

“(b) PROHIBITION ON ENTERING HORSES UNDER THE INFLUENCE OF PERFORMANCE-ENHANCING DRUGS IN RACES SUBJECT TO INTERSTATE OFF-TRACK WAGERING.—A person may not—

“(1) enter a horse in a race that is subject to an interstate off-track wager if the person knows the horse is under the influence of a performance-enhancing drug; or

“(2) knowingly provide a horse with a performance-enhancing drug if the horse, while under the influence of the drug, will participate in a race that is subject to an interstate off-track wager.

“(c) REGULATIONS OF THE HOST RACING ASSOCIATION BANNING PERFORMANCE-ENHANCING DRUGS.—A host racing association may not conduct a horserace that is the subject of an interstate off-track wager unless the host racing association has a policy in place that—

“(1) bans any person from providing a horse with a performance-enhancing drug if the horse will participate in such a horserace while under the influence of the drug;

“(2) bans the racing of a horse that is under the influence of a performance-enhancing drug;

“(3) requires, for each horserace that is the subject of an interstate off-track wager, that an accredited third party conformity assessment body test for any performance-enhancing drug—

“(A) the first-place horse in the race; and

“(B) one additional horse, to be randomly selected from the other horses participating in the race; and

“(4) requires the accredited third party conformity assessment body performing tests described in paragraph (3) to report any test results demonstrating that a horse may participate, or may have participated, in a horserace that is the subject of an interstate off-track wager while under the influence of a performance-enhancing drug—

“(A) to the Federal Trade Commission; and

“(B) if the host racing commission has entered into an agreement under subsection (e), to the host racing commission.

“(d) PENALTIES.—

“(1) CIVIL PENALTIES.—

“(A) IN GENERAL.—A person that provides a horse with a performance-enhancing drug or races a horse in violation of subsection (b) shall be—

“(i) for the first such violation—

“(I) subject to a civil penalty of not less than \$5,000; and

“(II) suspended for a period of not less than 180 days from all activities relating to any horserace that is the subject of an interstate off-track wager;

“(ii) for the second such violation—

“(I) subject to a civil penalty of not less than \$20,000; and

“(II) suspended for a period of not less than 1 year from all activities relating to any horserace that is the subject of an interstate off-track wager; and

“(iii) for the third or subsequent such violation—

“(I) subject to a civil penalty of not less than \$50,000; and

“(II) permanently banned from all activities relating to any horserace that is the subject of an interstate off-track wager.

“(B) HORSERACING ACTIVITIES.—For purposes of subparagraph (A), activities relating to a horserace that is the subject of an interstate off-track wager include being physically present at any race track at which any such horserace takes place, placing a wager on any such horserace, and entering a horse in any such horserace.

“(C) PAYMENT OF CIVIL PENALTIES.—A civil penalty imposed under this paragraph shall be paid to the United States without regard to whether the imposition of the penalty re-

sults from the initiation of a civil action pursuant to section 10.

“(2) SUSPENSION OF HORSES.—A horse that is provided with a performance-enhancing drug or is raced in violation of subsection (b) shall—

“(A) for the first such violation, be suspended for a period of not less than 180 days from racing in any horserace that is the subject of an interstate off-track wager;

“(B) for the second such violation, be suspended for a period of not less than 1 year from racing in any horserace that is the subject of an interstate off-track wager; and

“(C) for the third or subsequent such violation, be suspended for a period of not less than 2 years from racing in any horserace that is the subject of an interstate off-track wager.

“(3) VIOLATIONS IN MULTIPLE STATES.—A person shall be subject to a penalty described in clause (ii) or (iii) of paragraph (1)(A), and a horse shall be subject to suspension under subparagraph (B) or (C) of paragraph (2), for a second or subsequent violation of subsection (b) without regard to whether the prior violation and the second or subsequent violation occurred in the same State.

“(e) AGREEMENTS FOR ENFORCEMENT BY HOST RACING COMMISSIONS.—

“(1) IN GENERAL.—The Federal Trade Commission may enter into an agreement with a host racing commission under which the host racing commission agrees to enforce the provisions of this section with respect to horseraces that are the subject of interstate off-track wagers in the host State.

“(2) CONDITIONAL AVAILABILITY OF CIVIL PENALTIES TO HOST RACING COMMISSIONS.—If a host racing commission agrees to enforce the provisions of this section pursuant to an agreement under paragraph (1), any amounts received by the United States as a result of a civil penalty imposed under subsection (d)(1) with respect to a horserace that occurred in the State in which the host racing commission operates shall be available to the host racing commission, without further appropriation and until expended, to cover the costs incurred by the host racing commission in enforcing the provisions of this section.

“(f) ENFORCEMENT BY THE FEDERAL TRADE COMMISSION.—

“(1) IN GENERAL.—The Federal Trade Commission shall enforce the provisions of this section—

“(A) with respect to horseraces that are the subject of interstate off-track wagers that occur—

“(i) in any State in which the host racing commission does not enter into an agreement under subsection (e); and

“(ii) in any State in which the host racing commission has entered into an agreement under subsection (e) if the Federal Trade Commission determines the host racing commission is not adequately enforcing the provisions of this section; and

“(B) with respect to violations of subsection (b) by a person, or with respect to a horse, in multiple States.

