

section 4 of the Act of July 31, 1946 (40 U.S.C. 193d; 60 Stat. 718), concerning sales, advertising, displays, and solicitations on the Capitol Grounds, as well as other restrictions applicable to the Capitol Grounds, with respect to the event authorized by section 1.

SEC. 5. LIMITATIONS ON REPRESENTATIONS.

(a) IN GENERAL.—No person may represent, either directly or indirectly, that this resolution or any activity carried out under this resolution in any way constitutes approval or endorsement by the Federal Government of any person or any product or service.

(b) ENFORCEMENT.—The Architect of the Capitol and the Capitol Police Board shall enter into an agreement with the sponsor, and such other persons participating in the event authorized by section 1 as the Architect of the Capitol and the Capitol Police Board considers appropriate, under which such persons shall agree to comply with the requirements of subsection (a). The agreement shall specifically prohibit the use of any photograph taken at the event for a commercial purpose and shall provide for the imposition of financial penalties if any violations of the agreement occur.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. LATOURETTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H. Con. Res. 423.

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

There was no objection.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 4392) "An Act to authorize appropriations for fiscal year 2001 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes."

CONCURRING IN SENATE AMENDMENT TO H.R. 4386, BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT OF 2000

Mrs. MYRICK. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 628 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 628

Resolved, That upon adoption of this resolution it shall be in order to take from the

Speaker's table the bill (H.R. 4386) to amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program, to amend the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to surveillance and information concerning the relationship between cervical cancer and the human papillomavirus (HPV), and for other purposes, with the Senate amendment thereto, and to consider in the House, without intervention of any point of order, a motion offered by the chairman of the Committee on Commerce or his designee that the House concur in the Senate amendment with the amendment printed in the report of the Committee on Rules accompanying this resolution. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Commerce. The previous question shall be considered as ordered on the motion to final adoption without intervening motion or demand for division of the question.

The SPEAKER pro tempore. The gentlewoman from North Carolina (Mrs. MYRICK) is recognized for 1 hour.

Mrs. MYRICK. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER) pending which I yield myself such time as I may consume. During consideration of this rule, all time yielded is for the purpose of debate only.

Mr. Speaker, yesterday the Committee on Rules met and granted a rule waiving all points of order against a motion to concur in the Senate amendment to H.R. 4386, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 with an amendment.

Mr. Speaker, the rule provides for 1 hour of debate in the House on the motion equally divided and controlled by the chairman and ranking minority member of the Committee on Commerce.

The rule also waives all points of order against the amendment printed in the Committee on Rules report.

Mr. Speaker, this rule allows us to finally pass a very, very important bill. The Breast Cancer Treatment Act will allow low-income, uninsured women to get treatment for their breast and cervical cancer.

Right now, uninsured women can receive free Federal mammograms and pap smears; but if they find out they have cancer, they are on their own.

There is nothing worse than being diagnosed with breast cancer or cervical cancer and then being told, sorry, there is nothing we can do to help. That is ridiculous. It is very, very expensive to get chemotherapy and radiation, which are the treatment options we have available today. I know this because I just finished that treatment through my own battle with cancer.

It is also a very emotional battle when one is told they have this disease and just diagnosed with it and some-

body should not have to worry that they are not going to be able to get the treatment they need. Because they naturally would think, I am going to die. What is going to happen to me?

I was very lucky because I was able to afford health insurance. This bill is for working women who have no insurance, and it is crucial that we do our part to help them with the tough time in their lives.

In my own State of North Carolina, 20,000 women have been screened for breast cancer through the government's free mammogram program. And up until now, many of these women have been left out in the cold.

Now, as soon as we get this bill to the President, these women will have health. And there is another issue in this bill which we are going to be addressing and we both have speakers on both sides of the aisle, and that is the human papilloma virus. We are going to be talking about that. And then, as we go through the process, I am going to move at the end of the rule to make an amendment to the bill. And I want to make that clear.

So we need to pass this rule and, more importantly, let us get this bill to the President.

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

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

Mr. Speaker, I thank my colleague from North Carolina for yielding me the customary half hour.

Mr. Speaker, first and foremost, I want to express my very strong support for the underlying bill. I am proud to be an original cosponsor of H.R. 1070, on which the legislation is based.

Our consideration of this measure is long overdue. I want to commend the gentlewoman from California (Ms. ESHOO), the gentlewoman from North Carolina (Mrs. MYRICK) and the gentlewoman from Missouri (Ms. DANNER) as well as all the members of the Women's Caucus for persevering and advancing the issue and bringing it before the House today.

Now, according to our colleagues in the other body, the other body will not, I repeat, will not consider the measure in the final days of Congress if we allow the Coburn amendment to go forward. And with this in mind, my colleague the gentlewoman from North Carolina (Mrs. MYRICK) has secured a mechanism to remove the additional language to provide for consideration of a clean bill. She has my strong support in this effort. I urge the support of my colleagues, as well.

I would like to say a word about the serious nature of the human papilloma virus to both men and women as one of the leading causes of both cervical and prostate cancer, and I would also like to have some more work done on the importance of surveillance and research on that virus. I think it is an

important step, and I look forward to seeing the provision that the gentleman from Oklahoma (Mr. COBURN) has in his amendment included on a bill this year, but just not this one. We cannot afford to let this year about to go by while women wait.

The Breast and Cervical Cancer Treatment Act is much too important to be caught up in the procedural confusion. This bill provides an opportunity to extend care and treatment to low-income women diagnosed with cancer under the CDC breast and cervical cancer screening program. For many of these women, such a bill will ensure that they have access to affordable care.

Low-income women screened and diagnosed with breast cancer through the Centers for Disease Control and Prevention of Breast and Cervical Cancer Control Program should not have to hold bake sales to obtain treatment for breast cancer. The underlying bill will give States the option of providing Medicaid coverage for the treatment of these women.

Mr. Speaker, the bill has the strong support of the National Breast Cancer Coalition, a 500 member organization representing hundreds of thousands of individual members. And we also have letters of support from numerous health care organizations urging that the Senate version of the bill be considered so that we can pass this and send it to the President this year.

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

Mrs. MYRICK. Mr. Speaker, I yield 6 minutes to the gentleman from Oklahoma (Mr. COBURN) my friend.

Mr. COBURN. Mr. Speaker, I want to thank the gentlewoman from North Carolina, who is a very dear friend of mine, and want to say this: There is no question I have lost the battle on this bill to have women have the knowledge about what the risks are from this virus. And that has been my goal all along.

Every Friday and every Monday that we are not here, I treat women. I hate this virus. I hate it worse than HIV. Because what it does is it takes the self-esteem away from a woman. A woman feels dirty when she finds out that she has got this virus.

Unfortunately, we as a body have condoned the message in this country that says to our young children and young adults that they can have safe sex. That is a lie.

