

passed the Senate and was awaiting floor time.

I went to the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Florida (Mr. BILIRAKIS), and they were very willing to put this on a fast track; and, again, I want to thank the gentleman from Florida (Mr. BILIRAKIS) for making this part of the package of the bill that is on the floor this afternoon.

There are somewhere between 2 million and 4 million poison exposures each year to our Nation's children. Thankfully, in many cases of those cases, it does not end up in a catastrophic situation; but unfortunately, on occasion, it does.

The bill before us today, when the President signs it, is going to minimize the possibility or the probability that those exposures will result in a catastrophic situation. As a father of three children, when they were at home, we took advantage of many of the programs that are in this act in terms of labeling our household goods and chemicals and medicines so that our younger children saw the little smiley face turned upside down, the little green poison control, and of course, it had the message on it and the phone number to call locally or regionally if one had a problem.

So I rise in strong support of this. I am assured that we are going to have bipartisan endorsement; and, again, I want to thank the leadership for their strong work, and on our side the gentleman from Florida (Mr. BILIRAKIS) and on the Democrat side, the gentleman from New York (Mr. TOWNS) and the gentleman from Ohio (Mr. BROWN) for their excellent work.

Mr. BROWN of Ohio. Mr. Speaker, I have no other speakers. I think the gentleman from Florida (Mr. BILIRAKIS) has one. Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I would say that the gentleman from Texas (Mr. BARTON) was here earlier, before even the votes. He wanted to really speak on this subject because he has a great interest in it, and I appreciate that interest.

Mr. Speaker, I yield such time as he might consume to the gentleman from North Carolina (Mr. HAYES).

Mr. HAYES. Mr. Speaker, I want to give my thanks to the gentleman from Florida (Mr. BILIRAKIS), the subcommittee chairman, and the gentleman from New York (Mr. TOWNS) for their help and leadership on this vital legislation; and I rise in strong support of S. 686, the Poison Control Enhancement and Awareness Act, and urge my colleagues to enthusiastically support final passage. As a cosponsor of the House version of H.R. 1819, I am pleased we are considering this critical legislation for approval today.

Mr. Speaker, the Poison Control Enhancement and Awareness Act provides essential support to our Nation's poison control centers. A critical component of the legislation would reauthor-

ize a grant program to keep our poison control centers running and prepared for everyday emergencies.

This grant program is vital for the Carolinas Poison Center, which serves all of North Carolina. Carolinas Poison Center provides life-saving help to parents whose children have swallowed something dangerous, physicians who have unexplained illnesses, hospital emergency rooms which know what the toxic exposure was to a patient but need instructions on how to treat it, and many others in need of critical information about toxic exposure. Carolinas Poison Center's ability to continue these essential services depends on the continuation of the essential grant program as provided in Senate 686, which funds approximately one-fourth of its budget.

The tragic events of September 11 and the anthrax cases of October 2001 have dramatically changed our Nation. During this time, the Carolinas Poison Center, as well as poison centers throughout the country, answered thousands of additional calls from concerned residents. The Carolinas Poison Center was utilized by many citizens as the primary source for accurate medical information about anthrax and other potential bioterrorism diseases but also for the complications resulting from prophylactic antibiotic therapy.

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Poison control centers throughout the country have become critical sources of local, State and regional bioterrorism response and information in cooperation with the Centers for Disease Control. The Carolinas Poison Center recently completed an analysis of the 2000-2002 human exposure and information call volume, as well as reported human exposure clinical effects in order to determine daily volume and effects baselines, and threshold limits for detection of possible biochemical and disease outbreaks. These results were reported to State public health officials, and software capabilities that enabled Carolinas Poison Control Center were funded, in part, by Federal Prison Control Center grant funds.

Mr. Speaker, I commend my colleagues on the Committee on Energy and Commerce for their work on this critical legislation, and our leadership for helping to move it forward today. I urge my colleagues to join me in securing passage for this essential legislation.

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

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

The SPEAKER pro tempore (Mr. SWEENEY). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the Senate bill, S. 686, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of

those present have voted in the affirmative.

