responsibilities with the data collection and dissemination which they already carry out. The Secretary of Agriculture has indicated that the National Agriculture Statistics Service, which is already responsible for gathering statistics in the agriculture arena, will be the agency charged with carrying out the agriculture census. I also expect the Secretary to utilize the other agencies within the Department who also have a field structure.

Last year's agriculture appropriation bill moved funding for the agriculture census from the Commerce Department to the USDA in order to ensure that no additional cost burden would be imposed on USDA by undertaking this task. Funding has also been included in the fiscal year 1998 agriculture appropriation bill.

As a final step, the Committee on Agriculture and the Committee on Government Reform and Oversight have agreed to legislative language that provides for the transfer of authority to carry out the agriculture census. Staff from both committees worked out language with the Census Bureau and USDA, and the result is H.R. 2366, which I introduced on July 31.

I am pleased that 16 of my colleagues have cosponsored the bill, which was reported out favorably by the full Committee on Agriculture on September 24. I would hope that my colleagues would support this effort to streamline reporting requirements on agricultural producers while saving the taxpayer several dollars.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia [Mr. GOODLATTE] that the House suspend the rules and pass the bill, H.R. 2366.

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

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. GOODLATTE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2366, the bill just passed.

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

There was no objection.

□ 1500

AMENDING THE IMMIGRATION AND NATIONALITY ACT TO EXEMPT INTERNATIONALLY ADOPTED CHILDREN UNDER AGE 10 FROM IMMUNIZATION REQUIREMENT

Mr. SMITH of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2464) to amend the Immigration and Nationality Act to exempt internationally adopted children under age 10 from the immunization requirement, as amended.

The Clerk read as follows:

H.R. 2464

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

SECTION 1. EXEMPTION FOR INTERNATIONALLY ADOPTED CHILDREN 10 YEARS OF AGE OR YOUNGER FROM IMMUNIZATION REQUIREMENT.

Section 212(a)(1) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(1)) is amended—

(1) in subparagraph (A)(ii), by inserting ''except as provided in subparagraph (C),'' after ''(ii)''; and

(2) by adding at the end the following:

''(C) EXCEPTION FROM IMMUNIZATION REQUIREMENT FOR ADOPTED CHILDREN 10 YEARS OF AGE OR YOUNGER.—Clause (ii) of subparagraph (A) shall not apply to a child who—

''(i) is 10 years of age or younger,

''(ii) is described in section 101(b)(1)(F), and

''(iii) is seeking an immigrant visa as an immediate relative under section 201(b),

if, prior to the admission of the child, an adoptive parent or prospective adoptive parent of the child, who has sponsored the child for admission as an immediate relative, has executed an affidavit stating that the parent is aware of the provisions of subparagraph (A)(ii) and will ensure that, within 30 days of the child's admission, or at the earliest time that is medically appropriate, the child will receive the vaccinations identified in such subparagraph.''.

The SPEAKER pro tempore (Mrs. EMERSON). Pursuant to the rule, the gentleman from Texas [Mr. SMITH] and the gentleman from Massachusetts [Mr. DELAHUNT] each will control 20 minutes.

The Chair recognizes the gentleman from Texas [Mr. SMITH].

GENERAL LEAVE

Mr. SMITH of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill under consideration.

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

There was no objection.

Mr. SMITH of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I was pleased to support the efforts of the gentleman from Florida [Mr. MCCOLLUM] last year to include a vaccination requirement for all new immigrants in the Illegal Immigration Reform Act of 1996. This revision, section 341 of the 1996 act, is an important measure to protect the public health.

In recent months, adoptive parents have become concerned about whether implementation of the new vaccination requirements will compromise the health of their foreign-born adopted children. These parents have raised legitimate arguments that the administration of vaccines to their adopted or prospective adopted children should take place here in the United States.

We have every confidence that these parents will see to the immunization needs of their new children. The amendment made in committee will require parents to attest to their intention to fulfill the vaccination requirements in an appropriate time after their children have been admitted into the United States.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, when the 104th Congress amended the Immigration and Nationality Act in 1996, they unintentionally denied American parents who were adopting orphans from other countries the right to decide where their child would be vaccinated.

That amendment required applicants for immigrant status, including children who will be adopted by American parents, to present evidence of numerous vaccinations for diseases ranging from mumps to hepatitis B before they can be admitted to the United States. This, despite the fact that there has never been a single documented case of an adopted child from another country posing any public health risk.

