

subject to rate-of-return regulation rather than price cap regulation. Regardless of what level of competition triggers pricing flexibility we must be cognizant of the serious repercussions that may result in situations where a carrier remains rate of return regulated.

In other words, consumers in those areas that are not subject to effective competition and receive service from a rate-of-return company run the risk of price increases. There's no guarantee that prices may go up but there is certainly a risk.

The FCC testimony with respect to this legislation highlighted this risk. The FCC testimony the Telecommunications Subcommittee was given is as follows:

[A] grant of pricing flexibility to rate-of-return carriers without the implementation of protections comparable to those adopted by the FCC with regard to price cap carriers could be particularly problematic. Rate-of-return regulation would allow such carriers to raise rates on other customers sufficiently to maintain the authorized level of return while they lower prices for contract customers.

This pricing deregulation is not going to affect directly any consumer in my congressional district, but I would suggest to the rural members of the House that they may want to take another look at this pricing deregulation and refine it further because I believe—and the FCC clearly believes—that it runs the risk of allowing unnecessary and unjustified price hikes.

The second issue I want to highlight is the merger review section. This section states that any review involving a so-called 2 percent carrier must be approved or denied by the condition within 60 days. I understand that the companies do not want merger reviews to drag on for years, but I would suggest that 60 days is too short and unrealistic.

While I believe the Commission is itself streamlining its process, if the majority is insistent on having a merger review "shot clock" I would suggest giving the Commission a greater period of time. In addition, at our merger review hearing Commissioner Powell made what I thought was a reasonable suggestion. He noted that often companies will amend their initial applications, often late in a review and after public comment. He suggested some flexibility for the FCC to extend the review.

I would suggest, therefore, something that would allow a one-time extension if a majority of the Commission voted to extend the review—of if the filing company itself requested an extension. I think this is a more reasonable way to proceed because in my view 60 days is frankly too short a time and does not sufficiently protect the public interest.

I hope we can continue our dialogue about these issues and others and make additional changes as we proceed on this bill in the future. Thank you.

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

The SPEAKER pro tempore (Mrs. MORELLA). The question is on the motion offered by the gentlewoman from Wyoming (Mrs. CUBIN) that the House suspend the rules and pass the bill, H.R. 3850, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### RECOGNIZING SEVERITY OF DISEASE OF COLON CANCER

Mrs. CUBIN. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 133) recognizing the severity of the disease of colon cancer, the preventable nature of the disease, and the need for education in the areas of prevention and early detection, and for other purposes.

The Clerk read as follows:

##### H. CON. RES. 133

Whereas colorectal cancer is the second leading cause of cancer deaths in the United States for men and women combined;

Whereas it is estimated that in 1999, 129,400 new cases of colorectal cancer will be diagnosed in men and women in the United States;

Whereas the disease is expected to kill 56,600 individuals in this country in 1999;

Whereas adopting a healthy diet at a young age can significantly reduce the risk of developing colorectal cancer;

Whereas research has shown that a high fiber, low fat diet, with minimal amounts of red meat and maximum amounts of fruits and vegetables, can significantly reduce the risk of developing colorectal cancer;

Whereas colorectal cancer is increasingly diagnosed in individuals below age 50;

Whereas regular screenings can save large numbers of lives;

Whereas the Centers for Disease Control and Prevention, the Health Care Financing Administration, and the National Cancer Institute have initiated the Screen for Life Campaign, targeted at individuals age 50 and older, to spread the message of the importance of colorectal cancer screening tests; and

Whereas education can help inform the public of methods of prevention and symptoms of early detection: Now, therefore, be it

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

(1) recognizes—

(A) the severity of the issue of colorectal cancer;

(B) the preventable nature of the disease;

(C) the importance of the Screen for Life Campaign; and

(2) calls on health educators, elected officials, and the people of the United States—

(A) to broaden the message of the Screen for Life Campaign to reach all individuals; and

(B) to learn about colorectal cancer and its preventive nature, and learn to recognize the risk factors and symptoms which enable early detection and treatment.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wyoming (Mrs. CUBIN) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wyoming (Mrs. CUBIN).

##### GENERAL LEAVE

Mrs. CUBIN. Madam 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 House Concurrent Resolution 133, now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wyoming?

There was no objection.

Mrs. CUBIN. Madam Speaker, I yield myself such times as I may consume.

Madam Speaker, I rise in support of House Concurrent Resolution 133, which recognizes the importance of preventing deaths from colorectal cancer. Colorectal cancer is the second most common cause of cancer deaths in the United States. About 56,500 people die from colorectal cancer each year in the United States. The chance of cure is clearly related to the stage of the disease. Early cancers have an excellent prognosis, while advanced cancers have a poor prognosis.

