

son. He was immediately reported missing by his family, but they had nowhere to turn for help and support beyond reporting that he was missing. Tragically, his body washed ashore three-and-half months later on a Lake Michigan beach near Gary, Ind. Had there been a national center for missing adults, perhaps more could have been done to find him before he died.

Congress can and should do more to help families locate their missing husbands, wives, brothers and sisters. Kristen's Act will go a long way in providing the infrastructure to help locate them before tragedy happens.

Mr. Speaker, I thank Mrs. MYRICK for her leadership on this issue, and I urge all my colleagues to support this legislation.

Mr. CANADY of Florida. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. CANADY) that the House suspend the rules and pass the bill, H.R. 2780.

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

A motion to reconsider was laid on the table.

□ 1945

#### EXPRESSING SUPPORT OF CONGRESS FOR ACTIVITIES REGARDING MULTIPLE SCLEROSIS

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 271) expressing the support of Congress for activities to increase public awareness of multiple sclerosis.

The Clerk read as follows:

H. CON. RES. 271

Whereas multiple sclerosis is a chronic and often disabling disease of the central nervous system which often first appears in people between the ages of 20 and 40, with lifelong physical and emotional effects;

Whereas multiple sclerosis is twice as common in women as in men;

Whereas an estimated 250,000 to 350,000 individuals suffer from multiple sclerosis nationally;

Whereas symptoms of multiple sclerosis can be mild, such as numbness in the limbs, or severe, such as paralysis or loss of vision;

Whereas the progress, severity, and specific symptoms of multiple sclerosis in any one person cannot yet be predicted;

Whereas the annual cost to each affected individual averages \$34,000, and the total cost can exceed \$2 million over an individual's lifetime;

Whereas the annual cost of treating all people who suffer from multiple sclerosis in the United States is nearly \$9 billion;

Whereas the cause of multiple sclerosis remains unknown, but genetic factors are believed to play a role in determining a person's risk for developing multiple sclerosis;

Whereas many of the symptoms of multiple sclerosis can be treated with medications and rehabilitative therapy;

Whereas new treatments exist that can slow the course of the disease, and reduce its severity;

Whereas medical experts recommend that all people newly diagnosed with relapse-re-

mitting multiple sclerosis begin disease-modifying therapy;

Whereas finding the genes responsible for susceptibility to multiple sclerosis may lead to the development of new and more effective ways to treat the disease;

Whereas increased funding for the National Institutes of Health would provide the opportunity for research and the creation of programs to increase awareness, prevention, and education; and

Whereas Congress as an institution, and Members of Congress as individuals, are in unique positions to help raise public awareness about the detection and treatment of multiple sclerosis and to support the fight against multiple sclerosis: Now, therefore, be it

*Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that—*

(1) all Americans should take an active role in the fight to end the devastating effects of multiple sclerosis on individuals, their families, and the economy;

(2) the role played by national and community organizations and health care professionals in promoting the importance of continued funding for research, and in providing information about and access to the best medical treatment and support services for people with multiple sclerosis should be recognized and applauded;

(3) the Federal Government has a responsibility to—

(A) continue to fund research so that the causes of, and improved treatment for, multiple sclerosis may be discovered;

(B) continue to consider ways to improve access to, and the quality of, health care services for people with multiple sclerosis;

(C) endeavor to raise public awareness about the symptoms of multiple sclerosis; and

(D) endeavor to raise health professional's awareness about diagnosis of multiple sclerosis and the best course of treatment for people with the disease.

The SPEAKER pro tempore (Mr. GUTKNECHT). Pursuant to the rule, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

#### GENERAL LEAVE

Mr. TAUZIN. Mr. 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 271.

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

There was no objection.

Mr. TAUZIN. Mr. Speaker, I yield myself 5 minutes.

Mr. Speaker, I rise in support of H. Con. Res. 271, which expresses the support of Congress for activities to increase public awareness of multiple sclerosis. I salute the gentleman from Rhode Island (Mr. WEYGAND), the gentleman from Illinois (Mr. SHIMKUS), the gentlewoman from Maryland (Mrs. MORELLA), and the gentleman from New Jersey (Mr. SMITH) for their work in bringing this resolution to the floor today.

Multiple sclerosis is a chronic, often disabling, disease of the central nervous system. Symptoms may be mild, such as numbness in the limbs, or they can be terribly severe, like paralysis or loss of vision.

