus, help people who have problems with their kidneys.

So I am very grateful to my colleague from Colorado, who has worked so hard and been such a great leader in this issue, along with my chairman, certainly, from the Committee on Commerce, and other Members of this House.

I am delighted to rise in support of this resolution, my own, that I introduced with other Members that recognizes the generous contribution of living kidney donors and acknowledges the advances made in medical technology that enable living kidney transplants to be a viable treatment option.

The gentlewoman from Colorado (Ms. DEGETTE) and the gentleman from Virginia (Mr. BLILEY) spoke well of the statistical information that is out there with regard to the scope of the problem of kidney transplants and kidney disease.

In 1997, 73,000 new patients began treatment for end stage renal disease. Of those new patients, nearly half also had diabetes. I have had the opportunity to visit my hospitals in the Fifth Congressional District of Washington, one of which is Sacred Heart Medical Center. I went to the kidney dialysis department and spoke with not only the medical people who are serving the public there but those who are undergoing kidney dialysis.

It is not pleasant. It is something that breaks our hearts for the people who are stricken with kidney disease. It is so important that we encourage people to donate kidneys to people who are living so that they can be relieved of their kidney problems. And this is one way to do that, that is having living people donate kidneys to those who are afflicted.

In 1996, over 12,000 kidneys were transplanted in the United States. About 30 percent of these organs came from living donors. Over the last 10 years, the number of patients waiting for a kidney transplant has almost tripled from 14,000 to over 40,000 people. We know that the number of living donors has increased over 100 percent.

Over the last 10 years, from 1985 to 1994, the 10-year survival rate for dialysis patients was just 10 percent. Patients who received a cadaveric kidney had a 55 percent survival rate. However, those who received a kidney from a living family member had a 75 percent chance of living an additional 10 years. If one is that recipient and if one is that donor, that is a very significant percentage increase.

Living kidney donors face the risk and pain associated with major surgery and certainly should be commended for their selflessness. Without the sacrifice of these brave people who decide to make a donation, thousands more would die of kidney failure each year.

Madam Speaker, when I first introduced this resolution, former Senator Jake Garn of Utah called me long distance to express his support for the resolution. For, you see, Senator Garn donated a kidney to his adult daughter; and she has lived very well over the last few years despite having some complications from diabetes and other diseases.

This resolution means something to people out there in the real world, people who have donated and who are waiting for a donation. So my hat is off to Senator Garn and so many others for the recognition they deserve for their commitment to their families and their self sacrifice so that other people can live.

I am one, along with the gentlewoman from Colorado (Ms. DEGETTE) and the gentleman from Virginia (Mr. BLILEY), who has been a strong supporter of medical research. The advances made in medical technology are what makes this life-saving procedure possible.

As the gentlewoman from Colorado (Ms. DEGETTE) mentioned, laparoscopic nephrectomy is a new technique for obtaining a kidney from a living donor that is less invasive and leads to shortened hospital stays and recuperation time. Advances in immuno-suppressive drugs have increased survival rates for transplant recipients. This is fantastic research that is ongoing that is continuing in the NIH through the good work of the chairman of the Committee on Commerce and others.

As we in the Congress and the President work through this final detail on the Labor, Health and Human Services bill, an appropriations bill, I happen to be a member of that committee, it is encouraging to they that we have a mutual commitment to increase funding for biomedical research at the National Institutes of Health.

It is in the national best interests of the country and certainly the interests of every Member of this House and the other body and the President that we increase medical research but we also focus on the absolute sacrifice that is being undertaken every day by selfless people who just want to help save a life. So I urge my colleagues to support this resolution.

I thank, again, the chairman of the Committee on Commerce and the gentlewoman from Colorado (Ms. DEGETTE) for their great work in pursuing this.

Ms. DEGETTE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, again, I would like to thank them for their leadership on this bill.

Mr. STARK. Madam Speaker, I rise in support of House Resolution 94, in recognition of the generous gift made by each living person who has donated a kidney to save a life. Of those approximately 63,000 Americans currently awaiting an organ transplant, almost two-thirds are in need of a kidney. Since 1989, more than 250,000 patients with kidney failure have died. However, with today's medical advances, living kidney transplantation has become a feasible treatment option for patients with end stage renal disease. Unfortunately, the number of people on the waiting list continues to grow more quickly than the number of organ donors.