This unintended consequence of the 1996 act has provoked major concerns among adoptive parents and for good reason. It is important to note that every year, American families adopt some 12,000 orphaned and abandoned children living in countries that cannot care for them. These adoptive parents and families endure innumerable bureaucratic obstacles and delays that frequently take many months or even years to overcome.

International adoption is an expensive process. It is time consuming and it is often frustrating and can certainly be an emotional roller coaster for many, many parents. I know from personal experience, as my younger daughter Kara came from Vietnam. The daughter of the gentleman from Louisiana [Mr. LIVINGSTON], came from Taiwan, and the gentleman from North Dakota [Mr. POMEROY] has a son and a daughter from Korea. I certainly want to acknowledge the help and support of these Members for this proposal before the Congress.

Madam Speaker, the new requirement that I referred to only serves to impede the process of intercountry adoptions and may very well create potential health risks to the children themselves.

I would simply ask a rhetorical question: Would any parent want to be required to rely on the medical care

available in such nations as Bosnia, Afghanistan, Romania, Haiti, or a long list of other war-torn or Third World countries? I am confident that their preference, like mine, would be to have their child vaccinated by their family doctor here at home in the United States.

Let me tell my colleagues about one of the families affected by the bill, the Collins family of Hingham, MA. In September 1995, before the current requirements went into effect, they adopted a child from China who experienced a severe reaction to a DPT vaccination she received after arriving in the United States.

While such reactions can be serious wherever they occur, Judy and Richard Collins were relieved and grateful to be able to ensure that their daughter, Brittany, had the very best of care here at home.

They are now about to complete the adoption process for another child from China, and I sincerely hope that they will be able to provide him or her with that same level of care.

Additionally, there is evidence that vaccinations in some countries can be unsafe or ineffective promoting adverse reactions and that unsterile needles and syringes have been used. These are real health threats, especially for the many children raised in orphanages who may be malnourished or sickly and whose medical records are often incomplete or are inaccurate.

Madam Speaker, as I said, there is not a single case documented of a child placed for adoption who came to this country and created a public health risk. It is only common sense that parents who have been through the rigorous international adoption process will do anything they can to assure that their adopted child will receive the best possible medical care as soon as they arrive here, home in America.

Remember, they are not unwanted children. To the contrary. They are often the children who bring great joy to childless couples.

This bill, sponsored by myself and the gentleman from Florida [Mr. MCCOLLUM], restores common sense in the case of adoptive children immigrating to the United States. It would exempt foreign-born orphans aged 10 and younger who are adopted by American families from this vaccination requirement.

It has, as has been indicated, the full support of the gentleman from Texas [Mr. SMITH], chair of the Subcommittee on Immigration and Claims, and was passed unanimously by the Committee on the Judiciary.

Madam Speaker, I want to acknowledge the time and thoughtful review given to this proposal by both the gentleman from Florida and the gentleman from Texas, as well as the support of Chairman HYDE and our ranking members, the gentleman from Michigan [Mr. CONYERS] and the gentleman from North Carolina [Mr. WATT].

I also want to acknowledge the priority given to the swift passage of this measure by both the gentleman from Florida and the gentleman from Texas, as it is important to remember that this requirement is now in effect and may very well be impeding the entry of orphaned children into the United States where their American families are anxiously awaiting them.

This bill is strongly supported by the adoption community, parents groups, and physicians with expertise in the medical aspects of international adoption. These groups include the Joint Council on International Children's Services, Adoptive Families of America, the National Council for Adoption, the American Academy of Pediatrics, and the Child Welfare League.

I strongly agree with them and enthusiastically support this proposal and urge its passage.

Madam Speaker, I reserve the balance of my time.

Mr. SMITH of Texas. Madam Speaker, I thank the gentleman from Massachusetts [Mr. DELAHUNT] for his comments and also for his help in shepherding the bill to the point where we are at today.

Madam Speaker, I yield 2 minutes to the gentlewoman from Kentucky [Mrs. NORTHUP], and also in the process I want to thank the gentlewoman for being a longtime proponent of the changes that we propose in this bill as well.

Mrs. NORTHUP. Madam Speaker, I would just like to add my voice to the very reasonable voices of the sponsors of this bill and comment from a personal perspective as the mother of two adopted children and children that were at risk.

Many of the orphans from overseas that come into this country come in here to this country in a weakened state. They come from communities and countries that do not have the opportunity for immunization and for medical records that we have in this country.