Most people with MS are diagnosed between the ages of 20 and 40, but the unpredictable physical and emotional threats can be lifelong. The progress, severity, and specific symptoms of MS for any person cannot yet be predicted; but advances in research and treatment are giving hope to those who have been afflicted by the disease.

Thanks to the dedication of Congress over the last 6 years in doubling the budget of the NIH, many advances have been made in the war against MS. Over the last decade, for instance, our knowledge of the immune system has grown at an amazing rate. Major gains have been made in recognizing and defining the role of the system in the development of MS lesions, giving scientists the ability to devise ways to alter the immune response.

New imaging tools, such as Magnetic Resonance Imaging, have redefined the natural history and are proving invaluable in monitoring the disease activity. Scientists are now able, for example, to visualize and follow the development of MS lesions in the brain and spinal cord using MRIs, and this ability is a tremendous aid in the assessment of new therapies and can speed the process of evaluating new treatments.

With all the important contributions made by bioimaging and bioengineering in the field of MS diagnostics, we would be remiss at this time if we did not make reference to the House-passed National Institute of Biomedical Imaging and Engineering Establishment Act, H.R. 1795, which was sponsored by my colleague on the Committee on Commerce, the gentleman from North Carolina (Mr. BURR). Magnetic resonance imaging and computed tomography have revolutionized the practice of medicine in the past quarter century; yet there is still not a center at NIH that brings imaging and engineering into focus.

Mr. Speaker, I encourage Members to communicate with those in the other body concerning the importance of enacting H.R. 1795, and ask that we all join together in voting for this concurrent resolution, H. Con. Res. 271, to express our strong support for increasing public awareness of multiple sclerosis and hopefully an end to the dreaded disease through proper treatment, diagnosis, and, eventually one day, prevention.

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 am pleased to support the resolution introduced by the gentleman from Rhode Island (Mr.

WEYGAND), which focuses our attention on a serious chronic illness that currently affects as many as one-third of a million individuals in this country, mostly women.

Multiple sclerosis is an autoimmune disorder that alters the lives of those afflicted by it in profound and tragically unpredictable ways. It is notoriously difficult to diagnose because its constellation of symptoms vary from patient to patient and often mimic other illnesses.

Once it is diagnosed, it is impossible to predict the severity or the course of the illness. The range of symptoms patients may experience is broad: extreme fatigue, impaired vision, loss of balance and muscle coordination, slurred speech, tremors, stiffness, difficulty walking, short-term memory loss, mood swings, and, in severe cases, partial or complete paralysis.

Again, Mr. Speaker, individuals have no way of knowing whether or when they may experience these symptoms. The uncertainty around MS obviously heightens the trauma for patients and their families, and it creates unique challenges for providers and researchers alike.

There is no cure for MS, yet; but there have been significant advances in treating and understanding this illness. The Nation owes a debt of gratitude to the National Multiple Sclerosis Society, which not only funds groundbreaking research into the causes and treatment of MS, but raises public awareness and advocates for more public sector involvement to combat this disease.

The resolution offered by the gentleman from Rhode Island (Mr. WEYGAND) affirms that we are listening to the MS Society, to women and men with MS and their families, and to the researchers, including researchers at the National Institutes of Health funded by taxpayers working hard to beat this illness.

While I believe, Mr. Speaker, that the Weygand resolution is important, we should be doing so much more on health care in this Chamber. We should be passing a prescription drug benefit for Medicare beneficiaries and do something about high prescription drug prices. That is the best thing we could do for people that are victims of multiple sclerosis. We should be passing a Patients' Bill of Rights. That is the second best thing we should do for people afflicted with multiple sclerosis.

This resolution helps, but this Congress should get back to town, get back to work, pass the Patients' Bill of Rights, pass the prescription drug legislation, and pass this concurrent resolution, H. Con. Res. 271.

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

Mr. TAUZIN. Mr. Speaker, I am pleased to yield 3 minutes to my friend, the gentleman from Texas (Mr. THORNBERRY).

Mr. THORNBERRY. Mr. Speaker, I thank my friend from Louisiana for yielding me time.

Mr. Speaker, as a cosponsor of this resolution, I rise in support of it and of the goals that it puts before Congress and the country. MS affects my family, and over the last few years, I have learned a lot about the disease and about the efforts under way to fight it.

