

but representative of many of the problems facing Americans. Time and again, Mr. Taschner has had the courage and initiative to take on cases that more prominent firms are hesitant to handle for political or monetary reasons. Dana Taschner truly brings honor to his profession.

Mr. Taschner's devotion to fighting oppression recently earned him the American Bar Association's Lawyer of the Year award. He was chosen from a pool of approximately 245,000 other lawyers in North America, competing with litigators with much higher profiles and greater wealth. In 1993, Mr. Taschner took on the Los Angeles Police Department and succeeded in forcing them to change their policy regarding police officers who commit domestic violence. In this case, he represented 3 orphans whose father, an L.A. police officer, murdered their mother and then took his own life. Taschner was able to overcome his own painful childhood memories of domestic abuse and secure the orphans a settlement. He argued that the department should not have returned the officer's gun after he had beaten his wife and threatened to kill her. He also forced the department to treat these matters as criminal cases, rather than internal affairs.

In this era of cynicism and self-promotion, I believe we must take steps to encourage and reward sincerity. Dana Taschner's unwavering dedication to his clients can be seen in his personal relationships with them, relationships that often outlive the outcome of the case. As an attorney myself, I have seen firsthand how much our country needs people in my field who care enough about their clients to commit themselves personally, as well as professionally. Many litigators find it much easier to take the cases that bring financial gain, rather than attempting to help the true victims of injustice.

I am proud that his colleagues have lavished accolades upon Mr. Taschner, but I believe it is a much greater sign of his success that his clients put their faith in him. Dana Taschner, whose integrity and selfless devotion to fairness truly embody our American justice system, is a role model for us all.

THE HEALTHCARE QUALITY ENHANCEMENT ACT

Mr. FRIST. Mr. President, I rise today to express my continued support for S. 2208, the Healthcare Quality Enhancement Act, which seeks to reform and improve the Agency for Healthcare Policy and Research (AHCPR).

Studies show that health care quality is dictated more by where you live than by scientific evidence or what is the best practice in medicine. Today, we have more biomedical research results than ever before, yet we are falling short in our success to disseminate our findings and to influence practice behavior. In 1843, Dr. Holmes published

his famous article on hand washing for the prevention of puerperal fever in the New England Quarterly Journal of Medicine and Surgery. While it is an accepted and expected practice today, it took several decades before his recommendation became a universally accepted practice.

The landmark Early Treatment Diabetic Retinopathy Study was published in 1985. Then, three years later, the American Diabetes Association published its eye care guidelines for patients with diabetes. Unfortunately, however, today the national rates for annual diabetic eye exam is still only 38.4 percent. Clearly, the practical application of scientifically sound diabetic eye care recommendations has not fared much better than the highly beneficial and very important hand washing theory. While there are more scientific discoveries than ever before, the practical introduction of these new scientific discoveries does not appear to be much faster today than it was more than 100 years ago.

Through S. 2208, I am seeking to close the gap between what we know and what we do in health care. The expired statute of AHCPR represented an outdated approach to health care quality improvement. S. 2208 would establish the Agency for Healthcare Quality Research (AHQR), whose mission is the overall improvement in health care quality.

Built upon the current AHCPR, the Agency for Healthcare Quality Research is refocused and enhanced to become both the hub and driving force of federal efforts to improve quality of health care in all practice environments. The Agency will assist, not burden physicians in four specific ways. First, it will aggressively support state-of-the-art information systems for health care quality. Improved computer systems will advance quality scoring and facilitate quality-based decision making in patient care. Next, it will support research in areas of primary care delivery, priority populations and access in under served areas. The Agency's authority is expanded to support health care improvement in all types of office practice—both solo practitioners and managed care. In addition, it will promote data collection that makes sense. Physicians want information on quality to enable them to compare their outcomes with their peers. Statistically accurate, sample-based national surveys based on existing structures will efficiently provide reliable and affordable data. And finally, the Agency will promote quality by sharing information with doctors, not the federal government. While proven medical advances are made daily, patients wait too long to benefit from these discoveries. We must get the science to the people who use it—physicians.