A condom offers no protection from this virus. The NIH has stated so. As a matter of fact, NIH Dr. Richard Cosner has stated that no additional research should be done on the efficacy of condoms as related to this virus because the studies are irrefutable that a condom will not protect them.

I understand the concerns of the gentlewoman from New York and the Women's Caucus in this. I want a

breast and cervical cancer bill. I have three close family members with breast cancer. I want this. I want this for the women in my practice who have trouble getting treatment when they are working and do not have health insurance. I do not mean to be an impediment. But if we take the same track on cervical cancer, on prostate cancer, and now 20 percent of the gay men in this country have rectal dysplasia, which means they are going to have rectal cancer if we take the same track we did initially on HIV and offer treatment only, without education and information for prevention, what we have done is a very great disservice to the country.

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We have abrogated our responsibility. The fact is that we can prevent cervical cancer. Yes, we have set up a great screening system to find this. That is why we find it early. That is why we have such wonderful cure rates on cervical cancer. But we should not have as many women with cervical cancer as we do in this country: 3,800 women will die this year from cervical cancer; 30,000 will be diagnosed with cervical cancer in this country. Those are preventable diseases.

As we discuss the health care dollars and the health care crisis in this country, to be spending money on treatments when we could have prevented it is very, very foolish. I would like to engage the gentlewoman from New York in a colloquy, if I might. I would like to just ask again, I heard her opening statement and I am very appreciative of it. Can I have a commitment from the Women's Caucus that before this session of Congress is over, that we in fact will have in some language somewhere a study and a prevention message for the young people in this country as relating to human papilloma virus?

Ms. SLAUGHTER. If the gentleman will yield, if I could give him that assurance, I would. Unfortunately, I do not determine what goes on what bills. However, I made it as clear as I could in my statement that we recognize that what he is doing is important, that we want to see it this year. However, there is no mistaking the fact that if his amendment is on this bill, the Senate will not take it up this year. That means that another year, maybe two, would pass before the poor women in the United States would have access to treatment. We would be more than happy, and I will give the gentleman my commitment that we would vote for that, be happy to do it; but certainly I am not the person he wants to talk to about putting that on another bill.

Mr. COBURN. I have the assurance of our leadership. What I want is the assurance of the Women's Caucus that they want women in this country to be informed about this risk.

Ms. SLAUGHTER. I think we have made that very clear. I do not know anything I could say to make it clearer. We want all the information we can get. We do not believe there is any such thing as too much. But we want to save this bill because women are waiting.

Mr. COBURN. I thank the gentlewoman, and I reclaim my time.

I would just say the following thing: information is powerful. Women in our country are smart. They make good medical decisions. They can and must be informed of the risk of this virus. Seven million women this year will become infected with this virus. Not all of them will develop cervical cancer. But if one does, we have not done our job.

Mrs. MALONEY of New York. Mr. Speaker, will the gentleman yield?

Mr. COBURN. I yield to the gentlewoman from New York.

Mrs. MALONEY of New York. Mr. Speaker, I just first of all want to commend the gentleman from Oklahoma for his efforts, his really sincere and hard efforts to alert the public on the danger of HPV, which is a very widespread sexually transmitted disease. As cochair of the Women's Caucus along with my dear friend and colleague from the great State of New York (Mrs. KELLY), he has my absolute commitment to work this year to find some vehicle to have this study and the important work that he is supporting in a package this year. But as the gentlewoman from New York (Ms. SLAUGHTER) pointed out, the Senate has said they want a clean bill. That is what we want to give them. But we applaud his efforts, his work and we want to work with him.

Mr. COBURN. I thank the gentlewoman for that assurance.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague from New York for yielding me this time.

Mr. Speaker, I have spent many months working with my colleagues in the Committee on Commerce on helping to support the Breast and Cervical Treatment Act. I want to pay particular tribute to the gentlewoman from California (Ms. ESHOO), who is not able to be here today for her leadership in that effort in the committee and throughout the House.

I want to pay a special tribute today to the gentlewoman from North Carolina (Mrs. MYRICK) for her leadership to move this legislation along. As a nurse, I fully understand the importance of human papilloma virus as a public health issue. I commend the gentleman from Oklahoma (Mr. COBURN) for his interest in this topic, and I hope that the House will address this issue very soon.

But today we must be voting on a clean bill so that we can ensure that

low-income women who have been screened positive for breast and cervical cancer can get the treatment that they so desperately need. As the gentlewoman from North Carolina said, early diagnosis is meaningless without the opportunity for treatment. That is what this bill, the Breast and Cervical Cancer Treatment Act, addresses. Adding the HPV provision to this bill which is extraneous to its underlying purpose of treatment jeopardizes its passage. Think of the disservice this does, the critical lifesaving treatment that could be denied to millions of women in this country today if this happens.

Today, instead, we have the chance to pass this strongly bipartisan bill out of the House and send it directly to the President's desk for a signature. We cannot let that opportunity pass by.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Mrs. KELLY).

Mrs. KELLY. Mr. Speaker, I rise today in support of the rule for H.R. 4386, the Breast and Cervical Cancer Prevention and Treatment Act. Back in May, the House passed this legislation under the suspension of the rules. Today, we have the opportunity to again support this important legislation which would provide treatment for low-income women with breast and cervical cancer by closing the gap in an existing Federal program that screens low-income women for breast and cervical cancer but does not provide treatment once diagnosed.

The rule we are now considering will allow the House to consider the same bill which the Senate passed this week, and by the end of today we will have a bill to send to the President to close this gap and provide treatment for the hundreds of thousands of women across this country who need this treatment.

The rule removes the amendment offered by the gentleman from Oklahoma (Mr. COBURN). His amendment addresses a serious disease, the human papilloma virus. But unfortunately this language may have slowed this bill's passage in the other body. I support the efforts of my colleague, and I look forward to joining him in the future to have these concerns considered. I join my colleague, the gentlewoman from New York (Mrs. MALONEY), the cochair of the House Women's Caucus, in committing to work within the Women's Caucus for the inclusion of his bill in any vehicle possible this year so we can address this dangerous virus.

Presently, I urge all of my colleagues to support this rule, however, and the underlying bill. This legislation is a critical step in ensuring women have access to the treatment that they need for these terrible diseases. I thank the gentlewoman from California (Ms. ESHOO) and the gentleman from New York (Mr. LAZIO) for their work on this issue.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, I came to the floor originally to speak against the rule, but now I understand that the rule will be amended and the language that was added to the Senate bill will not be included so that this legislation will go directly from the House to the President. We hear he is anxiously awaiting the opportunity to sign it.

I was the author of the legislation originally to provide the breast and cervical cancer screening. That was during the Bush-Quayle administration. We had their support for that legislation, but we could not get them to agree to help fund the treatment for women if they found that they had cancer. It is now 8 years later and in a bipartisan and maybe unanimous move we are finally going to allow low- and moderate-income women who are screened for breast and cervical cancer under the existing program to have assured treatment under this legislation.

