from earlier versions of the bill with respect to privacy protection. This language includes (1) a requirement that the Secretary of Health and Human Services study and report to Congress on the privacy protections regarding each State database that receives funding under the bill; and (2) requirements that the State grant applications submitted to the Secretary of HHS propose standards regarding redisclosure of information, penalties for illegal redisclosure of information, and other privacy related standards. These provisions increase focus by States and HHS on the privacy issues raised by the State controlled substance monitoring programs.

However, H.R. 3015's State-to-State disclosure and uniform electronic format provisions promote the development of, in essence, a national prescription database network. As such, it is particularly important that Congress work to ensure that appropriate privacy standards apply to databases in the network. The bill does not accomplish this task. It contains no minimum Federal standards or even a requirement that the HHS Secretary develop publicly reviewable criteria for assessing the sufficiency of the privacy standards that States must propose for their programs when applying for grants under the bill.

I do want to recognize and acknowledge the efforts of the sponsors to respond to the privacy concerns that I raised, particularly the efforts of Mr. PALLONE, Dr. NORWOOD, and Mr. WHITFIELD. And while I cannot support this bill at this point, I hope that with further consideration by the Senate and ultimately in conference, Members will carefully consider the privacy ramifications of controlled substance monitoring systems and make improvements in this area before the bill is enacted.

Mr. CHANDLER. Mr. Speaker, I am pleased to stand in support of H.R. 3015, the National All Schedules Prescription Electronic Reporting Act (NASPER).

As my Kentucky colleagues know, prescription drug abuse is one of the paramount challenges in our effort to curb substance abuse in our State. In 1997, as Attorney General of Kentucky, I established the Prescription Drug Abuse Task Force in order to examine the problem. Among the Task Force's accomplishments was the establishment of KASPER, the Kentucky All Schedule Prescription Electronic Reporting System.

KASPER was designed to stop the practice of ''doctor shopping,'' where abusers and dealers of illegally obtained prescription drugs visit multiple physicians in order to obtain multiple prescriptions. The success of KASPER has been impressive. In fact the program has been so successful that the Government Accounting Office described it as one of the Nation's best prescription drug abuse monitoring systems.

The result has been that it is now more difficult for people to fill multiple or fraudulent prescriptions in the Bluegrass State. However, ''Doctor Shoppers'' have circumvented KASPER by traveling to one of the seven States surrounding Kentucky. That is why without a national approach to this problem, Kentucky will not be able to truly succeed in its fight against prescription drug abuse.

For this reason, I salute Representative WHITFIELD for recognizing the strengths of KASPER and using it as a framework for a national system. That's why I have joined him as a cosponsor of this important legislation. I urge my colleagues to vote in favor of H.R. 3015 and help communities across America to combat the abuse of prescription drugs.

Mr. STUPAK. Mr. Speaker, as an original co-sponsor of the National All Schedules Prescription Electronic Reporting, or NASPER, Act of 2003, I rise today in strong support of its passage. The prescription drug abuse problem in our country has been well documented, and by passing the NASPER Act (H.R. 3015), Congress will take one step towards addressing the problem.

The NASPER Act will help ensure that Schedule II, and III, and IV controlled substances are used and prescribed safely and responsibly. The legislation will help States create electronic monitoring systems that will allow physicians and pharmacists to ensure that their patients are not being over-prescribed these powerful, yet potentially dangerous drugs. The legislation builds upon proven programs already started in 15 States, including Michigan. The Government Accounting Office (GAO) found in 2002 that these State programs are useful tools to help prevent the illegal distribution of these drugs.

However, the GAO also found a loophole that is often exploited. The States with electronic monitoring systems are often undermined by neighbor States who lack monitoring systems. The NASPER Act addresses this problem by allowing States to contact each other so that practitioners in one State can ensure that their patients are not receiving medications in another State.

I am proud to join with Congressmen PALLONE, WHITFIELD, STRICKLAND, and NORWOOD in providing leadership on this issue. I also applaud the tireless work of the American Society of Interventional Pain Physicians to combat the illegal use and inadvertent overprecribing of controlled substances and promote this legislation.

Mr. STRICKLAND. Mr. Speaker, I rise today to speak in support of H.R. 3015. I would first like to thank the Energy and Commerce Committee staff for their great work on this bill. I would also like to thank my colleagues Mr. PALLONE, Mr. NORWOOD, and Mr. WHITFIELD and their staff for their hard work. H.R. 3015 includes prescription monitoring provisions similar to those included in H.R. 3870, a bill Congressman NORWOOD and I introduced earlier this year. While, H.R. 3870 is a more comprehensive effort to close loopholes in current law that lead to prescription drug abuse, I am very pleased with the progress that has been made in H.R. 3015 on prescription drug monitoring.

