

## HOUSE OF REPRESENTATIVES—Monday, June 1, 1992

The House met at 12 noon and was called to order by the Speaker pro tempore [Mr. MONTGOMERY].

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
June 1, 1992.

I hereby designate the Honorable G.V. (SONNY) MONTGOMERY to act as Speaker pro tempore on this day.

THOMAS S. FOLEY,  
Speaker of the House of Representatives.

### PRAYER

The Chaplain, Rev. James David Ford, D.D., offered the following prayer:

We are grateful, O God, for all Your gifts to us, those that have the potential for changing our lives or the world and those that give meaning to the details of daily life. On this day we pray for the gifts of patience and diligence. With all the pressures for action that cry out each day and with all the concern and worry that accompanies any responsibility, we pray that our lives and the lives of every person will know Your peace that passes all our human understanding. May Your still, small voice that speaks to us in the depths of our hearts illuminate our minds and our spirits and enable each one to view the daily concerns with confidence and with hope. This is our earnest prayer. Amen.

### THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

### PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. The Pledge of Allegiance will be given by the gentleman from Nebraska [Mr. BERREUTER].

Mr. BERREUTER led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

### PRACTITIONERS CALL FOR WOMEN'S HEALTH EQUITY

(Mrs. SCHROEDER asked and was given permission to address the House for 1 minute and to revise and extend her remarks and include extraneous matter.)

Mrs. SCHROEDER. Mr. Speaker, today, June 1, the Josiah Macy, Jr., Foundation will release results from its November 1991 conference, "The Obstetrician/Gynecologist in the Twenty-First Century: Meeting Society's Needs." The conference brought obstetricians, gynecologists, health analysts, and public policy advocates together to develop comprehensive guidelines for women's health.

The conference participants made eight recommendations to improve women's health care. These recommendations, which I would like to share with my colleagues, call for universal access to health care for women and children, trained providers for women, and Government inclusion of women and minorities in clinical trials.

Over 40 House colleagues have endorsed a similar set of principles developed by the congressional caucus for women's issues and the campaign for women's health. On Thursday, May 28, 264 Members voted for the NIH reauthorization bill, which mandated the inclusion of women and minorities in clinical trials and expanded women's health research at NIH. The message from both Congress and the Josiah Macy, Jr., Foundation report is clear. Women want health equity. Women deserve health equity.

Mr. Speaker, I am including a summary of the conference in the RECORD, as follows:

(The conference was held in Phoenix from November 20 to November 23, 1991 to define a path that the specialty of obstetrics and gynecology could follow to best serve women's health needs in this decade and into the next century. The conference was chaired by Edward E. Wallach, M.D. and co-chaired by Nancy Milliken, M.D.)

#### THE OBSTETRICIAN/GYNECOLOGIST IN THE TWENTY-FIRST CENTURY—MEETING SOCIETY'S NEEDS

Lack of access to health care is the greatest threat today to the health of American women. More than 33 million Americans lack health insurance and tens of millions more lack adequate insurance. This, coupled with increasing medical costs, is an insurmountable barrier to millions of Americans seeking health care. Women are disproportionately affected by this problem because insurance coverage is tied to full employment.

Since 1970, more than 15 percent of obstetrician/gynecologists have discontinued their

obstetrical practices and many parts of the country lack trained obstetricians. Millions of American women are giving birth without proper prenatal care which translates into America's alarmingly high infant mortality rate placing it twenty-second among industrialized nations.

Women's access to health care is compromised further by governmental funding restrictions that limit access to family planning, especially for poor women and women of color. In addition, language barriers, culturally insensitive care, and lack of patient education and awareness keep many women from getting needed care.

Improving access to care for all women is only one of many challenges confronting the specialty. Obstetrician/gynecologists face growing malpractice insurance costs, conflicting pressures to provide primary care versus specialty care, difficult ethical questions arising from the introduction of new technologies, and increasingly complex medical and social problems associated with growing numbers of pregnant teenagers, drug and alcohol addicted women, and aging women.

