

consent of the governed over laws that are made locally; that embodied and most importantly recognized the loyalty of the people of Guam through an horrific occupation and finally declared them to be U.S. citizens en masse.

At this time that we recognize this very important anniversary for the people of Guam, we must be mindful of the fact that there are still many tasks ahead of us. But at least let us remember August 1, 1950, and on August 1, 2000 take time and reflect upon our past history, the work of such great people in my own island's history, like Antonio Borja Won Pat, F. B. Leon Guerrero, and B. J. Bordallo, and take the time to honor and pay tribute to those men.

#### VIOLENCE AGAINST WOMEN ACT AND NIH FUNDING

The SPEAKER pro tempore (Mr. WHITFIELD). Under the Speaker's announced policy of January 6, 1999, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 60 minutes as the designee of the majority leader.

Mrs. MORELLA. Mr. Speaker, I appear before this House in the hopes that we will make a resolution when we return from our district work period, a resolution that adds on to the commitment that we made in 1994 to recognize and fight back against domestic violence and sexual assault by passing the Violence Against Women Act as part of the Crime Bill. That is what happened in 1994.

Now, over the past 5 years, over a billion dollars of Federal money has funded law enforcement training, shelters, counseling for victims, and prevention programs for batterers and children. With so little time left in the 106th Congress, we really must focus on reauthorizing the Violence Against Women Act. H.R. 1248, which I introduced, currently has 215 cosponsors, and it recently passed the Committee on the Judiciary by unanimous consent. Indeed, it should be considered in the full House just as soon as we return. The progress made by thousands of victims and advocates in every State and district could be in jeopardy if we do not.

Now, Mr. Speaker, I want to take this opportunity to talk about the National Institutes of Health, which is in my district, and again the commitment that we in Congress have made to double the funding for the National Institutes of Health over a 5-year period.

Over the last 6 years, we have been very fortunate to have the House appropriations subcommittee that deals with the National Institutes of Health chaired by my very good friend, the gentleman from Illinois (Mr. PORTER), who will not be seeking reelection for the next Congress. We indeed will miss him, his support, his interest in the health and the welfare of our Nation's

citizens, and his commitment to doubling the funding of NIH over 5 years.

This objective, to which I am committed, to double this budget, began in 1998 when we successfully enacted a 15 percent increase in the NIH appropriation for fiscal year 1999. We succeeded again with another 15 percent increase for fiscal year 2000. And we are now at the third step in achieving our goal of doubling the NIH budget by 2003. I urge the conference committee on the appropriations for the Labor HHS bill to continue this commitment and fund NIH \$20.5 billion, which is the full 15 percent increase of \$2.7 billion. There is clearly no better time than now to recommit our pledge to doubling this funding.

Recent analyses by the Congressional Budget Office shows that this year's budget surplus is a record surplus of \$232 billion. This is a \$53 billion increase from the April projection. And over the next decade the CBO expects the surplus to grow between \$4.5 trillion and \$5.7 trillion, significantly more than what was expected just 3 months ago.

Mr. Speaker, Albert Einstein is quoted as having once said, "The only justifiable purpose of political institutions is to ensure the unhindered development of the individual." As a political institution, we must do just that, to ensure the pursuit of science and unraveling the mysteries of mankind.

□ 1915

By way of science and knowledge, we are ensuring the unhindered development of the individual. The National Institutes of Health is a world renowned institution located in Montgomery County, Maryland. It is considered the leading force in mankind's continued war against all forms of cancer, HIV/AIDS, blindness, autoimmune diseases, mental illness, and so many life-threatening and debilitating diseases.

I doubt if there is one person in this Congress whose life or family is not affected by a disease that depends on the research being funded by NIH.

It is not by chance that the United States is the undisputed world leader in high-tech medical science and drug development. It is in large part because the Federal Government has made a commitment to fund basic biomedical research for over 50 years and create a strong partnership with the private sector to bring new life-saving treatments to patients throughout the world.

