

provided those who lost their jobs in the wake of the attacks of September 11 with the ability to pay rent, put food on their table, buy school books for their children, while trying to get by in these difficult times.

Specifically, the bill extended unemployment benefits from 26 to 78 weeks, provided 26 weeks of unemployment insurance benefits for workers who would not otherwise qualify, extended Job Training Benefits from 52 to 78 weeks, provided up to 78 weeks of federally subsidized COBRA premiums, and provided temporary Medicaid coverage for up to eighteen months to those workers without COBRA coverage. Many of these benefits would have served Americans well had they been included in this Conference Report.

I am, however, pleased with the large increase to the National Institutes of Health by targeting \$23.3 billion, which helps meet our pledge to double fiscal 1998 spending on NIH by fiscal 2003.

The bill addresses the new threats that the nation faces by increasing the Centers for Disease Control (CDC) by increasing funding 11% above last year. Also, it maintains the Low-Income Home Energy Assistance Program (LIHEAP) at the FY 2001 level, an increase of \$300 million over the President's request. Finally, it rejects proposed enrollment cuts to Head Start, preventing potential cuts of as many as 2,500 children from the program. Finally, the support I received for Houston in fighting prostate and breast cancer—with \$290,000 for minority testing centers and \$150,000 for Sisters Network—will help save lives.

Overall, this bill, while not perfect, addresses many of the problems that we currently face and fulfills our obligations to the American people. I support it, and I urge my colleagues to also support it.

THE NATIVE AMERICAN BREAST AND CERVICAL CANCER TREATMENT TECHNICAL AMENDMENT ACT OF 2001

SPEECH OF

HON. TOM UDALL

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 19, 2001

Mr. UDALL of New Mexico. Mr. Speaker, let me begin by thanking Chairman TAUZIN for allowing S. 1741, introduced by my good friend Senator JEFF BINGAMAN, to be considered by the House. I have appreciated working with him to bring S. 1741 to the floor and know that the issue of early detection and prevention holds a personal closeness to the both of us and to other members of this body.

On April 3, 2001, I introduced H.R. 1383, the companion to S. 1741, along with Representatives WATTS, HAYWORTH, SHERROD BROWN, CAMP, DELAURO, KENNEDY, KILDEE and over one hundred bi-partisan co-sponsors.

The consideration of this legislation today represents the diligent and bi-partisan work over the last month and within the past few weeks and hours, by several Members of Congress and their staffs. The work of these individuals ensures that a simple but very im-

portant technical correction to the Breast and Cervical Cancer Treatment and Prevention Act of 2000 (P.L. 106–354) will allow coverage of breast and cervical cancer treatment to Native American women.

Mr. Speaker because of a technical definition in P.L. 106–345, American Indian and Native Alaskan women were and currently are excluded from this law's eligibility for treatment. And, as states determine whether to expand their Medicaid programs to provide breast and cervical cancer treatment as an optional benefit, passage of this legislation will ensure Native American and Alaskan Women are included to receive treatment.

It is estimated that during 2001, almost 50,000 women are expected to die from breast or cervical cancer in the United States despite the fact that early detection and treatment of these diseases could substantially decrease this mortality. While passage of last year's bill made significant strides to address this problem, it failed to do so for Native American women and that is why we are here today.

Mr. Speaker, I want to thank my colleagues, especially Representatives WATTS, SHERROD BROWN, WAXMAN, CAMP, and HAYWORTH for working with me to bringing S. 1741 to the floor today. I especially want to thank Jack Horner of Representative J.C. WATT's Republican Conference staff, Tim Westmoreland of HENRY WAXMAN's office, Katie Porter of SHERROD BROWN's office, and Tony Martinez and Mike Collins of my office for their vigilant and diligent work to ensure that this legislation did not fall victim to the end-of-the-year crunch.

Mr. Speaker, I urge all my colleagues to support this bi-partisan and important legislation so that we may send it to the President for his signature to ensure that Native American and Native Alaskan women are not denied life-saving breast and cervical cancer treatment.

ESTABLISHING FIXED INTEREST RATES FOR STUDENT AND PARENT BORROWERS

SPEECH OF

HON. PATSY T. MINK

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 19, 2001

Mrs. MINK of Hawaii. Mr. Speaker, I want to express my support for S. 1762, which will provide students with low interest rates on Federal student loans, while preserving the health of the student loan industry by ensuring the current and future participation of lenders in this market. By helping lenders stay in the student loan markets, we are making sure that qualified students will have access to a higher education, regardless of their financial background.

S. 1762 represents a carefully brokered compromise between those representing the needs and interests of students, and those representing the lending industry. This compromise essentially fixes a problem that would have arisen in 2003 in the student loan interest rate formula that, according to the lending

community, would have dried up resources for students needing funds for college by potentially reducing returns for such loans below the cost of issuing such loans. The fix that was worked out preserves the current interest rate formula that determines how much lenders receive from the Federal government, while locking in today's very low interest rates for students.

The formula will change in 2006 so that the interest rate students pay will be fixed at 6.8 percent, which is an historically low interest rate for students, and will eliminate confusion among borrowers of student loans regarding changing interest rates and formulas. With the changes in S. 1762, students benefit by getting guaranteed low interest rates, and by having the availability of funds for loans, and the stability of the student loan industry ensured.

As I mentioned, S. 1762 is supported by groups representing students and lenders alike, as well as student financial aid administrators. We have received letters of support from the United States Student Association, the State Public Interest Research Groups, the National Association of Student Financial Aid Administrators, the American Council on Education, the Consumer Bankers of America, and the Education Finance Council.

Passage of S. 1762 is crucial for ensuring the availability of funds for qualified students to go to college. As we know, more and more students are going to college these days, and more are doing so with the help of student loans. S. 1762 will mean that more students can go on to college and will be more able to participate in the 21st century.

I urge a "yes" vote for S. 1762.

ECONOMIC SECURITY AND WORKER ASSISTANCE ACT OF 2001

SPEECH OF

HON. WILLIAM J. COYNE

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 19, 2001

Mr. COYNE. Mr. Speaker, I rise today in opposition to this second deeply flawed economic stimulus bill.

The measure before us today represents a modest improvement over the first stimulus bill, but it is still inadequate. While the bill would extend unemployment benefits for an additional 13 weeks, it does nothing to help part-time and low-wage workers.

And while this version of the Republicans' partisan stimulus bill appears to provide more assistance to laid-off workers so that they can keep their health insurance, it would, in fact, provide them and their families with little help. Serious concerns have been raised about the administration of the proposed 60 percent refundable tax credit for health insurance premiums, but even if such assistance could be smoothly administered, it would in many cases not provide enough help to many families—who would still be unable to afford to pay their health insurance premiums. Such premiums cost, on average, about \$220 a month for an individual and \$580 a month for a family. Moreover, concerns have been raised that enactment of such a credit could undermine our