To address these challenges, this conference was convened by the Josiah Macy, Jr. Foundation in November, 1991. The 40 invited conference participants included not only senior leaders of the specialty but also younger obstetrician/gynecologists and representatives from the women's health movement, women's interest groups, the legal profession, the field of medical ethics, state government, and other health specialties including certified nurse midwifery, public health, pediatrics, and family practice. These participants sought to define how the specialty of obstetrics and gynecology could best serve women's health care needs during the 1990's and into the next century.

The conference began with a call for action from the Honorable Patricia M. Schroeder, U.S. Representative from Colorado and a leading advocate for women's rights and for equity in women's health care and research. She called on individual obstetrician/gynecologists and their organizations to provide leadership as the nation debates health care issues. Despite recent legislative gains for women's health care, Representative Schroeder reminded the conference participants of the long road ahead to achieve real equity for women and their health care and emphasized that, "American health care gets an 'A' for the last days of life and a big 'F' for the beginning of life."

The conference was organized around four topics: the obstetrician/gynecologist's social contract; professional personnel needed for the future; quality assurance and liability; and ethics and public policy affecting reproductive health. The participants reached a consensus on a number of fundamental issues:

Obstetrician/gynecologists have a moral mandate to improve access to quality reproductive health care for all American women. Their social contract includes not only providing quality care to individual patients and pursuing research on women's reproductive health, but also participating in public education, public service, and public advoca-

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

cacy for the health of the most vulnerable and least served women in our society.

Obstetrician/gynecologists should work in partnership with the women they serve. Reproductive health care affects the core of a woman's life and she must be provided with the information necessary for her to make decisions regarding this care. Consistent with the principles of informed consent, obstetrician/gynecologists should recognize that each woman is best suited to accept or reject recommended medical care.

Obstetrician/gynecologists should work with women to identify pertinent research agendas, to devise accessible and acceptable clinical programs, to control the proliferation of unnecessary therapies and procedures, and to formulate public policy on significant social issues.

Obstetrician/gynecologists should be specialists who provide consultation, evaluation, and direct care for the reproductive health of women. Although primary care is not implicit in this professional definition, in given practice settings the obstetrician/gynecologist may choose to take responsibility for a woman's primary care. Because extensively trained specialists are not best used to provide primary care, the specialty should not formally incorporate primary care into its training. Since an estimated 50 percent of patients see only their obstetrician/gynecologist for medical care, each woman should have access to information regarding the training and scope of practice of her obstetrician/gynecologist.

The increasing numbers of women entering obstetrics and gynecology face special challenges. Their unique roles as professionals and child bearers and child rearers demand increasing flexibility from training programs, practice settings, and academic institutions. The conference participants agreed that ways must be explored "to level the playing field" for women and men with time-consuming family responsibilities.

Obstetrician/gynecologists as well as the specialty's organizations are facing increasingly complex ethical issues. Obstetrician/gynecologists should possess the skills necessary for identifying ethical issues in the care of patients, in research, or within organizational policy making. Competence in identifying ethical issues and in ethical decision making should be required at every level of education.

From these fundamental agreements, the conference organizations, their educational programs, and to governmental agencies influencing American health care:

#### Recommendations

1. Endorse universal access to comprehensive care for women as an essential step in improving the health of women and children. As a first step, preconceptional, maternity, and newborn care must be available to all women and their infants. The American College of Obstetricians and Gynecologists (ACOG) should join with other health groups that have publicly advocated for a national health program.

An important element of the social contract of the specialty is a commitment to the health of all women, not just individual patients. Many American women face both financial and geographic barriers to adequate health care. Universal health care is the norm for all other industrialized democracies.

2. Improve access immediately, by establishing incentives for obstetrician/gynecologists and hospitals to implement an interim system which will encourage and enable physicians, other practitioners, and hos-

pitals to accept Medicaid and uninsured patients, including undocumented aliens.