I would like to point out that S. 2208 does not create a new bureaucracy, nor does it expand the federal government. Rather, it refocuses an existing agency,

the AHCPR, on a research mission that can better serve the health and health care of all Americans. The reauthorization of the AHCPR and the creation of the Agency for Healthcare Quality Research enjoys broad-based support. By taking leadership in supporting research on health care quality improvement, eight Senators, including myself, are co-sponsoring this bill. They are Senators COLLINS, FAIRCLOTH, JEFFORDS, INOUE, MACK, BREAU, and LIEBERMAN. In addition, S. 2208 was later incorporated in another bill which received co-sponsorship from 49 Senators. Also, I am pleased to report that 44 leading organizations, consisting of health care professionals, patient advocates, major health care organizations and health services researchers, have also lent their support for this measure.

Americans want and deserve better health care. For this compelling reason, I will reintroduce S. 2208 in the 106th Congress. I urge my colleagues to support health care quality improvement and to refocus the federal government's role in this vitally important area of research.

NOMINATION OF JEFFREY S. MERRIFIELD

Mr. SMITH of New Hampshire. Mr. President, I rise today in support of Mr. Jeff Merrifield to the position of U.S. Nuclear Regulatory Commissioner.

Mr. Merrifield was born in Westerly, Rhode Island and spent most of his childhood in Antrim, New Hampshire. In 1985, Jeff graduated Magna Cum Laude with his B.A. from Tufts University. In 1986, he joined Senator Gordon Humphrey's staff and handled energy and environmental issues. I first came to the Senate in 1990 and I was fortunate that Jeff was one of several staffers who carried over from Senator Humphrey's staff to mine.

While working for Senator Humphrey and me, Jeff put himself through Georgetown Law School. He graduated in 1992 after which he began work for the Washington D.C. based law firm of McKenna and Cuneo. There, he practiced environmental and government contracts law until 1995. I was very pleased to have Jeff returned to my staff in 1995 to be my counsel for the Senate Subcommittee on Superfund, Waste Control and Risk Assessment. He was the lead staffer in developing my Superfund reauthorization legislation.

During his time with the Senate, Jeff has been involved with all aspects of solid and hazardous waste disposal and cleanup regulation. He took part in a number of bills including the Price Anderson reauthorization, the Oil Pollution Control Act, the Clean Air Act reauthorization, efforts to reauthorize both Superfund and RCRA, and the Intermodal Surface Transportation Act (ISTEA I).

In addition to his duties on the Committee, Jeff has also been extensively

involved in assisting me on the Armed Services Subcommittee on Strategic Forces, which I chair. He has provided me with valuable oversight of hazardous and radiological waste programs at DOD and DOE facilities.

Jeff's philosophy as Commissioner will be that the NRC cannot take a solitary role in maintaining full public confidence in the safety of nuclear power. He has said that the nuclear industry must also assume equal responsibility for taking the steps necessary to maintain the trust of the American public.

Mr. President, Jeff has done a great job for me over the years. Although I'm sorry to lose him from my staff, I'm confident that he will provide the NRC with the talents necessary to ensure adequate protection of the public health and safety, the common defense and security, and the environment in the use of nuclear materials in the United States. Jeff is a bright, dedicated and articulate individual who will serve the nation with distinction. I strongly recommend him for the position of U.S. Nuclear Regulatory Commissioner and urge my colleagues to do the same. Thank you, Mr. President.

HEALTH PROFESSIONS EDUCATION PARTNERSHIPS ACT OF 1998

Mr. FRIST. Mr. President, I rise to address the Senate today on the passage of the Health Professions Education Partnerships Act of 1998. This bill reauthorizes the programs funded through Titles VII and VIII of the Public Health Service Act. These programs are intended to increase access to primary care and to improve the distribution of members of the health professions—physicians, dentists, pharmacists, nurses, and others—to underserved areas. For many years, this legislation has helped our nation's schools of health serve the needs of their communities better and prepare the health care practitioners of the future. This bill provides a comprehensive and flexible authority to support training programs for health professions and related community-based educational partnerships. It will improve the quality, diversity, and distribution of the work force.

The Senate has worked diligently on this effort for the past four years. Reauthorization has been a priority since the authority expired for Title VII programs in 1995 and for Title VIII programs in 1994. In 1995, Senators Kassebaum, KENNEDY, and I introduced S. 555 to take the 44 programs involved and consolidate them into six groups or clusters. Performance outcomes and improved data collection were added. This approach was used to streamline the granting process, and to allow the Department of Health and Human Services greater flexibility to leverage areas of development; and to align with community workforce needs. It also provided flexibility for strategic planning of the workforce supply, and in-

sured that a greater percentage of program dollars would go directly to grantees versus federal administration.

After this bill, S. 555, passed in the Senate but failed to pass in the House during the 104th Congress, I identified areas of disagreement and developed ways to address these obstacles. At a hearing in April 1997, I had the opportunity to listen to concerned groups and outline possibilities for compromise. My staff has worked very hard to maintain a high level of input from constituency groups. We worked with the Congressional Hispanic Caucus to address their concerns. We worked to ensure that this bill lived up to the goal of increasing the number of underrepresented minorities in the health professions. We are very pleased that the Congressional Hispanic Caucus supports S. 1754.

This bill enjoys broad support in the medical and public health community. The bill is supported by a broad range of professional societies for physicians, nurses, pharmacists, psychologists, dentists, and others.

S. 1754 establishes a program with the flexibility to respond to changes in the workforce. Flexibility is built into the bill over time. As funding lines change, the Secretary's authority to move funds across program lines increases. This revision will allow programs to address the constantly changing health care needs of communities and respond to the changes in the health care delivery system.

Since so much of the Act's flexibility is based on the discretion of the Secretary, we have added advisory councils to ensure that the view points of those providing medical services are considered. This will generate confidence among the grantees and encourage collaboration between agency officers and the programs they manage. In addition, these councils will report back to Congress to ensure oversight of these programs.

However, flexibility alone will not result in successful targeting of resources. As noted by the Government Accounting Office in testimony to the Senate Labor Subcommittee on Public Health and Safety in April 1997, federal efforts should be based on performance measures and achievement of goals. The Secretary of Health and Human Services will ensure that there is an annual evaluation of programs and projects funded through this legislation.

It was very important to maintain the distinct and separate funding for nurse education—Title VIII, the "Nursing Education and Practice Improvement Act of 1998." We wanted to increase the flexibility of the Department of Health and Human Services to target funding and to respond to the nursing workforce needs of a rapidly changing health care system. S. 1754 strengthens the role of the National Advisory Council on Nursing Education and Practice. We rewrote the duties of the Council so that it not only provides

advice and recommendations to the Secretary and the Congress but also to report its findings and recommendations annually. In addition, S. 1754 specifies that the Council include representatives of advanced practice nursing groups, including nurse practitioners.

The bill specifically states that authorized nurse practitioner programs have as their objective the education of nurses who will provide primary health care. For advanced practice nurse traineeships, the Secretary shall give special consideration to those programs that agree to train advanced practice nurses who will practice in health professional shortage areas. The amendment proposed and passed by the House further clarifies how funding for training for nurse midwives, nurse practitioners, and nurse midwives will be allocated. The Department of Health and Human Services, in consultation with individuals in the field of nursing, will develop a methodology, based on data, to allocate training funds. The data for this methodology will include the need for and distribution of services among underserved populations and health professional shortage areas, and the percentage of the population that are minorities, elderly, or below the poverty level. The methodology will be in place by fiscal year 2003. Until the methodology is developed, the funding for nurse practitioners, nurse midwives, and nurse anesthetists will be "held harmless". The House amendment also clarifies the use of the definition of an advanced practice nurse in S. 1754.

Mr. President, this bill creates new partnerships and supports existing ones. It represents the best example of team work among interest groups, agencies and legislators. Through the goals of improving the distribution and quality of health professions in underserved areas and of simplifying the administration of existing programs, this bill fosters change. The Health Professions Education Partnerships Act of 1998 will help underserved areas meet their future health care needs.

Mr. President, I am proud of our work. I would like to take this opportunity to specifically thank, Senators KENNEDY, JEFFORDS, and BINGAMAN, and all their staffs for their efforts to work with us on this bill. I would also like to thank the interest groups which gave so generously of their time and support to help us address the issues involved. Mr. President, I especially thank Dr. Mary Moseley, Dr. Carol Pertowski, Dr. Debra Nichols, and Sue Ramthun of my staff for their dedication and hard work toward the reauthorization of these programs.

THE WOMEN'S BUSINESS NETWORK

Mr. CAMPBELL. Mr. President. I take this opportunity to call my colleagues' attention to the role of women owned businesses in our economy, and