Mr. BILIRAKIS. Mr. 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.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES PREVENTION ACT OF 2003

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 286) to revise and extend the Birth Defects Prevention Act of 1998.

The Clerk read as follows:

S. 286

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 "Birth Defects and Developmental Disabilities Prevention Act of 2003".

SEC. 2. NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES.

Section 317C of the Public Health Service Act (42 U.S.C. 247b-4) is amended—

(1) in subsection (a)(2)—

(A) in subparagraph (A)—

(i) by striking "and developmental disabilities" and inserting ", developmental disabilities, and disabilities and health"; and

(ii) by striking "subsection (d)(2)" and inserting "subsection (c)(2)";

(B) in subparagraph (B), by striking "and" at the end;

(C) in subparagraph (C), by striking the period and inserting a semicolon; and

(D) by adding at the end the following:

"(D) to conduct research on and to promote the prevention of such defects and disabilities, and secondary health conditions among individuals with disabilities; and

"(E) to support a National Spina Bifida Program to prevent and reduce suffering from the Nation's most common permanently disabling birth defect.";

(2) by striking subsection (b);

(3) in subsection (d)—

(A) by striking paragraph (1) and inserting the following:

"(1) contains information regarding the incidence and prevalence of birth defects, developmental disabilities, and the health status of individuals with disabilities and the extent to which these conditions have contributed to the incidence and prevalence of infant mortality and affected quality of life";

(B) in paragraph (3), by inserting ", developmental disabilities, and secondary health conditions among individuals with disabilities" after "defects";

(C) in paragraph (4), by striking "and" at the end;

(D) by redesignating paragraph (5) as paragraph (7); and

(E) by inserting after paragraph (4) the following:

"(5) contains information on the incidence and prevalence of individuals living with birth defects and disabilities or developmental disabilities, information on the health status of individuals with disabilities, information on any health disparities experienced by such individuals, and recommendations for improving the health and wellness and quality of life of such individuals;

“(6) contains a summary of recommendations from all birth defects research conferences sponsored by the Centers for Disease Control and Prevention, including conferences related to spina bifida; and”;

(4) by redesignating subsections (c), (d), and (e) as subsections (b), (c), and (d), respectively;

(5) by inserting after subsection (d) (as so redesignated), the following:

“(e) **ADVISORY COMMITTEE.**—Notwithstanding any other provision of law, the members of the advisory committee appointed by the Director of the National Center for Environmental Health that have expertise in birth defects, developmental disabilities, and disabilities and health shall be transferred to and shall advise the National Center on Birth Defects and Developmental Disabilities effective on the date of enactment of the Birth Defects and Developmental Disabilities Prevention Act of 2003.”; and

(6) in subsection (f), by striking “\$30,000,000” and all that follows and inserting “such sums as may be necessary for each of fiscal years 2003 through 2007.”.

SEC. 3. TECHNICAL CORRECTIONS FOR STATE COUNCILS ON DEVELOPMENTAL DISABILITIES.

(a) **IN GENERAL.**—Section 122(a) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15022(a)) is amended—

(1) in paragraph (3)(A)(ii), by inserting before the period the following: “, the amount received by the State for the previous year, or the amount of Federal appropriations received in fiscal year 2000, 2001, or 2002, whichever is greater”;

(2) in paragraph (4)(A)(ii), by inserting before the period the following: “, the amount received by the State for the previous year, or the amount of Federal appropriations received in fiscal year 2000, 2001, or 2002, whichever is greater”.

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall take effect on October 1, 2003 and apply to allotments beginning in fiscal year 2004.

SEC. 4. REPORT ON SURVEILLANCE ACTIVITIES.

Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services jointly with the Secretary of Education shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce and Committee on Education and the Workforce of the House of Representatives a report concerning surveillance activities under section 102 of the Children's Health Act of 2000 (Public Law 106-310), specifically including—

(1) a description of the current grantees under the National Autism and Pervasive Developmental Disabilities Surveillance Program and the Centers of Excellence in Autism and Pervasive Developmental Disabilities the data collected, analyzed, and reported under such grants, the sources of such data, and whether such data was obtained with parental consent as required under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. 1232g);

(2) a description of current sources of data for the surveillance of autism and developmental disabilities and the methods for obtaining such data, including whether such data was obtained with parental or patient consent for disclosure;

(3) an analysis of research on autism and developmental disabilities with respect to the methods of collection and reporting, including whether such research was obtained with parental or patient consent for disclosure;

(4) an analysis of the need to add education records in the surveillance of autism and

other developmental disabilities, including the methodological and medical necessity for such records and the rights of parents and patients in the use of education records (in accordance with the Family Educational Rights and Privacy Act of 1974);

(5) a description of the efforts taken by the Centers for Disease Control and Prevention to utilize education records in conducting the surveillance program while obtaining parental or patient consent for such education records, including the outcomes of such efforts;

(6) a description of the challenges provided to obtaining education records (in the absence of parental or patient consent) for the purpose of obtaining additional surveillance data for autism and other developmental disabilities; and

(7) a description of the manner in which such challenges can be overcome, including efforts to educate parents, increase confidence in the privacy of the surveillance program, and increase the rate of parental or patient consent, and including specific quantitative and qualitative justifications for any recommendations for changes to existing statutory authority, including the Family Educational Rights and Privacy Act of 1974.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) reach will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. 286, the bill now under consideration.

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

There was no objection.

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

I rise today in support of S. 286, which is the Birth Defects and Developmental Disabilities Prevention Act. This legislation will allow public health surveillance for developmental disabilities using records maintained by local educational institutions.

A baby born in America today has a life expectancy 30 years longer than a child born at the turn of the century. Public health initiatives are largely responsible for this vast improvement, but we cannot rest on our laurels, Mr. Speaker, because much more remains to be done.

Many of us have worked diligently to examine many of the difficult barriers we face in working to improve children's health and well-being, and this legislation, initiated by our colleague, the gentleman from New Jersey, (Mr. FERGUSON), and helped to a large degree by another colleague from New Jersey (Mr. SMITH) and so many others, the gentleman from Ohio (Mr. BROWN) and so many others, will assist the Centers for Disease Control and Prevention in accurately determining the size and scope of many developmental disabilities, including autism, mental retardation, and cerebral palsy.

My hope, Mr. Speaker, is that this information will ultimately help us identify causes and possible cures for these disabling, very disabling conditions. I might add these diseases are not only disabling insofar as the child is concerned, but what it does to the parents is just unbelievable. I know we have all seen that, and, hopefully, we can find some way to find at least the causes.

In any case, Mr. Speaker, I urge all of my colleagues to support this legislation that the Senate has already passed.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

I want to thank my colleague, the gentleman from Maryland (Mr. HOYER), for his tireless work on the issue of developmental disabilities, as well as the ranking member of the committee, the gentleman from Michigan (Mr. DINGELL), and the chairman of the committee, the gentleman from Louisiana (Mr. TAUZIN), and their staff, who deserve plaudits for their work in bringing this to the floor.

Mr. Speaker, 150,000 children are born each year with a birth defect. That is 150,000 families too many who receive the news no new parent should ever have to hear. Both genetic and environmental factors can cause birth defects, but for over 60 percent of them, the causes still remain unknown.

In 1998, Congress passed the Birth Defects Prevention Act, which created a Federal birth defects prevention and surveillance strategy. A couple of years later, the gentleman from Florida (Mr. BILIRAKIS) and I introduced and worked together to pass the Children's Health Bill Act of 2000, which established the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention in Atlanta.

Passage of these two bills demonstrated a congressional commitment to address two significant threats to children's health, birth defects and developmental disabilities. The bill we are considering today, the Birth Defects and Developmental Disabilities Prevention Act, will strengthen that commitment towards children and has the overwhelming support of the children's advocacy community.

The National Center on Birth Defects and Developmental Disabilities at CDC does extensive research and provides indispensable resources on birth defects, such as autism, spina bifida, and fetal alcohol syndrome, as well as research and support focusing on childhood and adult disabilities. Passage of this bill will go a long way towards continuing these critical efforts.

The bill also continues the important work States have done expanding community-based birth defects tracking systems, programs to prevent birth defects and activities to improve access to health services for children with birth defects.