Often, colorectal cancer does not give any symptoms until rather late in the disease. I have been touched personally by this disease, having lost a dear friend to the disease, when had it been diagnosed earlier, surely it would have been curable. By screening for colorectal cancer, cancers can be detected at a very early stage, when they are clearly curable.

Several studies have shown that screening for colorectal cancer by checking for blood in the stools reduces death in these cancer patients by 15 to 30 percent. Screening for colorectal cancer is now recommended in the United States for all people over 50 years or older without any symptoms of colorectal disease and no other risk factors.

Colorectal cancer screening is an area in which the House Committee on Commerce has been very active. Under changes made in 1997, the Medicare program authorized coverage of and established frequency limits for colorectal cancer screening tests. As a part of our work with the House leadership in coming up with a Medicare package we can all be proud of, the Committee on Commerce reported out provisions in H.R. 5291, the Beneficiary Improvement and Protection Act, that would give consumers more choices and control in the kind of colorectal cancer screening services they can choose. The provision would permit an individual to elect to receive a screening colonoscopy, which is more expensive but more thorough, instead of a screening sigmoidoscopy.

There are many other fine provisions in H.R. 5291 that would go a long way to improving the life for those Americans on Medicare facing an uncertain future of colorectal cancer.

Madam Speaker, I thank the cosponsors of House Concurrent Resolution 133 for their leadership on this issue and in cancer awareness in general, and I urge my colleagues to pass this resolution on the floor today.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, colon and rectal cancers are the second leading cause of cancer-related deaths in the United States. This year alone, more than 130,000 Americans will be diagnosed with colon cancer and colorectal cancer. Ninety percent of these cancers occur in people over the age of 50. Six percent of people age 75 to 80 have had colorectal cancer at some point in their life; one out of 16.

The good news is that the odds of beating colorectal cancer go up significantly with early detection. With that in mind, the American Cancer Society recently updated its screening guidelines to increase early detection. In addition, Medicare has expanded coverage of screening tests.

It is hoped these changes, along with new screening methods being tested, will prompt more people to talk with their doctor about screening. These are positive steps, but we clearly have more to do. In many ways we are just starting to spread the word about colon cancer.

Madam Speaker, I fully support passage of this resolution. I thank the gentleman from Virginia (Mr. MORAN) for his good work on this resolution, and this resolution affirms our commitment to fight this disease until we eliminate it.

At the same time, while this Congress again today passes a resolution exhorting people to get tested, exhorting early detection and education and all the things that we need to do, this Congress has again failed to pass prescription drug legislation; it has again failed to pass Ryan White; it has again failed to pass a Patient's Bill of Rights, and failed to provide funding for breast and cervical treatment, precancer treatment, which is a cruel hoax on those without insurance who have been tested and screened for breast and cervical cancer and, where it has been detected that they actually have cancer, there is no money for the actual treatment.

Madam Speaker, I support H. Con. Res. 133; and I urge its adoption.

Madam Speaker, I reserve the balance of my time.

Mrs. CUBIN. Madam Speaker, I yield such time as he may consume to the gentleman from Alabama (Mr. BACHUS).

Mr. BACHUS. Madam Speaker, we use a lot of figures; we talk about millions of people, we talk about a half million people dying. I want to talk about a city of 100,000 people. In a city of 100,000 people, 50 people this year will develop colorectal cancer. Now, of those people, most all of them, if not all of them, have precancerous growths or polyps, and those polyps are in their

rectum or colon, what we used to call the large bowel, for some time. Many years. In fact, I was examined and they found a polyp and they removed the polyp.

Now, there are screening tests available today where these precancerous growths can be found. They are very simple tests. One is an occult blood test, which finds microscopic blood, and they can easily be found. And if an individual is screened, and if these polyps are found, they can easily be removed and it reduces the chances of getting colorectal cancer by 90 percent. The national polyp study showed that.

So our first defense against this disease that costs so many lives is simply that people over the age of 50, all our citizens, should go in and discuss with their doctors screening.

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Their chances will be reduced immediately by 90 percent of even developing a small tumor. But let us just suppose that these 50 out of 100,000 people that would have developed cancer do not go in. If they do not go in and they do develop a small tumor, still when they begin having symptoms, and let me stress that in the early stages, there are no symptoms that are detectable. So you cannot rely on waiting around for symptoms to develop. That is why we need screening, and that is why everyone over the age of 50 ought to have screening.