The Federal commitment to biomedical, behavioral, and population-based research is responsible for the continued development of an ever-expanding base that has contributed to medical advances that have profoundly improved the length and the quality of life for all Americans.

These are remarkable times, Mr. Speaker. Never before in the history of

mankind have we experienced such an explosion of discoveries. Information gained from NIH research is revolutionizing the practice of medicine and the future direction of scientific inquiry.

Recently, the international Human Genome Project partners and Celera Genomics Corporation jointly announced that they have completed a working draft assembly of the human genome. This is a truly significant milestone for science and medicine.

For the first time in our history, researchers have available with just a few clicks on their computer the nearly 3.1 billion letters that make up the human instruction book. All of the sequence data produced by the publicly supported human genome project is deposited daily in GenBank, a freely available sequence database maintained by the NIH's National Center for Biotechnology Information.

Public consortium centers produce far more sequence data than expected. In a matter of about 15 months, 22 billion bases, or letters, of raw sequence data was produced, providing sevenfold coverage of the human genome. As a result, the working draft is substantially closer to the ultimate finished form than the consortium expected at this stage.

This is an NIH success story. Reaching this milestone is just the beginning. The project now turns more of its energy and resources to the development of tools to understand the instructions encoded in the billions of bases of DNA sequence. Alterations in our genes are responsible for an estimated 5,000 clearly hereditary diseases, such as Huntington's disease, cystic fibrosis, and sickle-cell anemia.

They are also believed to influence the development of thousands of others more common diseases, such as schizophrenia, Alzheimer's disease, cancers, heart disease, diabetes, and arthritis.

As a result, decoding this information is expected to lead to powerful new ways to prevent, diagnose, treat and cure disease. This will occupy the time and energy of biomedical scientists for decades to come.

When will there be a better time to invest in biomedical research than now? I do not know of one.

Yesterday, July 26, 2000, was the 10th anniversary of the Americans With Disabilities Act. Fifty-four million Americans have a disability. That is 20 percent of our population.

We have a dire need in this country to focus our efforts on the health of our citizens. The number of Americans over age 65 will double in the next 30 years to more than 69 million. A significant portion will develop some form of a disability.

Research is needed. It is needed to help reduce the enormous economic and social burdens that are posed by chronic diseases such as osteoporosis,

arthritis, Parkinson's, and Alzheimer's disease, cancer, heart disease, and stroke.

With so many of these diseases that are debilitating or life-threatening, we are so close, so close to the finish line in finding a cure and being able to provide for a treatment or a cure. We now talk of finding cures for so many diseases in 5 years in our lifetime.

NIH-funded research enter many of these diseases, and that is the foundation underlying the search for answers. Without the essential role that the NIH is playing in our health care equation, we as a Nation will fail to achieve the goal of a healthier, more productive Nation.

The American people want increased funding for medical research. Many polls have shown that the majority of Americans support Federal investment in medical research. With this research, we have learned that disease is a complex and evolving enemy.

Despite the extraordinary progress that has been made in the fight against many diseases, serious challenges still exist. I want to mention several examples of a new preventive strategy against disease which is changing the lives of millions of Americans.

This month, NIH announced a new clinical trial of 10 research centers which will soon begin testing a promising technique for transplanting insulin-producing pancreas cells that may one day allow people with type-one diabetes to stop their insulin shots.

This year a team of researchers funded by the National Institute of Child Health and Human Development has found that infants who die of Sudden Infant Death Syndrome suffer from abnormalities in certain regions of the brain stem. This brings us closer to finding a preventive treatment for SIDS.

In a ground-breaking, NIH-funded study published in the July issue of the proceedings of the National Academy of Sciences, researchers rapidly restored lost vision in a mouse model of Leber's. Leber's is a group of severe, early-onset, retinal degenerative diseases causing rapid vision loss at birth or during very early childhood.

This finding represents the first time researchers have restored vision in an animal model of retinal degeneration. The researchers are now moving toward doing human clinical trials.

Mr. Speaker, scientific advances resulting from NIH-supported research mean improved health and reduced suffering, job creation, biomedical research, and biotechnology, and far-reaching economic benefits touching every State through major universities, government laboratories, and research institutes.