All obstetrician/gynecologists should accept their social responsibility for the reproductive health care of the women in their communities. This is not a burden that should fall solely on public hospitals; private hospitals must work with physicians to provide care for those underserved populations. ACOG and the American Hospital Association should develop models of cooperation in the provision of this care. Membership in specialty organizations could be contingent upon providing care to these groups. However, if obstetricians and other obstetrical providers are to provide this care, a program should be developed to offer them some relief from the additional malpractice exposure it would involve. Access also could be improved by increasing the numbers of all providers of women's health care (e.g., obstetrician/gynecologists, certified nurse midwives, family practitioners) as well as expanding the National Health Service Corps to place these providers in underserved areas of the country.

3. Support the participation of all adequately trained health professionals such as certified nurse midwives, nurse practitioners, and family physicians in the provision of women's reproductive health care.

There is a nationwide shortage of obstetrician/gynecologists who alone cannot meet the health care needs of pregnancies, simple gynecologic problems or the preventive health care needs of most women is neither logical nor cost effective. In addition, sparsely populated areas, where there are the greatest shortages of obstetrical care, cannot support the specialized services of an obstetrician/gynecologist. Only by adopting a team approach can the reproductive needs of all American women be met in a cost effective manner. ACOG with the American College of Certified Nurse Midwives should study successful models of collaborative care so that their best elements can be improved upon and implemented in other settings. Training in collaborative roles in interdisciplinary teams must begin in medical schools and residency programs.

4. Include women as partners with obstetrician/gynecologists and policy makers in the development of acceptable and accessible quality reproductive health care.

Specialty organizations such as ACOG and the American Fertility Society should include on their advisory boards a significant number of women's health advocates. Expanding the breadth of the membership of those boards will enable the specialty to better understand and respond to the health care needs of all women including those who are least served by the medical community. Representatives of women's health advocacy groups should have official representation at the National Institutes of Health to participate fully in funding decisions regarding women's health research. Specialty organizations should constantly advocate for new opportunities for women's participation in policy decisions affecting their health and health care.

5. Emphasize at all levels of training and practice an understanding of the social, cultural, and economic factors which may affect a woman's health.

Obstetrician/gynecologists often lack knowledge of how different cultural, social and economic factors can affect a woman's health. They are often not appropriately empathetic to the personal values of women from different backgrounds. Cultural sensitivity and language skills can mean the

difference between health and illness and may determine whether or not women will return to a setting for monitoring or care. The Association of Professors of Gynecology and Obstetrics and the Council on Residency Education in Obstetrics and Gynecology should develop curricular guidelines for medical school and residency education with input from women's health groups. These educational goals must be reinforced through examinations and the certification process.

6. Advocate for the health of all women especially poor women and women of color by: (a) opposing all coercive and non-medical application of therapies and technologies to control reproduction; (b) insisting on full informed consent on any research or non-approved uses of drugs and therapies affecting reproduction; and (c) resisting any governmental restraints on the full range of reproductive services and counselling for women.

In the past, women's biologic differences have been used as a rationale to limit their opportunities. Obstetrician/gynecologists have an ethical obligation to be advocates for women who historically have been vulnerable medically, legally, and economically in our society. Governmental restraints such as the "Gag Rule," which prohibits federally funded clinics from providing complete information on reproductive options, continue to unfairly limit the choices available to some women. Restraints such as these can contribute to life threatening conditions in some women.

7. Explore new avenues from implementing quality assurance including shared responsibility with patients and legally assigned health authorities; and insure adequate research on efficacy, safety, and cost before introducing new technologies and therapies into routine practice.

The technologic revolution in medicine has created problems as well as opportunities. New therapies and procedures have been accepted before they have been adequately assessed. The routine use of technologies such as prenatal ultrasound and fetal monitoring and their lack of correlation to better outcomes for maternal and fetal health is a cause for great concern as is the rapid rise of the cesarean section rate. In New York State a collaborative program between ACOG and the Department of Health has effectively reduced the cesarean section rate. This kind of collaborative program should serve as a model for other states. Consumers have a potentially powerful role to play in quality assurance but can only do so if they have access to good information upon which to make decisions about their acceptance of new technologies and treatments.

