Udall (CO)	Watkins	Whitfield
Udall (NM)	Watts (OK)	Wicker
Upton	Waxman	Wilson
Velazquez	Weiner	Wise
Visclosky	Weldon (FL)	Wolf
Vitter	Weldon (PA)	Woolsey
Walden	Weller	Wu
Walsh	Wexler	Young (AK)
Wamp	Weygand	Young (FL)

NAYS—27

Bonior	Johnson, E. B.	Rahall
Carson	Lee	Rohrabacher
Clay	McDermott	Sabo
Clayton	McKinney	Serrano
Conyers	Miller, George	Stark
Danner	Moran (VA)	Sununu
Dingell	Murtha	Traficant
Hilliard	Obey	Waters
Jackson (IL)	Payne	Watt (NC)

ANSWERED ''PRESENT''—4

Capuano	Kucinich
DeFazio	Rivers

NOT VOTING—17

Campbell	Klink	Pickett
Doolittle	Lazio	Sandlin
Ewing	McCollum	Thomas
Goodling	McIntosh	Vento
Hilleary	Meek (FL)	Wynn
Jones (OH)	Paul	

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 8 of rule XX, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record votes, if postponed, will be taken after debate has concluded on all motions to suspend the rules.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING ESTABLISHMENT ACT

Mr. BURR of North Carolina. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1795) to amend the Public Health Service Act to establish the National Institute of Biomedical Imaging and Engineering, as amended.

The Clerk read as follows:

H.R. 1795

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 ''National Institute of Biomedical Imaging and Bioengineering Establishment Act''.

SEC. 2. FINDINGS.

The Congress makes the following findings:

(1) Basic research in imaging, bioengineering, computer science, informatics, and related fields is critical to improving health care but is fundamentally different from the research in molecular biology on which the current national research institutes at the National Institutes of Health (''NIH'') are based. To ensure the development of new techniques and technologies for the 21st century, these disciplines therefore require an identity and research home at the NIH that is independent of the existing institute structure.

(2) Advances based on medical research promise new, more effective treatments for a wide variety of diseases, but the development of new, noninvasive imaging techniques for earlier detection and diagnosis of disease is essential to take full advantage of such new treatments and to promote the general improvement of health care.

(3) The development of advanced genetic and molecular imaging techniques is necessary to continue the current rapid pace of discovery in molecular biology.

(4) Advances in telemedicine, and teleradiology in particular, are increasingly important in the delivery of high quality, reliable medical care to rural citizens and other underserved populations. To fulfill the promise of telemedicine and related technologies fully, a structure is needed at the NIH to support basic research focused on the acquisition, transmission, processing, and optimal display of images.

(5) A number of Federal departments and agencies support imaging and engineering research with potential medical applications, but a central coordinating body, preferably housed at the NIH, is needed to coordinate these disparate efforts and facilitate the transfer of technologies with medical applications.

(6) Several breakthrough imaging technologies, including magnetic resonance imaging (''MRI'') and computed tomography (''CT''), have been developed primarily abroad, in large part because of the absence of a home at the NIH for basic research in imaging and related fields. The establishment of a central focus for imaging and bioengineering research at the NIH would promote both scientific advance and U.S. economic development.

(7) At a time when a consensus exists to add significant resources to the NIH in coming years, it is appropriate to modernize the structure of the NIH to ensure that research dollars are expended more effectively and efficiently and that the fields of medical science that have contributed the most to the detection, diagnosis, and treatment of disease in recent years receive appropriate emphasis.

(8) The establishment of a National Institute of Biomedical Imaging and Bioengineering at the NIH would accelerate the development of new technologies with clinical and research applications, improve coordination and efficiency at the NIH and throughout the Federal government, reduce duplication and waste, lay the foundation for a new medical information age, promote economic development, and provide a structure to train the young researchers who will make the pathbreaking discoveries of the next century.

SEC. 3. ESTABLISHMENT OF NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING.