This bill would provide them the hope by allowing States to cover them under Medicaid to get the care that they need. It makes sense. It is in fact a cruel hoax to say to a woman, "Go get screened but if it turns out you have cancer, if you don't have insurance, you're on your own."

Unfortunately, in these last 8 years, the number of people who are uninsured has grown 1 million each year. So we have more and more people uninsured. At least for those women who have breast and cervical cancer, once they are screened under the existing program, we will now provide medical services, lifesaving medical services for them. It would be a travesty to do otherwise.

I am pleased now to support the rule when it is amended and to support the legislation. It is long overdue. I look forward to having the President sign this legislation into law.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. CUNNINGHAM).

Mr. CUNNINGHAM. Mr. Speaker, this should be a guy thing, and I want to tell my colleagues why. I joined the Labor-HHS committee because it focuses primarily on two issues: one is education, the other is medical research. This century is going to be, I think, not for technology but the most important century for medical research in the history of mankind, from the genome program to cell division where we can take pancreatic cells and inject into maybe a child that has juvenile diabetes.

I would like my colleagues to remember that we lost Herb Bateman this year. Congressman Vento, we go to his funeral tomorrow. Cancer is a brutal thing. I know many of our colleagues on this floor have contracted it. I have talked to the gentlewoman from Con-

necticut (Ms. DELAURO). She is a cancer survivor. My mom is a cancer survivor. There is no better woman in this country than my little mom. But can you imagine, and I know when the doctor looked me in the face and said, "Duke, you've got cancer," that is pretty tough. And I try and put myself in the position that what if I did not have care for my medical retirement from my military retirement, what if someone says, "Duke, you've got prostate cancer, but you've got no hope. You're going to die." How terrible is that in a country as powerful as ours? I look at the things in my own personal life. I am pro-life. My colleagues know that. And I disagree with areas like Planned Parenthood on their abortion issue. But I went to Planned Parenthood, and I saw many women receive mammograms, pap smears, care that indigent women would not have received. At least we need to come together in those areas to make sure that many of our unfortunate that do not have health care can come together and get that. That is why I think this is so important, and I rise in strong support. I want to thank my colleagues on both sides of the aisle for this legislation.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise to support this measure and to pay tribute to the gentlewoman from California (Ms. ESHOO) and the gentlewoman from North Carolina (Mrs. MYRICK) for taking the lead and for the rest of the women in the bipartisan Women's Caucus. Many taxpayers' dollars went into the discovery and the security of having diagnostic and treatment modalities for cervical and breast cancer. Yet we have seen a number of working women, low-income women without health insurance coverage not be able to get treatment simply because they cannot afford it. Yet some of their tax dollars went into the real arrival of these answers that we have today.

I stand here as a cancer survivor because of these diagnostic and treatment modalities.

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My grandmother was a victim. So I do know what it is like to be told not only of a family member but be told myself that I have cancer, and to have access to getting treatment.

I would hope that the gentleman from Oklahoma (Mr. COBURN) would understand that we do not want to delay this measure any longer in going to get the President's signature so that women can have access to this treatment. I do not believe that he would want to do that.

I understand the seriousness of that virus. I too am a health professional. I

am a registered nurse and understand the real importance of early diagnosis and treatment. Far too long we have waited for this to become law, and I hope we will wait no longer.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. ROS-LEHTINEN).

Ms. ROS-LEHTINEN. Mr. Speaker, I thank my good friend, the gentlewoman from North Carolina (Mrs. MYRICK), for yielding me this time.

Mr. Speaker, breast and cervical cancers have continued to increase in exponential numbers. Just today approximately 480 women across our Nation will be diagnosed with breast cancer and approximately 120 will die from this affliction. Women's cancers are sweeping the families of our Nation at high speeds, and while researchers continue to look for cures and effective treatments, many women will never be able to see the benefits of such research because they simply will not be able to afford it.

Today, by passing this legislation, we will be on our way to ensuring that low-income women without health insurance have access to lifesaving treatment.

Cancer eats away at the spirits of women battling with this disease. These women should not have to waste their energy scrambling for an ad hoc patchwork of providers, volunteers and charity care programs that will only result in unpredictable, delayed, or incomplete treatment. For the women and families fighting cancer, every minute counts. They simply cannot and should not have to wait any longer for this treatment. Their lives may depend on the outcome of today's vote. I urge my colleagues to vote for the passage of this bill so that low-income women can have a fighting chance at beating breast or cervical cancer.

I would like to thank my dear constituent, Jane Torres, president of the Florida Breast Cancer Coalition, for her selfless devotion to this very worthy cause; and to Fran Visco, president of the National Breast Cancer Coalition, for her tireless efforts to eradicate breast cancer; and to my dear colleague, the gentleman from New York (Mr. LAZIO), the leader of this legislation, who continues to show through his actions that the welfare and the health of women and families remain his priorities; and lastly, to my colleague, the gentlewoman from North Carolina (Mrs. MYRICK), a breast cancer survivor and a fighter to whom this legislation is dedicated and a fearless advocate for all women living with breast cancer.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY of New York. Mr. Speaker, I thank the gentlewoman from New York (Ms. SLAUGHTER) for yielding me this time, and for her leadership.

Mr. Speaker, I rise in strong support of this rule and the underlying bill. This is an extremely important bill, and it will literally save thousands of women's lives. Mr. Speaker, I ask everyone to stop for a moment and think about what they might do if they were diagnosed with cancer but were told that no treatment options were available under their insurance and that they could not afford treatment because they could barely afford to feed their family and pay their rent.

Mr. Speaker, for thousands of women in this country, this is an unfortunate reality. There is an outstanding program under the CDC called the National Breast and Cervical Cancer Early Detection program. It provides screening for low-income women who have little or no health insurance, but for women who find that they have cancer from this important screening program there is no guarantee of any treatment. It is clear that this situation must change. This bill will do that.

The Women's Caucus has made it a top priority. I want to thank the gentlewoman from California (Ms. ESHOO) and the gentlewoman from California (Mrs. CAPP), the gentlewoman from North Carolina (Mrs. MYRICK), the gentlewoman from Missouri (Ms. DANNER), and my Women's Caucus cochair, the gentlewoman from New York (Mrs. KELLY), for their tireless work to get this bill passed. I also want to thank all the members of the Women's Caucus who signed a letter to Speaker HASTERT this week urging swift passage of the bill.

This bill gives States the option to provide Medicaid coverage to uninsured or underinsured women who have been diagnosed through the CDC's screening program. It passed overwhelmingly in the House and Senate, and every day this bill is delayed we have women dying from treatable breast and cervical cancer. Today is a great and important day for women facing breast and cervical cancer. I commend the leadership for bringing it to the floor today, and I also want to commend the gentleman from Oklahoma (Mr. COBURN) for his efforts and pledge my support to continue working with him on the dangers of HPV.