8. Insure that the government provides adequate and equitable resources for clinical research on women's health with particular attention to the needs of poor women and women of color.

Biomedical research priorities have largely neglected the diseases specific to women, such as breast and ovarian cancer. In addition, because much research has excluded female subjects, it is not known whether the medical and therapeutic information gained from many federally funded studies is applicable to women. Though Congress and the National Institutes of Health are to be commended for their renewed focus on women's health research, major efforts will be required to reverse decades of neglect and to close the gap in what is known about women as compared to men.

## HOUSING LEGISLATION

(Mr. BENNETT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BENNETT. Mr. Speaker, today I am introducing legislation to provide affordable housing for more Americans. My legislation would allow a refundable tax credit of up to \$5,000 for a first-time home buyer. This tax credit program would stimulate the production of 315,000 homes and 600,000 jobs over 2 years. It is estimated that this \$1.6 billion bill would generate a \$6 billion increase in Federal tax revenues; so you see, it would be an investment which returns four times its value within 2 years.

My legislation would also repeal the regulation imposed by the Department of Housing and Urban Development which limits the amount of closing costs an individual can finance into their mortgage. Under current regulation, an individual can finance only 57 percent of closing costs on the purchase of a new home. My bill would enable more Americans to become home owners by allowing them to finance 100 percent of their closing costs.

In enabling more Americans to purchase homes, new jobs would also be created. This bill is an important step toward setting our Nation on its way to economic growth and instilling a sense of hope and pride in those discouraged by poverty.

## SPECIAL ORDERS GRANTED

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

(The following Members (as the request of Mrs. SCHROEDER) to revise and extend their remarks and include extraneous material:)

Mr. ANNUNZIO, for 5 minutes, today.

Mr. WYDEN, for 60 minutes, today.

Mr. LIPINSKI, for 5 minutes, on June 2.

Mr. LIPINSKI, for 60 minutes, on June 3.

Ms. WATERS, for 60 minutes each day, on June 3 and 4.

## EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

(The following Members (at the request of Mrs. SCHROEDER) and to include extraneous matter:)

Mr. ANDERSON in 10 instances.

Mr. GONZALEZ in 10 instances.

Mr. BROWN in 10 instances.

Mr. ANNUNZIO in six instances.

Mrs. LLOYD in five instances.

Mr. HAMILTON in 10 instances.

Mr. DE LA GARZA in 10 instances.

Mr. KANJORSKI.

## ADJOURNMENT

Mrs. SCHROEDER. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 12 o'clock and 6 minutes p.m.), the House adjourned until tomorrow, Tuesday, June 2, 1992, at 12 noon.

EXECUTIVE COMMUNICATIONS,  
ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

3605. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-214, "Life and Health Insurance Guaranty Association Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3606. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-215, "Newsprint Recycling Amendment Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3607. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-216, "District of Columbia Public Hall Regulation Temporary Amendment Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3608. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-217, "Retired Police Officer Redeployment Temporary Amendment Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3609. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-218, "Medicare Supplement Insurance Minimum Standards Temporary Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3610. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-210, "District of Columbia Health Occupations Revision Act of 1985 Professional Counselors Amendment Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3611. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-211, "Namibia Sanctions Repeal Amendment Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3612. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-212, "Uniform Commercial Code, Leases, Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3613. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9-213, "First Degree Murder Amendment Act of 1992," pursuant to D.C. Code, section 1-233(c)(1); to the Committee on the District of Columbia.

3614. A letter from the Secretary of Labor, transmitting the Secretary's annual report on employment and training programs, pursuant to 29 U.S.C. 1579(d); to the Committee on Education and Labor.