But suppose that they are not screened. Suppose they develop a small tumor. Then there are two things that happen. They have a discharge of blood, and it can be something that can be seen but oftentimes it is microscopic. They also have a change in their bowel movements or their bowel habits, diarrhea, constipation, change in frequency, change in size. These are early warning signs. Unfortunately in this country even when people detect blood in their stool, even when they have a change of bowel habits, they often do not do anything. They are not screened.

Now, let us suppose that they immediately respond; they go to their doctor, and there is a small growth there. They quickly go in. If they are fortunate to have caught it in that stage and responded immediately and it is still a small growth, their chances of surviving are still above 90 percent. But, sadly, all too often even when there are all sorts of signs, people do not do that. And in the second stage, their chances of survival are only 75 percent. And in the later stages only 5 percent. It is so important that we receive screening to prevent even the development of cancer as in my case, or the early treatment. Unfortunately, people that wait too long, even those that survive, often have a change in their bowel or their bladder functions or in their sexual functions by simply

waiting too long, or by failing to have these simple tests that cost very little and can be performed in a doctor's office.

I commend those who brought this resolution. I am glad to join as a cosponsor. I simply say to Americans out there over the age of 50, you are at risk for developing colorectal cancer; but it can be prevented, and it can be treated. It just depends on every person and every family's commitment to responding, to taking these tests which are available. And it was so important that this Congress made available to our citizens the right to protect their health and to protect their bodies and to preserve their health by providing this service.

Mr. BROWN of Ohio. Madam Speaker, I yield 5 minutes to the gentleman from Virginia (Mr. MORAN).

Mr. MORAN of Virginia. Madam Speaker, I want to thank my colleague and friend, the gentleman from Ohio (Mr. BROWN), and the gentlewoman from Wyoming (Mrs. CUBIN) and my cosponsor of the resolution, the gentleman from Alabama (Mr. BACHUS), and the other cosponsors as well. I also want to thank the gentleman from Virginia (Mr. BLILEY) for letting this come up on the floor today.

H. Con. Res. 133 recognizes the severity of the disease of colon cancer, the preventable nature of the disease and the need for education in the areas of prevention and early detection. The consideration of this resolution comes in time for a very special event which will occur this Sunday, October 8, on the mall in Washington. I am speaking of the first-ever 5K WebMD Rock 'n Race to Fight Colon Cancer. Katie Couric, who suffered the loss of her husband to this disease, is the founder of this event. This walk will bring together people from across the country who want to show their support for victims, survivors, family members, and friends who have been touched by colon cancer.

Colon cancer is the number two cause of cancer death for both men and women combined. However, it is also one of the most preventable of cancers. In fact, when detected early, colon cancer is 90 percent curable. In the United States, as the gentleman from Alabama (Mr. BACHUS) said, more than 130,000 new cases of colorectal cancer are expected to be diagnosed and about 56,300 people will die from the disease this year. I guess that was the gentleman from Ohio (Mr. BROWN) that shared those statistics with us and those are absolutely accurate.

Many people are not aware of the prevalence and seriousness of colorectal cancer in men and women because the issue has not been freely discussed. Colorectal cancer is highly preventable through primary prevention strategies, such as diet, nutrition and exercise. In fact, adopting a

healthy diet at a young age can significantly reduce the risk of even developing colorectal cancer at any point in your life. Research has shown that a high-fiber, low-fat diet with minimal amounts of red meat and maximum amounts of fruits and vegetables can significantly reduce the risk of developing colorectal cancer.

In addition to a healthy diet, regular screenings can save many of these lives. The Centers for Disease Control and Prevention, the Health Care Financing Administration, the National Cancer Institute, have initiated a Screen for Life campaign targeted at individuals age 50 and older to spread the message of the importance of colorectal cancer screening tests. We need to broaden the message of this Screen for Life campaign to reach all individuals and to save many of their lives.

As of today, 41 bipartisan Members have cosponsored this resolution which seeks to raise awareness of colorectal cancer. Colon cancer is a preventable disease. Colon cancer is a treatable disease. We need to at least do our part in spreading this message by passing this resolution.

I thank my colleagues for the opportunity to consider H. Con. Res. 133. I urge my colleagues to support this bipartisan resolution and to join their constituents who will be coming to Washington this weekend for the WebMD Rock 'n Race.

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

Mrs. CUBIN. Madam Speaker, I yield myself such time as I may consume.

The subject that H. Con. Res. 133 addresses is not a pleasant issue to discuss, but something that is much, much, much less pleasant, which is horrible, in fact, is to be notified that someone you love has colorectal cancer and had they been diagnosed earlier, had they gone in earlier, it would have been curable but now it is not.

