

SUPPORTING EFFORTS TO INCREASE CHILDHOOD CANCER AWARENESS, TREATMENT, AND RESEARCH

Mr. BURR of North Carolina. Mr. Speaker, I move to suspend the rules and agree to the resolution (H.Res. 576) supporting efforts to increase childhood cancer awareness, treatment, and research.

The Clerk read as follows:

H. RES. 576

Whereas an estimated 12,400 children will be diagnosed with cancer in the year 2000;

Whereas cancer is the leading cause of death by disease in children under age 15;

Whereas an estimated 2,300 children will die from cancer in the year 2000;

Whereas the incidence of cancer among children in the United States is rising by about one percent each year;

Whereas 1 in every 330 Americans develops cancer before age 20;

Whereas approximately 8 percent of deaths of those between 1 and 19 years old are caused by cancer;

Whereas a number of opportunities for childhood cancer research remain unfunded or underfunded;

Whereas limited resources for childhood cancer research hinder the recruitment of investigators and physicians to pediatric oncology;

Whereas peer-reviewed clinical trials are the standard of care for pediatrics and have improved cancer survival rates among children; and

Whereas a recent study indicates that, based on parental reports, 89 percent of children with cancer experienced substantial suffering in the last month of life: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that Congress should support—

(1) public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, and treatment options;

(2) increased public and private investment in childhood cancer research to improve prevention, diagnosis, treatment, and long-term survival;

(3) policies that provide incentives to encourage medical trainees and investigators to enter the field of pediatric oncology;

(4) policies that provide incentives to encourage the development of drugs and biologics designed to treat pediatric cancers;

(5) policies that encourage participation in clinical trials; and

(6) medical education curricula designed to improve pain management for cancer patients.

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).

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

Mr. Speaker, I rise in support of House Resolution 576 concerning childhood cancers.

Sadly, most of us have had a personal experience with cancer. We have seen it attack a family member or a friend, a coworker, or we have been diagnosed ourselves. But even more sadly, cancer takes the lives of some 2,300 American

boys and girls every year. Imagine a school of 100 classrooms empty because of childhood cancer.

We stand with our colleagues, the gentlewoman from Ohio (Ms. PRYCE) and the gentleman from Ohio (Mr. HALL), who have both lost children to cancer, in resolving to ensure that opportunities for childhood cancer research are funded, that we attract the best and the brightest scientists to pediatric oncology, and that as many children as possible participate in and benefit from the discoveries made through clinical trials. We will work together so that no other parent has to feel the loss of a child due to cancer.

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

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

Mr. Speaker, House Resolution 576, supporting efforts to increase childhood cancer awareness, treatment and research, introduced by the gentlewoman from Ohio (Ms. PRYCE), is a sobering reminder of the rising incidents of pediatric cancer.

We cannot overemphasize the importance of protecting America's children. They are our Nation's future and its most precious resource. Hence, they deserve the same breadth of our Nation's biomedical resources as we devote to fighting cancer in adults, namely, cutting-edge research, targeted treatments, and medical education initiatives based on their unique needs and physiology.

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Children are not simply "little adults." The recommendations in this resolution are critical to decreasing the burden of childhood cancers and should guide public policy.

With that said, I am also pleased to remind the Members of this Chamber that the bill we just passed, H.R. 4365, the Children's Health Act of 2000, contains an expanded provision from its original title on skeletal cancers in childhood to authorize the Secretary of HHS to devote research resources to learning more about all childhood cancers and improving treatment outcomes. Indeed, these are all steps in the right direction and a clear message to all children and the families whose lives have been forever altered by this disease.

I am pleased to support the gentlewoman from Ohio's resolution. I look forward to working with her over the years to increase funding for research into childhood cancer and all pediatric diseases in this Congress. In addition, I would like to highlight one of the provisions from this resolution that Congress should support:

"Public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, and treatment options."

As such, I think that it is important to point out that 11 million children in this country still remain uninsured de-

spite passage of the Children's Health Improvement Act. Uninsured children often do not get the same prevention, diagnosis or treatment needed to save their lives. Consequently, we should take action in this Congress to address the barriers that exist to health insurance coverage that continue to harm the health of children. We should take action to streamline enrollment of kids into Medicaid and CHIP. We should improve outreach efforts to get eligible children enrolled. We should expand coverage to pregnant women which would reduce infant mortality, another leading cause of mortality in children.

We should also do everything to encourage States to spend all the money that we have provided them to get children into CHIP. It is a terrible shame that 40 States have failed to spend \$1.9 billion. For example, the State of Texas is scheduled to return over 70 percent of its CHIP allocations. That is unfortunate. I encourage Members to consider passage of the Improved Maternal and Children's Health Coverage Act this year. My own State of Colorado also stands to lose money because it has not covered all of the children in Colorado. If we have health insurance for children, parents will be able to take the children to their physicians at the first hints, at the first physical symptoms of cancer, and if that happens, then we should be able to diagnose and treat that cancer at an earlier stage and to save many thousands of lives every year.

Again, I commend my colleague for raising this issue. I urge its passage.

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

Mr. BURR of North Carolina. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Ohio (Ms. PRYCE).

Ms. PRYCE of Ohio. I thank the gentleman for yielding me this time.

Mr. Speaker, as the sponsor of H. Res. 576, the Childhood Cancer Awareness, Research and Treatment Act, I rise today in strong support of efforts to increase awareness of this disease, one which is stealing the very life from our children.

I would also like to thank the lead Democratic sponsor, my distinguished colleague and good friend, the gentleman from Ohio (Mr. HALL), for all the support he and his wife Janet have provided. Sadly, they also know all too well the importance of this fight to raise awareness. I also want to thank my colleague the gentleman from New York (Mr. FORBES) for his early leadership on this initiative.

A year ago, my daughter Caroline, just 9 years old, succumbed to an ailment we too often view as only an adult disease, that is, cancer. This is, however, a tragically flawed assumption, as the devastation of cancer knows no age limits. Cancer is the leading cause of death by disease in all children, killing more children than any other disease, more than diabetes, cystic fibrosis, asthma, congenital defects and AIDS combined.

Cancer strikes 46 children like Caroline every school day, forcing them into a cycle of pain, test tubes, needles, multiple medications and debilitating limitations. The median age at diagnosis is 6, placing the child's entire lifetime at risk.

Unfortunately, Caroline was not accurately diagnosed when she first complained of pain in her leg just more than 2 years ago. Her doctors, while well intentioned and caring, lacked the expertise to correctly identify her early symptoms. In fact, she was sent home twice from her pediatrician with a casual observation that she must be suffering from shin splints and "growing pains." Compounding the nightmare, the initial diagnosis of the type of cancer she had was incorrect, causing further delays as specific treatments vary for different forms of cancer. As a result, our little girl did not receive the necessary attention early on in treating her cancer which most likely reduced her chances for survival. My husband and I still spend a part of every day wondering if Caroline's death could have been prevented if she had been able to get treatment sooner. Sadly, we are not alone in this melancholy world of "what if."

Caroline's story illustrates an issue we must confront as a Nation, how to ensure the best possible treatment of children and teenagers with cancer.

One vitally important step is the recent merger of the four main childhood cancer research cooperatives into one, the Children's Oncology Group, or COG. It will address the dilemma faced by parents like us when one set of doctors recommends a certain type of treatment plan while another group aggressively pushes a different treatment plan. How are terrified parents supposed to sort that one out?

This new merger will lead to a single recommended treatment plan for each type of childhood cancer, and it will ensure that 90 percent of children in North America have access to the best standardized care no matter where they live. But we must do more. Childhood cancer has a unique set of characteristics and problems, yet research into childhood cancer is at one of the bottom rungs of the funding ladder. Our goal should be to increase funding to a level commensurate with the public health issues and personal challenges that our children face.

Clinical research remains the brightest hope for stemming the tide of childhood cancer. So cutting the bureaucratic red tape that slows funding to support some of the most successful cooperative research of our time, that of childhood cancer research, is a must. And we must ensure that children have early access to cutting-edge cancer-fighting drugs, and pediatricians should be trained to look for even the most subtle signs of cancer. In addition, we must do more to deal with the pain that our children endure as they go through their cancer treatments, especially those in the final days of a losing battle with the disease.

As a parent watching my child suffer, I could not comprehend why more relief could not be provided in a hospital compared to what was available in hospice care. The average medical student receives only 4 hours of training in palliative care, or pain relief. Four hours. The cycle of myth and ignorance surrounding the treatment of pain, even in our own medical community, has to change. However, I do not believe that discussions about childhood cancer need to be confined to hospital corridors or public policy debates. During this month of September, people have demonstrated their support for childhood cancer research by wearing a gold ribbon to commemorate Childhood Cancer Month. This gold ribbon is a symbol for hope, for innovation through continued research, for the courage of children in need and for their families. Wearing the gold ribbon demonstrates our willingness to hold this issue, and our precious children, close to our hearts.

During Childhood Cancer Month, many of these families, friends, doctors and supporters came to Washington to share their personal experience and to participate in a variety of events designed to raise awareness about the incidence of childhood cancer and the work we have to do to find a cure. This is just the beginning of an annual tradition that will serve to educate Congress and recruit people to our cause. Over 30 witnesses came from across the country to testify on this issue which has touched each of them in a profound and too often devastating way. I hope these firsthand accounts of courage and frustration will spur my colleagues into action.

Mr. Speaker, House Resolution 576, the Childhood Cancer Awareness, Research and Treatment Act, formalizes this fight to raise awareness and find a cure by stating that Congress should:

Support public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, and treatment options.

Support increased public and private investment in childhood cancer research to improve prevention, diagnosis, treatment, and long-term survival.

Support policies that provide incentives to encourage medical trainees and investigators to enter the field of pediatric oncology.

Mr. Speaker, it is hard to enter a field and be prepared to watch children suffer and die every day. But we must encourage these brave professionals. They are our hope.

Support policies that provide incentives to encourage the development of drugs and biologics designed to treat pediatric cancers.

Support policies that encourage participation in clinical trials; and finally, to support medical education curricula designed to improve pain management for cancer patients.

In passing this resolution today during Childhood Cancer Month, my hope

is to take an important step forward in our fight to help more 9-year-olds with cancer reach age 10 and for all children to celebrate even more birthdays in the years ahead.

Once again, I thank the gentleman for yielding me this time and for all his support. I am grateful to the gentleman from Virginia (Mr. BLILEY) and the Committee on Commerce for clearing this resolution so that we may consider it today.

Finally, I would like to thank the Members on both sides of the aisle who have cosponsored this resolution. I urge adoption of it.

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

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 this legislation and to insert extraneous material on the bill.

The SPEAKER pro tempore (Mr. WALDEN of Oregon). 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.

In concluding, Mr. Speaker, let me urge my colleagues to support this resolution. I think that it is time that we move towards an era that in this great country we can create an atmosphere that ensures hope and eliminates what-ifs.

Mr. GILMAN. Mr. Speaker, I rise today in support of H. Res. 576, which calls for increased efforts for childhood cancer awareness, treatment and research. I am pleased that we are able to bring this bill to the floor in September, during National Childhood Cancer Month.

H. Res. 576 expresses the sense of Congress supporting public and private efforts to promote awareness of signs and symptoms as well as treatment options for childhood cancer; increased investments in research to improve prevention, diagnosis, treatment, and long-term survival; policies to encourage medical professionals to enter the field of pediatric oncology; policies to encourage the development of drugs and biologics to treat pediatric cancers; policies to encourage participation in clinical trials; and medical education curricula to improve pain management for cancer patients.

Cancer does not discriminate based on race, sex, religion, economic position or age. This legislation demonstrates the need for more awareness of and research in childhood cancer. This commitment will help thousands of children each year and allow them the opportunity to grow into healthy and productive adults. I applaud my colleague from Ohio, Ms. PRYCE for her personal strength and commitment to this issue and I urge my colleagues to support this measure.

Mr. HALL of Ohio. Mr. Speaker, I commend my good friend and colleague from Ohio, DEBORAH PRYCE, for offering H. Res. 576, a "Sense of the House Resolution" supporting efforts to increase awareness, treatment, and research of childhood cancer.

September is Childhood Cancer Month. Unfortunately, the incidence of cancer among children in the United States is a growing problem. It is estimated that this year 12,400 children will be diagnosed with cancer, and 2,300 children will die from this dread disease. In fact, cancer is the leading cause of death by disease in children under age 15.

Our colleagues on the Appropriations Subcommittee on Labor-HHS-Education have recognized the seriousness of the problem of cancer by increasing the appropriation for the National Cancer Institute over the past five years from \$2.761 billion to \$3,793 billion for FY 2001. Despite this increase, we still hear that opportunities for childhood cancer research remain unfunded or underfunded. For this reason, it appropriate for us to consider this resolution.

It is important to increase the resources directed toward childhood cancer research. Children are amazingly resilient and can often tolerate higher doses of experimental drugs. Therefore, clinical trials on children can offer insights on the treatments of all cancers.

From personal experience, I know of the dedication of the doctors, nurses, and other medical personnel who treat children with cancer, and of the researchers who have devoted their lives to finding cures. With significant advances such as completing the mapping of the human genome, I think that we are on the verge of a new understanding of how cancer develops and how it can be cured. Childhood cancer is a problem that can be conquered.

Mr. REYNOLDS. Mr. Speaker, ask anyone you know or even someone you pass on the street if they know someone who has cancer and nearly every single person will respond with a heart-wrenching "Yes." Today I come before my colleagues on both sides of the aisle to ask for their support in helping the littlest cancer warriors—children.

Anthony Peca is a grandfather from my district who recently lost his granddaughter, Catie, to cancer. Catie had neuroblastoma and was denied access to a clinical trial. She fought valiantly like only a child can, but in the end the cancer overcame her. And now, Anthony Peca and his family are left with a hole in their hearts, knowing from experience that eight years old is too young to die.

According to the National Childhood Cancer Foundation, cancer kills more children than any other disease. Each year cancer kills more children than asthma, diabetes, cystic fibrosis, congenital anomalies, and AIDS, combined. In recent years, cancer research has made leaps and bounds in progress, yet the incidence of cancer among children in this country is rising almost 1 percent per year. The research is simply not keeping up. And children are suffering because of it.

And it's not just the disease itself that exacts such a heavy toll. How much do families suffer emotionally and financially? How do we rebuild a child's youthful spirit and innocence once it has been shattered by the disease inside them? There isn't a medicine strong enough to mend the soul of a child.

That's why this resolution is so important. Thanks to the tireless and courageous efforts of Congresswoman DEBORAH PRYCE, Congress has the opportunity to address childhood cancer awareness, treatment, and research. We have the power to encourage both the public and private sectors to conduct research, expand medical education, and open

up more clinical trials to children. Childhood should be something that you grow out of, not something that gets ripped out from underneath you.

Mrs. FOWLER. Mr. Speaker, I rise in strong support of House Resolution 576, which expresses Congress' advocacy for improved efforts to battle childhood cancers.

Every one of us has a friend or family member who has fought or is fighting a personal battle with cancer. We have colleagues who show us daily the strength that comes from living with cancer and recovering from its effects. But nothing touches our hearts more than a child stricken with this devastating disease, and no one has shown us courage like our colleagues, DEBORAH PRYCE, whose young daughter succumbed to cancer only a year ago.

It is in her memory and for the 46 children who will be diagnosed with cancer today and every school day that we must pass this resolution. Innovative research and aggressive treatment have improved the odds that these children will live longer, happier lives.