3615. A letter from the Director, Defense Security Assistance Agency, transmitting

notification of the Department of the Navy's proposed letter(s) of offer and acceptance [LOA] to the Coordination Council for North American Affairs for defense articles and services (Transmittal No. 92-22), pursuant to 22 U.S.C. 2776(b); to the Committee on Foreign Affairs.

3616. A letter from the Acting Director, Defense Security Assistance Agency, transmitting notification of the Department of the Army's proposed letter(s) of offer and acceptance [LOA] to Saudi Arabia for defense articles and services (Transmittal No. 92-27), pursuant to 22 U.S.C. 2776(b); to the Committee on Foreign Affairs.

3617. A communication from the President of the United States, transmitting a report that he has exercised his statutory authority in order to declare a national emergency to respond to the threat to the national security created by the actions and policies of the Governments of Serbia and Montenegro, pursuant to 50 U.S.C. 1703(b) and 1631 (H. Doc. No. 102-338); to the Committee on Foreign Affairs and ordered to be printed.

3618. A letter from the Director, Office of Management and Budget, transmitting OMB estimate of the amount of change in outlays or receipts, as the case may be, in each fiscal year through fiscal year 1997 resulting from passage of H.R. 4774 and S. 2378, pursuant to Public Law 101-508, section 13101(a) (104 Stat. 1388-582); to the Committee on Government Operations.

3619. A letter from the Secretary of Energy, transmitting the semiannual report of the Office of Inspector General covering the period October 1, 1991 to March 31, 1992, pursuant to Public Law 95-452, section 5(b) (102 Stat. 2515, 2526); to the Committee on Government Operations.

3620. A letter from the Secretary of Labor, transmitting the semiannual report of the Inspector general for the period October 1, 1991 through March 31, 1992, pursuant to Public Law 95-452, section 5(b) (102 Stat. 2526); to the Committee on Government Operations.

3621. A letter from the Director, ACTION, transmitting a copy of the semiannual report on activities of the inspector general for the period October 1, 1991 through March 31, 1992 and a copy of the management's report on audits, pursuant to Public Law 95-452, section 5(b); Public Law 100-504; to the Committee on Government Operations.

3622. A letter from the Chairman, Equal Employment Opportunity Commission, transmitting a copy of the semiannual report on activities of the inspector general for the period October 1, 1991 through March 31, 1992, pursuant to Public Law 95-452, section 5(b) (102 Stat. 2526); to the Committee on Government Operations.

3623. A letter from the Chairman, National Credit Union Administration, transmitting a copy of the semiannual report on activities of the inspector general for the period October 1, 1991 through March 31, 1992, pursuant to Public Law 95-452, section 5(b) (102 Stat. 2526); to the Committee on Government Operations.

3624. A letter from the Acting Chairman, National Endowment for the Arts, transmitting the semiannual report of the inspector general and the semiannual report on final action for the NEA, pursuant to Public Law 95-452, section 5(b) (102 Stat. 2526); to the Committee on Government Operations.

3625. A letter from the Director, Norfolk Naval Shipyard Co-operative Association, transmitting the Norfolk Naval Shipyard Pension Plan for plan year 1990, pursuant to 31 U.S.C. 9503(a)(1)(B); to the Committee on Government Operations.

3626. A letter from the Public Printer, transmitting the semiannual report on audits and investigations performed by the inspector general for the period ending March 31, 1992, pursuant to 44 U.S.C. 3903 (102 Stat. 2531; to the Committee on Government Operations.

3627. A letter from the Deputy Assistant Secretary, Land and Mineral Management, Department of the Interior, transmitting a report on the oil and gas potential and wilderness characteristics of Alaska North Slope lands, other than those included in the Arctic National Wildlife Refuge and the National Petroleum Reserve—Alaska; to the Committee on Interior and Insular Affairs.

3628. A letter from the Executive Director, Architectural and Transportation Barriers Compliance Board, transmitting Activities of the board, pursuant to 29 U.S.C. 792; jointly, to the Committee on Education and Labor and Public Works and Transportation.