□ 1515

From a very loving perspective, these opportunities represent real families, real lives, real children. These families may be the only chance that these children have to grow up in a stable, healthy, loving family. For many of the parents, it is the only chance that they have to actually become parents, to create families and to have the wonderful joy that children bring into our lives.

I think considering that each year American families provide 12,000 foreign-born orphan children with a home, that we should do everything we can in Congress to make that continue, to make that opportunity ever possible and to create the welcoming, generous opportunity that so many families want to create. I think what we do today is remove an obstacle so that we can continue to have this opportunity for children and parents in this country.

Mr. SMITH of Texas. Madam Speaker, I reserve the balance of my time.

Mr. DELAHUNT. Madam Speaker, I yield 4 minutes to the gentleman from North Dakota [Mr. POMEROY], who has done so much in the area of the adopted children of this Nation.

Mr. POMEROY. Madam Speaker, I want to begin my remarks by congratulating the gentleman for the leadership he has brought to this task. As a first-year Member of this body, I think that Representative DELAHUNT has shown remarkable tenacity as well as ability in bringing this bipartisan accord to the floor of the House today.

I also want to thank the Members of the majority, particularly the committee chairmen of jurisdiction, for their assistance in bringing this bill up.

I have got a personal perspective; I would like to tell my colleagues a little bit about it.

I was a Member of the 103d Congress when, as a Member on the Hill on a busy day, I got a note that said, ''Time to go to National Airport.'' Our daughter, Kathryn, had arrived that day from Korea, my wife and I anxiously awaited her departure from the airplane to begin our life together as a family. It was a moment that I will never ever forget.

Within 24 hours, we had Kathryn to her first visit to the physician. While it was painful watching her being poked and prodded that day, there was no way in the world that we as new parents were going to accept as adequate the uncertain medical records of a foreign country. We began the whole business right here in this country. We did that as parents but, in addition, the agency through which we adopted Kathryn had immediate U.S. medical evaluation as the basic requirement. I think that is pretty much the universal experience of adoptive parents of children from another country. We try to get them here as fast as possible; get them to the doctor immediately and start the childhood vaccination and inoculations.

Existing law needs correcting because we have now a requirement that the inoculations take place in the foreign country prior to their arrival here. There are many uncertainties in terms of basic things like sanitary needles, strength of the vaccine, in addition, the untenable delay that can be caused by this requirement.

Delay is really the enemy of getting families together. As we learn about the biological developments of adoption of any infants, we know that delay is something to be avoided. We need to get children as soon as possible into families and start the development in their new homes.

I routinely speak on behalf of all of the citizens of North Dakota when I take to the well, but today I want to cite two in particular, Dan and Laurel, as I speak to my colleagues this afternoon. They are in Fargo, ND, eagerly awaiting a little girl who happens to be across the world in China. They cannot

wait to get their little girl into their home. They, and all similarly situated soon-to-be adoptive parents, need this legislation so that this delay can be avoided.

Again, this is a great moment for bipartisan cooperation to fix something that needs fixing. I thank everyone for participating and getting this done today and conclude my remarks.

Mr. DELAHUNT. Madam Speaker, I yield 3 minutes to the gentleman from New York [Mr. NADLER].

Mr. NADLER. Madam Speaker, I congratulate the gentleman from Massachusetts [Mr. DELAHUNT], for his leadership on this bill. I am proud to be a part of this effort to exempt internationally adopted children from the vaccination requirements of the INA. I want to thank my colleagues who have worked together in a bipartisan manner to correct this problem.

Internationally adopted children face serious and unnecessary health risks as a result of this new law that went into effect last July. The provision requires immunization of all immigrants, even newborn infants adopted by U.S. parents. Forced immunization of children abroad in conditions that may be substandard exposes children to health risks from nonsterile needles, from out-of-date or improperly stored vaccines and from foreign doctors who may not follow recommended pediatric guidelines on vaccination. It should also be noted that vaccinations given to children who are malnourished or unhealthy, as are many children living in orphanages abroad, can actually create health problems.

As a representative from the New York City area, where there are at least 1,000 adopted girls from China alone, I have heard directly from my constituents about the difficulties in getting a medical exemption from this requirement for their adopted children. I have letters from the State Department that specifically state that ''the law as it now stands does not allow an adopted child to receive a waiver due to concerns about the safety of vaccines in a given country or because they have made plans to be immunized upon their arrival in the United States.''

This bill would allow the children to be vaccinated here in the United States once they have arrived under the supervision of their adoptive parents in safe and clean environments instead of forcing them to undergo potential health risks abroad.