I would like to make just three brief points on this resolution.

First, there are some truly heroic efforts going on every day all around the country to battle this disease. MS Societies in community after community help raise funds for research, help increase awareness, and help MS patients and their families to deal with the challenges that this disease brings.

At the National Institutes of Health and other institutions, some of the country's best minds and most caring people are working hard every day to find answers to the many questions which remain about this disease. I think it is appropriate for us to recognize and honor those efforts.

Secondly, this Congress is on track to double over 5 years' medical research funding at NIH. Much of the medical research is conducted by private companies and researchers; but the Federal Government has an important role to play, and we have got to pull our weight if we are to find answers to diseases such as MS. I am proud this Congress has set doubling the funding for NIH as a goal, and we are on our way at achieving it.

Third, there are some unnecessary impediments to providing MS patients with the best possible treatments, and we have to commit to removing those impediments as soon as possible. There are drugs, for example, that have shown very promising results in Canada and Europe, but are unavailable to patients in the United States because of FDA's interpretation of the Orphan Drug Act, which, in my view, is misguided and certainly contrary to the intentions of Congress when it originally passed the Orphan Drug Act.

I have introduced legislation on this matter and the Committee on Commerce has begun to look into it, but for those of us concerned about fighting MS and a host of other diseases, correcting this problem with the Orphan Drug Act must be a priority in the next Congress.

I certainly look forward to working with my friend from Louisiana and all of my colleagues to making sure that very soon MS is a disease of the past.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. MILLENDER-MCDONALD), who strongly supports the Patients' Bill of Rights and prescription drug legislation and worked on this issue also.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I thank the gentleman in

charge of this resolution on the other side, as well as the gentleman from Ohio (Mr. BROWN) on this side.

Mr. Speaker, I do rise in support of this concurrent resolution. I had several friends who were stricken by this disease in their early to late twenties, so it has become second nature to me in trying to fight to ensure that we get the type of support and the type of funding for such a disease.

Mr. Speaker, we recognize that multiple sclerosis is twice as common in women as in men, and while we tend to recognize the importance of fighting this disease for everyone, it is clearly one that poses a problem with women who have been stricken with this disease. My friend, who had three children, once she received word that she had this, her husband left her and she was there with this disease with the three children. So it is very devastating to know that I speak from a personal standpoint, in a sense, that young women who had finished school with me were stricken with this.

We also recognize, Mr. Speaker, that an estimated 250,000 to 350,000 individuals suffer with multiple sclerosis nationwide, and this is why there is a critical need for the Patients' Bill of Rights and for prescription drugs, because it is tremendously expensive to have the medicine to treat this type of disease. Oft times death comes.

So I come today to just simply say I too support this resolution, and suggest that we must do everything we can to provide the funding and the support for those who have been stricken with this very deadly disease.

Mr. TAUZIN. Mr. Speaker, I am now very pleased to yield 5 minutes to the gentlewoman from Maryland (Mrs. MORELLA), whose district includes the National Institutes of Health, whose husband serves on the board of the Children's Inn at NIH with my own wife Cecile, and who does such a great job in representing and promoting the interests of our great National Institutes of Health in Maryland.

Mrs. MORELLA. Mr. Speaker, I thank the gentleman for yielding me time and for his very laudatory introduction. I appreciate that very much, and appreciate his handling this bill on the floor and his support of it. I also want to thank the gentleman from Ohio (Mr. BROWN) for his work on health, which has been extraordinary.

As a cosponsor of H. Con. Res. 271, I am delighted to be here to express my very strong support of it. It expresses the support of Congress for activities to increase public awareness of multiple sclerosis, and it calls on Congress to increase funding for the National Institutes of Health. In fact, we have been doing that, and I must commend this House of Representatives for embarking on that 5-year plan to double the budget by 2003 for the National Institutes of Health.

I represent the National Institutes of Health, as the gentleman from Louisiana (Mr. TAUZIN) has mentioned, and have been a lead in getting a letter out to our colleagues, which over 100 have signed, to the gentleman from Illinois (Mr. PORTER), who chairs an appropriations subcommittee, asking for continuation of that plan.

