

By Mr. HARKIN (for himself, Mr. FRIST, Mr. KENNEDY, Mr. CHAFEE, Mr. REED, Mr. MACK, Ms. MIKULSKI, Mrs. MURRAY, Mr. CLELAND, Mr. HELMS, Mr. WARNER, Mr. SCHUMER, Mr. COCHRAN, Mr. DURBIN, Mr. MOYNIHAN, Mrs. BOXER, Mr. ROBERTS, and Mr. REID):

S. 1268. A bill to amend the Public Health Service Act to provide support for the modernization and construction of biomedical and behavioral research facilities and laboratory instrumentation; to the Committee on Health, Education, Labor, and Pensions.

By Mr. MCCONNELL (for himself and Mr. HATCH):

S. 1269. A bill to provide that the Federal Government and States shall be subject to the same procedures and substantive laws that would apply to persons on whose behalf certain civil actions may be brought, and for other purposes; to the Committee on the Judiciary.

By Mr. FRIST (for himself and Mr. DOMENICI):

S. 1270. A bill to establish a partnership for education progress; to the Committee on Health, Education, Labor, and Pensions.

By Mr. GRASSLEY:

S. 1271. A bill to improve the drug certification procedures under section 490 of the Foreign Assistance Act of 1961, and for other purposes; to the Committee on Foreign Relations.

By Mr. NICKLES (for himself, Mr. LIEBERMAN, Mr. LOTT, Mr. ABRAHAM, Mr. ALLARD, Mr. BROWNBACK, Mr. COVERDELL, Mr. ENZI, Mr. HAGEL, Mr. INHOFE, Mr. CRAIG, and Mr. SESSIONS):

S. 1272. A bill to amend the Controlled Substances Act to promote pain management and palliative care without permitting assisted suicide and euthanasia, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BOND:

S. Res. 126. A resolution expressing the sense of the Senate that appreciation be shown for the extraordinary work of Mildred Winter as Missouri teacher and leader in creating the Parents as Teachers program on the occasion that Mildred Winter steps down as Executive Director of such program; considered and agreed to.

By Mr. LOTT:

S. Res. 127. A resolution to direct the Secretary of the Senate to request the return of certain pages; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SCHUMER:

S. 1267. A bill to require that health care providers inform their patients of certain referral fees upon the referral of the patients to clinical trials; to the Committee on Health, Education, Labor, and Pensions.

CLINICAL TRIALS DISCLOSURE ACT OF 1999

Mr. SCHUMER. Mr. President, I rise today to introduce the Clinical Trials Disclosure Act of 1999. As the Senate debates important health care issues such as Medicare, prescription drug access, and managed care reform, I want to call our attention to another impor-

tant health care matter: doctors and other health care providers accepting payments from drug companies and their contractors to refer patients to clinical trials. Each of us understands that by providing a forum for medical research, clinical trials play a vital role in our health care system. Unfortunately, some providers are violating the patient-doctor relationship by not informing patients of the fees they receive for referrals to the clinical trials.

Recent media reports have highlighted this growing trend that threatens the important relationship between doctor and patient. In one case in California, a doctor received over \$1,600 to refer a patient to a prostate cancer drug trial despite the fact that the patient's prostate was healthy. Other drug companies offer bonuses to physicians who refer numbers over and above a certain quota. Providers benefit in other ways, too. A cooperative doctor may get his or her name attached to an academic study authored by a ghost writer based on the drug company's data. No matter how the doctor benefits, however, he or she is not compelled to inform the patient of his or her relationship with the drug company. This is why today I introduce the Clinical Trials Disclosure Act of 1999.

This bill simply requires that if a health care provider receives payments or other compensation for referring a patient to a clinical trial, the provider must inform the patient both orally and in writing. The measure is not intended to discourage patient participation in important medical research. Instead, it will strengthen the relationship between doctor and patient and help ensure that clinical trials attract patients who will benefit from their important work.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1267

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 "Clinical Trials Disclosure Act of 1999".

SEC. 2. REQUIRED DISCLOSURE OF REFERRAL FEES.

(a) THROUGH CONTRACTS WITH INSURERS.—

(1) AMENDMENT TO ERISA.—

(A) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following new section:

"SEC. 714. REQUIRED DISCLOSURE OF REFERRAL FEES.

"The provisions of any contract or agreement, or the operation of any contract or agreement, between a group health plan or health insurance issuer in relation to health insurance coverage (including any partnership, association, or other organization that enters into or administers such a contract or agreement) and a health care provider (or group of providers) shall require that, if the

provider refers a patient to a clinical trial, the provider shall disclose (orally and in writing) to the patient (at the time of such referral) any payments or other compensation that the provider receives (or expects to receive) from any entity in connection with such referral."

(B) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 note) is amended by inserting after the item relating to section 713 the following new item:

"Sec. 714. Required disclosure of referral fees."

(2) AMENDMENTS TO PHSA.—

(A) GROUP MARKET.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-4 et seq.) is amended by adding at the end the following new section:

"SEC. 2707. REQUIRED DISCLOSURE OF REFERRAL FEES.

"The provisions of any contract or agreement, or the operation of any contract or agreement, between a group health plan or health insurance issuer in relation to health insurance coverage (including any partnership, association, or other organization that enters into or administers such a contract or agreement) and a health care provider (or group of providers) shall require that, if the provider refers a patient to a clinical trial, the provider shall disclose (orally and in writing) to the patient (at the time of such referral) any payments or other compensation that the provider receives (or expects to receive) from any entity in connection with such referral."

(B) INDIVIDUAL MARKET.—Part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-41 et seq.) is amended—

(1) by redesignating the first subpart 3 (relating to other requirements) as subpart 2; and

(2) by adding at the end of subpart 2 the following new section:

"SEC. 2753. REQUIRED DISCLOSURE OF REFERRAL FEES.

"The provisions of section 2707 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as they apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market."

(b) OTHER PROVIDERS.—A health care provider who provides services to beneficiaries under the medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) shall, with respect to any patient that such provider refers to a clinical trial, disclose (orally and in writing) to the patient (at the time of such referral) any payments or other compensation that the provider receives (or expects to receive) from any entity in connection with such referral.

By Mr. HARKIN (for himself, Mr. FRIST, Mr. KENNEDY, Mr. CHAFEE, Mr. REED, Mr. MACK, Ms. MIKULSKI, Mrs. MURRAY, Mr. CLELAND, Mr. HELMS, Mr. WARNER, Mr. SCHUMER, Mr. COCHRAN, Mr. DURBIN, Mr. MOYNIHAN, Mrs. BOXER, Mr. ROBERTS, and Mr. REID):

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