History has shown when we choose to confront a public health problem that threatens the health and lives of children, we can indeed and often have stopped it in its tracks. Before the development of the polio vaccine in the 1950s, an estimated 50,000 people in the U.S. were affected by polio each year. With the widespread vaccination of children beginning in the 1950s, polio has been virtually eliminated in the United States, and there have been no new cases since 1991.

Mr. Speaker, I wear on my lapel a pin, which is a canary in a bird cage. The miners took a canary down in the mines 100 years ago, and if the canary died, the miner knew he had to get out of the mines. In those days, 100 years ago, the workers had no real protection in the mines from government or from labor unions. In those days, a child born in the United States 100 years ago had a life expectancy of 46, 47, 48 years old. One hundred years later, because of our public health infrastructure, because of legislation like the one that the gentleman from Florida (Mr. BILIRAKIS) worked on, because of Medicare and Social Security and the safe drinking water and clean air laws and seat belt laws and prohibitions on child labor and civil rights laws and laws protecting the women and the disabled, we have come so far so that our life expectancy is literally three decades longer.

That is not because of transplants or because of chemotherapy, it is mostly because of public health initiatives like we are addressing today. The only threat to that, Mr. Speaker, is that some people, sometimes in this body, have fallen short on providing for that public health infrastructure. We have too often, in efforts to privatize Medicare or Social Security or to weaken environmental laws and worker-safety laws, we have sometimes backslid on some of these advancements we have made in the last hundred years.

Unfortunately, this week is an example, with the bill to privatize Medicare, of sliding back. It will do nothing to lengthen people's lives. In fact, it will do the opposite. However, today, Mr. Speaker, this legislation brought to the floor by the gentleman from Florida (Mr. BILIRAKIS), the gentleman from Maryland (Mr. HOYER), and I, the gentleman from Michigan (Mr. DINGELL), the gentleman from Louisiana (Mr. TAUZIN), and others will, in fact, strengthen that public health system, will, in fact, strengthen the Centers for Disease Control to help us and them tackle other children's health problems with the same resolve that we tackled polio.

Passage of the Birth Defects and Developmental Disabilities Prevention Act is an important step towards that goal, and I urge my colleagues to support it.

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

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

and I want to thank the gentleman for all those comments. He puts it so very well.

My oldest son, Emmanuel, is a physician, an internist. He works awfully hard, puts in a lot of hours and does not make much money. Sort of like the late father of the gentleman from Ohio (Mr. BROWN). But when he was going through his rotation, he told me the toughest one was the one dealing with pediatrics, with children, and to see some of these parents, particularly with the autistic children.

I would say that the children's health bill that the gentleman from Ohio (Mr. BROWN) referred to, a great impetus on that, to a large degree, was due to the actress Rene Russo. She really pushed us on that. She came here and testified, and I am just glad we were able to do it. But at the same time, we see all these terrible things happening.

Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. FERGUSON), the father of this bill, this very needed bill, this very great bill.

Mr. FERGUSON. Mr. Speaker, I want to thank the chairman for the great work he has done in helping to shepherd this bill, and also to thank the gentleman from Ohio (Mr. BROWN) and our friends on the other side of the aisle who have worked with us in great cooperation.

Mr. Speaker, many people are not aware that birth defects affect over 3 percent of all births in America, and that they are also the leading cause of infant death. Among the babies who survive, their birth defects often result in lifelong disabilities. Now, thankfully, families who are blessed with a special needs child find their hearts and minds grow immeasurably as they care for and work to meet the needs of their precious new addition. These families also face many challenges, however, and we have a responsibility to address those disabilities which are, in fact, preventable.

In 1998, we passed the Birth Defects Prevention Act, which created a Federal birth defects prevention and surveillance strategy. This bill passed the Senate by a voice vote and the House 405-2. That was followed by the Children's Health Act of 2000, which established the National Center on Birth Defects and Developmental Disabilities at the Center for Disease Control. With these two important pieces of legislation, Congress recognized that birth defects and developmental disabilities are major threats to children's health.