“(2) UNFAIR OR DECEPTIVE ACT OR PRACTICE; ACTIONS BY FEDERAL TRADE COMMISSION.—In cases in which the Federal Trade Commission enforces the provisions of this section pursuant to paragraph (1)—

“(A) a violation of a prohibition described in subsection (b) or (c) shall be treated as a violation of a rule defining an unfair or deceptive act or practice described under section 18(a)(1)(B) of the Federal Trade Commission Act (15 U.S.C. 57a(a)(1)(B)); and

“(B) except as provided in paragraph (3), the Federal Trade Commission shall enforce the provisions of this section in the same manner, by the same means, and with the same jurisdiction, powers, and duties as

though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made part of this section.

“(3) ENFORCEMENT WITH RESPECT TO NON-PROFIT ORGANIZATIONS.—Notwithstanding any provision of the Federal Trade Commission Act (15 U.S.C. 41 et seq.), the Federal Trade Commission shall have the authority to enforce the provisions of this section pursuant to paragraph (1) with respect to organizations that are described in section 501(c)(3) of the Internal Revenue Code of 1986 and that are exempt from taxation under section 501(a) of such Code.

“(g) RULEMAKING.—The Federal Trade Commission shall prescribe such rules as may be necessary to carry out the provisions of this section in accordance with the provisions of section 553 of title 5, United States Code.

“(h) EFFECT ON STATE LAWS.—Nothing in this section preempts a State from adopting or enforcing a law, policy, or regulation prohibiting the use of performance-enhancing drugs in horseracing to the extent that the law, policy, or regulation imposes additional requirements or higher penalties than are provided for under this section.

“SEC. 10. PRIVATE RIGHT OF ACTION FOR CERTAIN VIOLATIONS.

“Notwithstanding sections 6 and 7, in any case in which a person has reason to believe that an interest of that person is threatened or adversely affected by the engagement of another person in a practice that violates a provision of section 9 or a rule prescribed under section 9, the person may bring a civil action in an appropriate district court of the United States or other court of competent jurisdiction—

“(1) to enjoin the practice;

“(2) to enforce compliance with the provision or rule;

“(3) to enforce the penalties provided for under section 9(d);

“(4) to obtain damages or restitution, including court costs and reasonable attorney and expert witness fees; and

“(5) to obtain such other relief as the court considers appropriate.”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act and apply with respect to horseraces occurring on or after that date.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 162—EX-PRESSING THE SENSE OF THE SENATE THAT STABLE AND AFFORDABLE HOUSING IS AN ESSENTIAL COMPONENT OF AN EFFECTIVE STRATEGY FOR THE PREVENTION, TREATMENT, AND CARE OF HUMAN IMMUNODEFICIENCY VIRUS, AND THAT THE UNITED STATES SHOULD MAKE A COMMITMENT TO PROVIDING ADEQUATE FUNDING FOR THE DEVELOPMENT OF HOUSING AS A RESPONSE TO THE ACQUIRED IMMUNODEFICIENCY SYNDROME PANDEMIC

Mr. MENENDEZ (for himself, Mr. DURBIN, Mr. FRANKEN, Mr. KERRY, Mr. LAUTENBERG, Mr. MERKLEY, Mr. SANDERS, Ms. SNOWE, Ms. STABENOW, Mr. WHITEHOUSE, and Mr. LIEBERMAN) submitted the following resolution; which was referred to the Committee on Banking, Housing, and Urban Affairs:

S. RES. 162

Whereas adequate and secure housing for people with human immunodeficiency virus or acquired immunodeficiency syndrome (referred to in this preamble as "HIV/AIDS") is a challenge with global dimensions, and adequate housing is one of the greatest unmet needs of people in the United States with HIV/AIDS;

Whereas growing empirical evidence shows that socioeconomic status and structural factors such as access to adequate housing are key determinants of health;

Whereas the link between poverty, disparities in the risk of human immunodeficiency virus (referred to in this resolution as "HIV") infection, and health outcomes is well established, and new research demonstrates the direct relationship between inadequate housing and greater risk of HIV infection, poor health outcomes, and early death;

Whereas rates of HIV infection are 3 to 16 times higher among people who are homeless or have an unstable housing situation, 70 percent of all people living with HIV/AIDS report an experience of homelessness or housing instability during their lifetime, and the HIV/AIDS death rate is 7 to 9 times higher for homeless adults than for the general population;

Whereas poor living conditions, including overcrowding and homelessness, undermine safety, privacy, and efforts to promote self-respect, human dignity, and responsible sexual behavior;

Whereas people who are homeless or have an unstable housing situation are 2 to 6 times more likely to use hard drugs, share needles, or exchange sex for money and housing than similar persons with stable housing, because the lack of stable housing directly impacts the ability of people living in poverty to reduce HIV risk behaviors;

Whereas, in spite of the evidence indicating that adequate housing has a direct positive effect on HIV prevention, treatment, and health outcomes, the housing resources devoted to the national response to HIV/AIDS have been inadequate, and housing has been largely ignored in policy discussions at the international level; and

Whereas, in 1990, Congress recognized the housing needs of people with HIV/AIDS when it enacted the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.), commonly referred to as the "Housing Opportunities for Persons with AIDS Program" or "HOPWA Program", as part of the Cranston-Gonzalez National Affordable Housing Act (Public Law 101-625; 104 Stat. 4079), and the HOPWA program currently serves approximately 60,000 households: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) stable and affordable housing is an essential component of an effective strategy for human immunodeficiency virus prevention, treatment, and care; and

(2) the United States should make a commitment to providing adequate funding for the development of housing as a response to the acquired immunodeficiency syndrome pandemic.

