

Convention in Albany in 1894. He helped draft an article that ensured that State land known as the Forest Preserve in the Adirondacks and Catskills would remain "forever wild." Adopted by the convention and later approved by the voters, the words of Article 14, Section 1 of the State Constitution have never been altered, and remain in effect for the three million-acre New York State Forest Preserve in the Adirondack and Catskill Parks. This visionary accomplishment was the inspiration for those who drafted the 1964 Wilderness Act.

Whereas: Eleanor Roosevelt said, "perhaps nature is our best assurance of immortality." As we celebrate the fortieth anniversary of this important act, New Yorkers are called upon to follow in the footsteps of Mr. McClure and become environmental stewards.

PERSONAL EXPLANATION

HON. DENISE L. MAJETTE

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 8, 2004

Ms. MAJETTE. Mr. Speaker, I was unable to be in attendance for a number of rollcall votes. Had I been present I would have cast my votes as follows: "Yes" on rollcall 487, "yes" on rollcall 488, "yes" on rollcall 489, "no" on rollcall 490, "no" on rollcall 491, "no" on rollcall 492, "yes" on rollcall 493, "no" on rollcall 494, "yes" on rollcall 495, "yes" on rollcall 496, "yes" on rollcall 497, "no" on rollcall 498, "no" on rollcall 499, "yes" on rollcall 502, "yes" on rollcall 503, "yes" on rollcall 504, "yes" on rollcall 505, "no" on rollcall 506, "yes" on rollcall 507, "yes" on rollcall 508, "yes" on rollcall 509, "yes" on rollcall 510, "yes" on rollcall 511, "yes" on rollcall 512, "no" on rollcall 513, "no" on rollcall 514, "no" on rollcall 515, "no" on rollcall 516, "yes" on rollcall 517, "yes" on rollcall 518, "no" on rollcall 519, "yes" on rollcall 520, "yes" on rollcall 521, "yes" on rollcall 522, and "yes" on rollcall 523.

THE TERROR ATTACKS IN EGYPT

HON. STEVEN R. ROTHMAN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, October 8, 2004

Mr. ROTHMAN. Mr. Speaker, I rise today to express my profound shock and sorrow concerning the bombings that occurred yesterday, October 7, 2004, in Taba, Egypt, where at least 29 people died and 160 were injured. The fact that the attacks coincided with the joyous Jewish festival of Sukkot is particularly horrifying. Two years ago we witnessed similar acts of violence when terrorists struck the Park Hotel in Netanya, killing dozens of Israelis celebrating the traditional Passover meal and again in Mombasa, Kenya where terrorists unsuccessfully attempted to take down an Israeli passenger jet but were successful in killing twelve people at an Israeli-owned hotel.

Yesterday's bombings, which occurred at a popular hotel and camping ground in Egypt, are especially jarring for two reasons. First, the attacks show the indiscriminate nature of these terrorists who killed innocent Muslims,

Christians and Jews, Egyptians, Russians, Britons and Israelis alike. Second, photos and accounts of Israelis rushing the border to get back into Israel are a jarring reminder of why the State of Israel was created—to provide a safe haven for Jews the world over who all too often cannot find peace elsewhere.

Mr. Speaker, the bombings in Egypt also illustrate another important point—that the security fence being built around Israel works. Although no group has yet been definitively tied to this attack, it is clear the attack in Egypt was chosen because it would be too difficult to perpetrate inside of Israel. The security fence is a sad reality for those living on either side, but a necessary reality in order to save lives. As our strategic military partner, ally, trusted friend of 56 years, and only democracy in the Middle East, Israel needs the continued support of the United States as it works to secure her people from Palestinian and other terrorists who seek Israel's destruction.

Mr. Speaker, it has been said that the bombers may have hoped to bring an end to talks between Egypt and Israel that focused on halting arms smuggling from Egypt to Palestinian terrorists in Gaza, and addressing other issues of shared concern to both nations. We must not let that happen. Egyptians died in Taba just as Israelis did, Egyptians that lived and worked in peace with Israelis each and every day. I encourage Egypt and Israel to continue to work together and I applaud President Mubarak and his government for coordinating with Israeli rescue workers and response teams to allow them access to the site of the attack in Egypt.

Mr. Speaker, my heart goes out to all those whose loved ones were killed or wounded in these vicious attacks and I vow to continue my work to fight terror to prevent such horrifying attacks in the future.

INTRODUCTION OF THE CLINICAL LABORATORY COMPLIANCE IMPROVEMENT ACT OF 2004

HON. ELIJAH E. CUMMINGS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Friday, October 8, 2004

Mr. CUMMINGS. Mr. Speaker, today I rise to introduce the Clinical Laboratory Compliance Improvement Act of 2004, legislation to improve the accuracy and reliability in medical testing and to provide protections for employees who report laboratory problems to their superiors or regulatory entities.

Medical laboratory testing is a fundamental pillar of our nation's health care system. Virtually every American undergoes testing in the course of receiving medical care and relies on the accuracy of laboratory tests to receive appropriate medical care and treatment.