The Birth Defects and Developmental Disabilities Prevention Act of 2003 revises and extends the Birth Defects Prevention Act of 1998. This bill is straight forward, and it has the support of the March of Dimes, the Spina Bifida Association of America, the Autism Society of America, among others. This legislation renews a Federal commitment to protecting children's health.

With the commitment of this Congress, we can help prevent birth defects

and developmental disabilities in children, we can promote child development, and we can ensure the health and wellness among children and adults who are living with disabilities. I want to express my appreciation, once again, for the chairman's leadership on this issue.

Mr. DINGELL. Mr. Speaker, I strongly support S. 286, the "Birth Defects and Developmental Disabilities Prevention Act of 2003." I would like to commend my colleagues, particularly Representatives BROWN and STUPAK for working so diligently on this legislation.

Birth defects are the leading cause of infant mortality in the United States, accounting for more than 20 percent of all infant deaths. About 150,000 babies are born each year with birth defects; this means frightening news for the parents of one out of every 28 babies. Both genetic and environmental factors can cause birth defects; however, the causes of 60 to 70 percent of all birth defects are unknown. These shocking numbers compel us to take steps to learn more about their causes, to identify factors that may cause or increase the risk of a baby having a birth defect, to educate the public about these potential risks, and to inform women about how to protect themselves and their babies.

S. 286 reauthorizes the programs of the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention (CDC) and requires the Secretary of Health and Human Services to conduct research on and promote the prevention of birth defects and developmental disabilities. This legislation also supports a National spina bifida program to prevent and reduce suffering from the Nation's most common permanently disabling birth defect. All of these measures will enable the CDC to both expand and continue its work in promoting the health of babies, children, and adults by working to identify the causes of birth defects and developmental disabilities.

The Birth Defects and Developmental Disabilities Prevention Act of 2003 is supported by many organizations, including the March of Dimes and it deserves our support as well.

Mr. SMITH of New Jersey. Mr. Speaker, I rise today to support this important bill, the Birth Defects and Developmental Disabilities Prevention Act, which will bolster our Federal Government's efforts to prevent unborn babies from developing birth defects and help these special children after birth.

Specifically, this piece of legislation contains two provisions that are especially important to our work helping those who suffer from autism and spina bifida, which combined affect more than 1.5 million Americans and their families.

This bill will codify our Government's support for a National Spina Bifida Program at the Centers for Disease Control and Prevention (CDC). Last year, thanks to widespread support of many in this Chamber, we were able to secure initial funding to establish this program. And this year, members of the Congressional Spina Bifida Caucus—which I cochair along with my friend Congressman STUPAK—are working hard to continue to grow and develop the program.

The National Program is working to prevent cases of spina bifida by spreading the word to

all women of child-bearing age that daily consumption of .4 milligrams of folic acid supplements can reduce their baby's chance of developing spina bifida by 75 percent. The program is working with the National Institutes of Health and other agencies to develop new therapies for people born with spina bifida. Additionally, it is helping better educate doctors and nurses on how they should best care of these patients, and working to reach patients and clinicians what they must do to prevent and treat various secondary health problems to which people with spina bifida are particularly susceptible.

I look forward to continuing to work with my colleagues in Congress, officials at the CDC, and the hardworking advocates with the National Spina Bifida Program to help all those living with spina bifida.

Secondly, S. 286 contains a very important provision addressing an ongoing autism surveillance project I authored several years ago and which was incorporated as title I of the Children's Health Act. Right now, the CDC, in conjunction with state health departments and other research entities, is conducting autism surveillance in more than 15 States, including New Jersey. The rate of diagnosis of new autism patients is at least 1 in every 250 people, and may be even higher in some regions.

In order for us to obtain an accurate picture of the Nation's autism epidemic, it is absolutely imperative that health officials have the ability to gather the data they need. The provision in S. 286 will help ensure that the Departments of Health and Human Services and Education will work together to gather this much-needed data from education records, which are estimated to be the source of more than 40 percent of the data in need.

Without this coordination by health and education officials, we will never obtain an accurate picture of the autism epidemic because in order to achieve optimum results, we need to know more about this disorder, what causes it, and what we can do to prevent it. This data being collected is indispensable and will help us improve life for all with autism.