As I mentioned, we have been on the right road to success, and I urge our conference committee on the appropriations of the Labor-HHS bill to continue the commitment and fund NIH \$20.5 billion, which is a full 15 percent increase, an increase of \$2.7 billion.

I am pleased to note that the National Institute of Neurological Disorders and Stroke, which funds the research on MS, has seen corresponding increases of 15.1 percent, bringing the fiscal year 2000 budget to \$1.35 billion.

But let us look at the real cost of neurological disorders, which number more than 600. They strike an estimated 50 million Americans each year. They exact an incalculable personal toll and an annual economic cost of hundreds of billions of dollars in medical expenses and lost productivity. In fact, MS costs an individual an average of \$34,000 annually for therapy and treatment, and impacts as many as 350,000 Americans.

With passage of this resolution, we will speed up the race to find a cure for MS. Passage of this resolution is vital because we also need to increase public awareness of MS.

MS is an autoimmune disease in which the symptoms are believed to occur when the immune system turns against itself. MS is a life-long, unpredictable disease that randomly attacks the central nervous system, brain and spinal cord, and more than twice as many women as men have MS.

Passage of H. Con. Res. 271 will leverage H.R. 4665, the Children's Health Act of 2000, which was recently passed by this House.

Title XIX of this bill, NIH Initiative on Autoimmune Diseases, requires the director of NIH to expand, intensify and coordinate the activities of NIH with respect to autoimmune diseases. This includes forming an Autoimmune Diseases Coordinating Committee and Advisory Council that will develop a plan for NIH activities related to autoimmune diseases and to require different institutes within NIH to provide a detailed report to Congress specifying how funds were spent on autoimmune diseases.

□ 2000

Mr. Speaker, H. Con. Res. 271 is a good bill. We must not forget that virtually every hour someone is newly diagnosed with MS.

I would also like to take a moment and salute the National Multiple Sclerosis Society for the work they have done over the past 50 years to find a

cure for MS and to improve the quality of life for people with MS and their families.

Mr. Speaker, I urge my colleagues to support H. Con. Res. 271 to support the health of our Nation's citizens, and I particularly want to thank the gentleman from Louisiana (Mr. TAUZIN) for affording me this time at this hour for this important resolution.

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

Mr. Speaker, I ask the House to support H. Con. Res. 271, a resolution sponsored by the gentleman from Rhode Island (Mr. WEYGAND). This resolution brings attention to a very particularly serious disease, multiple sclerosis, that hits one third of a million Americans, especially women.

It is important that this body encourage more research from whether it is a Multiple Sclerosis Society or the National Institutes of Health. It is also important, Mr. Speaker, that this Congress complete its work before it goes home, before it adjourns sine die, that it complete its work on prescription drug legislation and complete its work on a patients' bill of rights.

Those two pieces of legislation will do more for patients suffering from multiple sclerosis than anything else we can do. It will do more for patients suffering from a whole host of very serious diseases. This Congress has passed resolutions addressing in the last month, but the Congress has failed to do the real work that we are here for, and that is to provide prescription drugs for, and under Medicare for, senior citizens to deal with the high costs of prescription drugs and to pass a patients' bill of rights, which will turn the authority of medical decisions to doctors and nurses and to patients and to take that authority and take the decision-making away from insurance company bureaucrats.

While I ask Congress to pass H. Con. Res. 271, I also ask this body to pass a prescription drug bill and the patients' bill of rights.

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

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

Mr. Speaker, in closing, let me first commend my friend, the gentleman from Ohio (Mr. BROWN) for his attention to this resolution and for his help in supporting and getting this adopted by the House tonight. This is indeed an important statement by the House of Representatives about our interests and the Nation's interests in finding better cures, therapies and, hopefully, preventive techniques for this awful disease.

I also want to say that it is our extreme hope that we could agree on a prescription drug proposal this year before we leave, too. I know those negotiations are going on. I would hope we

could complete them before we leave, and I certainly hope, as we all do, we could agree on HMO reform before we leave.

I can assure the gentleman that if, for obvious reasons, we are incapable of reaching final accord with the White House and the Members of the other body on these two important issues, they are going to rank high on our committee's agenda next year, and we are going to address those concerns as rapidly as we can next year.