Incorrect test results, in the worst case, can contribute to misdiagnosis that leads to inappropriate care and possible adverse health consequences for the patient. In the best case, incorrect or invalid results can lead to undue stress and inconvenience. Inaccurate testing for communicable diseases poses an especially serious threat to the public health.

On March 11, 2004, the Baltimore Sun reported that Maryland General Hospital (MGH), located in my district had issued invalid HIV

and hepatitis test results to hundreds of patients from June 2002 to August 2003 when an Adaltis Labotech Immunoassay Analyzer ("Labotech") was used to conduct HIV, hepatitis and other tests at the MGH lab. The tests results were issued despite instrument readings indicating that the results might be erroneous. It was also disclosed that the testing equipment itself might be at issue.

In May and July of this year, the House Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources held hearings to investigate the lab deficiencies that led to the release of hundreds of invalid HIV/AIDS and Hepatitis C test results by MGH. I requested the hearings as the Subcommittee's Ranking Minority Member, and, with the cooperation and support of the distinguished chairman—the gentleman from Indiana, Representative Mark Souder—the Subcommittee conducted the hearings on a strictly bipartisan basis.

During the hearings, the Subcommittee received testimony from: Teresa Williams and Kristin Turner, two former laboratory employees who complained to superiors and state health officials about serious, longstanding deficiencies in the lab, including failure to implement quality controls on a diagnostic device used to read tests for HIV and hepatitis; officials from the Food and Drug Administration and the Centers for Medicare and Medicaid Services (CMS) responsible for implementing federal regulations governing medical diagnostic devices and for regulating laboratory operations, respectively; the former chief executive of Adaltis US, Inc., manufacturer of the device used to run the invalid tests; the College of American Pathologists, the private accrediting organization responsible for certifying the laboratory's compliance with federal and state regulations on behalf of CMS and the state; and the Maryland Department of Health and Mental Hygiene.

In fact, it was Ms. Turner's complaint in December 2003 that triggered investigations by the state, CMS, the Joint Commission for Accreditation of Healthcare Organizations (JCAHO), and CAP, between January and March. The investigations confirmed Ms. Turner's allegations that, during a 14-month period between June 2002 and August 2003, Maryland General Hospital issued more than 450 questionable HIV and hepatitis test results to hospital patients. During this time period, the hospital laboratory was inspected and accredited for two years by CAP, receiving CAP's Accredited with Distinction certificate (standard for CAP-accredited labs). Despite an earlier anonymous complaint by Ms. Williams and several colleagues, the state also was unable to identify the problems, and serious deficiencies in two key departments of the lab went undetected by CAP and the state until January.

I should also point out that the ongoing faulty testing and related problems at the MGH lab were brought to the attention of the public only after former lab technician Kristin Turner filed a lawsuit.

This spring, inspectors from the state, CMS, and JCAHO concluded that laboratory staff had falsified federally instrument quality control results and reported patient results even though quality control checks failed. Learning of the problems by way of news reports, CAP conducted a complaint inspection in April,

found similar deficiencies, and suspended accreditation of the lab's chemistry and point-of-care departments for 30 days.

To its credit, Maryland General Hospital conducted its own internal review and vigorously undertook efforts both to retest the affected patients and to revamp the lab's leadership and operations.

Fortunately, retesting verified the accuracy of the overwhelming majority of the HIV and Hepatitis C tests. In addition, Maryland General has made enormous strides in improving its lab operations so that patients receive test results that are accurate and reliable.

Nevertheless, Mr. Speaker, this is a situation that caused great distress to the community that Maryland General serves, and I should note that I live in that community and have received care at Maryland General Hospital. This is a situation that could have put many lives in jeopardy and one that simply should never have occurred given the regulatory safeguards that exist to ensure quality testing.

Mr. Speaker, Congress recognized the importance of ensuring that all Americans receive accurate diagnostic test results when it enacted federal standards for medical laboratories under the Clinical Laboratories Improvements Amendments Act of 1998, now known as "CLIA." Under CLIA, the Centers for Medicare and Medicaid Services (CMS) were charged with developing and implementing regulations to ensure that all labs conform to strict federal standards.

Pursuant to CLIA regulations and agreements between CMS and the states, clinical laboratories that choose to be accredited by CAP or one of the five other private accrediting organizations are "deemed" to be in compliance with federal and state regulatory requirements and can bill for services provided to Medicare beneficiaries.

Mr. Speaker, there is no doubting the fact that CLIA has made medical testing more accurate and more reliable and, surely, the overwhelming majority of labs do their best to conform to these high standards. Unfortunately, the Maryland General case clearly demonstrates that not all laboratories will play fair and that the current system does not guarantee that serious instances of noncompliance will be detected or corrected.

Testimony before the Subcommittee indicated that, in the Maryland General Hospital case: laboratory supervisors failed to implement quality control measures and deliberately masked lab deficiencies from inspectors from CAP and the state; employees who complained were subject to retaliation and intimidation; state and CAP inspection teams were unable to identify or verify serious ongoing deficiencies during accreditation and complaint surveys; and enforcement entities failed to share information about reports of deficiencies, investigative actions taken, and their investigative findings.

Since our hearings concluded, another CAP-accredited laboratory in my state, Reference Pathology Services of Maryland, had its CAP accreditation and state license revoked because of longstanding deficiencies related to testing for sexually transmitted diseases and cervical cancer. This case and other information brought to the Subcommittee's attention suggest that at least some of the problems that occurred at Maryland General are not unique to the Maryland General case.

Chairman SOUDER and I have asked the Government Accountability Office (GAO) to examine a number of issues related to the enforcement of federal standards for labs and I expect that investigation to tell us more about the prevalence of such problems.

For now, it is unclear how many other laboratories may be experiencing such problems and, certainly, one would hope the number is few. But the record gives us little assurance that what happened at Maryland General could not occur elsewhere and I believe the Maryland General case reveals weaknesses in the current system for ensuring compliance with federal clinical laboratory standards.

The bill I am introducing today aims to correct the weaknesses that are apparent.

The Clinical Laboratory Compliance Improvement Act of 2004 seeks to improve compliance with laboratory standards by (a) facilitating the disclosure and detection of deficiencies by employees and (b) increasing cooperation and accountability among entities involved in the accreditation and monitoring of federally regulated medical labs.

Specifically, the bill would amend Section 1846 of the Social Security statute to:

(1) Establish whistleblower protections for employees of clinical laboratories and providers;

(2) Require the Centers for Medicare and Medicaid Services, state health agencies, and private laboratory accrediting organizations such as CAP to share information about reports of deficiencies and investigative activity undertaken pursuant to such reports;

(3) Require that standard accreditation surveys be conducted without prior notice to the provider or clinical laboratory facility to be surveyed; and

(4) Require the Secretary of Health and Human Services to submit an annual report to Congress describing how CMS, private accrediting organizations, and state health agencies responded to reports of deficiencies during the preceding year.

The whistleblower provisions would facilitate reporting of deficiencies by: Requiring that participating providers and clinical laboratories post a conspicuous notice advising employees how and to whom to report deficiencies; prohibiting retaliation by providers and clinical laboratories against employees who report deficiencies to CMS, accrediting organizations, or state health agencies; and establishing a federal cause of action for employees who are retaliated against for reporting deficiencies.

With regard to unannounced inspections, the bill sets forth a civil monetary penalty of up to \$2,000 for persons who provide notice to a lab or provider about the timing of a survey.

Mr. Speaker, it is sad but true that we cannot afford to take it for granted that all laboratories will approach compliance with laboratory standards in a good faith manner, or even that deficiencies will be discovered when conscientious lab employees want to disclose them.

The Clinical Laboratory Compliance Improvement Act of 2004 would reduce the likelihood that serious laboratory deficiencies will escape the notice of entities charged with ensuring compliance with the standards that we in Congress have established to ensure a high standard of healthcare for all Americans.

I urge my colleagues to join me in demonstrating their support for strengthening our national system for ensuring accuracy and accountability in medical laboratory testing.

I invite my colleagues to cosponsor this important legislation.

Finally, I want to thank my Subcommittee counsel, Tony Haywood, as well as Jolanda Williams, Trudy Perkins and Kimberly Ross of my staff for their tireless work on this issue.

PERSONAL EXPLANATION

HON. ROBERT T. MATSUI

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 8, 2004

Mr. MATSUI. Mr. Speaker, I was absent on Friday, October 8, 2004, and missed the rollcall votes ordered, due to illness.

PERSONAL EXPLANATION

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, October 8, 2004

Ms. SLAUGHTER. Mr. Speaker, I was unable to be present for rollcall votes 494–497, 502, 505, 507–508, 510–512, 517, 518, 520–524, and 526–527. Had I been present, I would have voted "aye" on rollcall votes 495, 496, 497, 502, 505, 507–508, 510, 511, 512, 517, 518, 520, 521, 522, and 527. I would have voted "nay" on rollcall votes 494, 523, 524 and 526. Mr. Speaker, I ask unanimous consent that my statement appear in the permanent RECORD.

CONFERENCE REPORT ON H.R. 4520, AMERICAN JOBS CREATION ACT OF 2004

SPEECH OF

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 7, 2004

Ms. SCHAKOWSKY. Mr. Speaker, I rise today in opposition to H.R. 4520, the so-called American Jobs Creation Act, because it is just another example of the Republicans' seriously misplaced priorities. Instead of closing corporate tax loopholes to fund housing, education, and veterans' programs, the Republicans decided to give 276 new tax breaks in industries from oil and gas corporations to tackle boxes and ceiling fans makers. Instead of encouraging companies to create jobs in the U.S., the Republicans chose to reward companies that export jobs overseas. Instead of helping six million working families make ends meet, the Republicans decided to strip the overtime protections in the Senate bill and erode the 40-hour work week. Instead of regulating tobacco, a drug that kills 400,000 people every year, the Republicans gave tobacco companies a bail out. It seems the Republicans are interested in helping big businesses avoid paying their fair share of taxes and subsidizing the tobacco industry, even if it is at the expense of American workers and families.

The Republicans rammed through those corporate taxes cuts, although corporate taxes are at their lowest level since the 1930s. The