Research points to a clear need for incentive programs and public education to increase organ donation. To help encourage donations and to increase the number of organs available for potential donation, I introduced legislation this Congress, H.R. 941, the ''Gift of Life Congressional Medal Act of 1999.'' This bill would create a commemorative medal that honors organ donors and their families. We need to use every possible opportunity to increase the number of donated organs. This Act is intended to draw attention to this life-saving issue, and to send a clear message that donating one's organs is a selfless act that should receive the profound respect of our Nation. I hope Members would also consider this effort to increase donations.

In addition to increasing the number of organ donors, it is important that we ensure our nation's organ allocation system is fair. Unfortunately, the current system relies more on geography than medical urgency. As a result, organs are offered first to people in a local, regional area and only when there are no local patients available is the organ offered to sicker patients on a broader level. This means that some of the most deserving of patients will not receive an organ solely because of where they live or where they undergo treatment—which often times is a health plan's decision.

In fact, patient outcome data recently released by the Department of Health and Human Services (HHS) suggest a patient's chances of getting a new heart or liver and surviving at least a year greatly varies depending on where the patient goes for a transplant. For example, at the University of Kansas Medical Center, 89% of people waiting for liver transplants received them within a year in the mid-1990s, while at the University of Maryland in Baltimore, only 21% of patients received livers within a year. Depending on the transplant center, a patient's likelihood of dying within a year of listing for a liver transplant can range from 7% to 22%. A system that offers a level playing field to all patients no matter where they live is in everyone's best interest—medical urgency rather than geography should be the determining standard.

Today, as we recognize the generous contribution made by each living kidney donor, we here in Congress need to be consistent in our message. While we're encouraging people to serve as organ donors, we also have Members introducing legislation that would harm organ donations and would permit geography to continue to serve as a barrier to organ allocation and transplantation.

For example, the ''Organ Procurement and Transplantation Network Amendments of 1999'' (H.R. 2418) would remove HHS' legitimate authority to oversee the organ allocation program and would require HHS to rewrite its recently revised organ allocation regulations, while it simultaneously makes data less available to the public. If enacted, the transplant center performance data recently released by HHS would be unavailable to the public. This harmful legislation would set different allocation policies than recommended by the Institute of Medicine (IoM) and is probably unconstitutional in its delegation of power to a private contractor.

Perhaps most disturbing, H.R. 2418 would provide unreasonable protections for The United Network for Organ Sharing (UNOS), the current private contractor in charge of disturbing organs procured for transplant. A recent Forbes magazine article characterized UNOS as ''the organ king: an outfit with life-and-death power over patients waiting for transplants'' which has ''evolved into a heavy-handed private fiefdom.'' This bill essentially gives UNOS a monopoly on the contract and the Forbes article provides even further evidence of the need to oppose legislation which protects this contractor.

We are also currently facing a 90-day moratorium effort in the Labor-HHS Appropriations bill and just last Friday, legislation was introduced to delay the effective date of the HHS rule. This delay of the Secretary's organ allocation rule would keep the Administration from implementing the important, new HHS regulations, strongly supported by evidence from the IoM, and would lead to hundreds more needless deaths. The HHS organ allocation regulation attempts to move to a system based on medical necessity instead of geography with medical professionals making medical decisions about the best way to allocate the limited number of donated organs. The rule incorporates comments from the IoM, transplant community, patients, and the general public to ensure the neediest patients receive organs first—regardless of where they live. Further efforts to delay this rule are only causing needless deaths.

In vetoing the DC-Labor-HHS appropriations bill last week, the President called the appropriations rider that would delay the implementation of HHS' final Organ Procurement and Transplantation rule for 90 days ''a highly objectionable provision.'' As the President stated: the HHS rule ''provides a more equitable system of treatment . . . its implementation would likely prevent the deaths of hundreds of Americans.'' I would hope that the President's strong opposition to the Appropriations bill's moratorium on the HHS transplant regulation will be honored by Congress.