I urge total support and passage and to the President's desk.

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

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise simply to thank all of those who have been engaged in this battle both personally and as well publicly. I do acknowledge the importance of this legislation and particularly the fight against this virus HPV. I think it is very important to acknowledge the number of women who have died suf-

fering from both breast and cervical cancer. Just a week ago, many of us, or this past month, saw the Susan B. Coleman Race for the Cure all over the Nation. Thousands of women stood up to be counted for a cure for breast cancer. In my own community 20,000 walked, and I am particularly proud of the Sisters Network, a group of African American women who have gone into the community to fight against the stigma of acknowledging the importance of getting a mammogram or the importance of early detection.

This legislation, however, comports with the mission of many women in the United States Congress and that is there can be no real research if we do not use clinics and reach out to women to be tested and further research in the National Institutes of Health. I am glad that this legislation will help low-income women, inner city women, rural women, Asian, Hispanic, African American women, white women, all women who face these devastating diseases; and we will learn more by this legislation. I hope that my colleagues will support this legislation enthusiastically, but I also ask that we continue to fetter out some of the perceived incurable diseases that have plagued American citizens, and particularly in this instance women. I also want to salute the very brave women who are survivors and ask that there be many more as we seek a cure for these diseases.

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

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

Mr. Speaker, as I stated earlier, the amendment of the gentleman from Oklahoma (Mr. COBURN) is not going to be included on this bill, just for clarity; but I do want to say that I will do everything in my power to make sure that the very important issue is included in a bill this year. I want to thank the Women's Caucus for coming forward and saying that they are willing to work on this as well because we all understand how important it is to women that we get this done, and men, too, relative to prostate cancer.

I also want to thank everyone on both sides of the aisle for their cooperation on this and making it possible to see this bill come to fruition this year, and also thank the Breast Cancer Coalition for their support and other groups on the outside, and especially the gentleman from New York (Mr. LAZIO), who has been a real champion of this and spent a lot of hard work on this issue over the past year.

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MRS. MYRICK

Mrs. MYRICK. Mr. Speaker, I offer an amendment in the nature of a substitute.

The SPEAKER pro tempore (Mr. BARRETT of Nebraska). The Clerk will report the amendment in the nature of a substitute.

The Clerk read as follows:

Amendment in the nature of a substitute offered by Mrs. MYRICK:

Strike all after the resolved clause and insert:

That upon adoption of this resolution it shall be in order to take from the Speaker's table the bill (H.R. 4386) to amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program, to amend the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to surveillance and information concerning the relationship between cervical cancer and the human papillomavirus (HPV), and for other purposes, with the Senate amendment thereto, and to consider in the House, without intervention of any point of order, a motion offered by the chairman of the Committee on Commerce or his designee that the House concur in the Senate amendment. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Commerce. The previous question shall be considered as ordered on the motion to final adoption without intervening motion.

Mrs. MYRICK. Mr. Speaker, I do want to reiterate that this means this bill will go straight to the President for signature.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the amendment in the nature of a substitute and on the resolution.

There was no objection.

The SPEAKER pro tempore. The question is on the amendment in the nature of a substitute offered by the gentlewoman from North Carolina (Mrs. MYRICK).

The amendment in the nature of a substitute was agreed to.

The SPEAKER pro tempore. The question is on the resolution, as amended.

The resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

Mr. BILIRAKIS. Mr. Speaker, pursuant to House Resolution 628, I call up the bill (H.R. 4386) to amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program, to amend the Public Health Service Act and the Federal Food, Drug and Cosmetic Act with respect to surveillance and information concerning the relationship between cervical cancer and the human papillomavirus, and for other purposes.

The Clerk read the title of the bill.

MOTION OFFERED BY MR. BILIRAKIS

Mr. BILIRAKIS. Mr. Speaker, I offer a motion.

The SPEAKER pro tempore. The Clerk will designate the motion.

The text of the motion is as follows:

Mr. BILIRAKIS of Florida moves that the House concur in the Senate amendment to H.R. 4386.

The text of the Senate amendment is as follows:

Senate Amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Breast and Cervical Cancer Prevention and Treatment Act of 2000".

SEC. 2. OPTIONAL MEDICAID COVERAGE OF CERTAIN BREAST OR CERVICAL CANCER PATIENTS.

(a) COVERAGE AS OPTIONAL CATEGORICALLY NEEDED GROUP.—

(1) IN GENERAL.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

(A) in subclause (XVI), by striking "or" at the end;

(B) in subclause (XVII), by adding "or" at the end; and

(C) by adding at the end the following:

"(XVIII) who are described in subsection (aa) (relating to certain breast or cervical cancer patients);";

(2) GROUP DESCRIBED.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following:

"(aa) Individuals described in this subsection are individuals who—

"(1) are not described in subsection (a)(10)(A)(i);

"(2) have not attained age 65;

"(3) have been screened for breast and cervical cancer under the Centers for Disease Control and Prevention breast and cervical cancer early detection program established under title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) in accordance with the requirements of section 1504 of that Act (42 U.S.C. 300n) and need treatment for breast or cervical cancer; and

"(4) are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act (42 U.S.C. 300gg(c)).";

(3) LIMITATION ON BENEFITS.—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a(a)(10)) is amended in the matter following subparagraph (G)—

(A) by striking "and (XIII)" and inserting "(XIII)"; and

(B) by inserting "and (XIV) the medical assistance made available to an individual described in subsection (aa) who is eligible for medical assistance only because of subparagraph (A)(10)(ii)(XVIII) shall be limited to medical assistance provided during the period in which such an individual requires treatment for breast or cervical cancer" before the semicolon.

(4) CONFORMING AMENDMENTS.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended in the matter preceding paragraph (1)—

(A) in clause (xi), by striking "or" at the end;

(B) in clause (xii), by adding "or" at the end; and

(C) by inserting after clause (xii) the following:

"(xiii) individuals described in section 1902(aa).";

(b) PRESUMPTIVE ELIGIBILITY.—

(1) IN GENERAL.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended by inserting after section 1920A the following:

"PRESUMPTIVE ELIGIBILITY FOR CERTAIN BREAST OR CERVICAL CANCER PATIENTS

"SEC. 1920B. (a) STATE OPTION.—A State plan approved under section 1902 may provide for making medical assistance available to an individual described in section 1902(aa) (relating to certain breast or cervical cancer patients) during a presumptive eligibility period.

"(b) DEFINITIONS.—For purposes of this section:

"(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The term 'presumptive eligibility period' means, with respect to an individual described in subsection (a), the period that—

"(A) begins with the date on which a qualified entity determines, on the basis of preliminary information, that the individual is described in section 1902(aa); and

"(B) ends with (and includes) the earlier of—

"(i) the day on which a determination is made with respect to the eligibility of such individual for services under the State plan; or

"(ii) in the case of such an individual who does not file an application by the last day of the month following the month during which the entity makes the determination referred to in subparagraph (A), such last day.

"(2) QUALIFIED ENTITY.—

"(A) IN GENERAL.—Subject to subparagraph (B), the term 'qualified entity' means any entity that—

"(i) is eligible for payments under a State plan approved under this title; and

"(ii) is determined by the State agency to be capable of making determinations of the type described in paragraph (1)(A).

"(B) REGULATIONS.—The Secretary may issue regulations further limiting those entities that may become qualified entities in order to prevent fraud and abuse and for other reasons.

"(C) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a State from limiting the classes of entities that may become qualified entities, consistent with any limitations imposed under subparagraph (B).

"(c) ADMINISTRATION.—

"(1) IN GENERAL.—The State agency shall provide qualified entities with—

"(A) such forms as are necessary for an application to be made by an individual described in subsection (a) for medical assistance under the State plan; and

"(B) information on how to assist such individuals in completing and filing such forms.

"(2) NOTIFICATION REQUIREMENTS.—A qualified entity that determines under subsection (b)(1)(A) that an individual described in subsection (a) is presumptively eligible for medical assistance under a State plan shall—

"(A) notify the State agency of the determination within 5 working days after the date on which determination is made; and

"(B) inform such individual at the time the determination is made that an application for medical assistance under the State plan is required to be made by not later than the last day of the month following the month during which the determination is made.

"(3) APPLICATION FOR MEDICAL ASSISTANCE.—In the case of an individual described in subsection (a) who is determined by a qualified entity to be presumptively eligible for medical assistance under a State plan, the individual shall apply for medical assistance under such plan by not later than the last day of the month following the month during which the determination is made.

"(d) PAYMENT.—Notwithstanding any other provision of this title, medical assistance that—

"(1) is furnished to an individual described in subsection (a)—

"(A) during a presumptive eligibility period;

"(B) by an entity that is eligible for payments under the State plan; and

"(2) is included in the care and services covered by the State plan,

shall be treated as medical assistance provided by such plan for purposes of clause (4) of the first sentence of section 1905(b)."

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(a)(47) of the Social Security Act (42 U.S.C. 1396a(a)(47)) is amended by inserting before the semicolon at the end the following: "and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligibility period in accordance with such section".

(B) Section 1903(u)(1)(D)(v) of such Act (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

(i) by striking "or for" and inserting " , for"; and

(ii) by inserting before the period the following: " , or for medical assistance provided to an individual described in subsection (a) of section 1920B during a presumptive eligibility period under such section".

(c) ENHANCED MATCH.—The first sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended—

(1) by striking "and" before "(3)"; and
 (2) by inserting before the period at the end the following: " , and (4) the Federal medical assistance percentage shall be equal to the enhanced FMAP described in section 2105(b) with respect to medical assistance provided to individuals who are eligible for such assistance only on the basis of section 1902(a)(10)(A)(ii)(XVIII)".

(d) EFFECTIVE DATE.—The amendments made by this section apply to medical assistance for items and services furnished on or after October 1, 2000, without regard to whether final regulations to carry out such amendments have been promulgated by such date.

The SPEAKER pro tempore. Pursuant to House Resolution 628, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 30 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 insert extraneous material on H.R. 4386.

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 in support of H.R. 4386, the Breast and Cervical Cancer Prevention and Treatment Act of 2000. I commend the gentlewoman from North Carolina (Mrs. MYRICK) for her personal courage in the face of breast cancer and for her work in persuading the House leadership to bring this important bill to the floor today.

I also wish to recognize one of the original cosponsors of H.R. 4386, the gentleman from New York (Mr. LAZIO), for his many months of hard work on the Committee on Commerce persuading Members and forging alliances with the American Cancer Society, the National Women's Health Network, the National Cervical Cancer Coalition, the National Breast Cancer Coalition, the Cancer Research Foundation of America, and so many others, to make this day possible. His diligent work on H.R. 1070 laid the groundwork for this legislation. Mr. Speaker, I was joined on

our Committee on Commerce by the gentlewoman from California (Ms. ESHOO), who persistently fought for progress on this bill.

Like so many women I have met over the last few years advocating for this legislation, I understand the fears that families face when they first hear that word. I have worked in Congress to help find ways to help more women from falling victim to cancer. In the closing days of the last session, the Committee on Commerce reported out H.R. 1070, the Lazio-Eshoo Breast and Cervical Cancer Prevention and Treatment Act of 1999. I am very pleased that we are now on the floor debating a bill based on the committee's work, which addresses both breast cancer, the leading cause of cancer deaths among women, and cervical cancer, cancer caused by the HPV viral infection that kills more women in America than HIV, the cause of AIDS.

I am deeply disappointed, as has been stated by others, that the other body stripped the House-passed amendments that would do so much to prevent cervical cancer. Perhaps this is a consequence of the outside lobbying groups that have been formed around breast cancer, leaving in the dust their sister organizations concerned about cervical cancer, and that is a shame.

Mr. Speaker, we need to do more about cervical cancer than pass resolutions increasing awareness about it. We need to take positive steps to prevent its occurrence in the first place through our public health agencies. Cervical cancer is 100 percent preventable, and I fear that if the House is not successful in addressing prevention, the families of the 5,000 women who will die of this disease this year will judge us for not taking action when we had the opportunity.

So, Mr. Speaker, while I am disappointed that the bill we consider today does not address prevention of cervical cancer, and I am not really sure why in the world we have refused to do that, but in any case I do believe that we should move forward on the underlying bill and address cervical cancer prevention in another piece of legislation.

□ 1515

H.R. 4386 will close a gap left open when the screening program was first created, and it represents an important step forward in the battle against breast and cervical cancer.

I urge my colleagues to support passage of this critical measure, which will give new hope to breast and cervical cancer patients in need as we continue the fight to find a cure for these terrible diseases.

Again, I thank the gentlewoman from North Carolina (Mrs. MYRICK), the gentlewoman from Missouri (Ms. DANNER), the gentleman from New York (Mr. LAZIO), the gentlewoman from

California (Ms. ESHOO), my Committee on Commerce colleagues, and many others who have contributed to bring this legislation to the floor today.

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 would like to commend the gentlewoman from California (Ms. ESHOO) and the gentlewoman from North Carolina (Mrs. MYRICK) for their hard work on behalf of women screened under the CDC Breast and Cervical Cancer Screening Program.

H.R. 4386 has garnered tremendous support with some 318 cosponsors. In 1990, Congress passed the Breast and Cervical Cancer Mortality Prevention Act. That bill authorized funding for a national breast and cervical cancer screening program focusing on uninsured and underinsured women.

