

Facilities providing essential services such as these could be fully eligible for assistance. However, since facilities exclusively providing agricultural water supply are not eligible for assistance, where facilities provide both types of service, eligibility for assistance should be determined on a prorated basis. An irrigation facility, like all private nonprofit facilities eligible for assistance, should not be considered ineligible for assistance simply because it is located on private property.

Mr. OBERSTAR. I thank the gentlewoman for her clarification and explanation.

Mrs. FOWLER. Madam Speaker, I wish to extend my thanks to all the committee and subcommittee personnel on both the majority and minority side who have spent so much time and effort in working this resolution out.

Madam Speaker, I include the following statement of Virginia Governor, James Gilmore, on behalf of the congressionally authorized bipartisan Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction for the RECORD:

NATIONAL TERRORISM PANEL CALLS FOR WHITE HOUSE TERRORISM MANAGEMENT OFFICE

GOVERNOR GILMORE PANEL, CALL FOR "SWEEPING CHANGES" TO ADDRESS NATIONAL TERRORISM PREPAREDNESS

RICHMOND, VA.—Governor Jim Gilmore, chairman of a national panel that is assessing U.S. preparedness for a terrorist attack inside U.S. borders, today announced the panel's consensus that a single federal entity within the White House be given overall authority for the planning and coordination of the nation's preparedness for the consequences of a domestic terrorist strike.

"The issue of who-is-in-charge at the federal level is one of the key questions that must be addressed in order to develop a sensible, comprehensive national policy on how we can best respond to, and recover from, a terrorist attack inside our borders. Today, the panel agreed that at the forefront of sweeping changes to the way America prevents as well as deals with a terrorist attack on U.S. soil is the establishment of a White House-level Office of Domestic Preparedness for Terrorism Management," said Governor Gilmore.

Governor Gilmore is chairman of the commission known as the Congressional Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction. The panel is in the process of recommending a federal, state and local response and recovery strategy to be submitted to the President and Congress in two final reports, the first due December 15, 2000. The panel will offer its final report in December 2001. A copy of the first report can be found at www.rand.org/organization/nard/terrpanel.

The panel began two days of meetings in Richmond today. Governor Gilmore was appointed chairman in April 1999 of the panel.

As it did in the first report, the panel's December 2000 report is expected to further reiterate its call for a clear, comprehensive national strategy, especially one that takes into account the broad range of disaster-response experience of state and local first-responders—fire, police, health and medical, emergency managers.

"Integrating the nation's ability to effectively and simultaneously conduct concurrent law enforcement and consequence management operations is a key element of national preparedness. Terrorism events require these two distinct elements be integrated with multiple disciplines, including the military, and levels of government into a single response structure."

"It is critical that we be able to 'operate as one,' within different levels of responsibility, ranging from the emergency first-response community to elected officials, whether at the local, state or federal levels," governor Gilmore said. "Currently, we do not have such a focused, coordinated mechanism. Some federal agencies have good plans and operational strategies, but there is little or no strategic guidance because there is no one agency or entity in charge. That needs to change, and quickly."

Members of the Panel include retired Lt. Gen. James Clapper, Jr., former Director, Defense Intelligence Agency; L. Paul Bremer III, former State Department ambassador-at-large for counter-terrorism; Dr. Richard Falkenrath, Harvard University Kennedy School of Government; James Greenleaf, former Assistant Director, FBI; retired Maj. Gen. William Garrison, former commander, U.S. Army Special Operations; Dr. Ken Shine, President, National Institute of Medicine; John O. Marsh, former Secretary of the Army, and other state, local and nationally recognized experts in emergency management, law enforcement, fire and rescue operations, and public health.

Panel activities for 2000 will focus on a survey of local and state emergency management and response officials; a thorough review of federal programs; interviews with federal, state, and local officials, including elected leaders, on their concerns and recommendations; case studies, and an analysis of training standards, equipment, notification procedures, communications; and planning.

Mrs. FOWLER. Madam Speaker, I yield back the balance of my time.

Mr. OBERSTAR. Madam Speaker, I have no 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 gentlewoman from Florida (Mrs. FOWLER) that the House suspend the rules and agree to the resolution, House Resolution 607.

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

A motion to reconsider was laid on the table.

□ 1600

GENERAL LEAVE

Mrs. FOWLER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H. Res. 607.

The SPEAKER pro tempore (Mrs. MORELLA). Is there objection to the request of the gentlewoman from Florida?

There was no objection.

NEEDLESTICK SAFETY AND PREVENTION ACT

Mr. BALLENGER. Mr. Speaker, I move to suspend the rules and pass the

bill (H.R. 5178) to require changes in the bloodborne pathogens standard in effect under the Occupational Safety and Health Act of 1970, as amended.

The Clerk read as follows:

H.R. 5178

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 "Needlestick Safety and Prevention Act."

SEC. 2. FINDINGS.

The Congress finds the following:

(1) Numerous workers who are occupationally exposed to bloodborne pathogens have contracted fatal and other serious viruses and diseases, including the human immunodeficiency virus (HIV), hepatitis B, and hepatitis C from exposure to blood and other potentially infectious materials in their workplace.

(2) In 1991 the Occupational Safety and Health Administration issued a standard regulating occupational exposure to bloodborne pathogens, including the human immunodeficiency virus, (HIV), the hepatitis B virus (HBV), and the hepatitis C virus (HCV).

(3) Compliance with the bloodborne pathogens standard has significantly reduced the risk that workers will contract a bloodborne disease in the course of their work.

(4) Nevertheless, occupational exposure to bloodborne pathogens from accidental sharps injuries in health care settings continues to be a serious problem. In March 2000, the Centers for Disease Control and Prevention estimated that more than 380,000 percutaneous injuries from contaminated sharps occur annually among health care workers in United States hospital settings. Estimates for all health care settings are that 600,000 to 800,000 needles and other percutaneous injuries occur among health care workers annually. Such injuries can involve needles or other sharps contaminated with bloodborne pathogens, such as HIV, HBV, or HCV.

(5) Since publication of the bloodborne pathogens standard in 1991 there has been a substantial increase in the number and assortment of effective engineering controls available to employers. There is now a large body of research and data concerning the effectiveness of newer engineering controls, including safer medical devices.

(6) 396 interested parties responded to a Request for Information (in this section referred to as the "RFI") conducted by the Occupational Safety and Health Administration in 1998 on engineering and work practice controls used to eliminate or minimize the risk of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. Comments were provided by health care facilities, groups representing healthcare workers, researchers, educational institutions, professional and industry associations, and manufacturers of medical devices.

(7) Numerous studies have demonstrated that the use of safer medical devices, such as needleless systems and sharps with engineered sharps injury protections, when they are part of an overall bloodborne pathogens risk-reduction program, can be extremely effective in reducing accidental sharps injuries.

(8) In March 2000, the Centers for Disease Control and Prevention estimated that, depending on the type of device used and the procedure involved, 62 to 88 percent of sharps injuries can potentially be prevented by the use of safer medical devices.

(9) The OSHA 200 Log, as it is currently maintained, does not sufficiently reflect injuries that may involve exposure to