I think generally men have a harder time dealing with issues like this, and so I would like to really express my thanks to the gentlemen here today who have brought this issue up and have spoken on behalf of it, because it is a disease that is curable in most cases. I truly thank the gentleman from Ohio (Mr. BROWN), the gentleman from Virginia (Mr. MORAN), and the gentleman from Alabama (Mr. BACHUS) for their leadership on behalf of men and women as well.

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

The SPEAKER pro tempore (Mrs. MORELLA). The question is on the motion offered by the gentlewoman from Wyoming (Mrs. CUBIN) that the House suspend the rules and agree to the concurrent resolution, House Concurrent Resolution 133.

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

A motion to reconsider was laid on the table.

#### MOTOR VEHICLE FRANCHISE CONTRACT ARBITRATION FAIRNESS ACT OF 2000

Mrs. BONO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 534) to amend chapter 1 of title 9 of the United States Code to permit each party to certain contracts to accept or reject arbitration as a means of settling disputes under the contracts, as amended.

The Clerk read as follows:

*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 "Motor Vehicle Franchise Contract Arbitration Fairness Act of 2000".

##### SEC. 2. ELECTION OF ARBITRATION.

(a) MOTOR VEHICLE FRANCHISE CONTRACTS.—Chapter 1 of title 9, United States Code, is amended by adding at the end the following:

##### "§ 17. Motor vehicle franchise contracts

"(a) For purposes of this section, the term—

"(1) 'motor vehicle' has the meaning given such term under section 30102(6) of title 49; and

"(2) 'motor vehicle franchise contract' means a contract under which a motor vehicle manufacturer, importer, or distributor sells motor vehicles to any other person for resale to an ultimate purchaser and authorizes such other person to repair and service the manufacturer's motor vehicles.

"(b) Whenever a motor vehicle franchise contract provides for the use of arbitration to resolve a controversy arising out of or relating to the contract, arbitration may be used to settle such controversy only if after such controversy arises both parties consent in writing to use arbitration to settle such controversy.

"(c) Whenever arbitration is elected to settle a dispute under a motor vehicle franchise contract, the arbitrator shall provide the parties to the contract with a written explanation of the factual and legal basis for the award."

(b) TECHNICAL AND CONFORMING AMENDMENT.—The table of sections for chapter 1 of title 9, United States Code, is amended by adding at the end the following:

"17. Motor vehicle franchise contracts."

##### SEC. 3. EFFECTIVE DATE.

The amendments made by section 2 shall apply to contracts entered into, amended, altered, modified, renewed, or extended after the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. BONO) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentlewoman from California (Mrs. BONO).

GENERAL LEAVE

Mrs. BONO. Madam Speaker, I ask unanimous consent that all Members

may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Mrs. BONO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of my legislation that will correct unfair auto dealer franchise agreements that are purposefully written in favor of the manufacturer. With over 250 cosponsors, this Congress has realized that America's community auto dealers are in a unique position in franchise law and that relief is needed.

In 1925, Secretary of Commerce Herbert Hoover said of the Federal Arbitration Act that was recently passed by Congress, "If the bill proves to have some defects, and we know most legislative measures do, it might well, by reason of the emergency, be passed and amended later in the light of further experience." It is the result of "further experience" that brings us to amend the Federal Arbitration Act today.

Current business practice is that both the auto dealer and the manufacturer go through a process of mandatory binding arbitration in the case of a legal dispute. Unlike other forms of legal resolution, the auto dealer arbitration process has no jury, no rules of evidence or appeals process. H.R. 534, however, would simply make this mandatory binding arbitration in motor vehicle franchise contracts voluntary.

It is our turn to amend the Federal Arbitration Act and return some of the power back to the States. In my home State of California, there are numerous State laws that cover motor vehicle franchise contracts and sufficient State forums to hear the legal disputes that may arise from these agreements.

However, California's efforts to preserve the right of its auto franchisees to obtain a fair hearing for claims brought under the California franchise investment law have been preempted by Federal law. Because State laws to provide auto dealer protections are currently prohibited, it is now appropriate to revisit this issue.

Madam Speaker, many vehicle manufacturers already have inserted mandatory binding arbitration clauses in their standard dealer agreements. With broad power to unilaterally amend their dealer agreements without dealer input at any point, every manufacturer could force mandatory binding arbitration on its dealers tomorrow.

Madam Speaker, I would like to thank the gentleman from Illinois (Mr. HYDE) for his leadership and the gentleman from Massachusetts (Mr. DELAHUNT) for his dedication to see this legislation passed into law. It has been with his hard work and bipartisan spirit that this bill has made it to the