The program is federally-funded and locally operated. Simply put, it works.

My home State of Ohio set up 12 local screening sites, providing coverage for all of Ohio's 88 counties. Since the Ohio program's inception, 16,000 women have been screened for breast and cervical cancer. Cancer has been detected in more than 200 women.

Early detection alters the odds of successful treatment dramatically, restoring precious years otherwise lost to these devastating cancers. But, unfortunately, there is there is a catch. Early detection is a futile and ultimately cruel exercise if a cancer diagnosis does not trigger appropriate treatment. The two obviously go hand-in-hand.

The 1990 bill authorized funding for screening, but not for treatment. Instead, it calls on States to secure treatment for women diagnosed with cancer under the Federal screening program.

As it turns out, the onus of responsibility has fallen on the local screening programs. Staff at the screening programs and at the screening sites typically do two jobs. They arrange screenings. Then, when tragically necessary, they try to convince hospitals and doctors to provide free cancer care to patients, cobbling together any program, any services, any assistance, any help they can.

This is a labor-intensive hit or miss effort that places an immense burden on the screening programs, with no guarantee that women will receive care on a timely or a consistent basis. In a health care system shaped all too often now by the managed care industry, providers inevitably have less flexibility to offer their time and their services for free.

The Federal government invested \$158 million to the breast and cervical cancer screening program in fiscal year 1999, yet we are only reaching 12 to 15 percent of the target population. When

the women we have invested in are diagnosed with cancer, our commitment to them, unbelievably, ends.

CDC cancer screening resources should be used to provide cancer screening. Health care resources should be used for health care. That is where Medicaid comes in.

The title of the original authorization is the Breast and Cervical Cancer Mortality Prevention Act, but mortality prevention requires not just screening, but also treatment. H.R. 4386 fills that gap. It establishes a modest optional Medicaid benefit enabling the Federal government to contribute to the costs of providing proper care for these women.

By freeing up screening program resources, by eliminating the uncertainty around treatment for women screened under the CDC program, H.R. 4386 permits our Nation to achieve the full health potential promised in the Breast and Cervical Cancer Screening Program.

We need to fight breast and cervical cancer with every weapon available. Early detection, proper health care, are the strongest weapons we have. Because the Republicans changed a bad rule to a good rule, this bill will go straight to the President, not back to the Senate.

On this side of the aisle, we enthusiastically support this bill, as the gentlewoman from California (Ms. ESHOO) when she began the process did, and as all of us have joined her.

I urge my colleagues to support this very good legislation.

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

Mr. BILIRAKIS. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I thank the gentleman for yielding time to me, and I want to thank the gentleman for his great work on this, and also commend the gentlewoman from North Carolina (Mrs. MYRICK) for her sponsorship of H.R. 4386, the Breast Cancer Prevention and Treatment Act.

Passage of H.R. 4386 would guarantee low-income uninsured women in this country treatment if they are diagnosed with breast or cervical cancer in the Federal screening program. Currently, as we know, many low-income and uninsured women are not receiving the treatment and medication they urgently need because they simply cannot afford it.

It is crucial that we pass this legislation and that we pass it today so that women across the country receive the lifesaving treatment that they so desperately deserve and need. Mr. Speaker, breast cancer is the most common cancer among women, other than skin cancer. It is the second leading cause of cancer death in women after lung cancer.

I would point out to my colleagues that my own cousin Sue, who was very, very close to me, fell victim to this disease several years ago. She was misdiagnosed. She went to her own doctor, who missed the signs. It was a matter of providential help that she walked into one of those mobile screening clinics and found out that that lump that she was so concerned about turned out to be cancer. Because of that, she got several years because she was able to at least get it treated. Had she known about it sooner, I do believe that my cousin Sue would be here today.

In like manner, my wife's mother died of breast cancer. That was more than 25 years ago. But she, too, went to a doctor, and had it missed because he missed the signs of what was taking place in her body. She passed prematurely while my wife was still in high school.

We all have cases. Every single one of us have a loved one who has been lost to this devastating disease. Hopefully, this kind of initiative will at least spare some the agony of this terrible cancer.

As my colleagues know, the American Cancer Society reports that there will be approximately 182,000 new cases of invasive breast cancer in the year 2000 among women in this country, resulting in about 40,800 deaths from this horrible disease.

It is imperative, Mr. Speaker, that Congress continues to expand research opportunities focusing on finding a cure, increasing early detection, and speeding access to treatment for breast cancer.

Mr. BROWN of Ohio. Mr. Speaker, I yield 4 minutes to the gentleman from Michigan (Mr. DINGELL), who played a role in 1990 in writing the original Breast and Cervical Cancer Treatment Act.

Mr. DINGELL. Mr. Speaker, I support this legislation. I want to commend my colleagues who have had a part in bringing this legislation to the floor today.

I want to pay tribute to my friend, the gentleman from Oklahoma (Mr. COBURN) for having withdrawn his amendment. That is going to make it possible for us to send it to the President for signature.

I want to commend my colleagues on the other side of the aisle. I commend the chairman of the subcommittee, the gentleman from Florida (Mr. BILIRAKIS), the gentleman from Ohio (Mr. BROWN), the gentlewoman from California (Ms. ESHOO), the gentlewoman from North Carolina (Mrs. MYRICK), and the gentleman from New York (Mr. LAZIO), for their leadership on it. We owe them a great debt.

More importantly, the people in the country owe gratitude to these Members and all of the others, some 318 of them, who worked to bring this legislation to the floor.

This is good legislation. Hardly a Member of this body, or indeed, a citizen walking down the street in this country, has not had his or her life touched by cancer, and hardly a citizen has not had a loved one who has had to confront this terrible disease.

Like most other, I can tell stories of people in my family that I have lost to this disease. It has left permanent scars on the family. It has left permanent scars on me and on a lot of others.

Having said that, this legislation is not only good, humane, important, but it is needed. Some years ago I was at a hospital in Michigan, a major hospital. And they say, Mr. DINGELL, "There is good news." I said, "I am glad to hear it. What is it?" They said, "We now are able to examine women under Medicaid to find out if they are at risk from cancer of the breast and of other parts of the body." They said, "But there is bad news." I said, "What is that?" They said, "We can screen them for cancer, but we cannot provide the necessary treatment under Medicaid to remove the cancer."

I said "That is like telling a woman that she has cancer, that is the good news, and the bad news is, she is going to die." I think that was intolerable then, and I am happy to note that the legislation before us addresses that problem. Women are now able to know when this bill is signed by the President, as it will be, that there will be treatment for those women who are in the low- and moderate-income groups so that they will not know that when they get a government analysis of their health and are tested for cancer, they are going to know they have cancer, but they also will know they are going to die.

The wonderful thing about this legislation is it is going to give lots of hope to Americans who have no other hope in the time when they have the greatest need, when they have cancer.