(a) IN GENERAL.—Part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following subpart:

''Subpart 18—National Institute of Biomedical Imaging and Bioengineering

''PURPOSE OF THE INSTITUTE

''SEC. 464z. (a) The general purpose of the National Institute of Biomedical Imaging and Bioengineering (in this section referred to as the 'Institute') is the conduct and support of research, training, the dissemination of health information, and other programs with respect to biomedical imaging, biomedical engineering, and associated technologies and modalities with biomedical applications (in this section referred to as 'biomedical imaging and bioengineering').

''(b)(1) The Director of the Institute, with the advice of the Institute's advisory council, shall establish a National Biomedical Imaging and Bioengineering Program (in this section referred to as the 'Program').

''(2) Activities under the Program shall include the following with respect to biomedical imaging and bioengineering:

''(A) Research into the development of new techniques and devices.

''(B) Related research in physics, engineering, mathematics, computer science, and other disciplines.

''(C) Technology assessments and outcomes studies to evaluate the effectiveness of biologics, materials, processes, devices, procedures, and informatics.

''(D) Research in screening for diseases and disorders.

''(E) The advancement of existing imaging and bioengineering modalities, including imaging, biomaterials, and informatics.

''(F) The development of target-specific agents to enhance images and to identify and delineate disease.

''(G) The development of advanced engineering and imaging technologies and techniques for research from the molecular and genetic to the whole organ and body levels.

''(H) The development of new techniques and devices for more effective interventional procedures (such as image-guided interventions).

''(3)(A) With respect to the Program, the Director of the Institute shall prepare and transmit to the Secretary and the Director of NIH a plan to initiate, expand, intensify, and coordinate activities of the Institute with respect to biomedical imaging and bioengineering. The plan shall include such comments and recommendations as the Director of the Institute determines appropriate. The Director of the Institute shall periodically review and revise the plan and shall transmit any revisions of the plan to the Secretary and the Director of NIH.

''(B) The plan under subparagraph (A) shall include the recommendations of the Director of the Institute with respect to the following:

''(i) Where appropriate, the consolidation of programs of the National Institutes of Health for the express purpose of enhancing support of activities regarding basic biomedical imaging and bioengineering research.

''(ii) The coordination of the activities of the Institute with related activities of the other agencies of the National Institutes of Health and with related activities of other Federal agencies.

''(c) The establishment under section 406 of an advisory council for the Institute is subject to the following:

''(1) The number of members appointed by the Secretary shall be 12.

''(2) Of such members—

''(A) 6 members shall be scientists, engineers, physicians, and other health professionals who represent disciplines in biomedical imaging and bioengineering and who are not officers or employees of the United States; and

''(B) 6 members shall be scientists, engineers, physicians, and other health professionals who represent other disciplines and are knowledgeable about the applications of biomedical imaging and bioengineering in medicine, and who are not officers or employees of the United States.

''(3) In addition to the ex officio members specified in section 406(b)(2), the ex officio members of the advisory council shall include the Director of the Centers for Disease Control and Prevention, the Director of the National Science Foundation, and the Director of the National Institute of Standards and Technology (or the designees of such officers).

''(d)(1) Subject to paragraph (2), for the purpose of carrying out this section:

''(A) For fiscal year 2001, there is authorized to be appropriated an amount equal to the amount obligated by the National Institutes of

Health during fiscal year 2000 for biomedical imaging and bioengineering, except that such amount shall be adjusted to offset any inflation occurring after October 1, 1999.

''(B) For each of the fiscal years 2002 and 2003, there is authorized to be appropriated an amount equal to the amount appropriated under subparagraph (A) for fiscal year 2001, except that such amount shall be adjusted for the fiscal year involved to offset any inflation occurring after October 1, 2000.

''(2) The authorization of appropriations for a fiscal year under paragraph (1) is hereby reduced by the amount of any appropriation made for such year for the conduct or support by any other national research institute of any program with respect to biomedical imaging and bioengineering.''.

(b) USE OF EXISTING RESOURCES.—In providing for the establishment of the National Institute of Biomedical Imaging and Bioengineering pursuant to the amendment made by subsection (a), the Director of the National Institutes of Health (referred to in this subsection as ''NIH'')—

(1) may transfer to the National Institute of Biomedical Imaging and Bioengineering such personnel of NIH as the Director determines to be appropriate;

(2) may, for quarters for such Institute, utilize such facilities of NIH as the Director determines to be appropriate; and

(3) may obtain administrative support for the Institute from the other agencies of NIH, including the other national research institutes.

(c) CONSTRUCTION OF FACILITIES.—None of the provisions of this Act or the amendments made by the Act may be construed as authorizing the construction of facilities, or the acquisition of land, for purposes of the establishment or operation of the National Institute of Biomedical Imaging and Bioengineering.

(d) DATE CERTAIN FOR ESTABLISHMENT OF ADVISORY COUNCIL.—Not later than 90 days after the effective date of this Act under section 4, the Secretary of Health and Human Services shall complete the establishment of an advisory council for the National Institute of Biomedical Imaging and Bioengineering in accordance with section 406 of the Public Health Service Act and in accordance with section 464z of such Act (as added by subsection (a) of this section).

(e) CONFORMING AMENDMENT.—Section 401(b)(1) of the Public Health Service Act (42 U.S.C. 281(b)(1)) is amended by adding at the end the following subparagraph:

''(R) The National Institute of Biomedical Imaging and Bioengineering.''.

SEC. 4. EFFECTIVE DATE.

This Act takes effect October 1, 2000, or upon the date of the enactment of this Act, whichever occurs later.

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

The Chair recognizes the gentleman from North Carolina (Mr. BURR).

GENERAL LEAVE

Mr. BURR of North Carolina. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 1795.

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

There was no objection.

Mr. BURR of North Carolina. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 1795, the National Institute of Biomedical Engineering and Bioengineering Establishment Act, is supported by over 170 of our colleagues in the House. It passed out of the Committee on Commerce under voice vote, and I want to commend my colleague on the other side, the gentlewoman from California (Ms. ESHOO), for her great support and co-sponsorship of this legislation. H.R. 1795 establishes a new National Institute of Biomedical Imaging and Bioengineering at the NIH, the National Institutes of Health.

Mr. Speaker, in an age where we talk about producing more resources for the National Institutes of Health to do additional research, it is incumbent on this institution to create a structure that makes sure that we are chasing the best and the brightest. When we talk about the issue of biomedical imaging, we need to look at ways to detect at an earlier stage breast cancer and many other terminal and chronic illnesses.

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It is incumbent on this institution to make sure that this institute is there so that the resources that are made available for imaging changes the latest and greatest breakthroughs that could possibly be brought to the patient community.

MRIs and CT scans were not created in this country, but they were refined in this country because of the emphasis we put on research and development and on the refinement to make sure that every possible tool is available for early detection of disease.

H.R. 1795 creates a research environment in which new imaging and biotechnologies, techniques, and devices can be developed for clinical use much more rapidly than under the present system.

For those that might say this does not require a new institute, let me assure them that for 3 years we have tried to work with the National Institutes of Health to make sure that the proper attention was paid to this very important field of imaging and what we found was that every disease in its research stages uses basic imaging, but there was not an effort to move to the next generation of imaging that can mean the difference between the number of options that patients are provided in their treatment, in many cases the difference between life and death because of early detection.

In the last Congress, 80 bipartisan House Members cosponsored this bill, but it was to create only an imaging institute. Others supported a bill by my dear friend, the gentlewoman from California (Ms. ESHOO), to establish a bioengineering center. It was our belief that to combine these was in the best interest of both efforts and that we could rely on the administrative resources of a single institute versus dual.

Mr. Speaker, it is important that our colleagues know our effort here is to not create a new bureaucracy but it is to put somebody in charge of this new exciting field that is driven by technology to make sure that every patient in America has early detection as a tool against disease whether it is chronic or whether it is fatal.

My hope is that every Member will support this legislation and that we can move it so that it becomes law and this institute becomes a permanent part of the National Institutes of Health.

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

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

Mr. Speaker, H.R. 1795 amends the Public Health Service Act to require the director of the National Institutes of Health to establish a National Institute of Biomedical Imaging and Engineering for the purposes of conducting and supporting research, training scientists and health professionals, disseminating relevant information, and sponsoring other programs with respect to biomedical imaging, biomedical engineers, and associated technologies and modalities with biomedical applications, such as bioinformatics and telemedicining.

Bioimaging is truly the diagnostic tool of the 21st century. I am proud to be a cosponsor, and I am also particularly proud of the hard work that my colleagues, the gentleman from North Carolina (Mr. BURR) and the gentlewoman from California (Ms. ESHOO), have done on the legislation; and I commend them for this excellent bill.

More than any other area of medicine, medical imaging has radically changed the way physicians detect, diagnose, and treat disease. In the coming years, additional breakthroughs in imaging promise to save more lives and further reduce the need for expensive, invasive, and painful surgery.

This proposed institute fulfills all five of the criteria stipulated by the Institute of Medicine in its 1984 report responding to the health needs of the scientific community, the organizational structure of the National Institutes of Health. It would also coordinate all imaging research through the Federal Government in order to enhance communication and avoid duplicity, activities now sorely lacking.

I have been assured by my colleagues, the gentlewoman from California (Ms. ESHOO) and the gentleman from North Carolina (Mr. BURR), that the proposed institute has been structured to control administrative costs and mitigate against administrative growth.

Indeed, the numbers are sobering. Based on fiscal year 1998 figures, the biomedical imaging program at the National Cancer Institute administered a grant portfolio of nearly $60 million and 220 grants. Given a generous ratio staff-to-grant, the newly proposed institute should easily maintain itself with the 62 full-time employees already working in this discipline through the NIH institute and centers.

It would draw most heavily from currently funded positions at the National

Cancer Institute and have a responsibility for collection of 932 grants totaling $201.5 million.

These figures, together with this great promise of this cutting edge biomedical discipline, make a compelling case for moving forward with the new institute; and I, therefore, support wholeheartedly the legislation.

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

Mr. BURR of North Carolina. Mr. Speaker, I reserve the balance of my time.

Ms. DEGETTE. Mr. Speaker, I am pleased to yield such time as she may consume to the gentlewoman from California (Ms. ESHOO), the sponsor of the legislation.

Ms. ESHOO. Mr. Speaker, I thank the gentlewoman for yielding me the time.

Mr. Speaker, I am very proud to join with the gentleman from North Carolina (Mr. BURR) in this very important effort, and I salute him for his leadership. I am pleased to have partnered with him, because I think this is a very important idea for the people of our country. So I am very, very proud of being the chief Democratic sponsor on H.R. 1795.

This legislation, as Members have already heard, creates a new institute, a Biomedical Imaging and Bioengineering, at NIH. Dramatic advances in both of these areas have really revolutionized medical practice in recent years. New noninvasive imaging techniques such as magnetic resonance imaging, MRI, and those three letters are mentioned with all the familiarity of patients across the country and many, many people speak of going in for an MRI; and also computed tomography, or CTs. These have both paved the way for earlier detection and diagnosis of diseases, and they have dramatically improved the quality of treatment for so many people across our country.

But the next generation of breakthroughs, Mr. Speaker, will be longer in coming, or they may not come at all unless we modernize the structure at NIH.

The MRI and the CT, I was really taken aback to learn that they were not developed in the United States. The lack of a dedicated research effort in our country has forced the greatest country in the world really to be relying on other countries for breakthroughs in medical imaging and bioengineering. And that really is the basis and the intent of the bill to change this.

H.R. 1795 ensures the continued and rapid development of new diagnostic technologies by creating an independent research institute at NIH which is focused specifically on medical imaging and bioengineering. Establishment of a National Institute of Biomedical Imaging and Bioengineering will reduce duplication, it will lay the foundation for a new medical information age, and it will provide a structure to train young researchers who will make the breakthrough discoveries for the rest of this very new and promising century.

At a time when the Congress is committed to doubling the NIH budget, we must ensure that research dollars are expended more efficiently and more effectively and that the field of medical science that has contributed the most to the detection, the diagnosis, and the treatment of disease receives appropriate emphasis.

I am very fond of saying that the NIH represents our national institutes of hope. And I think that with this legislation we extend that hope in an area that really holds a great deal of promise not only for the genius of America but how that genius is applied to the betterment of our people and for the breakthroughs that they are counting on to be made to fight the war of diseases that have not yet been conquered.

So, again, I want to compliment my colleague, the gentleman from North Carolina (Mr. BURR), and everyone that has joined this effort. I think it is a worthy one, and I urge all of my colleagues to support it.

Ms. DEGETTE. Mr. Speaker, again I thank the sponsors of this legislation, and I yield back the balance of my time.

Mr. BURR of North Carolina. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I take this opportunity to once again thank my friends, the gentlewoman from California (Ms. ESHOO) and the gentlewoman from Colorado (Ms. DEGETTE) and all the members of our committee and staff who have worked on what I think is very important legislation.

I will end with a quote from the hearing that we had on this bill. It was given by Dr. Nick Bryant, a former Director of Diagnostic Radiology at the NIH.

Dr. Bryant said, ''I believe that the creation of a National Institute of Biomedical Imaging and Bioengineering is essential to promote the development of new imaging techniques and technologies. In order to flourish and grow consistently at the NIH, a scientific field requires an organization with the mandate, the responsibility, the authority, and the resources to direct and drive investigation in that field. In the NIH structure, only institutes possess those attributes.''

I believe his testimony to our committee best sums up why every Member of Congress should support this legislation.

Most Members of Congress strongly support an increase in NIH funding. Additional resources are important. But we should pass H.R. 1795 before we commit more money. Our legislation will ensure a greater return on our investment in medical science.

Mr. DINGELL. Mr. Speaker, I continue to have major doubts about the wisdom of H.R. 1795, the National Institute of Biomedical Imaging and Bioengineering Establishment Act. Because this rushed process has not resolved my doubts, I oppose this legislation.

At the September 14 Commerce Committee markup on this bill, I expressed my longstanding concern about the administrative burdens and duplication that come with authorizing new Institutes at the National Institutes of Health. I understand that the intent of this bill is to bring together programs in biomedical imaging and bioengineering that support clinical research in other disciplines, thereby fostering basic research in the development of improved diagnostic technologies. This is a laudable goal, yet all Institutes come with Directors who appoint administrative personnel, and new Institutes create opportunities for needless duplication of existing work. NIH's budget is finite, and we must be careful to use it wisely.

Do we need to spend more money on administrative bureaucracy or risk duplication of existing work to achieve the goals of this legislation? I think not, and neither does Secretary Shalala. Her attached letter to me, received last night, concludes that a newly created Office of Bioengineering, Bioimaging, and Bioinformatics ''ensures the most effective and efficient deployment of resources to foster research in this area.''

Are we prepared to say she is wrong, before the Office has a chance to work? Are we prepared to substitute our judgment for that of the National Institutes of Health? Are we prepared to take money from research to spend on administrative support?

My answer to these questions is no. I cannot support this legislation at this time.

THE SECRETARY OF HEALTH
AND HUMAN SERVICES,
Washington, DC, September 25, 2000.

Hon. JOHN D. DINGELL,
Committee on Commerce, House of Representatives, Washington, DC.

DEAR REPRESENTATIVE DINGELL: On September 14, the Committee on Commerce marked up and ordered reported H.R. 1795, which would establish a new National Institute on Biomedical Imaging and Bioengineering at the National Institutes of Health (NIH). During the markup, you raised questions about the impact of the legislation on the operations of NIH. I am writing in response a request made by your staff to address these concerns.

NIH invests heavily in this promising field of research. The majority of its Institutes and Centers (ICs) have significant research efforts underway in bioimaging and bioengineering. We believe that the application of imaging techniques to scientific questions about health and disease is part of the basic mission of NIH. We further believe it is imperative that the ICs maintain their support for imaging and engineering projects that are informed by compelling biological questions.

The discovery of new imaging modalities and approaches is being fostered in this collaborative environment, since the engineers and physicists are constantly being challenged by their biologist/clinician colleagues to develop new approaches to studying the body. A critical mass of engineers and physicists is present in many of these programs, providing the necessary technical and theoretical insight to develop advances in the biological sciences. There are many examples in the various ICs of this synergy leading to significant discoveries.

Three Institutes—the National Institute of Neurological Disorders and Stroke, the National Institute of Mental Health, and the National Institute on Aging—are using bioimaging advances to evaluate cognition. The

National Heart, Lung and Blood Institute is collaborating with other Government as well as private sector researchers to develop new cardiac magnetic resonance imaging and ultrasound techniques. The National Cancer Institute is developing new, more sensitive diagnostic and treatment tools using bioimaging techniques to detect and cure malignancies that heretofore have been recalcitrant to current interventions.

These are but a few examples of the tremendous amount of research being conducted within the ICs, where collaborations among scientists, physicists, and engineers are essential to developing new technologies.

The establishment of another NIH Institute would require an expensive administrative structure, for which additional resources would be required, so as not to rob the existing NIH ICs of their expertise and funds. While this Department and NIH are thoroughly committed to this rich and exciting research area, we have concluded that the newly created Office of Bioengineering, Bioimaging, and Bioinformatics in the Office of the Director, NIH, ensures the most effective and efficient deployment of resources to foster research in this area. The mission of the Office, for which a director is no being recruited, is to provide a focus for biomedical engineering, bioimaging, and biomedical computational science among the ICs and other Federal agencies. The Office will develop programs aimed at fostering basic understanding and new collaborations among the biological, medical, engineering, physical, and computational scientists and among the various ICs. The purpose of the Office is to develop effective research strategies while maintaining the core of the research at the individual ICs that have the necessary expertise to ask the appropriate questions and conduct the best research. In sum, we have carefully considered various approaches and are convinced that at this time a new Office, rather than a new Institute with its attendant organizational layers and administrative costs, offers the best and most practical opportunity to exploit the many potentials of this critical research. Experience with the new Office will contribute to the evaluation of the need for a separate Institute for bioengineering and bioimaging at NIH.

I would be delighted to answer any further questions that you may have regarding bioimaging and bioengineering research at NIH, and I look forward to working with you as you consider legislation that would enhance our research efforts. An identical letter on this subject has been sent to Chairman Bliley.

The Office of Management and Budget has advised that there is no objection to the transmittal of this letter from the standpoint of the Administration's program.

Sincerely,

DONNA E. SHALALA.

Ms. ESHOO. Mr. Speaker, I'm proud to join my colleague from North Carolina, Representative BURR, in sponsoring H.R. 1795—legislation to create a new Institute of Biomedical Imaging and Bioengineering at NIH.

Dramatic advances in bioimaging and bioengineering have revolutionized medical practice in recent years. New noninvasive imaging techniques, such as Magnetic Resonance imaging (MRI) and Computed Tomography (CT), have paved the way for earlier detection and diagnosis of disease, dramatically improving the quality of treatment.

But, the next generation of breakthroughs will be longer in coming, or may not come at all, unless we modernize the structure at NIH. The MRI and CT were not developed here in the United States. The lack of a dedicated research effort makes us rely on other countries for breakthroughs in medical imaging and bioengineering.

H.R. 1795 ensures the continued and rapid development of new diagnostic technologies by creating an independent research institute at NIH focused specifically on medical imaging and bioengineering. Establishment of a National Institute of Biomedical Imaging and Bioengineering will reduce duplication, lay the foundation for a new medical information age, and provide a structure to train young researchers who will make the breakthrough discoveries of the next century.