SENATE RESOLUTION 163—COMMEMORATING THE 175TH ANNIVERSARY OF THE UNITED STATES NATIONAL LIBRARY OF MEDICINE

Mr. HARKIN submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 163

Whereas since 1836, the National Library of Medicine has played a crucial role in information innovation, revolutionizing the way scientific and medical information is organized, stored, accessed, and disseminated;

Whereas the National Library of Medicine houses the largest and most distinguished collection of health science and medical research literature in the world and serves as a vital resource to researchers, health professionals, and health care consumers;

Whereas the National Library of Medicine produces and provides free public access to comprehensive online databases of biological, genomic, and clinical research data that are a lynchpin to cutting edge biomedical research and are searched more than 2,000,000,000 times each year;

Whereas the National Library of Medicine plays a central role in developing health data standards to enable efficient use and exchange of health information in electronic health records;

Whereas the National Library of Medicine has conducted and supported training programs for ground-breaking informatics research and development for more than 40 years;

Whereas the National Library of Medicine is a leading source of toxicology, environmental health, and disaster preparedness and response information, including innovative use of information technology and mobile devices for first responders;

Whereas the National Library of Medicine has developed a wide range of consumer health information resources, which have improved the health of citizens of the United States and persons around the globe; and

Whereas the long and distinguished history of the National Library of Medicine is worthy of special commemoration by the people of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) commemorates the 175th anniversary of the United States National Library of Medicine;

(2) salutes the National Library of Medicine for a long and distinguished record of service to citizens of the United States and people around the globe, and for the many contributions of the National Library of Medicine in the area of information innovation; and

(3) calls upon the people of the United States to observe the 175th anniversary of the United States National Library of Medicine with appropriate recognition and activities.

Mr. HARKIN. Mr. President, as a member of the Senate who has been very interested in and involved with the areas of biomedical research, health care and the improvement of the public health, I want to draw the attention of the Congress and the Nation to the 175th anniversary of the National Library of Medicine, NLM, located at the National Institutes of Health, NIH.

NLM has changed the way scientific and medical information is organized, stored, accessed and disseminated. Throughout its distinguished history, the Library's hallmark has been information innovation, leading to exciting scientific discoveries that ultimately improve the public health.

From its modest beginnings as the Library of the U.S. Army Surgeon General in 1836, the National Library of Medicine has grown to become the world's largest medical library and the

producer of electronic information resources used by millions of people around the globe every day.

The NLM has been fortunate to be led by Donald A.B. Lindberg, M.D. since 1984. Under Dr. Lindberg's leadership, the Library has dramatically advanced toward its goal of providing access to biomedical information—anytime, anywhere—for scientists, health professionals, and the public. During Dr. Lindberg's tenure, NLM has embraced the Internet as the primary mode of delivering its services and expanded its portfolio to include genetic sequence data, high-resolution anatomical images, clinical trials information, and a wide array of high-quality information for consumers. One wonders what astonishing developments the next 175 years might bring.

Throughout its 175 years, NLM's work has been vital to facilitating and improving the effectiveness of biomedical research, getting important health information out to health professionals and consumers and conducting groundbreaking informatics research.

Index Medicus, a groundbreaking index of medical journal articles first published in 1879, evolved into MEDLINE, the first marriage of online search technology and nationwide telecommunications, in 1971. Available free of charge since 1997 via the Internet, PubMed/MEDLINE is today the most frequently consulted medical database in the world.

NLM began providing toxicology and environmental health data for use in emergency response and disaster management in the mid-1960s. Today, it produces information services to help health professionals, disaster information specialists, and the general public cope with emergencies and disasters ranging from children swallowing household cleaners to overturned trucks carrying hazardous materials to the widespread effects of hurricanes, earthquakes, wildfires, and oil spills.

NLM established librarian training programs and the National Network of Libraries of Medicine in the late 1960s, to provide equal access to the biomedical literature to persons across the country. Now with nearly 6,000 members, NLM and this network of academic, hospital, and public libraries partner with community-based organizations to bring high-quality information services to health professionals and the public—regardless of geographic location, socioeconomic status or level of access to computers and telecommunications.

NLM has conducted and supported training programs and groundbreaking informatics research and development for more than 40 years. The Library, its grantees, and its former trainees continue to play essential roles in the development of electronic health records, health data standards, and the exchange of health information.

NLM is home to the National Center for Biotechnology Information, NCBI,