In global competition, biomedical research and biotechnology are areas of strong American leadership and commitment. Continued support for the

National Institutes of Health will ensure that American scientific excellence continues as we move through this century. We can afford to do no less for this generation and for generations to come.

I urge my colleagues to continue with our objective of doubling the budget for the National Institutes of Health.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. GILMAN (at the request of Mr. ARMEY) for July 24 and the balance of the week on account of medical reasons.

Mr. WOLF (at the request of Mr. ARMEY) for today until 1:00 p.m. on account of attending a funeral.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. KIND) to revise and extend their remarks and include extraneous material:)

Mr. PALLONE, for 5 minutes, today.

Mr. CUMMINGS, for 5 minutes, today.

Mr. STRICKLAND, for 5 minutes, today.

Mr. KIND, for 5 minutes, today.

(The following Members (at the request of Mr. GOSS) to revise and extend their remarks and include extraneous material:)

Mr. DEMINT, for 5 minutes, today.

Mr. GOSS, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, today.

Mrs. WILSON, for 5 minutes, today.

#### REPRINTED WITH CORRECTED TEXT AND TITLE, AS PASSED BY THE HOUSE ON JULY 19, 2000.

H.R. 2634

*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 "Drug Addiction Treatment Act of 2000".

##### SEC. 2. AMENDMENT TO CONTROLLED SUBSTANCES ACT.

(a) IN GENERAL.—Section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) is amended—

(1) in paragraph (2), by striking "(A) security" and inserting "(i) security", and by striking "(B) the maintenance" and inserting "(ii) the maintenance";

(2) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively;

(3) by inserting "(1)" after "(g)";

(4) by striking "Practitioners who dispense" and inserting "Except as provided in paragraph (2), practitioners who dispense"; and

(5) by adding at the end the following paragraph:

"(2)(A) Subject to subparagraphs (D) and (J), the requirements of paragraph (1) are waived in the case of the dispensing (including the prescribing), by a practitioner, of narcotic drugs in schedule III, IV, or V or combinations of such drugs if the practitioner meets the conditions specified in subparagraph (B) and the narcotic drugs or combinations of such drugs meet the conditions specified in subparagraph (C).

"(B) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to a practitioner are that, before the initial dispensing of narcotic drugs in schedule III, IV, or V or combinations of such drugs to patients for maintenance or detoxification treatment, the practitioner submit to the Secretary a notification of the intent of the practitioner to begin dispensing the drugs or combinations for such purpose, and that the notification contain the following certifications by the practitioner:

"(i) The practitioner is a qualifying physician (as defined in subparagraph (G)).

"(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner has the capacity to refer the patients for appropriate counseling and other appropriate ancillary services.

"(iii) In any case in which the practitioner is not in a group practice, the total number of such patients of the practitioner at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number.

"(iv) In any case in which the practitioner is in a group practice, the total number of such patients of the group practice at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number, and the Secretary for such purposes may by regulation establish different categories on the basis of the number of practitioners in a group practice and establish for the various categories different numerical limitations on the number of such patients that the group practice may have.

"(C) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to narcotic drugs in schedule III, IV, or V or combinations of such drugs are as follows:

"(i) The drugs or combinations of drugs have, under the Federal Food, Drug, and Cosmetic Act or section 351 of the Public Health Service Act, been approved for use in maintenance or detoxification treatment.

"(ii) The drugs or combinations of drugs have not been the subject of an adverse determination. For purposes of this clause, an adverse determination is a determination published in the Federal Register and made by the Secretary, after consultation with the Attorney General, that the use of the drugs or combinations of drugs for maintenance or detoxification treatment requires additional standards respecting the qualifications of practitioners to provide such treatment, or requires standards respecting the quantities of the drugs that may be provided for unsupervised use.

"(D)(i) A waiver under subparagraph (A) with respect to a practitioner is not in effect unless (in addition to conditions under subparagraphs (B) and (C)) the following conditions are met: