

the point of sale; and (3) that they be disclosed to participants and beneficiaries in a manner that is easily understandable in advance of enrollment and after enrollment.

This is a commonsense bill, and it is surprising we have not required such transparency before. I urge my fellow colleagues to support passage of H.R. 6908.

Mr. STUPAK. Mr. Speaker, this legislation does one simple thing—it requires health insurance companies to be up front and honest with their policyholders when they place limitations and restrictions on benefits prior to selling them an insurance policy.

Currently, the way insurance regulations are set, many Americans are unaware that their health insurance may not cover injuries resulting from certain recreational activities because their policy is unclear or very broad.

This lack of clarity has created a confusing situation for individuals that may ride motorcycles, horses, snowmobiles, or participate in other recreational activities.

While millions of Americans enjoy these activities safely every year, when an individual is injured, they often find that their insurance will not cover their medical expenses until it is too late.

H.R. 6908 would require that any limitations and restrictions on insurance benefits be explicit and clear. Insurance companies would be required to make available to participants and beneficiaries in an easily understandable manner a description of the limitations and restrictions included in the policy.

By passing this straightforward legislation, we will protect our constituents that ride motorcycles, horses, snowmobiles, or participate in other recreational activities from being caught by surprise when they thought that their policy covered any possible injuries from their accident.

I encourage all of my colleagues to vote in support of this legislation.

I want to thank Congressman BURGESS for his work on this legislation as well as Chairmen DINGELL and BARTON.

I also want to thank Bridgett Taylor, Ryan Long, and Josh Martin with the Committee staff and Erika Orloff of my personal staff for their hard work on this legislation.

Mr. BURGESS. Seeing no other speakers on my side, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time, and I would urge passage of this bill.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 6908, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

STEPHANIE TUBBS JONES ORGAN TRANSPLANT AUTHORIZATION ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6469) to amend the Public Health

Service Act to authorize increased Federal funding for the Organ Procurement and Transplantation Network, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6469

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 “Stephanie Tubbs Jones Organ Transplant Authorization Act of 2008”.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The National Organ Transplant Act of 1984 amended the Public Health Service Act to require the Secretary of Health and Human Services to provide for, by contract with a private nonprofit entity, the establishment and operation of an Organ Procurement and Transplantation Network.

(2) The Organ Procurement and Transplantation Network represents a unique public-private organization that requires each party to contribute a certain amount of funding to the network’s operation.

(3) The National Organ Transplant Act of 1984 provided a statutory annual authorization of \$2,000,000 for such purpose with remaining costs to be paid by the private sector contractor.

(4) In 1984, the annual total operating cost of the Organ Procurement and Transplantation Network was \$5,000,000, but in 2007 such annual cost exceeded \$27,000,000.

(5) The original authorization amount for the Organ Procurement and Transplantation Network has never been increased since the enactment of the National Organ Transplant Act of 1984, resulting in a greatly increased cost burden on the private sector contractor.

(6) Much of the increased costs of operation of the Organ Procurement and Transplantation Network have resulted from additional duties and responsibilities assigned to the private sector contractor by Federal regulations and Secretarial directives.

SEC. 3. INCREASED FUNDING FOR THE ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK.

Section 372(a) of the Public Health Service Act (42 U.S.C. 274(a)) is amended by striking “\$2,000,000” and inserting “\$7,000,000”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may 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 Jersey?

There was no objection.

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

I rise in support of H.R. 6469, the Stephanie Tubbs Jones Organ Transplant Authorization Act of 2008. This legislation would provide important new funding for the Organ Procurement and Transplantation Network.

Nearly 100,000 people are on the U.S. organ transplant waiting list, and 19

people in the U.S. die every day because a lifesaving organ does not become available to them.

The Organ Procurement and Transplantation Network, OPTN, performs the critical functions of maintaining the Nation’s organ transplant waiting list and facilitating the matching of deceased donor organs with individuals in need of a transplant. It also develops policies and procedures for organ recovery, distribution and transportation, collects data about organ donation and transplantation and provides professional and public education about organ donation and transplantation.

Since its creation in 1984, authorization levels for the OPTN have stagnated at no more than \$2 million annually. Today the projected cost of operating the OPTN is approximately \$27 million. Over the years, both the demand for transplantation and the responsibilities of the OPTN have increased, yet funding levels have obviously not followed suit. This legislation provides a much-needed increase in the authorization of appropriations for OPTN from \$2 million to \$7 million annually.

The bill is aptly named in honor of Representative Stephanie Tubbs Jones, our Democrat of Ohio who died on August 20, 2008, from a brain aneurysm. Representative Tubbs Jones was a strong and vocal advocate for organ donation during her life and donated her organs upon her passing. It is estimated that as many as 58 people will benefit from her donation. When enacted, Mr. Speaker, this legislation will provide critical funding to ensure the OPTN has resources it needs to continue to perform its valuable services to our Nation.

I would particularly like to thank Representative DIANA DEGETTE for all her hard work on ensuring passage of this legislation. I urge my colleagues to support this important piece of legislation.

I reserve the balance of my time.

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

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the sponsor of the legislation, the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, I want to thank the subcommittee chairman for working with us on this bill. And I especially want to thank Mr. COSTA and Mr. CAMP for all of their hard work and advocacy in helping us bring such an important bill to the House floor.

I stand here in strong support of H.R. 6469, which has been named the Stephanie Tubbs Jones Organ Transplant Act of 2008. We named this bill in honor of our dear departed colleague because Stephanie Tubbs Jones was a committed advocate of organ transplantation and was an organ and tissue donor herself. Upon her passing she was able to continue serving her constituents and the Nation by donating her tissue and organs.

As the chairman said, the National Organ Transplant Act authorized the creation and operation of the Organ Procurement and Transportation Network in 1984. Among other things, the OPTN's responsibilities include facilitating the matching of deceased donor organs with individuals waiting for an organ transplant, developing policies and procedures for organ recovery, distribution and transportation, collecting and managing scientific data about organ donation and transplantation, and maintaining the Nation's organ transplant waiting list.

The National Organ Transplant Act limits Federal support to the OPTN to no more than \$2 million annually. But this figure has not been increased since the network was created in 1984. Since then, though, the annual operating costs of OPTN have increased from \$5 million to \$27 million. The demand for transplantation has increased, and the costs of transplantation have increased, but funding levels have remained stagnant.

The problem is compounded by the fact that OPTN has been asked to take on new responsibilities. For example, Congress recently clarified that paired kidney donation is not a violation of the act and therefore must also be facilitated by the network. But there are no plans available to implement such a national program. The Health Resources and Services Association has also directed the network to assume jurisdiction over living organ donors, a new and very challenging jurisdiction.

Therefore, Mr. Speaker, this bill increases the authorized funding by \$5 million to \$7 million annually. And quite frankly this amount is modest considering there are almost 100,000 patients on the waiting list for an organ transplant.

This bill is supported by numerous groups, Mr. Speaker. It is a vitally important bill. I look forward to passing it tonight and further continuing Stephanie Tubbs Jones' legacy of public service.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. COSTA).

Mr. COSTA. Mr. Speaker, I too want to thank the subcommittee chairman, Mr. FRANK PALLONE from New Jersey, for his good work in this important legislation that we are going to vote on. This effort is really a culmination of a lot of people's hopes, desires and dreams to further advance the medical science that has taken place in recent decades on organ transplants.

As a founder and the cochair of the Congressional Organ and Tissue Donation Awareness Caucus, I am very pleased to support this measure before us, H.R. 6469, otherwise known thereafter as the Stephanie Tubbs Jones Organ Transplant Authorization Act.

I want to thank my colleague Congresswoman DEGETTE for her hard work with me on this important legislation, as well as the caucus cochairs, Congress Member CAMP, Congress

Member CLAY and Congresswoman ROS-LEHTINEN, all champions of transplant communities throughout our country.

This bill reaffirms our Nation's commitment to providing lifesaving care through transplantation, and at the same time it honors our late colleague, Congresswoman Stephanie Tubbs Jones, who gave the gift of life by becoming an organ donor after her passing.

The Organ Procurement and Transplantation Network was created in 1984 as a public-private partnership to facilitate the safe, effective and efficient sharing of organs through donation and transplantation. Since its inception, the Organ Procurement and Transplantation Network, which contracts with the United Network for Organ Sharing, has helped facilitate the transplantation of over 435,000 organs. And nearly 53,000 of them have occurred in my home State of California. I know, because I have worked with the transplant community. My good friend, Dr. Sue McDiarmid, who was formerly the president of the United Network for Organ Sharing, and her colleagues have been doing some amazing work at UCLA Transplant Center to serve the needs of our youngest children specializing in pediatric transplantation with the largest record of transplantation that has taken place probably anywhere in the world, giving these young children, and in some cases babies, a second chance at a full life.

Whether it's a kidney transplant that ends a child's need for dialysis or a liver transplant that gives a person a second chance to play catch with his or her daughter or son, the impact of these lifesaving procedures cannot be overstated. With the advancement of medical science today, we are able to do more and more in this gift of life that is so important.

The SPEAKER pro tempore (Mr. DONNELLY). The time of the gentleman from California has expired.

Mr. PALLONE. Mr. Speaker, I yield 1 additional minute to the gentleman.

□ 2000

Mr. COSTA. Still, despite the amazing advances the United Network for Organ Sharing and its partners in the transplant community have made, there is still much work to be done. As has been noted, over 100,000 people are currently waiting for an organ, and the numbers grow each day.

Today, we take an important step toward reducing that number by providing additional resources to continue the increased number of donors to improve and to expand the outreach and to help provide those in need with the access to life-saving organs.

I encourage all of my colleagues to join in honoring Congresswoman Tubbs Jones by supporting this bill and by also following her example in becoming organ donors. After all, it's perhaps the most precious gift we can give. I know because I am one of those who intends to do just that.

I urge an "aye" vote on this important measure.

Mr. BURGESS. Mr. Speaker, I rise in support of H.R. 6469, the Stephanie Tubbs Jones Organ Transplant Authorization Act of 2008. I am proud to support this bill in honor of the late Congresswoman Stephanie Tubbs Jones.

I would also like to commend Congresswoman DIANA DEGETTE for her work on this bill.

This bill increases the authorized funding for the Organ Procurement and Transplantation Network, which has not been increased since 1984. The Organ Procurement and Transplantation Network provides coordination between individuals in need of an organ transplant and donor organs made available from deceased donors. I support the increased authorization levels for the program, which currently represent only 7 percent of the operating cost for this valuable resource.

For those concerned about the increased expenditure, do consider for a moment, in just the arena of kidney dialysis and of kidney transplant, the cost of keeping someone on dialysis three times a week indefinitely. That person can be relieved of that burden, of that dialysis burden. The dialysis, itself, costs significant amounts of money. Of course, that's not to say anything about the quality of life that may be returned to that person who is a recipient of a transplant.

I agree with the gentleman from California. We should sign our donor cards, if we're able, and should become donors because there are people on waiting lists. There is no point in sending organs to heaven. Heaven knows we need them here. With that, I urge support of the legislation.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, at this time, I yield 3 minutes to the gentleman from Texas (Ms. JACKSON-LEE).

The SPEAKER pro tempore. The gentleman from Texas is recognized for 3 minutes.

Ms. JACKSON-LEE of Texas. I thank the Speaker very much, and I appreciate his leadership this evening, and I appreciate his managing the floor in such a dynamic and excellent manner.

Let me also thank the chairman of the subcommittee on Energy and Commerce, Mr. PALLONE, the manager of this bill. Let me thank our loyal opposition, Dr. BURGESS, a colleague and friend from Texas. As well, let me thank DIANA DEGETTE, who has worked so hard to get this legislation to the floor, one legislative initiative that has been championed by Stephanie Tubbs Jones and the honor that has been given her by naming this the Stephanie Tubbs Jones Organ Transplant Authorization Act of 2008.

This is a difficult question to debate on the floor of the House because, whenever you think of organ transplants, you're well aware that someone you've loved or some friend or some neighbor has passed away, and we know that when a loved one dies it is never a happy moment. Experiences like this

always bring sadness and sorrow, but when that loved one's death can serve, however, as a beacon of hope for someone else, maybe there can be an additional moment of comfort for those who have lost their loved ones. That's probably one of the most difficult aspects is to predict loss of life or to be able to say to your family that you want to be an organ donor.

This legislation, I think, goes a long way in responding to the thousands and thousands who are on the list for organ donations, such as for kidney and liver donations. Currently, there are over 60,000 people on the transplant list for kidneys, praying that someday they will receive a kidney and will be able to live a full life. Liver donations, I know, are extremely difficult.

I want to pay tribute to one of our very fine public servants in the State of Texas, State Senator Mario Gallegos, who goes around speaking openly about how his life was saved because of a liver transplant and about how he works tirelessly for full coverage for those individuals who receive transplants.

This bill is an important bill because the formula that was developed for organ transplants was developed in 1984. It is old and outdated. Since then, there have been countless new regulations that have increased the cost. In response, the marketplace has been shifting this cost on to private entities. Often, these entities are nonprofits that lack the funds to help in all they should be able to do or would like to do.

We need to help these patients with high-quality, low-cost health care and assure those who are needing transplants that they can rest easy in that they will receive the care they deserve. That is the advocacy of Senator Mario Gallegos.

This bill will create the Organ Procurement and Transplantation Network public-private partnership that will greatly increase a patient's access to transplants. Additionally, it will take some of the burden off of the nonprofit entities that are already facing some of the toughest conditions in the sector.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. PALLONE. Mr. Speaker, I yield the gentlewoman an additional minute.

Ms. JACKSON-LEE of Texas. This bill will also provide an updated reimbursement formula to these nonprofits to modernize the system. Most importantly, it will make a very important statement, Mr. Speaker—the need for organ donors and the great need of those needing organ transplants.

We know that we lost our very dear friend in August, a friend who championed health care, who championed her own health system in the State of Ohio. More importantly, she valued life because she lived it to the fullest. Yet she understood that, in death, you can also give life. This is a great tribute to Congresswoman Stephanie Tubbs

Jones. It reminds us again of the need of organ transplants and of donors in the African American population, which makes up about 12 percent of the Nation's population, about 12 percent of the patients who donate but 23 percent of the need.

So this is an important step forward, this legislation that is now being renewed. It is an important tribute to Congresswoman Stephanie Tubbs Jones and to her family. Out of the joyful life that she had, she then gave life in death and reminded us of the importance of organ transplants and of the life they give to others.

I ask my colleagues to support this legislation.

Mr. Speaker, I rise today to voice my support for House Resolution 6469, The Organ Transplant Authorization Act of 2008. Whether in war or peace, the greatest gift one person can give to another is the gift of life.

When a loved one dies, it is never a happy moment; experiences like this always bring sadness and sorrow. When that loved one's death can serve as a beacon of hope for another, it does not lessen the sadness; it allows the family to have a good, if small, memory of the loss of their loved one.

Thankfully, there are a great number of cases of living donors sharing the gift of life instead of giving it. In this country, the need for kidneys grows every year as kidney disease increases. It is estimated that within the next decade, the rate of kidney disease will double. Currently there are over 60,000 people on the transplant list praying that someday they will receive a kidney and will be able to live a full life, free of dialysis three times a week. It is time to help patients, all across the country, in need of lifesaving transplants of not just the kidney, but also heart, liver, lung and other vital organs.

Currently, we are facing a crisis in this country with regards to transplanting organs. As costs and governmental regulations go up, so does the cost, and so must the funding. As of now we are using a formula that was developed in 1984. It is old and outdated. Since then, there have been countless new regulations that have increased the cost. In response, the marketplace has been shifting this cost on to private entities. Often these entities are nonprofits that lack the funds to help all they should be able to. We need to help these patients with high quality, low cost health care that will assure that even those needing transplants can rest easy that they will receive the care they deserve.

This bill will create the Organ Procurement and Transplantation Network. This public and private partnership will greatly increase patients' access to transplants. Additionally it will take some of the burden off of the nonprofit entities that are already facing some of the toughest conditions in the sector. This bill will also provide an updated reimbursement formula to these nonprofits to modernize the system.

Finally, this bill will honor an ardent supporter of transplantation, the Honorable Stephanie Tubbs Jones. Before her death, she ordered that when she passed away, her organs be donated, to any in need. Her death, while a great loss for myself, her state, and anyone who knew her and loved her, will hopefully serve as an example for her fellow Ohioans

and beyond. Congresswoman Tubbs Jones knew, like all of us will, that there is a growing need among the African American community for transplantation. Currently, African Americans make up about 12 percent of the Nation's population and about 12 percent of the patients who donate. However, of all the patients requiring a transplant, 23 percent of them are African American. This disparity is a growing epidemic and must be resolved.

Mr. Speaker, Congresswoman Tubbs Jones served as a model for how we should live our lives and beyond. I hope that her memory will inspire millions around the Nation to take up the noble cause of saving those who have no other choice. I urge passage of this bill.

Mr. PALLONE. Mr. Speaker, I have no further requests for time, and I would urge the support for and the passage of this bill, not only because of its significance but also in honor of our colleague Ms. Stephanie Tubbs Jones.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 6469, 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. BURGESS. 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 and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

HEALTHY START REAUTHORIZATION ACT OF 2007

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1760) to amend the Public Health Service Act with respect to the Healthy Start Initiative.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 1760

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 "Healthy Start Reauthorization Act of 2007".

SEC. 2. AMENDMENTS TO HEALTHY START INITIATIVE.

(a) CONSIDERATIONS IN MAKING GRANTS.—Section 330H(b) of the Public Health Service Act (42 U.S.C. 254c-8(b)) is amended—

(1) by striking "(b) REQUIREMENTS" and all that follows through "In making grants under subsection (a)" and inserting the following:

"(b) CONSIDERATIONS IN MAKING GRANTS.—

"(1) REQUIREMENTS.—In making grants under subsection (a)"; and

(2) by adding at the end the following paragraphs: