



## Legislative Bulletin.....July 27, 2005

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### **Summary of the Bills Under Consideration Today:**

**Total Number of New Government Programs:** 1 and a new database

**Total Cost of Discretionary Authorizations:** \$383 million over five years

**Effect on Revenue:** Less than \$500,000 annually

**Total Change in Mandatory Spending:** 0

**Total New State & Local Government Mandates:** 0

**Total New Private Sector Mandates:** 1

**Number of Bills Without Committee Reports:** 5

**Number of Reported Bills that Don't Cite Specific Clauses of Constitutional Authority:** 2

## **H.R. 3204 — State High Risk Pool Funding Extension Act of 2005 (Shadegg)**

**Order of Business:** The bill is scheduled for consideration on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the bill.

**Summary:** H.R. 3204 reauthorizes expired and expiring grant programs for health insurance for the “promotion of qualified high risk pools.” The bill reauthorizes at \$15 million in FY05, funds for seed grants to each state that has not created a qualified high risk pool as of August 6, 2002. (The original authorization for seed funds was a one-year authorization of \$20 million for FY03). The seed grants may consist of no more than \$1 million to each state for costs related to the creation and initial operation of a high risk pool. Additionally, the bill authorizes \$50 million each year for five years to provide operational grants to currently functioning high risk pools to offset operational costs. (This is an increase of authorization of \$10 million from the original authorization of \$40 million for each of FY03 and FY04.) Funds allocated for operational grants will be distributed to states as follows:

- One-third distributed equally among all qualifying states;
- One-third distributed based upon the number of uninsured individuals in each state; and
- One-third distributed based upon the number of individuals enrolled in the state’s high risk pool.

The extension also creates a bonus grant for supplemental consumer benefits by directing the Secretary of Health and Human Services to fund “a grant to be used to provide supplemental consumer benefits to enrollees or potential enrollees in qualified high risk pools.” These grants may only be used to provide one or more of the following benefits:

- “low-income premium subsidies;
- “a reduction in premium trends, actual premiums, or other cost-sharing requirements; and
- “an expansion or broadening of the pool of individuals eligible for coverage, such as through eliminating waiting lists, increasing enrollment caps, or providing flexibility in enrollment rules.”

Additionally, H.R. 3204 requires the Secretary of Health and Human Services to submit to Congress, an annual report on the high risk pool grants, including information on the distribution of the grants among the states and the use of grant funds by each state.

**Additional Information:** High risk pools, which are typically operated by state-established nonprofit entities that contract with private insurance companies, are designed to provide health insurance to individuals who cannot obtain or afford health insurance due to preexisting conditions or other conditions increasing the cost to insure these individuals. Risk pool premiums are usually limited between 125% and 200% of market rates and do not cover operational costs given the high-risk nature of the insured individuals. For additional information regarding state high risk pools, Congressional staff may view CRS Report RL31745 at <http://www.congress.gov/erp/rl/pdf/RL31745.pdf>.

**Committee Action:** H.R. 3204 was introduced on July 12, 2005, and referred to the Committee on Energy and Commerce, which considered it, held a mark-up, and reported it to the House by voice vote on July 20, 2005.

**Cost to Taxpayers:** Although no CBO report was available for H.R. 3204, the bill authorizes a total of \$265 million over five years.

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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## **S. 1395 — Controlled Substances Export Reform Act (Sen. Hatch)**

**Order of Business:** The bill is scheduled to be considered on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the bill.

**Summary:** S. 1395 would allow the Attorney General to “authorize any controlled substance in schedule I or II, or narcotic drugs in schedule II or IV, to be exported from the United States to a country for subsequent export from that country to another country.” In order to do so, the following conditions must be met:

- “Both the country to which the controlled substance is exported from the United States (referred to as the ‘first country’) and the country to which the controlled substance is exported from the first country (referred to as the ‘second country’) are parties to the Single Convention on Narcotic Drugs, 1961, and the Convention on Psychotropic Substances, 1971;
- “The first country and the second country have each instituted and maintain, in conformity with such Conventions, a system of controls of imports of controlled substances which the Attorney General deems adequate;
- “With respect to the first country, the controlled substance is consigned to a holder of such permits or licenses as may be required under the laws of such country, and a permit or license to import the controlled substance has been issued by the country;
- “With respect to the second country, substantial evidence is furnished to the Attorney General by the person who will export the controlled substance from the United States that--
  - ‘the controlled substance is to be consigned to a holder of such permits or licenses as may be required under the laws of such country, and a permit or license to import the controlled substance is to be issued by the country; and
  - ‘the controlled substance is to be applied exclusively to medical, scientific, or other legitimate uses within the country.’
- “The controlled substance will not be exported from the second country;
- “Within 30 days after the controlled substance is exported from the first country to the second country, the person who exported the controlled substance from the United States delivers to the Attorney General documentation certifying that such export from the first country has occurred; and
- “A permit to export the controlled substance from the United States has been issued by the Attorney General.”

S. 1395 restricts the above authority granted to the Attorney General if “substantial” evidence is provided by the exporter that the drug will be applied exclusively to, or actually needed for, medical or scientific uses in the country of import, or if the substance is to be applied exclusively to medical,

scientific, or other legitimate uses within the country to which exported and will not be exported from that country.

**Additional Background:** According to House Energy and Commerce and Judiciary Committee Reports 109-115 (Part I and II) on a identical bill (H.R. 184), currently, controlled substances may only be exported to one country from the U.S. and may not be exported to beyond that first country. The bill “will allow pharmaceutical companies to export controlled substances to distribution centers for export to one additional country.” The House Committees report that under current law, unexpected demands or demand surges in other countries cannot be met and that “[c]omplex and time-sensitive export licensing procedures do not allow for ready shipment of pharmaceuticals on a real time basis. This contrasts with the laws in other countries that allow pharmaceutical manufacturers to move approved medical products between international drug control treaty countries without limit on restriction. The prohibitions that are imposed on domestic manufacturers create a disadvantage for U.S. businesses by requiring smaller, more frequent and costly shipments to each country of use” and create an incentive for domestic pharmaceutical manufacturers to move production centers overseas, threatening American jobs.

For a list of U.S. drug scheduling go to: <http://www.usdoj.gov/dea/pubs/scheduling.html>

Schedule I drugs include those with no recognized medical use, which are believed to have an elevated potential for abuse. They may be used in research. Examples include Heroin, Ecstasy, LSD and peyote.

Schedule II drugs include those which are recognized for medical use, but also have an elevated potential for abuse. Examples include cocaine and methylphenidate (Ritalin).

Schedule III drugs include those with less potential for abuse (compared to Schedules I and II), are recognized for medical use, and have a moderate to low rate of dependence. Examples include anabolic steroids and codeine.

Schedule IV drugs are those considered to have low potential for abuse (compared to Schedule III), are recognized for medical use, and have a low risk of dependence (compared to Schedule III). Examples include, diazepam (Valium) and rohypnol (a commonly used date-rape drug). (Source: [www.wikipedia.org](http://www.wikipedia.org))

**Committee Action:** On June 13, 2005, the bill passed in the Senate by unanimous consent, and is currently being held at the House desk.

**Cost to Taxpayers:** A CBO score is not available for S. 1395. However, H.R. 184, which is identical to S. 1395, was scored by CBO as to “have no significant effect on the department’s spending on drug enforcement activities.” In addition, the bill would not affect direct spending or revenues.

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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**S. 544 — Patient Safety and Quality Improvement Act of 2005**  
*(Sen. Jeffords)*

**Order of Business:** The bill is scheduled for consideration on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the bill.

**Summary:** S. 544 would establish certification procedures for patient safety organizations (PSOs) and require the Secretary of Health and Human Services to maintain a list of certified PSOs through the creation of a network of patient safety databases. The bill requires the Secretary to assess the feasibility of providing for a single point-of-access to the network for qualified researchers, and implement it if feasible. PSOs would collect patient safety data voluntarily submitted by health care providers for inclusion in the database network. The bill would establish privacy protections and impose civil monetary penalties for violations of those protections. The bill would also require the Secretary to report to Congress on effective strategies for reducing medical errors and increasing patient safety.

**Committee Action:** S. 544 was introduced in the Senate on March 8, 2005, and passed the Senate by unanimous consent on July 21, 2005. It was referred to the House Committee on Energy and Commerce, but not acted upon.

**Cost to Taxpayers:** CBO estimates that “implementing S. 544 would cost \$5 million in 2006 and \$58 million over the 2006-2010 period, assuming the appropriation of the necessary amounts. CBO estimates that receipts from fines for violation of the privacy protections, which are recorded as federal revenues, would amount to less than \$500,000 a year.”

**Does the Bill Expand the Size and Scope of the Federal Government?:** Yes, by requiring HHS to create and maintain a database of patient safety data, establishing procedures for certifying PSOs, and defining appropriate “patient safety activities” to be carried out by the PSOs.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** Yes. CBO states that “the bill would impose a private-sector mandate, as defined in UMRA, on health care providers by not allowing them to use--in an adverse employment action against the employee--the fact that an employee reported patient safety data. This mandate would not have any direct cost, however, because patient safety data as defined in the bill does not exist under current law.”

**Constitutional Authority:** A committee report citing constitutional authority is unavailable.

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**S. 45 — To amend the Controlled Substances Act to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices**  
*(Sen. Levin)*

**Order of Business:** The bill is scheduled for consideration on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the bill.

An identical bill, H.R. 869 was introduced in the House on February 16, 2005. The bill was considered and a mark-up session was held by the Energy and Commerce Committee and the Judiciary Committee. Both committees reported out the bill by voice vote.

**Summary:** S. 45 would amend the Controlled Substances Act to eliminate the current 30-patient limit for group practices in prescribing drug addiction treatments. The language of the Controlled Substances Act that this bill would strike is below:

In any case in which the practitioner is in a group practice, the total number of such patients of the group practice at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number, and the Secretary for such purposes may by regulation establish different categories on the basis of the number of practitioners in a group practice and establish for the various categories different numerical limitations on the number of such patients that the group practice may have.

The bill would also slightly modify a subsequent paragraph, as noted below, by removing the references to “group practice.” Thus, the 30-patient limit would still be in effect for individual practitioners, but not for a practice as a whole.

~~In any case in which the practitioner is not in a group practice, the total number of such patients of the practitioner at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number.~~

**Committee Action:** S. 45 was introduced in the Senate on January 24, 2005, and passed the Senate by unanimous consent. The bill was received in the House and held at the desk.

**Cost to Taxpayers:** A CBO score of S. 45 is unavailable. However, for the almost identical House bill H.R. 869, CBO estimates that “this bill would have no significant budgetary effect. Enacting the bill could affect direct spending, but any such effects would likely be negligible.”

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

**Constitutional Authority:** A committee report for S. 45 is unavailable. However, the House Energy and Commerce Committee, in considering the almost identical legislation, included the following statement in the committee report: “The Committee finds that the Constitutional authority for this legislation is provided in Article I, Section 8, Clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several States, and with the Indian tribes.”

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**H.R. 1132 — National All Schedules Prescription Electronic Reporting Act of 2005  
(Whitfield)**

**Order of Business:** The bill is scheduled for consideration on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the bill. Under House Republican Conference Rule 28, an authorization bill that creates a new program may not be scheduled for suspension. This rule has been waived by a vote of the elected Republican leadership so that the House can consider H.R.1132 on suspension.

**Note:** Last year, on Tuesday, October 5, 2004, the House considered 24 bills on suspension, 21 of which were voice voted. A similar bill, H.R. 3015, was among those that passed the House last year by voice vote.

**Summary:** H.R. 1132 authorizes \$60 million to create a new grant program at the Department of Health and Human Services through which the Secretary would provide grants to states (or the District of Columbia) to establish and implement a controlled substance monitoring programs or to make improvements to existing state controlled substance monitoring programs. The funded programs are required to include a searchable electronic database, and most grantees are required to have the database interoperable with at least one other state in the program.

Each state awarded a grant will get one percent of appropriated funds and additional amount of funding will be determined by an amount which bears the same ratio to the amount appropriated “as the number of pharmacies of the State bears to the number of pharmacies of all States with applications approved,” except that the Secretary may adjust the amount allocated to a State “after taking into consideration the budget cost estimate for the State’s controlled substance monitoring program.”

#### **Reporting Information & Electronic Database:**

- The bill establishes various reporting requirements which mandate (or require states to explain why they cannot comply) that states receiving a grant require dispensers to report each dispensing of a controlled substance to a user within one week. This report would include, among other items, the Drug Enforcement Administration registration number of the practitioner who prescribed the drug; **the name, address, and telephone number of the user of the drug (or such information the Secretary determines is appropriate)**; the identification and quantity of the drug; the number of refills ordered; and the date of dispensing.

States are required to maintain this information in an electronic database. The information in the database may be released:

- to a practitioner (if the information is for treating a current patient),
- to “any local, State, or Federal law enforcement, narcotics control, licensure, disciplinary, or program authority, who certifies, **under the procedures determined by the State,**” that the requested information is needed for an individual investigation or proceeding involving the unlawful use of a schedule II,II, or IV substance,
- to a controlled substance monitoring program of another state with whom the state has an interoperability agreement,
- to “**any agent** of the Department of Health and Human Services, a State medicaid program, a State health department, or the Drug Enforcement Administration who certifies that the requested information **is necessary for research** to be conducted by such department, program, or administration, respectively, and the intended purpose of the research is related to a function committed to such department, program, or administration by law that is not investigative in nature;” (Note: states shall limit these releases to “nonidentifiable information”) or

- to a state agency or entity that runs the controlled substance program (emphasis added).

The bill includes a provision that, “Nothing in this section shall be construed as preempting any State from imposing any additional privacy protections,” and also that “Nothing in this section shall be construed to supersede any Federal privacy or confidentiality requirement, including the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104– 191; 110 Stat. 2033) and section 543 of the Public Health Service Act.”

180 days following enactment the Secretary of HHS shall review the implementation of the program and if it had a negative impact on access to treatment or enrollment in research. If a “substantial negative impact” is found, the Secretary is authorized to exclude certain mandatory reporting requirements.

**Possible Conservative Concerns:** Some conservatives may be concerned that users of federal controlled substances will have their name, phone number, and address entered into an electronic database that may be shared with others states and may be shared with law enforcement officials without a court order. Federal controlled substances include such commonly proscribed drugs as Ritalin, and such drugs as methadone, which is given to help opiate (such as heroine) addicts break their addiction, and pain relievers oxycotin.

**Outside Organization:** The American Medical Association, the Society of Anesthesiologists (ASA), The American Society of Interventional Pain Physicians, and the American Osteopathic Association have expressed support for the bill.

According to a letter sent by a number of outside groups urging opposition to a similar Senate version of the bill, “The bill would appear to violate the right to medical informational privacy of principally lawful citizens. ...NASPER would also appear to violate the Fourth Amendment prohibition against unreasonable searches and seizures. The bill permits the State monitoring programs to notify State drug enforcement authorities if the information reported to the database indicates an unlawful diversion or misuse of a controlled substance. This is without a court order or patient consent. It further authorizes the State monitoring program to furnish information from the database to ‘any local, State, or Federal law enforcement, narcotics control, licensure, disciplinary, or program authority , who certifies’ that the requested information is needed for an investigation. This too is without probable cause or obtaining a search warrant.” (Note: According to the Committee, the law enforcement release procedures will be determined by the states and the states may require court orders for release, though H.R. 1132 does not require court orders for release.)

“NASPER further implicates the Fifth Amendment in compelling patients to incriminate themselves to the extent they are accused of using “too much” pain relief in the eyes of the law. The unjustified seizure of Rush Limbaugh’s medical records has illustrated how far the government will go in fishing for self-incriminating evidence against a high-profile patient.” The letter is signed by, among others, American Conservative Union, Free Congress Foundation, Association of American Physicians and Surgeons, National Coalition of Mental Health Professionals and Consumers, Inc., and The Rutherford Institute.

The National Taxpayers Union sent a letter stating, “On behalf of the 350,000 members of the National Taxpayers Union (NTU), I write to express our concern over the nearly \$100 million in *new* spending that will be required under H.R. 1132, the National All Schedules Prescription Electronic Reporting Act. [Note: the bill as introduced authorized \$95 million, as reported it authorizes \$60 million.] The

fact remains that it is far too easy to create new and costly government programs and far too difficult to eliminate them. Aside from the strictly fiscal concerns NTU has with this bill, taxpayers and other supporters of smaller government are also concerned with the ongoing federal encroachment into the medical decisions of everyday Americans . In the absence of such fiscally-responsible [finding offsets] efforts, votes on this legislation – and any legislation having a negative fiscal impact on American taxpayers – will be included in our annual Rating of Congress.”

**Additional Information:** Since FY02, the CJS Appropriations bill has included an unauthorized earmark for the “Harold Rogers Prescription Drug Monitoring Program” at the Department of Justice. The FY05 Omnibus included \$10 million “to assist States in building or enhancing prescription drug monitoring systems, facilitating the exchange of information between States, and providing technical assistance and training on establishing and operating effective prescription drug monitoring programs. ... The conferees expect OJP to collaborate with DEA and other entities of the Executive Branch, such as the Food and Drug Administration and the Office of National Drug Control Policy, to ensure a coordinated government- wide approach to address prescription drug diversion. The Department of Justice is directed to submit quarterly reports describing its efforts to address prescription drug diversion.” The House-passed FY06 SSJC Appropriations bill again included an unauthorized \$10 million (\$5 million above the President’s request) for the Harold Rogers Prescription Drug Monitoring Program at DOJ. **(Note: H.R. 1132 creates a new program at HHS and does not address the DOJ program currently in existence, though unauthorized, nor does the bill text require collaboration with the four other agencies that currently work on controlled substances (DEA, ONDCP, DOJ, and FDA. According to the Committee, the committee report, which was unavailable as of press time will encourage consultation with other agencies.)**

For a list of U.S. drug scheduling go to: <http://www.usdoj.gov/dea/pubs/scheduling.html>

Schedule I drugs include those with no recognized medical use, which are believed to have an elevated potential for abuse. They may be used in research. Examples include Heroin, Ecstasy, LSD and peyote.

Schedule II drugs include those which are recognized for medical use, but also have an elevated potential for abuse. Examples include cocaine and methylphenidate (Ritalin).

Schedule III drugs include those with less potential for abuse (compared to Schedules I and II), are recognized for medical use, and have a moderate to low rate of dependence. Examples include anabolic steroids and codeine.

Schedule IV drugs are those considered to have low potential for abuse (compared to Schedule III), are recognized for medical use, and have a low risk of dependence (compared to Schedule III). Examples include diazepam (Valium) and rohypnol (a commonly used date-rape drug). (Source: [www.wikipedia.org](http://www.wikipedia.org))

**Committee Action:** H.R. 1132 was introduced on March 3, 2005, and referred to the Committee on Energy and Commerce, which considered it, held a mark-up, and reported it to the House as amended by voice vote on July 20, 2005.

**Cost to Taxpayers:** While a CBO score is unavailable, the bill, as amended in committee, authorizes \$60 million over five years (\$15 million for FY06 and FY07, and \$10 million for each of fiscal years 2008-2010).

**Does the Bill Expand the Size and Scope of the Federal Government?:** Yes, it creates a new grant program at HHS.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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**H.Res. 383 — Encouraging the Transnational Assembly of Iraq to adopt a constitution that grants women equal rights under the law and to work to protect such rights — *as introduced* (Granger)**

**Order of Business:** The resolution is scheduled to be considered on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the resolution.

**Summary:** H.Res. 383 resolves that Congress:

- “commends United States and coalition forces in liberating the Iraqi people from the repressive regime of Saddam Hussein and their ongoing efforts in support of the freedom and stability of Iraq;
- “recognizes the progress achieved by the Iraqi people toward the establishment of a representative democratic government;
- “recognizes the importance of ensuring women in Iraq have equal rights under the law and in society;
- “recognizes the commitment and dedication of the Administration to ensuring the full rights of women are granted in the Iraqi constitution;
- “strongly encourages Iraq’s Transitional National Assembly to adopt a constitution that grants women equal rights under the law and to work to protect such rights; and
- “pledges to support the efforts of Iraqi women to fully participate in a democratic Iraq.”

**Additional Information:** On April 9, 2003, United States and coalition forces ended Saddam Hussein’s regime in Iraq, and on June 28, 2004, an interim Iraqi government was sworn in to preside over a sovereign Iraq. More than 2,000 women ran for office in Iraq’s January 2005 parliamentary elections, and currently, women hold 31 percent of the seats in the National Assembly, and head several of the Iraqi ministries, including Displacement and Migration, Telecommunications, Municipalities and Public Works, Environment, Science and Technology, and Women’s Affairs. Currently, a committee of National Assembly members is working to draft a permanent constitution for the nation of Iraq. According to the resolution, “in visits with legislators and officials of the Government of the United States, Iraqi women have raised perceived limitations on their rights in a current draft of the Iraqi constitution.” The United States continues to provide support to Iraqi women by sponsoring women literacy programs and training in political leadership, communications, coalition-building skills, voter education, and other critical skills. The resolution praises the women of Iraq for their extensive accomplishments, stating, “Congress recognizes the risks Iraqi women have faced in working for the future of their country and admire their courageous commitment to democracy.”

**Committee Action:** H.Res. 383 appears to have been introduced this week. No committee or additional information is available.

**Cost to Taxpayers:** The resolution authorizes no expenditure.

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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## **H.Res. 384 — Condemning in the strongest terms the terrorist attacks in Sharm el-Sheikh, Egypt on July 23, 2005 — *as introduced* (Issa)**

**Order of Business:** The resolution is scheduled to be considered on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the resolution.

**Summary:** H.Res. 384 resolves that Congress:

- “condemns in the strongest terms the terrorist attacks on Sharm el-Sheikh, Egypt and other terrorist attacks directed against Egypt;
- “expresses its condolences to the families and friends of those individuals who were killed in the attacks and expresses its sympathies to those individuals who have been injured;
- “joins with President George W. Bush in ex-pressing the solidarity of the people and Government of the United States with the people and Government of Egypt as they recover from these cowardly and inhuman attacks; and
- “expresses its readiness to support the Egyptian authorities in their efforts to bring to justice those individuals responsible for the recent attacks in Egypt and to pursue, disrupt, undermine, and dismantle the networks which plan and carry out such attacks.”

**Additional Information:** On July 23, 2005, terrorists bombed several tourist facilities in Sharm el-Sheikh, Egypt. The attacks killed dozens of people and injured hundreds more. Over the last year, Egypt has suffered several deadly terrorist attacks, including the kidnapping and execution of Egypt’s appointed ambassador to Iraq, Dr. Ihab al-Sherif.

**Committee Action:** H.Res 384 appears to have been introduced this week. No committee or additional information is available.

**Cost to Taxpayers:** The resolution authorizes no expenditure.

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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**H.Res. 378 — Recognizing and honoring the 15th anniversary of the signing of the Americans with Disabilities Act of 1990 — *as introduced***  
**(Sensenbrenner)**

**Order of Business:** The resolution is scheduled for consideration on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the bill.

**Summary:** H. Res. 378 would recognize and honor the 15th anniversary of the signing of the Americans with Disabilities Act (ADA) of 1990. The resolution states the purpose of the ADA was “to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities; to provide clear, strong, consistent, enforceable standards addressing discrimination against individuals with disabilities; to ensure that the Federal government plays a central role in enforcing the standards established in the Act on behalf of individuals with disabilities; and to invoke the sweep of congressional authority, including the power to enforce the 14th amendment to the Constitution and to regulate commerce, in order to address the major areas of discrimination faced day-to-day by people with disabilities.”

The resolution resolves “that the House of Representatives:

- 1) “recognizes and honors the 15th anniversary of the signing of the Americans with Disabilities Act of 1990;
- 2) “recognizes and appreciates the work of the countless individuals and organizations in the disability rights community who fought tirelessly to advance the cause of people with disabilities, leading to the passage and enactment of the Americans with Disabilities Act, and who continue to work towards improving the lives of disabled Americans;
- 3) “reaffirms its commitment to promoting the civil and constitutional rights of Americans with disabilities and recognizes the important role of the Nation's Federal courts in securing the rights of Americans under the Americans with Disabilities Act;
- 4) “continues to strongly support the purposes and goals of the Americans with Disabilities Act; and
- 5) “encourages all Americans to recognize and celebrate the important historical significance of this Act.”

**Additional Information:** The conference report for the ADA passed the House on July 12, 1990, by a vote of 377-28, and it passed the Senate the next day by a vote of 91-6. President George H.W. Bush signed the bill into law on July 26, 1990. The employment provisions of Title I of the ADA are applicable to employers with fifteen or more employees. The previous employee threshold was employers with 25 or more employees, but was lowered in July of 1994. Title II addresses public services, and mandates specific access and design requirements for access to public services, such as bus and rail systems, to persons with disabilities. Title III addresses public accommodations operated with private entities, and also requires specific access and design requirements upon private entities, businesses and the like, and sets parameters where people may file suit against businesses that are in violation of these regulations. Title IV address telecommunications access and requires that telecommunications relay services operate 24-hours a day, among other things.

**Committee Action:** H. Res. 378 was introduced on July 25, 2005, and referred to the following committees: Judiciary, Education and the Workforce, Transportation and Infrastructure, and Energy and Commerce. No committee action was taken.

**Cost to Taxpayers:** The resolution authorizes no expenditure.

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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**H.Con.Res. 216 — Expressing the sense of the Congress that, as Congress observes the 40th anniversary of the Voting Rights Act of 1965 and encourages all Americans to do the same, it will advance the legacy of the Voting Rights Act of 1965 by ensuring the continued effectiveness of the Act to protect the voting rights of all Americans — *as introduced (Lewis of GA)***

**Order of Business:** The resolution is scheduled for consideration on Wednesday, July 26, 2005, under a motion to suspend the rules and pass the bill.

**Summary:** H. Con. Res. 216 would express the sense of the Congress that it will continue to advance the Voting Rights Act. Among the resolutions findings are:

- “Brave Americans, known and unknown, of different races, ethnicities, and religions, risked their lives to stand for political equality and against racial discrimination in a quest culminating in the passage of the Voting Rights Act of 1965;
- “Numerous Americans paid the ultimate price in pursuit of that quest, while demanding that our nation live up to the guarantees enshrined in the 14th and 15th amendments to the United States Constitution;
- “The historic struggle for equal voting rights led nonviolent civil rights marchers to gather on the Edmund Pettus Bridge in Selma, Alabama on March 7, 1965, a day that would come to be known as ‘Bloody Sunday,’ where their bravery was tested by a brutal response, which in turn sent a clarion call to the nation that the fulfillment of our democratic ideals could no longer be denied;
- “Eight days after Bloody Sunday, President Lyndon B. Johnson called for a comprehensive and effective voting rights bill as a necessary response by Congress and the President to the interference and violence, in violation of the 14th and 15th amendments, encountered by African American citizens when attempting to protect and exercise the right to vote;
- “Despite the noteworthy progress from 40 years of enforcement of the Voting Rights Act of 1965, voter inequities, disparities, and obstacles still remain for far too many minority voters and serve to demonstrate the ongoing importance of the Voting Rights Act of 1965; and
- “Whereas several of these provisions of the Voting Rights Act of 1965 will expire in August 2007 unless Congress acts to preserve and reauthorize them.”

The resolution resolves “that the House of Representatives (with the Senate concurring):

- 1) observes and celebrates the 40th anniversary of the enactment of the Voting Rights Act of 1965;
- 2) pledges to advance the legacy of the Voting Rights Act of 1965 to ensure its continued effectiveness in protecting the voting rights of all Americans; and
- 3) encourages all Americans to celebrate the 40th anniversary of the Voting Rights Act of 1965.”

**Additional Information:** The Voting Rights Act (VRA) was signed into law by President Lyndon Johnson on August 6, 1965, and was extended in 1970, 1975, and 1982. It is widely held (and noted in the resolution) that the Selma, Alabama incident on March 7, 1965, where state troopers assaulted marchers crossing the Edmund Pettus Bridge marching toward Montgomery, precipitated the President and Congress to take action. Portions of the VRA expire in 2007, including Section 5 which requires “covered jurisdictions” to obtain pre-clearance from the Department of Justice before implementing a change in a voting standard, practice or procedure.

**Committee Action:** H. Con. Res. 216 was introduced on July 16, 2005, and referred to the Committee on the Judiciary. The Committee took no action.

**Cost to Taxpayers:** The resolution authorizes no expenditure.

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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## **H.Con.Res. 208 — Recognizing the 50th anniversary of Rosa Louise Parks’ refusal to give up her seat on the bus and the subsequent desegregation of American society— *as introduced (Conyers)***

**Order of Business:** The resolution is scheduled to be considered on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the resolution.

**Summary:** H.Con.Res. 208 resolves that the House of Representatives:

- “recognizes and celebrates the 50th anniversary of Rosa Louise Parks’ refusal to give up her seat on the bus and the subsequent desegregation of American society;
- “encourages the people of the United States to recognize and celebrate this anniversary and the subsequent legal victories that sought to eradicate segregation in all of American society; and
- “endeavors to work with the same courage, dignity, and determination exemplified by civil rights pioneer, Rosa Louise Parks, to address modern-day inequalities and injustice.”

**Additional Information:** Born in 1913, the Alabama native attended the Alabama State Teachers College’s High School, and went on to work with her husband at the National Association for the Advancement of Colored People (NAACP). On December 1, 1955, Parks was arrested in Montgomery, Alabama, for refusing to give up her seat in the ‘colored’ section of the bus to a white

man because the ‘white’ section was full. According to the resolution, “most historians date the beginning of the modern-day Civil Rights Movement in the United States to December 1, 1955.” Parks’ arrest eventually led to a lengthy legal battle, culminating with a Supreme Court decision “affirming a district court decision that held that Montgomery segregation codes deny and deprive African Americans of the equal protection of the laws.” Parks went on to work over 20 years for Congressman John Conyers, Jr., and started the Rosa and Raymond Parks Institute for Self Development, a nonprofit that “motivates youth to reach their highest potential.” Parks has received extensive recognition for her civil rights work, including the NAACP’s Springarn Medal in 1979, the Martin Luther King, Jr., Nonviolent Peace Prize in 1980, the Presidential Medal of Freedom in 1996, and the Congressional Gold Medal in 1999. 2005 marks the 50th anniversary of Rosa Louise Parks’ 1955 refusal to give up her seat on the bus.

**Committee Action:** On June 13, 2005, the resolution was introduced and referred to the House Committee on the Judiciary, which took no official action.

**Cost to Taxpayers:** The resolution authorizes no expenditure.

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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**H. Res. 336 — Requesting that the President focus appropriate attention on neighborhood crime prevention and community policing, and coordinate certain Federal efforts to participate in “National Night Out”, which occurs the first Tuesday of August each year, including by supporting local efforts and community watch groups and by supporting local officials, to promote community safety and help provide homeland security— *as introduced (Stupak)***

**Order of Business:** The resolution is scheduled to be considered on Wednesday, July 27, 2005, under a motion to suspend the rules and pass the resolution.

**Summary:** H.Res. 336 resolves that Congress:

- “supports the goals and ideals of ‘National Night Out’; and
- “requests that the President—
  - “issue a proclamation calling on the people of the United States to conduct appropriate ceremonies, activities, and programs to demonstrate support for ‘National Night Out’;
  - “focus appropriate attention on neighborhood crime prevention, community policing, and reduction of school crime by delivering speeches, convening meetings, and directing the Administration to make crime reduction an important priority; and
  - “coordinate the efforts of the Federal Emergency Management Agency, the USA Freedom Corps, the Citizen Corps, the National Senior Service Corps, and AmeriCorps to participate in ‘National Night Out’ by supporting local efforts and neighborhood

watches and by supporting local officials, including law enforcement personnel, to provide homeland security and combat terrorism in the United States.”

**Additional Information:** According to the resolution, neighborhood crime is of continuing concern to the American people, and the fight against neighborhood crime requires people to work together in cooperation with law enforcement personnel. [The] neighborhood crime watch organizations effectively promote awareness about, and the participation of volunteers in, crime prevention activities at the local level, and neighborhood crime watch programs play an integral role in combating domestic terrorism by increasing vigilance and awareness and encouraging citizen participation in community safety and homeland security.”

“National Night Out,” which will celebrate its 22<sup>nd</sup> anniversary in August 2005, is a crime prevention event designed to promote the importance and effectiveness of community crime prevention programs. According to the resolution, “National Night Out” supports numerous national security efforts including the Department of Homeland Security's Ready campaign and the National Child Identification Program.

**Committee Action:** H.Res. 336 was introduced on June 21, 2005, and was referred to the House Committee on the Judiciary, which took no official action.

**Cost to Taxpayers:** The resolution authorizes no expenditure.

**Does the Bill Expand the Size and Scope of the Federal Government?:** No.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

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