3629. A letter from the Chairman, Nuclear Regulatory Commission, transmitting a report on abnormal occurrences at licensed nuclear facilities for the fourth calendar quarter of 1991, pursuant to 42 U.S.C. 5848; jointly, to the Committees on Energy and Commerce and Interior and Insular Affairs.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. MILLER of California: Committee on Interior and Insular Affairs. H.R. 3905. A bill to amend the Historic Preservation Act to authorize appropriations for the Advisory Council on Historic Preservation, and for other purposes, (Rept. 102-541). Referred to the Committee of the Whole House on the State of the Union.

Mr. MILLER of California: Committee on Interior and Insular Affairs. H.R. 4801. A bill to amend the National Historic Preservation Act to extend the authorization for the Historic Preservation Fund (Rept. 102-542). Referred to the Committee of the Whole House on the State of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 5 of rule X and clause 4 of rule XXII, public bills and resolutions were introduced and severally referred as follows:

By Mr. BENNETT:

H.R. 5302. A bill to amend the Internal Revenue Code of 1986 to allow a refundable credit for the purchase of a principal residence by a first-time home buyer and to amend the National Housing Act to prohibit the Secretary of Housing and Urban Development from limiting the amount of closing costs financed in connection with a loan insured under the single family housing mortgage insurance program; jointly, to the Committees on Ways and Means and Banking, Finance and Urban Affairs.

By Mr. MANTON:

H.J. Res. 500. Joint resolution designating March 1993 as "Irish-American Heritage Month"; to the Committee on Post Office and Civil Service.

MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

460. By the SPEAKER: Memorial of the General Assembly of the Senate of Missouri, relative to the National Guard; to the Committee on Armed Services.

461. Also, memorial of the General Assembly of the State of Missouri, relative to an

amendment to the Constitution of the United States relating to congressional compensation; to the Committee on the Judiciary.

462. Also, memorial of the General Assembly of the State of Missouri, relative to an amendment to the Constitution of the United States relating to congressional compensation; to the Committee on the Judiciary.

ADDITIONAL SPONSORS

Under clause 4 of rule XXII, sponsors were added to public bills and resolutions as follows:

H.R. 2555: Mr. HUGHES.

H.R. 3071: Mr. KOSTMAYER, Mr. MORAN, Mrs. BENTLEY, Mr. BLILEY, Mr. HOYER, Mr. SISISKY, Ms. NORTON, Mr. CARDIN, and Mr. BOUCHER.

H.R. 3258: Ms. NORTON.

H.R. 3462: Mr. BORSKI, Mr. CARPER, Mr. TRAXLER, and Mr. RIGGS.

H.R. 4268: Mr. SCHIFF and Mr. BOEHNER.

H.R. 4410: Ms. KAPTUR.

H.R. 4742: Mrs. LLOYD.

H.R. 4764: Mr. NUSSLE, Mr. BOEHLERT, Mr. BREWSTER, Mr. HARRIS, Mr. PAXON, Mr. HANSEN, Mr. UPTON, Mr. WALKER, Mr. HASTERT, Mr. COMBEST, Mr. FIELDS, Mr. GOODLING, Mr. THOMAS of Georgia, Mr. MCCLOSKEY, Mr. ROWLAND, Mr. JENKINS, Mr. PEASE, and Mr. ENGLISH.

H.R. 5153: Mr. QUILLEN.

H.R. 5169: Mr. McMILLEN of Maryland.

H.R. 5258: Mr. LIVINGSTON, Mr. KYL, Mr. WEBER, Mr. HOCHBRUECKNER, Mr. HUGHES, Mr. LEHMAN of Florida, Mr. LIPINSKI, Mr. MAZZOLI, Mr. POSHARD, Mr. SPRATT, Mr. SERRANO, and Mr. TRAFICANT.

H. Con. Res. 232: Mr. GEJDENSON.

H. Con. Res. 319: Mr. HUBBARD and Mr. WILSON.