In fact, 70 percent of children diagnosed today will be alive 5 years from now. By passing this resolution, and standing firmly behind its call, we can give the other 30 percent hope and a future.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from North Carolina (Mr. BURR) that the House suspend the rules and agree to the resolution, House Resolution 576.

The question was taken.

Mr. BURR of North Carolina. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

CORRECTIONS CALENDAR

The SPEAKER pro tempore. Pursuant to the order of the House of September 26, 2000, this is the day for the call of the Corrections Calendar.

The Clerk will call the bill on the Corrections Calendar.

KNOW YOUR CALLER ACT OF 1999

The Clerk called the bill (H.R. 3100) to amend the Communications Act of 1934 to prohibit telemarketers from interfering with the caller identification service of any person to whom a telephone solicitation is made, and for other purposes.

The Clerk read the bill, as follows:

H.R. 3100

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 "Know Your Caller Act of 1999".

SEC. 2. PROHIBITION OF INTERFERENCE WITH CALLER IDENTIFICATION SERVICES.

Section 227 of the Communications Act of 1934 (47 U.S.C. 227) is amended—

(1) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively; and

(2) by inserting after subsection (d) the following new subsection:

“(e) PROHIBITION ON INTERFERENCE WITH CALLER IDENTIFICATION SERVICES.—

“(1) IN GENERAL.—It shall be unlawful for any person within the United States, in making any telephone solicitation, to interfere with or circumvent the ability of a caller identification service to access or provide to the recipient of the call the information about the call (as required under the regulations issued under paragraph (2)) that such service is capable of providing.

“(2) REGULATIONS.—Not later than 6 months after the enactment of the Know Your Caller Act of 1999, the Commission shall prescribe regulations to implement this subsection which shall—

“(A) require any person making a telephone solicitation to make such solicitation in a manner such that a recipient of the solicitation having a caller identification service capable of providing such information will be provided by such service with—

“(i) the name of the person or entity on whose behalf the solicitation is being made; and

“(ii) a valid and working telephone number at which the caller or the entity on whose behalf the telephone solicitation was made may be reached during regular business hours for the purpose of requesting that the recipient of the solicitation be placed on the do-not-call list required under section 64.1200 of the Commission's regulations (47 CFR 64.1200) to be maintained by the person making the telephone solicitation; and

“(B) provide that any person or entity who receives a request from a person to be placed on such do-not-call list may not use such person's name and telephone number for any other telemarketing, mail marketing, or other marketing purpose (including transfer or sale to any other entity for marketing use) other than enforcement of such list.

“(2) PRIVATE RIGHT OF ACTION.—A person or entity may, if otherwise permitted by the laws or rules of court of a State, bring in an appropriate court of that State—

“(A) an action based on a violation of this subsection or the regulations prescribed under this subsection to enjoin such violation;

“(B) an action to recover for actual monetary loss from such a violation, or to receive \$500 in damages for each such violation, whichever is greater; or

“(C) both such actions.

If the court finds that the defendant willfully or knowingly violated this subsection or the regulations prescribed under this subsection, the court may, in its discretion, increase the amount of the award to an amount equal to not more than 3 times the amount available under subparagraph (B) of this paragraph.

“(3) DEFINITIONS.—For purposes of this subsection:

“(A) CALLER IDENTIFICATION SERVICE.—The term ‘caller identification service’ means any service or device designed to provide the user of the service or device with the telephone number of an incoming call.

“(B) TELEPHONE CALL.—The term ‘telephone call’ means any telephone call or other transmission which is made to or received at a telephone number of any type of telephone service. Such term includes calls made by an automatic telephone dialing system, an integrated services digital network, and a commercial mobile radio source.”.

SEC. 3. EFFECT ON STATE LAW AND STATE ACTIONS.

(a) EFFECT ON STATE LAW.—Subsection (f)(1) of section 227 of the Communications