I applaud the legislation. It meets a tremendous need in our society. These women will now know that they can expect to have at least a fighting chance to have decent treatment, and know that they have a chance to live for themselves and for their families and for those who love them.

It is a humane, a necessary, a good piece of legislation. Mr. Speaker, I rejoice that the House is considering this legislation today. I support it, and I am delighted that the matter will now go to the President for signature, because it is an important and needed piece of legislation, and should go so as speedily and as rapidly and as efficiently as we can possibly get it there for the signature of the President, so the money can begin to be spent on a terrible need of women who have no other hope for surviving a terrible disease.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentlewoman from

Maryland (Mrs. MORELLA), who is probably the largest proponent of women's issues in this House.

Mrs. MORELLA. Mr. Speaker, I thank the distinguished chairman of the subcommittee, who has been a great advocate for issues that affect women, children, and families, and this is certainly a case in point.

Mr. Speaker, October is Breast Cancer Awareness Month. Congress has an opportunity to do something now to help turn awareness into action by passing H.R. 4386, the Breast and Cervical Cancer Prevention and Treatment Act.

One out of every nine women will be diagnosed for having breast cancer. Just last Saturday I was in Boston, where the eldest child of my late brother was buried, having had breast cancer.

So we know that awareness is important as well as treatment being important, diagnosis, mammograms, personal checking by oneself, and certainly through the Centers for Disease Control and the prevention and early detection program.

The Senate passed the bill we are considering today unanimously last week. Women and their families across the country are really looking forward to this legislation finally being signed into law. Indeed, I want to applaud the many groups that have diligently worked very hard for this bill.

I also want to applaud the gentlewoman from North Carolina (Mrs. MYRICK), the gentlewoman from California (Ms. ESHOO), the gentleman from New York (Mr. LAZIO). I want to applaud the chairman, the gentleman from Florida (Mr. BILIRAKIS), the ranking member, and the gentleman from Ohio (Mr. BROWN) for the hard work they have put into this legislation.

The legislation is lifesaving. It has strong bipartisan support, a groundswell of support from the grass roots level. With passage of the Senate version of the bill, we will take the final step in a long process to guarantee low-income, uninsured women in this country the treatment they need when they are diagnosed with breast or cervical cancer through the Centers for Disease Control and Prevention's early detection program.

I cannot imagine diagnosing and then not treating. This bill will do that. It will allow us treatment. Many of us have worked hard to get this bill passed. Let today be the day. We are going to pass this bill through the House, with the gentleman's leadership.

□ 1530

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Speaker, I thank the gentleman for yielding me the time and for his hard work on this bill.

This is a great bipartisan moment in the House. The gentleman from Oklahoma (Mr. COBURN) and the bipartisan Women's Caucus have worked together to make sure that this bill gets done this year.

Mr. Speaker, it is harder to get low-income women to take preventive steps. We know resources is one of the reasons; but the fact is we have to fight against advice, for example, on whether or not mammograms are harmful. We have to fight against the lack of education that middle-income women do not suffer from. But there is no greater deterrent than knowing that the information I find may be information I have to not only live with, but ultimately die with, because there is no treatment, no matter what we learn.

Mr. Speaker, this really raises moral and ethical issues, because if we detect but do not treat, what are we as a society doing and saying? We have made real progress on early detection in recent years. It is quite amazing progress.

For example, the majority of women in the District of Columbia probably now get a mammogram. D.C. offers free screening at 26 different sites, a program called WISH, Women Interested in Staying Healthy, that is pennywise and healthwise, because it saves money and saves lives, but not if there is no treatment. We are then defeating our own purpose.

Let me give you a painful example. The incidence of breast cancer among black women is significantly less than among white women, but the mortality rate among black women is much greater: 19.8 per 100,000 for white women, 26.5 for black women. Why? Of course, it is a combination of early diagnosis and no treatment, no early diagnosis and no treatment.

It is almost cruel to offer one without the other. If we continue to do this, it will throw us back on early detection, because we would be sending the message, don't come forward and scare yourself to death because we cannot do anything for you afterwards.

Mr. Speaker, we have made enormous progress on early diagnosis of cervical cancer and breast cancer. Now we are making great progress on curing them.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. BENTSEN), who has been very, very involved in this issue in his 6 years in the House.

Mr. BENTSEN. Mr. Speaker, I thank the gentleman for yielding the time to me.

Mr. Speaker, I want to commend the gentleman from Florida (Mr. BILIRAKIS), the chairman, and the gentleman from Ohio (Mr. BROWN), the ranking member of the Subcommittee on Health and Environment, for getting this bill brought to the floor, and, in particular, in moving to concur in

the action by the other body so this bill can be sent directly to the President and be enacted this month, which is in fact Breast Cancer Awareness Month.

Mr. Speaker, this measure would provide critical Medicare for low- and moderate-income working women who have been diagnosed with breast and cervical cancer.

Under a 1990 law, low- and moderate-income women are eligible for screening for both breast cancer and cervical cancer through the Centers for Disease Control and Early Prevention early detection program. This has served more than a million women and diagnosed more than 30,000 women with cancer or precancerous conditions. However, it is unconscionable that we would help these women get the screenings they need to discover these cancers, but not provide any ability for follow-up care.

The diagnosis of breast or cervical cancer should not be a notice of a death sentence to a working woman who has no insurance.

Mr. Speaker, under current law, treatment is available only for a small percentage of these diagnosed women, those who are eligible under the TANF programs or under the supplemental security income program for disability. As a result, many of these 30,000 low- and moderate-income women who have been diagnosed simply delay treatment because they cannot afford it or because they make too much money to qualify for Medicaid.

This bill would correct this inequity by giving States the option to expand Medicaid coverage for these women who have no health insurance.

Mr. Speaker, I am also pleased that the bill is structured to encourage the States to immediately expand their Medicaid coverage program for women. Under the bill, States would receive an average of 68 percent of the cost share by the Federal Government and they would be responsible for 32 percent. This is much higher than the basic Medicaid rate for many States, including my State of Texas, where the average rate of the Federal Government is 61 percent. And I hope it would encourage the State to move quickly.

Earlier this year, I met a young woman, Ms. Barbara Marsh, who is receiving treatment in a clinic, the Rose, which is located in my district and who would benefit from this program. Ms. Marsh of Humble, Texas, was diagnosed with breast cancer and is a self-employed dance instructor. At the age of 32, Barbara discovered a lump in her breast and was treated for breast cancer through the public health system. However, because she owns her own dance studio, which is considered to be an asset, she was required to pay the \$26,000 for her medical treatments.

Mr. Speaker, unable to afford these high bills, Ms. Marsh did not seek any additional follow-up treatment until

August of 1999 when her breast cancer had advanced to Stage 3. If Barbara had health insurance, she would have had access to follow-up care and treatment and may have discovered this disease in a much earlier stage. But because she is self-employed and does not have any health insurance, she suffered.