I hope the action we take here today will address these concerns and correct this problem.

It should also be noted that this bill simply represents a return to the policy that existed before July 1 of this year. The administration has indicated its support for exempting internationally adopted children from this provision and, in fact, would like to see the exemption expanded to all children. However, we have an opportunity today to correct a glaring problem and ease the fears of adoptive parents by passing this bill today, and I am hopeful the administration will sign this bill into law without delay.

Finally, I want to thank families with children from China and the National Council for Adoption for all the hard work they have done on behalf of adopted children and their families to further this legislation. Their efforts were critical to building support for this measure. Again, I want to thank those of my colleagues who worked on this in a bipartisan manner.

Mr. BLILEY. Madam Speaker, as cochairman of the bipartisan Congressional Coalition on Adoption, I rise today in support of H.R. 2464, a commonsense solution to a problem facing adoptive parents and their new kids. My office has received letters from all over the country in this matter and I want to thank these parents for their efforts. As an adoptive parent, I know there is no greater love than the bond between the child and their new parents. Adoptive parents will take all the steps necessary to protect their children from undue health dangers inside and outside of the country.

This bill is necessary to protect children's health because incomplete medical histories and background information are routine occurrences for overseas adoptions. Adoptive parents rightful uncertainty about their child's medical care received overseas makes it very hard to determine their child's immunization status. Disposable needles and syringes and substandard sterilization processes compound the problem.

At the minimum, Congress should do no harm. Last year, we properly addressed public safety concerns by requiring immigrants to be immunized against specified communicable diseases in order to gain lawful entry into the country. This bill today still requires young orphans to be vaccinated, however, it gives adoptive parents the right to have their children immunized in this country. Adoptive parents have already undergone significant expense and it is unthinkable to surmise they won't promptly tend to their new child's medical needs.

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

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

The SPEAKER pro tempore [Mrs. EMERSON]. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 2464, as amended.

The question was taken.

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

The SPEAKER pro tempore. Pursuant to clause 5 of rule I and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

PRESIDENTIAL AND EXECUTIVE OFFICE FINANCIAL ACCOUNTABILITY ACT OF 1997

Mr. HORN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1962) to provide for the appointment of a chief financial officer and deputy chief financial officer in the Executive Office of the President, as amended.

The Clerk read as follows:

H.R. 1962

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 ''Presidential and Executive Office Financial Accountability Act of 1997''.

SEC. 2. CHIEF FINANCIAL OFFICER IN THE EXECUTIVE OFFICE OF THE PRESIDENT.

(a) IN GENERAL.—Section 901 of title 31, United States code, is amended by adding at the end the following:

''(c)(1) There shall be within the Executive Office of the President a Chief Financial Officer, who shall be designated or appointed by the President from among individuals meeting the standards described in subsection (a)(3). The position of Chief Financial Officer established under this paragraph may be so established in any Office (including the Office of Administration) of the Executive Office of the President.

''(2) The Chief Financial Officer designated or appointed under this subsection shall, to the extent that the President determines appropriate and in the interest of the United States, have the same authority and perform the same functions as apply in the case of a Chief Financial Officer of an agency described in subsection (b).

''(3) The President shall submit to Congress notification with respect to any provision of section 902 that the President determines shall not apply to a Chief Financial Officer designated or appointed under this subsection.

''(4) The President may designate an employee of the Executive Office of the President (other than the Chief Financial Officer), who shall be deemed 'the head of the agency' for purposes of carrying out section 902, with respect to the Executive Office of the President.''.

(b) PLAN FOR IMPLEMENTATION.—Not later than 90 days after the date of the enactment of this Act, the President shall communicate in writing to the Chairman of the Committee on Government Reform and Oversight of the House of Representatives and the Chairman of the Committee on Governmental Affairs of the Senate a plan for implementation of the provisions of, including the amendments made by, this Act.

(c) DEADLINE FOR APPOINTMENT.—The Chief Financial Officer designated or appointed under section 901(c) of title 31, United States Code (as added by subsection (a)), shall be so designated or appointed not later than 180 days after the date of the enactment of this Act.

(d) PAY.—The Chief Financial Officer designated or appointed under such section shall receive basic pay at the rate payable for level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(e) TRANSFER OF FUNCTIONS.—(1) The President may transfer such offices, functions, powers, or duties thereof, as the President determines are properly related to the functions of the Chief Financial Officer under section 901(c) of title 31, United States Code (as added by subsection (a)).

(2) The personnel, assets, liabilities, contracts, property, records, and unexpended