But I want to again commend the gentleman and my friends on both sides of the aisle tonight for their support of this important concurrent resolution. I particularly again want to congratulate Tony Morella and his wife, the gentlewoman from Maryland, (Mrs. MORELLA) who represents NIH for their extraordinary dedication to that facility. That facility daily finds cures and therapies and saves lives, and it is incredible for its work, particularly with children stricken with awful diseases. I want to again thank that incredible couple, CONNIE and TONY MORELLA, for their excellent representation of that facility here in this Chamber.

Mr. Speaker, NIH always enjoys great bipartisan support, and it will continue to do so as we struggle to find answers to these terrible diseases that ravage our population. Mr. Speaker, I urge adoption of the resolution.

Mr. WEYGAND. Mr. Speaker, there are many individuals to thank today who have fought for the arrival of this Resolution on the House floor this evening.

On this side of the Capitol, the Democratic Whip DAVID BONIOR and his staff helped move this bill to the floor today. Also, my friend and colleague, Chief Deputy Whip for the Majority, ROY BLUNT, and his staff—Trevor Blackann in particular, also helped us immensely.

Many other members of congress and their staff have played a crucial role here, and I especially want to thank Ranking Member SHERROD BROWN and Chairman BILIRAKIS for moving this bill from the Commerce Committee's Subcommittee on health and Environment.

Karl Moeller of my staff deserves a great deal of recognition for all of his efforts as well.

In the other body, Senator JACK REED introduced our Resolution and worked to pass this measure with bipartisan support. I would like to praise his work on behalf of MS patients everywhere.

Most importantly, however, is the effort put forward by the Rhode Island chapter of the National Multiple Sclerosis Society and their members in Rhode Island.

This Resolution is the culmination of a grass-roots effort, and a clear example of bipartisanship and democracy at work.

While I was passing through the metal detectors in the Rhode Island Airport, I met a security guard, Walter Shepherd, whose daughter lived with MS and whose very close friend still suffers from this illness. Mr. Shepherd asked me and JACK REED what we were doing to help.

For Walter, and the hundreds of thousands of others who are impacted by this illness, this resolution is on the floor today as a sign that Congress knows of the battle they fight and win each day.

There is a great deal of uncertainty for someone facing the early stages of a chronic illness.

MS patients may first call their doctor because of some difficulty with their coordination.

Or perhaps they see an eye doctor because of a problem with their vision—only to learn that these are signs of a much more serious disease.

350,000 Americans have felt that uncertainty first hand, and now live every day of their life with MS.

In Rhode Island, 3,000 people fight this illness. And for each, there are friends and family who fight by their side.

As MS patients know, the nerve fibers in the body's central nervous system are coated with a fatty sheath that protects our nerves from damage. Multiple Sclerosis attacks the protective sheath around the nervous system, and this results in endless complications for MS patients.

Muscles, vital organs, and normal body functions are the primary targets of this illness. But just as harmful are the by-products of its progressive attack—pain, paralysis, blindness, an inability to walk, and even the loss of independence.

Health insurance costs, medical bills, the need for physical therapy and costly medications—all of these concerns come into play when a patient is faced with a disease that has an annual cost per patient of some \$34,000.

But there is hope. Our federal commitment to finding treatments for such illnesses should remain paramount as we finalize legislation in these final days of this session of Congress.

The good news is that with each day that passes, MS is brought closer to extinction.

This illness, once treated with herbs and X-rays, is now able to be stabilized by modern medications.

Because of modern medical treatments and therapies, patients with MS are able to live full and productive lives, and have seen their life expectancy increase with each new technology.

And while there isn't a cure today, I believe that day is coming quickly.

To reach this goal, I have joined with many others in Congress to double the budget of the National Institutes of Health.

Many members and I, in both the House and in the other body, see this increase as an investment against human suffering.

NIH researchers, working primarily in hospitals, research laboratories and teaching facilities across the nation, are looking for cures to thousands upon thousands of illnesses.

While research on MS at the NIH is ongoing, I want to commend the National Multiple Sclerosis Society and its members for realizing that NIH research on any number of neurological illnesses might find the cure for MS.

Our federal commitment to all medical research at the NIH must be supported. We have seen time and again that it is far less costly, in terms of dollars and suffering, to research and prevent an illness than to treat the symptoms.

And finally, as the House sponsor of this legislation, I encourage medical professionals in our communities to learn more about this illness, and to support efforts that will bring an end to this disease.

Mr. SHIMKUS. Mr. Speaker, I rise in support of this resolution which draws attention to the chronic and often crippling disease of multiple sclerosis.

This issue is very personal to me, as I have known two people who suffered from this illness. The sister of one of my staffers, Mary Uram, ailed with MS for over a decade before she passed away. Another friend of mine died at an early age due to this debilitating disease.

Generally, people are diagnosed with MS between the ages of 20 and 40, but the physical and emotional effects can be lifelong. MS is devastating—not only to their medical well-being but also to the personal and financial stability of the individual and those caring for them. Often, this ailment can result in loss of employment and isolation from a community.

It is fortunate that advances in research and treatment are giving hope to those affected by the disease. This resolution will help to increase awareness and demonstrate Congressional support for research into the causes and possible treatments for MS. It will also recognize the significant contributions of national and community organizations in this effort.

I would like to end by commending Representative BOB WEYGAND and his staffer, Karl, on their hard work in brining this bipartisan bill to the floor.

Mr. DINGELL. Mr. Speaker, I rise in support of H. Con. Res. 271: "Expressing the Sense of the Congress for Activities to Increase Public Awareness of Multiple Sclerosis." This resolution, introduced by Mr. WEYGAND, addresses a disease that can strike any American.

Multiple sclerosis is an often debilitating, chronic disease of the central nervous system, which strikes individuals in their third, fourth and fifth decades of life. Its onset can be elusive, and the course of the disease unpredictable; symptoms come and go, and can range in severity from mild numbness in the limbs to paralysis. However, the toll of multiple sclerosis on America's public health is real.

H. Con. Res. 271 identifies the need for varied approaches to fighting this still somewhat mysterious disease. It highlights the need for an increase in Federally-funded research into causes and treatments of multiple sclerosis, including identification of genetic factors and development of more effective therapies. The bill also recognizes the importance of getting the most up-to-date medical information to health professionals and the American public. These initiatives may enhance the quality of patient care, which is the third part of the equation. H. Con. Res. 271 promotes increased and equal access to quality health care for all individuals diagnosed with multiple sclerosis. This is something I endorse for our entire nation, and setting up model programs around diseases as ravaging as multiple sclerosis is an excellent place to start.

I support this resolution, and hope my colleagues will do so as well.

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

The SPEAKER pro tempore (Mr. GIBBONS). The question is on the motion

offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 271.

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.

#### AMENDING CONSUMER PRODUCTS SAFETY ACT TO INCLUDE REGULATION OF LOW-SPEED ELECTRIC BICYCLES

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2592) to amend the Consumer Products Safety Act to provide that low-speed electric bicycles are consumer products subject to such Act, as amended.

The Clerk read as follows:

H.R. 2593

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. CONSUMER PRODUCT SAFETY ACT.

*The Consumer Product Safety Act (15 U.S.C. 2051 et seq.) is amended by adding at the end the following:*

##### "LOW-SPEED ELECTRIC BICYCLES

"SEC. 38. (a) Notwithstanding any other provision of law, low-speed electric bicycles are consumer products within the meaning of section 3(a)(1) and shall be subject to the Commission regulations published at section 1500.18(a)(12) and part 1512 of 16 C.F.R.

"(b) For the purpose of this section, the term 'low-speed electric bicycle' means a two- or three-wheeled vehicle with fully operable pedals and an electric motor of less than 750 watts (1 h.p.), whose maximum speed on a paved level surface, when powered solely by such a motor while ridden by an operator who weighs 170 pounds, is less than 20 mph.

"(c) To further protect the safety of consumers who ride low-speed electric bicycles, the Commission may promulgate new or amended requirements applicable to such vehicles as necessary and appropriate.

"(d) This section shall supersede any State law or requirement with respect to low-speed electric bicycles to the extent that such State law or requirement is more stringent than the Federal law or requirements referred to in subsection (a)."

#### SEC. 2. MOTOR VEHICLE SAFETY STANDARDS.

*For purposes of motor vehicle safety standards issued and enforced pursuant to chapter 301 of title 49, United States Code, a low-speed electric bicycle (as defined in section 38(b) of the Consumer Product Safety Act) shall not be considered a motor vehicle as defined by section 30102(6) of title 49, United States Code.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to insert extraneous material on H.R. 2592, as amended.