I would like to thank all of my colleagues who helped bring this bill to the floor today, and I look forward to continuing to work together so we can have healthier, happier babies and families.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the Senate bill, S. 286.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. Mr. 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.

SUPPORTING GOALS AND IDEALS OF NATIONAL EPILEPSY AWARENESS MONTH

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and concur in the Senate concurrent resolution (S. Con. Res. 48) supporting the goals and ideals of "National Epilepsy Awareness Month" and urging support for epilepsy research and service programs.

The Clerk read as follows:

S. CON. RES. 98

Whereas epilepsy is a neurological condition that causes seizures and affects 2,300,000 people in the United States;

Whereas a seizure is a disturbance in the electrical activity of the brain, and 1 in every 12 Americans will suffer at least 1 seizure;

Whereas 180,000 new cases of seizures and epilepsy are diagnosed each year, and 3 percent of Americans will develop epilepsy by the time they are 75;

Whereas 41 percent of people who currently have epilepsy experience persistent seizures despite the treatment they are receiving;

Whereas a survey conducted by the Centers for Disease Control and Prevention demonstrated that the hardships imposed by epilepsy are comparable to those imposed by cancer, diabetes, and arthritis;

Whereas epilepsy in older children and adults remains a formidable barrier to leading a normal life by affecting education, employment, marriage, childbearing, and personal fulfillment;

Whereas uncontrollable seizures in a child can create multiple problems affecting the child's development, education, socialization, and daily life activities;

Whereas the social stigma surrounding epilepsy continues to fuel discrimination, and isolates people who suffer from seizure disorders from mainstream life;

Whereas a significant number of people with epilepsy may lack access to medical care for the treatment of the disease;

Whereas in spite of these formidable obstacles, people with epilepsy can live healthy and productive lives and make significant contributions to society;

Whereas November is an appropriate month to designate as "National Epilepsy Awareness Month"; and

Whereas the designation of a "National Epilepsy Awareness Month" would help to focus attention on, and increase understanding of, epilepsy and those people who suffer from it: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) supports the goals and ideals of a "National Epilepsy Awareness Month";

(2) requests the President to issue a proclamation declaring a "National Epilepsy Awareness Month";

(3) calls upon the American people to observe "National Epilepsy Awareness Month" with appropriate programs and activities; and

(4) urges support for epilepsy research programs at the National Institutes of Health and at the Centers for Disease Control and Prevention.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on H. Con. Res. 48, the concurrent resolution now under consideration.

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

There was no objection.

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

Mr. Speaker, I rise today in support of Senate Concurrent Resolution 48, a concurrent resolution supporting the goals and ideals of National Epilepsy Awareness Month. This resolution urges funding for epilepsy research and service programs.

More than 2 million people in the United States have epilepsy. Approximately 300,000 of those 2 million are children or adolescents. November has been designated as National Epilepsy Awareness Month to increase public awareness of this very debilitating disease.

Epilepsy is a chronic condition that produces random, temporary changes in the brain's electrical activities. These changes cause seizures that affect awareness, movement, or sensation. Although there is currently no cure, there is medication available that can help to control seizures and to enable people with epilepsy to lead normal lives.

I would like to acknowledge, I guess I will call them the mothers of this legislation, Senator LINCOLN from the other body, and the gentlewoman from Florida (Ms. BROWN), my colleague from my home State, for their making us aware of this.

As chairman of the Subcommittee on Health of the Committee on Energy and Commerce, Mr. Speaker, I believe it is important that Congress work to increase public awareness of epilepsy and to dispel any myths and stigma, and, gosh knows, even today, there is still some stigma associated with this disease, and to promote research into the causes, treatment, and possible cures.

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Mr. Speaker, I urge my colleagues to support the resolution.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) again, and especially the gentlewoman from Florida (Ms. CORRINE BROWN) for her work raising awareness about epilepsy. I would add that the gentlewoman from Florida (Ms. CORRINE BROWN) is interested in this legislation in response to what constituents have told her, that when people come forward and express what is important to them, often a Member of Congress responds to their constituents and really goes to bat for them, and the gentlewoman from Florida (Ms. CORRINE BROWN) did that with this legislation.