I am particularly interested in deterring prescription drug diversion because of the immense problem of OxyContin abuse in many of the rural Appalachian Ohio counties I represent. I have received letters from constituents whose sons and daughters have died after taking a crushed OxyContin tablet. These tragedies cannot go unchecked. I am sure that OxyContin is not the only prescription drug that is abused in Appalachia, but its abuse is the most obvious example of the devastating consequences of prescription drug diversion.

H.R. 3015 would build on existing State prescription monitoring programs by providing grants through the Department of Health and Human Services for States to establish, operate, and update prescription monitoring programs. These grants are meant to ensure State monitoring systems can share information with other States, and our intention is to expand and improve current State monitoring programs without eliminating the work that, for example, Kentucky or Nevada has already done.

I believe that drugs like OxyContin are important advances in pain management, but we must work to stop the dangerous abuse of such drugs. H.R. 3015 is a positive step in that direction.

Again, I thank my colleagues and congratulate them on this compromise legislation.

Mr. PAUL. Mr. Speaker, I rise in opposition to H.R. 3015, the National All Schedules Prescription Electronic Reporting Act. This bill is yet another unjustifiable attempt by the Federal government to use the war on drugs as an excuse for invading the privacy and liberties of the American people and for expanding the Federal government's disastrous micromanagement of medical care. As a physician with over 30 years experience in private practice, I must oppose this bill due to the danger it poses to our health as well as our liberty.

By creating a national database of prescriptions for controlled substances, the Federal government would take another step forward in the war on pain patients and their doctors. This war has already resulted in the harassment and prosecution of many doctors, and their staff members, whose only ''crime'' is prescribing legal medication, including opioids, to relieve their patients' pain. These prosecutions, in turn, have scared other doctors so that they are unwilling to prescribe an adequate amount of pain medication, or even any pain medication, for their suffering patients.

Doctors and their staffs may even be prosecuted because of a patient's actions that no doctor approved or even knew about. A doctor has no way of controlling if a patient gives some of the prescribed medication away or consumes a prescribed drug in a dangerous combination with illegal drugs or other prescription drugs obtained from another source. Nonetheless, doctors can be subjected to prosecution when a patient takes such actions.

Applying to doctors laws intended to deal with drug kingpins, the government has created the illusion of some success in the war on drugs. Investigating drug dealers can be hard and dangerous work. In comparison, it is much easier to shut down medical practices and prosecute doctors who prescribe pain medication.

A doctor who is willing to treat chronic pain patients with medically justified amounts of controlled substances may appear at first look to be excessively prescribing. Because so few doctors are willing to take the drug war prosecution risks associated with treating chronic pain patients, and because chronic pain patients must often consume significant doses of pain medication to obtain relief, the prosecution of one pain doctor can be heralded as a large success. All the government needs to do is point to the large amount of patients and drugs associated with a medical practice.

Once doctors know that there is a national database of controlled substances prescriptions that overzealous law enforcement will be scrutinizing to harass doctors, there may be no doctors left who are willing to treat chronic pain. Instead of creating a national database, we should be returning medical regulation to local control, where it historically and constitutionally belongs. Instead of drug warriors regulating medicine with an eye to maximizing

prosecutions, we should return to State medical boards and State civil courts review that looks to science-based standards of medical care and patients' best interests.

H.R. 3015 also threatens patients' privacy. A patient's medical records should be treated according to the mutual agreement of the patient and doctor. In contrast, H.R. 3015 will put a patient's prescriptions on a government-mandated database that can be accessed without the patient's permission.

Instead of further eroding our medical privacy, Congress should take steps to protect it. Why should someone not be able to deny the government and third parties access to his medical records without his permission or a warrant?

One way the House can act to protect patients' privacy is by enacting my Patient Privacy Act (H.R. 1699) that repeals the provision of Federal law establishing a medical ID for every American. Under the guise of ''protecting privacy,'' the Health and Human Services' so-called ''medical privacy'' regulations allow medical researchers, insurance agents, and government officials access to your personal medical records—without your consent. Congress should act now to reverse this government-imposed invasion of our medical privacy.

Please join me in opposing H.R. 3015—legislation that, if enacted, will make us less free and less healthy.

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

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

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and pass the bill, H.R. 3015, as amended.

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

The title of the bill was amended so as to read: ''A bill to provide for the establishment of a controlled substance monitoring program in each State.''.

A motion to reconsider was laid on the table.

PANCREATIC ISLET CELL TRANSPLANTATION ACT OF 2004

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3858) to amend the Public Health Service Act to increase the supply of pancreatic islet cells for research, and to provide for better coordination of Federal efforts and information on islet cell transplantation.