At a time when Congress has committed to doubling the NIH budget, we must ensure that research dollars are expended more efficiently and effectively and that the fields of medical science that have contributed the most to the detection, diagnosis, and treatment of disease receive appropriate emphasis. This is the goal and the effect of H.R. 1795 and I urge the support of the full House.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 1795, the National Institute of Biomedical Imaging and Engineering Establishment Act. This legislation, introduced by Representatives RICHARD BURR and ANNA ESHOO, would establish a National Institute of Biomedical Imaging and Engineering at the National Institutes of Health.

Earlier this month, members of my Subcommittee heard testimony from three distinguished professors from Radiology departments throughout the country. They indicated that breakthroughs in imaging, such as magnetic resonance imaging (MRI) and computed tomography (CT), have revolutionized the practice of medicine in the past quarter century.

However, these technologies are inadequate in diagnosing some diseases. The NIH itself has recognized the importance of this discipline by designating imaging as one of the top four research priorities at the National Cancer Institute. However, testimony indicates that NIH's focus on imaging research should be broadened beyond cancer.

Representatives BURR and ESHOO have introduced this legislation to create an institute at NIH to focus on imaging research. This will create a climate that promotes discovery and innovation in imaging, as NIH has done in other fields of scientific discovery.

By approving the legislation before us, we can move into an era of non-invasive medicine. I urge Members to support passage of H.R. 1795, the National Institute of Biomedical Imaging and Engineering Establishment Act.

Mr. BENTSEN. Mr. Speaker, I rise in strong support of legislation, H.R. 1795, that would establish a National Institute of Biomedical Imaging and Bioengineering at the National Institutes of Health [NIH]. As an original cosponsor of this bill, I am pleased that the House of Representatives will be considering this legislation today.

The National Biomedical Imaging and Bioengineering Institute would conduct and support research on biomedical imaging and bioengineering and associated technologies that have biomedical applications. There are current 25 Institutes at the NIH. This new Institute would help in the development of innovative imaging technologies to help patients.

Today there are currently two types of imaging technologies called magnetic resonance imaging [MRI] and computed tomography [CT or ''CAT'' scans]. These technologies are critically important to physicians who use them to diagnose disease. As a result of these diagnostic tools, physicians can avoid costly and invasive surgeries because they can determine whether operations are necessary to help their patients. Regrettably, many of these technologies have been developed in other nations.

In addition, there is not one Institute at the NIH which is conducting this type of cutting-edge research technologies that will save lives and reduce health care costs. Under the current system, the NIH focuses its research on disease-specific or organ-specific research. However, imaging and bioengineering is not disease-specific or organ-specific and therefore does not fit well into the structure of the NIH.

This legislation would correct this inequity by ensuring that the NIH conduct basic biomedical research on imaging techniques and devices, including those involving molecular and genetic biology. This research would include scientific projects on engineering, mathematics, and computer science. This legislation would authorize funding for this Institute through 2003. In order to be fiscally responsible, this bill does not include any funding to purchase land or construct an Institute. Rather, it would require the NIH to coordinate research being done at other NIH facilities into one Institute. The measure also establishes a 12 member Advisory Council of health care professionals who are directly involved in biomedical imaging and bioengineering to help in the establishment and research priorities of this Institute.

I believe that this bill will benefit our nation's health care system. First, it would accelerate the development of new technologies by funding clinical and research applications. Second, it would require coordination at the NIH and throughout the Federal Government on biomedical imaging. Third, it would provide a foundation for the new medical information age. Fourth, it would help to ensure that young scientists have the resources they need to conduct cutting-edge research projects. Without this investment, I am concerned that many of our brightest scientists will abandon their academic research to join private sector firms which do not fund these basic research programs. For these reasons, I urge my colleagues to vote for this bill.

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

The SPEAKER pro tempore (Mr. WALDEN of Oregon). The question is on the motion offered by the gentleman from North Carolina (Mr. BURR) that the House suspend the rules and pass the bill, H.R. 1795, 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 amend the Public Health Service Act to establish the National Institute of Biomedical Imaging and Bioengineering.''.

A motion to reconsider was laid on the table.