This legislation would ensure that Ms. Marsh and thousands of women like her across America will have access to cutting-edge treatments that can save their lives. In a Nation with the greatest health and research assets and facilities in the world, no one should suffer the risk of death due to cancer for lack of access to such assets.

I congratulate the sponsors of this bill. I am proud to be a cosponsor of the initial House bill, and I look forward to its passage and its enactment into law.

Ms. FOWLER. Mr. Speaker, I rise today in strong support of the Breast and Cervical Cancer Treatment Act.

Nearly 40,000 low-income women have been diagnosed with breast or cervical cancer or pre-cancerous lesions since the National Breast and Cervical Cancer Early Detection Program was established one decade ago. For many of them, the pain of learning they have a devastating illness is exacerbated by the fact that they cannot afford the treatment they know they need.

I do not want this Congress to have to tell another woman that yes, you have this disease, but no, there is nothing we can do to help you fight it.

This bill allows us to help these women by providing coverage for the treatment they need. It is common-sense legislation, and the overwhelming consensus with which it passed in the House and in the Senate is proof of that fact. Today, we have an opportunity to again show our overwhelming support for the Breast and Cervical Cancer Treatment Act.

I would like to take a moment to thank the Speaker of the House for his commitment to moving this bill through all the procedural hurdles it has faced. He promised women that the House would pass this bill before Mother's Day, and he did. He promised them we would take it up again before adjourning, and we are.

Mr. Speaker, I am hopeful that this bill will move swiftly from our halls to the President's desk and become law. The women who will be diagnosed through this program deserve nothing less than prompt action by the President. I urge my colleagues to vote yes on this critical bill.

Mr. HOLT. Mr. Speaker, I rise today in support of H.R. 4386 and urge my colleagues to pass this important legislation.

I am grateful for the strong bipartisan support this legislation has received and I am proud to support this bill again so it can be forwarded to the President for signing and passage.

Mr. Speaker, passing this bill is critical for all Americans, but it is especially critical for families in my home State of New Jersey where breast cancer death rates are the highest in the nation. The program served women

with incomes that are low but above the eligibility of Medicaid.

Ten years ago this Congress established a screening program to prevent and detect breast and cervical cancer to be administered under the auspices of the Centers for Disease Control (CDC).

In my home State of New Jersey, 20,000 women have been screened for breast cancer under the CDC program since 1996, and 16,000 have been screened for cervical cancer. Nationwide, over 200,000 women received mammograms under the CDC program in 1997 alone.

But until now, the program has not assured those women unfortunate enough to be diagnosed with either of these diseases that they would receive coverage and treatment, because, while they were uninsured, they had income above the limit set by State Medicaid programs. Too many of these women were left without hope. This was a great travesty.

Mr. Speaker, we must do more than just diagnose the problem. We must take the next step to ensure treatment for those without health insurance and pass this important legislation.

Thanks to this bill these women will now be eligible for Medicaid coverage should they be diagnosed with either of these diseases. This bill will save lives.

I know that many here in this Congress have been working hard to see this discrepancy addressed. I applaud their efforts and I am glad that we are finally having a chance to pass this much-needed legislation this year.

Ms. PELOSI. Mr. Speaker, I rise in strong support of the Breast and Cervical Cancer Prevention and Treatment Act. I first want to commend my colleague Representative ANNA ESHOO for her hard work on this important bill. She has been a great leader in this effort for many years. In addition, I also commend Representative SLAUGHTER and my colleagues in the women's caucus for their work to ensure that we have the opportunity to vote on a clean bill that will make it to the President's desk.

We all agree that Americans should be educated and informed about HPV, and all other sexually transmitted diseases. However, passage of this important legislation to help uninsured women beat back the ravages of breast and cervical cancer is vital, and it would have been a tragedy to jeopardize its success by including language unacceptable to the Senate.

Every year, Cervical cancer kills 4,400 women and breast cancer, the leading cause of death among women between 40 and 45, kills over 46,000 women. This bill builds on the CDC's National Breast and Cervical Cancer Early Detection Program which covers screening services, but does not cover treatment for women who are detected with cancer. The Breast and Cervical Cancer Protection and Treatment Act takes the vital next step to offer lifesaving treatment to cancer victims.

Early detection of breast and cervical cancer saves lives. According to the CDC, approximately 15 to 30 percent of all deaths from breast cancer among women over the age of 40 and virtually all deaths from cervical cancer could have been prevented with early screening and treatment.

Unfortunately, many of the women diagnosed through the CDC screening program do not receive the care they need because they lack adequate health insurance. Uninsured women with breast and cervical cancer face significant barriers to receiving lifesaving treatment. Women who are uninsured are 40 percent more likely to die from breast cancer than those with insurance. Not only are these women likely to be screened, but the scope of treatment they receive is often limited by their ability to pay.

The Breast and Cervical Cancer Treatment and Prevention Act would provide states with the option to provide the full Medicaid benefit package without delay to uninsured women diagnosed with breast or cervical cancer through the CDC screening program. As a result, thousands of low-income women would have access to consistent, reliable treatment.

I urge my colleagues to vote yes on this bill.

Mr. CROWLEY. Mr. Speaker, I am honored today to join my colleagues in support of H.R. 4386, The Breast and Cervical Cancer Treatment Act. I am pleased that the Republican leadership has withdrawn the Coburn Amendment, which will allow this bill to pass the house today.

This year, more than 200,000 American women will be diagnosed with breast and cervical cancer. These women are our mothers, our grandmothers, our sisters, our colleagues and our friends.

In 1990, Congress took the first step toward the fight against breast and cervical cancer by passing the Breast and Cervical Cancer Mortality Prevention Act. This law authorized a breast and cervical cancer-screening program for low income, uninsured or underinsured women through the Center for Disease Control (CDC). Since its inception, the program has screened more than 500,000 women. Unfortunately, that is not enough. This program fails to provide any federal resources to pay for treatment once women are diagnosed with breast or cervical cancer.

H.R. 4386, The Breast and Cervical Treatment Act is a bipartisan piece of legislation which would provide Medicaid assistance to treat low-income, uninsured or underinsured women diagnosed breast or cervical cancer. Under this bill, the low income, uninsured or underinsured women diagnosed under the CDC Program will now receive the necessary treatment they need and deserve.

In the last decade we have made great strides in fighting against breast and cervical cancers. I am pleased to support this bill because the passage of this legislation today will give many women who were once hopeless a fighting chance to survive this terrible disease.

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

Mr. BILIRAKIS. Mr. Speaker, I urge a yes vote, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARRETT of Nebraska). All time for debate has expired.

Pursuant to House Resolution 628, the previous question is ordered.

The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS).

The motion was agreed to.