The Clerk read as follows:

H.R. 3858

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Pancreatic Islet Cell Transplantation Act of 2004''.

SEC. 2. ORGAN PROCUREMENT ORGANIZATION CERTIFICATION.

Section 371 of the Public Health Service Act (42 U.S.C. 273) is amended by adding at the end the following:

''(c) Pancreata procured by an organ procurement organization and used for islet cell transplantation or research shall be counted for purposes of certification or recertification under subsection (b).''.

SEC. 3. ANNUAL ASSESSMENT ON PANCREATIC ISLET CELL TRANSPLANTATION.

Section 429 of the Public Health Service Act (42 U.S.C. 285c–3) is amended by adding at the end the following:

''(d) In each annual report prepared by the Diabetes Mellitus Interagency Coordinating Committee pursuant to subsection (c), the Committee shall include an assessment of the Federal activities and programs related to pancreatic islet cell transplantation. Such assessment shall, at a minimum, address the following:

''(1) The adequacy of Federal funding for taking advantage of scientific opportunities relating to pancreatic islet cell transplantation.

''(2) Current policies and regulations affecting the supply of pancreata for islet cell transplantation.

''(3) The effect of xenotransplantation on advancing pancreatic islet cell transplantation.

''(4) The effect of United Network for Organ Sharing policies regarding pancreas retrieval and islet cell transplantation.

''(5) The existing mechanisms to collect and coordinate outcomes data from existing islet cell transplantation trials.

''(6) Implementation of multiagency clinical investigations of pancreatic islet cell transplantation.

''(7) Recommendations for such legislation and administrative actions as the Committee considers appropriate to increase the supply of pancreata available for islet cell transplantation.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentlewoman from Colorado (Ms. DEGETTE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BARTON).

GENERAL LEAVE

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to include extraneous material on the bill.

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

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strongest possible support of H.R. 3858, the Pancreatic Islet Cell Transplantation Act of 2004, introduced by the gentleman from Washington (Mr. NETHERCUTT).

The Pancreatic Islet Cell Transplantation Act is short and simple. It requires the pancreata donated for the purposes of islet cell transplantation or research be counted for purposes of certification or recertification of organ procurement organizations. Islet cell transplantation is a procedure where islet cells are removed from a donor pancreas and transferred into another person. Once implanted, the beta cells in these islets begin to make and release insulin. H.R. 3858 will help to increase the number of pancreatic and other organ donations, expanding the capabilities of pancreatic islet cell research.

My family is very active in raising the awareness of diabetes. My father, Larry Barton, died of complications from diabetes, and my wife, Terry Barton, is executive director of the Tarrant County Chapter of the American Diabetes Association. So I know personally how excited people are about islet cell transplantation. It may help people with certain type 1 diabetes live without daily injections of insulin, which is very exciting. It is my hope that this legislation will help to speed this research forward.

Mr. Speaker, I cannot urge in any stronger possible terms that all Members support this legislation.

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

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

Mr. Speaker, today this body can greatly improve the lives of more than 1 million Americans who are affected by juvenile diabetes. The Pancreatic Islet Cell Transplantation Act addresses a significant problem by reducing the nonscientific barriers standing in the way of this promising treatment.

Pancreatic islet cell transplantation is a procedure that infuses new insulin-producing cells into an individual with juvenile diabetes. This procedure has now been performed in over 300 people in this country. The results are nothing short of miraculous. A majority of those islet cell transplantation recipients no longer need to inject themselves with insulin.

For a person with juvenile diabetes this change is life altering. It means no more needles and no more worry. It means the question of what to eat no longer requires calculation or cause for alarm. For those patients islet cell transplantation means freedom, and ultimately islet cell transplantation will be a cure for type 1 diabetes.

As we know too well, Mr. Speaker, living with diabetes is challenging. Insulin is not a cure. It is only a means of managing the disease, and it is more complicated by the difficulties of monitoring glucose levels. Very serious complications like blindness and kidney disease are not uncommon. In fact, a staggering number of patients with juvenile, or type 1, diabetes suffer from some type of complication. Every year 82,000 individuals lose their foot or leg to diabetes. Heart disease is the leading cause of diabetes-related deaths. And diabetes is the leading cause of new blindness in people 20 to 74 years old.

This bill, which I was proud to introduce with the gentleman from Washington (Mr. NETHERCUTT), who, unfortunately, cannot be here with us today, takes us one step closer to preventing these devastating complications. H.R. 3858 will help increase the supply of pancreata for islet cell transplantation and better coordinate Federal Government efforts and information. These