Let's increase the number of organ donors, make our organ allocation system fair, and bring an end to all the needless deaths. And let's be consistent in our message—vote for H. Res. 94 to recognize those who so generously give the gift of life. Vote against any effort to remove or delay the Secretary's legitimate oversight authority and to give a private contractor a monopoly over the nation's organ allocation program. And support a fairer allocation system that bases transplant decisions on common medical criteria and pure professional medical opinion and medical need—not geography.

Mr. CAPUANO. Madam Speaker, I rise to commend those living persons who have given the precious gift of life through the selfless act of donating a kidney. Today I join the majority of the Members of Congress in supporting H. Res. 94, which recognizes the generous contributions of those who have made this sacrifice, and acknowledging the advances in medical technology that have made living kidney transplants a viable treatment option.

Madam Speaker, on many occasions this session, Congress has debated the costs of health care and health related research. These debates would be futile were it not for the courage of the living donors who make specialized medical services, such as kidney transplants, possible. Today, we have come together not in debate but rather in overwhelming support of those individuals that live day to day with life threatening kidney ailments as well as the families who support these individuals in their time of need. More importantly, we are here to pay homage to those ordinary heroes, whose contributions to medical science will not be measured by prominent appearances in medical journals, but whose actions will be forever recorded in the hearts and minds of the individuals to whom they have donated a kidney.

Madam Speaker, in my district, I know of numerous life-saving acts that were unselfishly committed by individuals whose courage was not realized until the idea of kidney donation was thrust upon them. With this in mind I would like to take this opportunity to acknowledge that their actions have not gone unnoticed and to thank these remarkable citizens for their contributions to their families and neighbors.

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

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

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from Virginia (Mr. BLILEY) that the House suspend the rules and agree to the resolution, H. Res. 94.

The question was taken.

Mr. BLILEY. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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.

EMIGRANT WILDERNESS PRESERVATION ACT OF 1999

Mr. DOOLITTLE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 359) to clarify the intent of Congress in Public Law 93–632 to require the Secretary of Agriculture to continue to provide for the maintenance and operation of 18 concrete dams and weirs that were located in the Emigrant Wilderness at the time the wilderness area was designated in that Public Law, as amended.

The Clerk read as follows:

H.R. 359

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 ''Emigrant Wilderness Preservation Act of 1999''.

SEC. 2. OPERATION AND MAINTENANCE OF CERTAIN WATER IMPOUNDMENT STRUCTURES IN THE EMIGRANT WILDERNESS, STANISLAUS NATIONAL FOREST, CALIFORNIA.

(a) COOPERATIVE AGREEMENT FOR MAINTENANCE AND OPERATION.—The Secretary of Agriculture shall enter into a cooperative agreement with a non-Federal entity described in subsection (c), under which the entity will retain, maintain, and operate at private expense the water impoundment structures specified in subsection (b) that are located within the boundaries of the Emigrant Wilderness in the Stanislaus National Forest, California, as designated by section 2(b) of Public Law 93–632 (88 Stat. 2154; 16 U.S.C. 1132 note).

(b) COVERED WATER IMPOUNDMENT STRUCTURES.—The cooperative agreement required by subsection (a) shall cover the water impoundment structures located at the following:

(1) Cow Meadow Lake.
(2) Y-Meadow Lake.
(3) Huckleberry Lake.
(4) Long Lake.
(5) Lower Buck Lake.
(6) Leighton Lake.
(7) High Emigrant Lake.
(8) Emigrant Meadow Lake.
(9) Middle Emigrant Lake.
(10) Emigrant Lake.
(11) Snow Lake.
(12) Bigelow Lake.

(c) ELIGIBLE ENTITY.—The following non-Federal entities are eligible to enter into the cooperative agreement under subsection (a):

(1) A non-profit organization as defined in section 501(c)(3) of the Internal Revenue Code of 1986 (26 U.S.C. 501(c)(3)).

(2) The State of California or a political subdivision of the State.

(3) A private individual, organization, corporation, or other legal entity.

(d) RESPONSIBILITIES OF THE SECRETARY.—

(1) MAP.—The Secretary of Agriculture shall prepare a map identifying the location, size, and type of each water impoundment structure covered by the cooperative agreement under subsection (a).

(2) TERMS AND CONDITIONS OF AGREEMENT.—The Secretary shall prescribe the terms and