

the appropriations process, I am satisfied with the overall bill. A lot of time and work by committee members and staff have been put into drafting the best bill possible that everyone can support.

Specifically, I am glad that S. 250 retains a separate authorization for the Tech Prep program. The House-passed bill eliminated this separate funding and during committee consideration of the bill, Representative TIERNEY and I offered an amendment to restore Tech Prep as a separate authorization.

Tech Prep creates seamless pathways for secondary students to transition into post-secondary education programs in the high-skill, high-wage technical fields. These academically and technically prepared graduates are critical to the economic growth, productivity and internal competitiveness of the United States. Knowing how critical this funding is to our local communities, I am pleased funding for the Tech Prep program has been kept separate from the Perkins block grant.

In addition to protecting Tech Prep, the conference report increases the role of math, science and technology in career and technical education programs and encourages the expanded use of technology by teachers and faculty. Increasing the emphasis given to science, technology, and mathematics is critical for the United States to retain its global competitiveness. We cannot afford to ignore growing competition from other countries by directing our resources away from these fields of study.

Again, I would like to thank all those in the education community who participated in reauthorization for their input and work on this bill. I am particularly pleased to acknowledge Dr. Bill Ihlenfeldt, President of the Chippewa Valley Technical College in Eau Claire, WI, who testified before the Education and the Workforce Committee in May of 2004. His thoughts and perspective on reauthorization of the Carl D. Perkins Career and Technical Education Improvement Act were invaluable in addressing the needs of our country. His insight was especially helpful in considering issues of importance for the 53,000 students attending technical schools in my district—Western Technical College, Chippewa Valley Technical College, and Southwest Tech—as well as the countless career and technical secondary students in the Third Congressional District of western Wisconsin. I urge my colleagues to vote yes.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the conference report.

There was no objection.

The SPEAKER pro tempore. The question is on the conference report.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. CASTLE. Mr. 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, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

GENERAL LEAVE

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material on H.R. 4157.

The SPEAKER pro tempore (Mr. CASTLE). Is there objection to the request of the gentleman from Texas?

There was no objection.

HEALTH INFORMATION TECHNOLOGY PROMOTION ACT OF 2006

The SPEAKER pro tempore. Pursuant to House Resolution 952 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 4157.

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IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 4157) to amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology, with Mr. SIMPSON in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered read the first time.

General debate shall not exceed 1 hour, with 35 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce, and 25 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Ways and Means.

The gentleman from Texas (Mr. BARTON) and the gentleman from New Jersey (Mr. PALLONE) each will control 17½ minutes, and the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from California (Mr. STARK) each will control 12½ minutes.

The Chair recognizes the gentleman from Texas.

Mr. BARTON of Texas. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I am pleased that the House today is going to consider H.R. 4157, the Health Information Technology Promotion Act of 2006. This legislation should help move our health care system into the modern era and the modern information age.

We all remember a time when e-mail was a dream and getting the legislative text from the House of Representatives Web site was impossible because it simply did not exist. As information systems have moved into the digital age, Congress and most of the private sector have embraced it. We have found that we could get information much more efficiently and quickly at much less cost.

The health care system, for whatever reason, has not done that. For all of its

medical genius and astonishing technology in terms of surgery and orthopedics and diagnosis, American health care is still stuck back in the 19th century, with a paper record system that is inefficient, wasteful, error-prone and occasionally dangerous. The legislation before us today should change that.

With H.R. 4157, records that have been stuffed in a file cabinet and illegible prescriptions that nobody can read scrawled on pieces of paper will finally give way to digital medical records, electronic prescribing, and efficient coordination of care. Sick patients will get better and everybody should save money.

The bill before us sets out a framework for endorsing core interoperability guidelines and mandates compliance for a Federal information system within 3 years of endorsement of such guidelines. Of vital importance are provisions contained in the legislation that create safe harbors to the Stark and Anti-kickback laws for the provision of health information technology and services to better coordinate care between hospitals and providers. These changes are long overdue.

Hospitals and other health care entities that have invested in systems that are tested and work well should be able to share their experience and purchasing power with physicians. Current laws have prevented these reasonable steps to better coordinate patient care by not allowing the sharing of health information technology systems.

Also, I would like to express support for the Secretary of Health and Human Services to look at the list of entities that we make eligible for this safe harbor and to expand upon it, specifically, to include independent clinical laboratories which carry a great deal of health data that should be shared electronically.

□ 1315

These safe harbors will allow for economical sharing of health information technology to better coordinate care, reduce medical error, and improve patient outcomes.

Medical science in recent years has produced tremendous discoveries that have revolutionized how we treat disease and care for patients. Unfortunately, the medical record information technologies needed to take advantage of these discoveries remain locked in an era of paper and filing cabinets. We can do better, and the legislation before us today will do better.

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

Mr. PALLONE. Mr. Chairman, I yield myself 3 minutes.

Our Nation's health care system is arguably the most inefficient and costly system in the industrialized world. We spend approximately \$1.7 billion annually on health care, and yet many of our citizens are in poorer health than the citizens of countries that spend far less. That is because our Nation's health care system is wrought with