The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A bill (S. 2808) to amend the Internal Revenue Code of 1986 to temporarily suspend the Federal fuels tax.

Mr. FRIST. I object to further proceedings on this bill at this time.

The PRESIDING OFFICER. The bill will be placed on the calendar.

THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS, 2001

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of H.R. 4577, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 4577) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

Pending:

Helms amendment No. 3697, to prohibit the expenditure of certain appropriated funds for the distribution or provision of, or the provision of a prescription for, postcoital emergency contraception.

Wellstone amendment No. 3698, to provide for a limitation on the use of funds for certain agreements involving the conveyance of licensing of a drug.

Harkin amendment No. 3699, to fully fund the programs of the Individuals with Disabilities Education Act.

Mr. SPECTER. Mr. President, one item came up in the course of the consideration of the bill on which I commented I would respond to regarding the increase in this bill over last year's bill.

This year's bill contains a program level of $104.5 billion for fiscal year 2001. This is a $7.9 billion increase over fiscal year 2000, which had a program level of $96.6 billion. When assertions have been made that the bill has grown by 20.4 percent—that is over 20 percent—that is not correct. That calculation is made by comparing the fiscal year 2001 program level of $104.5 billion with the fiscal year 2000 budget authority level of $86.5 billion. That is not an accurate comparison.

When you compare the 2001 actual program level to the 2000 program level, the real increase is 8.2 percent.

This question has come up with some frequency. I thought it would be useful to make that explanation.

Mr. President, I think we are now prepared to proceed to the Wellstone amendment.

Mr. WELLSTONE. Mr. President, before we proceed, could I ask my colleague, is it 2 minutes equally divided or 4 minutes equally divided on each amendment?

Mr. SPECTER. Mr. President, the Senator from Minnesota is correct. Each side has 1 minute, and then we go to the vote.

Mr. WELLSTONE. I thank the Senator.

AMENDMENT NO. 3698

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes for explanation prior to a vote on Wellstone amendment No. 3698.

Mr. WELLSTONE. Mr. President, this amendment reinstates the Bush administration's policy of requiring a reasonable pricing clause in the NIH drug patent licensing agreements and cooperative research agreements with pharmaceutical companies unless waived on public interest grounds. It does not apply to universities. A very similar amendment passed by a 2-to-1 margin in the House of Representatives.

All this says is, when it is our public dollars—taxpayer money, our constituents' money—we expect that the drug companies, when they benefit from all this, will agree to charge our constituents a reasonable price.

I think this is an amendment that should command widespread support. I have offered this amendment with Senator JOHNSON. It has support from the National Council of Senior Citizens, Families USA, and the Committee to Preserve Social Security and Medicare.

I also want to say that I think Senator LEVIN, last night, hit the nail on the head when he said: It is bad enough that we have exorbitant prices. It is worse when we actually subsidize the research, and then we do not ask anything in return from these companies.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, the objective of the Wellstone amendment is laudable in trying to have reasonable prices. The difficulty is that this was tried 7 or 8 years ago and was found to be very counterproductive. Instead of encouraging tests and development of pharmaceutical products, it discouraged them. We have already adopted the Wyden amendment which provides for a study on this issue.

There are some very important matters raised by the Senator from Minnesota. Our subcommittee will hold hearings on this subject shortly upon our return in July to try to find out whether the NIH ought to have a share of the patents or what would be a fair approach. There has been substantial experience with what the Senator from Minnesota suggests in the 1992, 1993, 1994 range, and it was counterproductive. That is why, although the objective is laudable, I am forced to oppose the amendment.

I move to table the Wellstone amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to table the Wellstone amendment No. 3698. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Utah (Mr. HATCH), is necessarily absent.

I further announce that, if present and voting, the Senator from Utah (Mr. HATCH), would vote ''yes.''

Mr. REID. I announce that the Senator from California (Mrs. BOXER), the Senator from Hawaii (Mr. INOUYE), the Senator from Vermont (Mr. LEAHY), and the Senator from New York (Mr. MOYNIHAN) are necessarily absent.

The result was announced—yeas 56, nays 39, as follows:

[Rollcall Vote No. 168 Leg.]

YEAS—56

Abraham	Enzi	McCain
Allard	Fitzgerald	McConnell
Ashcroft	Frist	Murkowski
Bennett	Gorton	Nickles
Biden	Gramm	Roberts
Bond	Grams	Santorum
Breaux	Hagel	Sessions
Brownback	Helms	Shelby
Bunning	Hutchinson	Smith (NH)
Burns	Hutchison	Smith (OR)
Campbell	Inhofe	Snowe
Cochran	Kerrey	Specter
Collins	Kyl	Stevens
Coverdell	Landrieu	Thomas
Craig	Lautenberg	Thompson
Crapo	Lieberman	Thurmond
DeWine	Lott	Torricelli
Dodd	Lugar	Warner
Domenici	Mack	

NAYS—39

Akaka	Feingold	Lincoln
Baucus	Feinstein	Mikulski
Bayh	Graham	Murray
Bingaman	Grassley	Reed
Bryan	Gregg	Reid
Byrd	Harkin	Robb
Chafee, L.	Hollings	Rockefeller
Cleland	Jeffords	Roth
Conrad	Johnson	Sarbanes
Daschle	Kennedy	Schumer
Dorgan	Kerry	Voinovich
Durbin	Kohl	Wellstone
Edwards	Levin	Wyden

NOT VOTING—5

Boxer	Inouye	Moynihan
Hatch	Leahy	

The motion to table was agreed to.

Mr. SPECTER. Mr. President, I move to reconsider the vote.

Mr. McCONNELL. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3697

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes for explanation prior to the vote on the Helms amendment No. 3697.

Mr. SPECTER. Mr. President, I ask unanimous consent that the next votes in this series be limited to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senate will be in order. There are a considerable number of votes to come.

Mr. BYRD. Mr. President, I thank the Chair for trying to get order. Will Senators please respect the Chair.

Mr. ROBB. Mr. President, lest there be any confusion on the vote we are about to cast, it is my understanding that minors who seek a prescription drug from a school-based health clinic can do so only after receiving consent from a parent or guardian. Given that this standard is already in place, I don't believe it is the place of the federal government to instruct states and localities what specific services can or cannot be offered in these clinics—I trust communities to decide for themselves what services should be offered

in their school-based clinics, based on their values and priorities.

The PRESIDING OFFICER. When the conversations in the well have concluded, we will be able to continue.

The Senator from North Carolina is recognized for 1 minute.

Mr. HELMS. Mr. President, I thank the Chair.

I ask unanimous consent that it be in order for me to make my remarks from my chair.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HELMS. I thank the Chair.

Mr. President, a basic question—and I think a significant one—pending with this amendment is: Should the taxpayers be required to pay for the controversial ''morning-after pill''—which is identified as an abortifacient—to be distributed to schoolgirls on school property? The answer, Mr. President, is absolutely not.

But as CRS reported to me, federal law does, indeed, permit the ''morning-after pill'' to be distributed at school-health clinics.

I urge my colleagues to prohibit funds from the Labor, HHS, and Education appropriations bill to be used to distribute the ''morning-after pill'' on school property.

The PRESIDING OFFICER. All time has expired. Who seeks recognition in opposition? The Senator from Iowa.

Mr. HARKIN. How much time remains?

The PRESIDING OFFICER. One minute.

Mr. HARKIN. Mr. President, let's make it clear. We are not talking about an abortion bill. What we are talking about is a contraceptive pill a young woman would get, the morning after she may have been the victim of rape or incest. This amendment does not deal with RU–486, it clearly states it is about denying contraceptive services, and it has no exception for young victims of rape or incest.

Right now, under existing law, some localities have chosen to provide minors access to contraceptive pills through community health centers and other programs that are based in the school. The decision to provide school-based contraceptive services is a local decision under current law. A local decision. Not a federal one. But this amendment would change that.

This amendment says if a young woman has unprotected sex, or even if she is the victim of rape or incest, and is panic stricken the next morning, she cannot take a contraceptive pill the next morning, not knowing whether she is pregnant or not, in order to prevent a pregnancy from occurring.

That is what this is about.

And I want to reiterate that the Helms amendment has no exception for the victims of rape or incest.

The PRESIDING OFFICER. The time of the Senator is expired.

Mr. SPECTER. I move to table the amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to table the Helms amendment (No. 3697). The clerk will call the roll.

The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Utah (Mr. HATCH) is necessarily absent.

I further announce that, if present and voting, the Senator from Utah (Mr. HATCH) would vote ''no.''

Mr. REID. I announce that the Senator from California (Mrs. BOXER), the Senator from Hawaii (Mr. INOUYE), the Senator from Vermont (Mr. LEAHY), and the Senator from New York (Mr. MOYNIHAN) are necessarily absent.

The result was announced—yeas 41, nays 54, as follows:

[Rollcall Vote No. 169 Leg.]

YEAS—41

Akaka	Edwards	Lincoln
Baucus	Feingold	Mikulski
Bayh	Feinstein	Murray
Biden	Graham	Reid
Bingaman	Harkin	Robb
Bryan	Hollings	Rockefeller
Byrd	Jeffords	Sarbanes
Campbell	Kennedy	Schumer
Chafee, L.	Kerrey	Snowe
Cleland	Kerry	Specter
Collins	Landrieu	Torricelli
Daschle	Lautenberg	Wellstone
Dodd	Levin	Wyden
Durbin	Lieberman	

NAYS—54

Abraham	Fitzgerald	McCain
Allard	Frist	McConnell
Ashcroft	Gorton	Murkowski
Bennett	Gramm	Nickles
Bond	Grams	Reed
Breaux	Grassley	Roberts
Brownback	Gregg	Roth
Bunning	Hagel	Santorum
Burns	Helms	Sessions
Cochran	Hutchinson	Shelby
Conrad	Hutchison	Smith (NH)
Coverdell	Inhofe	Smith (OR)
Craig	Johnson	Stevens
Crapo	Kohl	Thomas
DeWine	Kyl	Thompson
Domenici	Lott	Thurmond
Dorgan	Lugar	Voinovich
Enzi	Mack	Warner

NOT VOTING—5

Boxer	Inouye	Moynihan
Hatch	Leahy	

The motion was rejected.

Mr. HELMS. Mr. President, I move to reconsider the vote.

Mr. SANTORUM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. SPECTER. Mr. President, on behalf of Senator HELMS, I ask unanimous consent to vitiate the yeas and nays.

The PRESIDING OFFICER. Without objection, it is so ordered.

The question is on agreeing to amendment No. 3697.

The amendment (No. 3697) was agreed to.

Mr. SANTORUM. Mr. President, I move to reconsider the vote.

Mr. GRAMM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3699

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes for explanation prior to a vote on Harkin amendment No. 3699. The Senator from Iowa is recognized for 1 minute.

Mr. HARKIN. Mr. President, this is a simple amendment. It fully funds the Individuals With Disabilities Education Act. As far as I know, this is the first time we in the Senate have had a chance to vote directly on whether to take the action to fully fund IDEA.

I cannot say it any better than our colleague from Vermont, Senator JEFFORDS, said it Wednesday night:

> This body has gone on record in vote after vote that we should fully fund IDEA. If we can't fully fund IDEA now with the budget surpluses and the economy we have, when will we do it? I do not believe anyone can rationally argue that this is not the time to fulfill that promise.

I could not have said it any better. This is the first time I know of the Senate has ever gone on record. This is the vote to fully fund IDEA. We have the surpluses. We have the money. Let's meet our goal.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, the education budget now is $4.5 billion over last year. We have increased IDEA by $1.3 billion. Sometimes we talk about big spenders. Adding $8.75 billion is going to put a burden on the biggest spenders in this Chamber to support this kind of an increase. I want to see a lot more funding in a lot more places, including IDEA, but this is just over the top. I say that with great respect for my esteemed colleague.

Mr. President, I raise a point of order under 302(f) of the Budget Act that this amendment would exceed the subcommittee's 302(b) allocation and is not in order.

Mr. HARKIN. Mr. President, I move to waive the applicable sections of that act for the consideration of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Utah (Mr. HATCH) is necessarily absent.

I further announce that if present and voting, the Senator from Utah (Mr. HATCH) would vote ''no.''

Mr. REID. I announce that the Senator from California (Mrs. BOXER), the Senator from Hawaii (Mr. INOUYE), the Senator from Vermont (Mr. LEAHY), and the Senator from New York (Mr. MOYNIHAN), are necessarily absent.

The yeas and nays resulted—yeas 40, nays 55, as follows:

[Rollcall Vote No. 170 Leg.]

YEAS—40

Akaka	Bingaman	Cleland
Baucus	Breaux	Collins
Bayh	Bryan	Daschle
Biden	Chafee, L.	Dodd

Dorgan	Kerry	Reid
Durbin	Kohl	Robb
Edwards	Landrieu	Rockefeller
Feinstein	Lautenberg	Sarbanes
Harkin	Levin	Snowe
Hollings	Lieberman	Torricelli
Jeffords	Lincoln	Wellstone
Johnson	Mikulski	Wyden
Kennedy	Murray	
Kerrey	Reed	

NAYS—55

Abraham	Fitzgerald	Murkowski
Allard	Frist	Nickles
Ashcroft	Gorton	Roberts
Bennett	Graham	Roth
Bond	Gramm	Santorum
Brownback	Grams	Schumer
Bunning	Grassley	Sessions
Burns	Gregg	Shelby
Byrd	Hagel	Smith (NH)
Campbell	Helms	Smith (OR)
Cochran	Hutchinson	Specter
Conrad	Hutchison	Stevens
Coverdell	Inhofe	Thomas
Craig	Kyl	Thompson
Crapo	Lott	Thurmond
DeWine	Lugar	Voinovich
Domenici	Mack	Warner
Enzi	McCain	
Feingold	McConnell	

NOT VOTING—5

Boxer	Inouye	Moynihan
Hatch	Leahy	

The PRESIDING OFFICER. On this vote, the yeas are 40, the nays are 55. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected. The point of order is sustained, and the amendment falls.

The Senate will be in order.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER. The Senator will be recognized when the well is cleared.

The Senator from Pennsylvania.

AMENDMENTS NOS. 3700 THROUGH 3731, EN BLOC

Mr. SPECTER. Mr. President, I now ask for the adoption of the managers' package which has been cleared on both sides.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Pennsylvania [Mr. SPECTER], for himself and Mr. HARKIN, proposes amendments numbered 3700 through 3731, en bloc.

The amendments Nos. 3700 through 3731, en bloc, are as follows:

AMENDMENT NO. 3700

(Purpose: To provide grants to develop and expand substance abuse services programs for homeless individuals)

On page 34, on line 13, before the colon, insert the following: '', $10,000,000 shall be used to provide grants to local non-profit private and public entities to enable such entities to develop and expand activities to provide substance abuse services to homeless individuals.''.

Ms. COLLINS. Mr. President, I rise today in support of the Collins-Reed amendment to the Labor HHS Appropriations bill which will increase the availability of funds to provide substance abuse treatment services for our Nation's homeless men and women.

I would like to extend my thanks to Senator JACK REED who has joined as a cosponsor of this amendment and who has made increased funding for services to benefit the homeless one of his highest priorities. I would also like to extend my thanks to Senators DOMENICI, FEINSTEIN, MIKULSKI, SARBANES, JEFFORDS, KENNEDY, BINGAMAN, WELLSTONE, LINCOLN CHAFEE, DODD, LEAHY, DURBIN, SNOWE, EDWARDS and MOYNIHAN, all of whom cosigned a letter to appropriators which I and Senator REED sent earlier this year calling for an increase in funding for mental health and substance abuse treatment for the homeless.

Like all Americans, homeless men and women need decent shelter, but in many cases, homeless people also need treatment to address the underlying problem which has kept them on the street. An estimated 25 percent to 40 percent of homeless people need programs to help them recover from drug and alcohol abuse illnesses. Despite the prevalence of these illnesses among our nation's homeless, very limited funds are available to serve their specific treatment needs.

For a variety of reasons, addicted homeless people often have difficulty accessing mainstream treatment services. For example, many substance abuse service providers are not equipped to handle the complex social and health issues that homeless persons present, and may reject them or provide ineffective care. In addition, the reality of life on the street may significantly complicate the receipt of effective treatment. For example, homeless men and women may have difficulty in adhering to treatment schedules or may lack transportation to and from outpatient services.

Comprehensive programs which link treatment to other health, housing, social and maintenance services often provide the best opportunity for the homeless to adhere to treatment programs and ultimately achieve stability in their lives. The funding addressed in my amendment will provide grants which will assist communities in providing treatment services tailored to best serve the needs of their own homeless population.

I thank the Chairman of the Committee, who has been tireless in his efforts to increase substance abuse treatment services for all Americans in need, and who has been so receptive to this amendment and the needs of our Nation's homeless men and women.

Thank you, Mr. President. I yield the floor.

AMENDMENT NO. 3701

(Purpose: To provide funds for the Web-Based Education Commission)

On Page 68, line 23 before the colon, insert the following: '', of which $250,000 shall be for the Web-Based Education Commission''.

AMENDMENT NO. 3702

(Purpose: To provide funds for the purchase of automated external defibrillators and the training of individuals in basic cardiac life support)

On page 24, line 1, strike ''and''.

On page 24, line 7, insert before the colon the following: '', and of which $4,000,000 shall be provided to the Rural Health Outreach Office of the Health Resources and Services Administration for the awarding of grants to community partnerships in rural areas for the purchase of automated external defibrillators and the training of individuals in basic cardiac life support''.

Ms. COLLINS. Mr. President, I am pleased that the managers have accepted the amendment that I introduced with my colleague from Wisconsin. I thank the distinguished Chairman and Ranking Member of the Labor-HHS Appropriations Subcommittee for their assistance and support. Our amendment will improve access to automated external defibrillators, or AEDs, in rural areas, where they are sorely needed to increase the chance that individuals in these communities who suffer cardiac arrest will survive. Joining us in cosponsoring this amendment are Senators JEFFORDS, BIDEN, ENZI, MURRAY, ABRAHAM, WELLSTONE, BINGAMAN, ROBB, KERRY and REED.

Heart disease is the leading cause of death both in the State of Maine and the United States. According to the American Heart Association, an estimated 250,000 Americans die each year from cardiac arrest. Many of these deaths could be prevented if automated external defibrillators were more accessible. AEDs are computerized devices that can shock a heart back into normal rhythm and restore life to a cardiac arrest victim. They must, however, be used promptly. For every minute that passes before a victim's normal heart rhythm is restored, his or her chance of survival falls by as much as 10 percent.

According to the American Heart Association, making AEDs standard equipment in police cars, fire trucks, ambulances and other emergency vehicles and getting these devices into more public places could save more than 50,000 lives a year. Cities across America have begun to recognize the value of fast access to AEDs and are making them available to emergency responders. In many small rural communities, however, limited budgets and the fact that so many rely on volunteer organizations for emergency services can make acquisition and appropriate training in the use of these life-saving devices problematic. Our amendment will increase access to AEDs and trained local responders for smaller towns and rural areas in Maine and elsewhere where those first on the scene may not be paramedics or others who would normally have AEDs.

I am pleased to be joined by my colleague from Wisconsin who has led this effort to increase access to AEDs in rural areas.

Mr. FEINGOLD. Thank you. I would like to commend my friend and colleague from Maine for her leadership in passing this amendment that will help improve cardiac arrest survival rates across rural America by making AEDs more accessible.

I recently visited DeForest, Wisconsin, where the area's citizens and businesses recently finished a fund-

raising effort that resulted in the purchase of three new defibrillators. When I visited with the DeForest police department, they provided a real life example of why we must increase the availability of defibrillators: since they were purchased just three months ago, two people have been saved by these devices.

They helped show me that cardiac arrest victims are in a race against time, and unfortunately, for those in many rural areas, Emergency Medical Services have simply too far to go to reach people in need, and time runs out for victims of cardiac arrest. It is simply not possible to have EMS units next to every farm and small town across the nation. This amendment will begin to address this problem.

Just so my colleagues are aware, I would like to ask my friend from Maine to describe how these grants will be made.

Ms. COLLINS. These grants will be awarded on a competitive basis by the Health Resources and Services Administration to community partnerships in rural areas that are composed of local emergency response entities, such as community training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and local non-profit entities and for-profit entities concerned about cardiac arrest survival rates. Our amendment will provide $4 million through the Health Resources and Services Administration for the awarding of grants to community partnerships in rural areas to purchase automated external defibrillators and to train individuals in basic cardiac life support. These rural partnerships will also be required to evaluate the local community emergency response times to assess whether they meet the standards established by national public health organizations such as the American Heart Association and the American Red Cross. They must also submit to the Secretary of Health and Human Services an application at such time, in such manner, and containing such information as the Secretary may require. I would like to ask my colleague from Wisconsin if he would like to add any additional comments.

Mr. FEINGOLD. Thank you. I would also like to stress that these grants are intended for community partnerships in rural areas, as determined by the Secretary of Health and Human Services. This amendment has been endorsed by both the American Heart Association and the American Red Cross as a means of expanding access to these lifesaving devices across rural America, and I join my colleague from Maine in thanking the managers of the bill for their cooperation and support.

AMENDMENT NO. 3703

(Purpose: To support medication management for seniors)

On page 43, line 9, before the colon, insert the following: '', of which $5,000,000 shall be available for activities regarding medication management, screening, and education to prevent incorrect medication and adverse drug reactions''.

AMENDMENT NO. 3704

On page 50, line 20, after the dash insert the following: ''Except as provided by subsection (e)''.

On page 51, line 1 strike ''December 15, 2000'' and insert in lieu thereof: ''March 1, 2001''.

On page 52, line 2, strike ''2000'' and insert in lieu thereof ''2001''.

On page 52, after line 2, insert the following new section

''(e) TERRITORIES.—None of the funds appropriated by this Act may be used to withhold substance abuse funding pursuant to section 1926 from a territory that receives less than $1,000,000.''

AMENDMENT NO. 3705

(Purpose: To provide for the conduct of a study and report on unreimbursed health care provided to foreign nationals)

On page 54, between lines 10 and 11, insert the following:

SEC. . (a) STUDY.—The Secretary of Health and Human Services shall conduct a study to examine—

(1) the experiences of hospitals in the United States in obtaining reimbursement from foreign health insurance companies whose enrollees receive medical treatment in the United States;

(2) the identity of the foreign health insurance companies that do not cooperate with or reimburse (in whole or in part) United States health care providers for medical services rendered in the United States to enrollees who are foreign nationals;

(3) the amount of unreimbursed services that hospitals in the United States provide to foreign nationals described in paragraph (2); and

(4) solutions to the problems identified in the study.

(b) REPORT.—Not later than March 31, 2001, the Secretary of Health and Human Services shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Appropriations, a report concerning the results of the study conducted under subsection (a), including the recommendations described in paragraph (4) of such subsection.

Mr. GRAHAM. Mr. President, last year, on October 7, during the consideration of the FY 2000 Labor-HHS-Education Appropriations bill, Senators RON WYDEN, GORDON SMITH and I offered an amendment which was accepted as part of the legislation that passed.

It directed the Department of Labor to send to Congress its suggestions, or a plan, to improve the day-to-day lives of farmworkers.

We are here again. The Labor-HHS Appropriations bill is being debated, and we are still awaiting answers to concerns raised in the last debate.

In fairness, I should mention that the Secretary of Labor has indicated that this report is underway and that we can expect it later this year. But yet another year has slipped by without the Administration designing a plan to improve the lives of those who do so much to provide for us.

The purpose of our amendment and speech last year was to outline the three previous years of frustration in our efforts to secure this plan from the Department of Labor. We sought legislatively what we had not been able to obtain in personal meetings and phone calls. Now, we are here again, on this same bill, asking for the same assistance.

For the past several years I have worked with several of our colleagues to develop a comprehensive strategy to improve the lives of our Nation's farmworkers.

Almost everyone agrees that the status quo is unacceptable. GAO estimates that at least 50 percent of agricultural workers in the United States do not have documented status. This is a conservative estimate since these are workers who have admitted their illegal status, the actual number without work authorization is likely much higher.

I respect the fact that the Department of Labor has concerns about our bipartisan legislation. What we have asked, year after year, is that they improve it, modify it, or offer their own alternate comprehensive plan.

I commend the work that the Department has done up to this point to respond to us, but I urge Secretary Herman to finish work on this proposal and submit it to Congress at the earliest possible opportunity. The legislative calendar is short this year, and we have no time to waste.

Mr. WYDEN. Mr. President, in October, 1999, I came to the Senate floor to speak about an important amendment to the Labor, Health and Human Services Appropriations Bill for Fiscal Year 2000 concerning farm workers. I have worked on this issue for over three years. I worked with my friend, Senator SMITH of Oregon, as well as my colleague Senator GRAHAM of Florida, to have our bipartisan amendment adopted by the managers of the bill, Senator SPECTER and Senator HARKIN.

I come to the floor today as the Senate completes debate on the Labor, Health and Human Services appropriations bill for fiscal year 2001 to again ask the administration to get serious about addressing the very real problems in the current farm worker system.

The amendment that was adopted into last year's Labor HHS appropriations bill required the Department of Labor to report to Congress with plans to improve compensation, working conditions, and other benefits for farm workers in the United States. The adopted amendment became report language in the Labor HHS Conference Report directing the Department of Labor to deliver the administration's farm worker plan to Congress as soon as possible.

It is almost ten months since that directive was adopted by the entire Congress—and almost three years since I was first promised by Secretary of Labor Herman that such a plan was being devised—and still the administration has delivered no plan. As we enter the busiest time of the year for American farms, once again I am

forced to point out the ineptitude of the Administration in dealing with this critical issue.

The General Accounting Office completed a report in 1997 on the farm worker situation in our country. They said there are enough farm workers. But they came to that conclusion only by counting illegal farm workers.

Today's agricultural labor program is a disaster for both farm workers and farmers. Estimates are that well over half of the farm workers in this country are here illegally. They are smuggled into the United States by people called ''coyotes.'' Because they are here illegally, these farm workers have no power—they cannot vote. The illegal, but much needed, farm worker is often subjected to the worst possible living and working conditions imaginable. This situation is nothing short of immoral.

At the same time, the growers, who need a dependable supply of workers to pick our crops, are also in a completely untenable situation. Senator SMITH and I represent Oregon farmers who literally have no where to turn to find legal farm workers. The current situation turns those farmers who want to do the right thing into people who have to make a Hobbesian choice: do they become felons by hiring illegal farm workers or do they go bankrupt.

It bears repeating: Well over half of the farm workers in the United States are illegal immigrants.

Oregon farmers have told me that in meetings, with the Immigration and Naturalization Service and the Department of Justice, the Administration has admitted that they know farmers must become felons by hiring illegal workers. It is deplorable that farmers are greeted by the Administration with winks and nods—not a legal farm worker system.

In 1998, in the second session of the 105th Congress, Senator GRAHAM, Senator SMITH, and I put together a bipartisan proposal to change this wholly unacceptable system. We tried to create a new system for dealing with agricultural labor that would be in the interest of both the farm worker and the farmer. Under our bill, workers who were legal would get a significant increase in their benefits and farmers would be assured a consistent, legal work force.

But after 67 Senators passed our bill, the administration refused to work with us to hammer out badly needed H2A reform legislation.

At that point, Senators GRAHAM, SMITH, and I started alternatively waiting for and asking for the Administration to produce their plan for a new agricultural worker system that would address the legitimate concerns of both farm workers and farmers.

In the spirit of comity and a desire to reach agreement with the executive branch, we have been waiting to see the Administration's plan. Mr. President, to date, after meetings, phone calls and congressional directives, we have been kept waiting for more than three years to see the administration's proposal.

By its inaction, the Administration is perpetuating a system that is a disaster for both the farm-worker and the farmer. It is a system that is totally broken—a system that has condemned the vast majority of farm workers to some of the most terrible and immoral conditions imaginable. It is a system that has made it impossible for farmers who want to do the right thing.

Our bipartisan effort was not a good enough solution for the administration. Well, the administration's inaction is not a good enough solution for me.

All of us—farm workers and growers, Senators GRAHAM, SMITH, and I—continue to wait. It is time for the administration to get off the sidelines. They should do what they promised to do well over two years ago and what we, as Congress, required them to do over 10 months ago.

AMENDMENT NO. 3706

(Purpose: To ensure that those students at risk of dropping out of school receive appropriate attention and to ensure that all students are given the support necessary to graduate from high school)

On Page 59, line 12, before the period insert the following: '': *Provided further*, That of the amount made available under this heading for activities carried out through the Fund for the Improvement of Education under part A of title X, $10,000,000 shall be made available to enable the Secretary of Education to award grants to develop and implement school dropout prevention programs.''.

Mr. BINGAMAN. Mr. President, I want to take a moment to thank Senators SPECTER and HARKIN for agreeing to include my amendment dedicating $10,000,000 from the Fund for the Improvement of Education to support proven dropout prevention programs in the managers' package. As my colleagues know, I filed an amendment on behalf of myself and Senators REID, COLLINS, and DEWINE seeking $20 million for this purpose. While both of these amounts fall short of the $150,000,000 level authorized in an amendment passed by the Health, Education, Labor, and Pensions Committee to the ending ESEA reauthorization bill, this $10,000,000 is an important first step in supporting local efforts to develop, implement, and disseminate effective dropout prevention programs. It is my hope that in future years we will be able to grow the funds for this crucial effort in order to ensure that all schools with high dropout rates have the resources and information that they need to curb the high incidence of students dropping out of school.

Today, the lack of a high school education is a greater barrier than ever to employment, income, and advancement opportunities; though we frequently talk about how strong the economy is in the United States, we simply cannot overlook the fact that there are millions of working Americans who have never finished high school, and they earn less than a third of what their peers with a college degress earn.

High school completion rates remain distressingly low in many locales around the country—over 3,000 young people drop out of our high schools and middle schools each school day. Not surprisingly, the problem is disproportionately great along racial, ethnic and socioeconomic lines; Hispanic youth for instance, are nearly three times more likely to drop out than their white classmates, and African American students are still dropping out at a rate higher than their white peers as well. As The Hispanic Dropout Project found, widespread misunderstandings of the underlying causes of dropouts, combined with a lack of familiarity with effective programs, has prevented increased school completion for some groups.

It is my hope that when ESEA is reauthorized, we will be able to further extend the critical support that is needed to help our at-risk students complete high school with the skills necessary for the workplace or continued education. In the meantime, this commitment to funding is an important step towards ensuring that all students who are at risk of dropping out of school receive the appropriate attention and support they need to further their learning and graduate from high school. I thank my colleagues for working with me on this important effort.

Mr. REID. Mr. President, those who drop out of high school are at a greater risk of being unemployed or holding a position with no career advancement opportunities. These individuals also earn less, are more likely to be poverty stricken, and received public assistance.

To address the dropout problem, the Department of Education administers 11 programs. These programs resulted in a downward trend in the national dropout rate. Nonetheless, we have what we could call the ''dropout divide''—dropout rates in 1998 were higher for Hispanic (9.4%) than blacks (5.2%) and whites (3.9%).

This holds true in Nevada, where Hispanic students dropped out of school at a higher rate than other racial/ethnic groups. In the 1996–97 school year, the Hispanic dropout rate is 15.7 percent while White and Asian/Pacific Islander students had the lowest dropout rates at 8.3% each.

It is unacceptable that we allow students—of any race—to dropout. In our new high-tech economy, education is more important than ever. It is the key to a happy and secure future, and we must work harder to make sure that our children don't lose this valuable chance to get an education. We must convince them to stay in school.

For Nevada, the latest numbers show that 17 percent of our school students will drop out before they get their degrees. Almost one in five students in the 12th grade (19.4%) dropped out of school during the 1996–97 school year,

compared with a dropout rate for 9th grade students of 3.5 percent.

As a member of the HELP Committee, Senator BINGAMAN has been a strong advocate for dropout prevention programs and funding. I am pleased that the Bingaman/Reid amendment—adding $10 million of funding for dropout program grants—was accepted.

Our role is to provide needed resources to carry out innovate programs tailored to the specific circumstances encountered. This money goes to states and local school districts, in grants, to finance new dropout prevention programs.

Dropout prevention programs must remain a priority for educators, parents, and policymakers. All students deserve an opportunity to receive a quality and complete education.

AMENDMENT NO. 3707

(Purpose: To revise the purpose of the National Institute of Child Health and Human Development relating to gynecologic health)

At the appropriate place, insert the following:

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

SEC. . Section 448 of the Public Health Service Act (42 U.S.C. 285g) is amended by inserting ''gynecologic health,'' after ''with respect to''.

AMENDMENT NO. 3708

(Purpose: To increase funding for children's asthma programs administered by the Centers for Disease Control and Prevention)

On page 26, line 25, before ''of which'' insert the following: ''of which $20,000,000 shall be made available to carry out children's asthma programs and $4,000,000 of such $20,000,000 shall be utilized to carry out improved asthma surveillance and tracking systems and the remainder shall be used to carry out diverse community-based childhood asthma programs including both school- and community-based grant programs, except that not to exceed 5 percent of such funds may be used by the Centers for Disease Control and Prevention for administrative costs or reprogramming, and''.

Mr. DURBIN. Mr. President, I rise today today with my colleagues, Senators DEWINE, FITZGERALD, KERRY, BINGAMAN, SCHUMER and ABRAHAM to offer this critical amendment to increase funding for childhood asthma programs at the Centers for Disease Control and Prevention.

For the next 15 minutes imagine breathing through a tiny straw the size of a coffee stirrer, never getting enough air. Now imagine suffering through the process three to six times a day. This is asthma.

''America is in the middle of an asthma epidemic—an epidemic that is getting worse, not better.'' So says the PEW environmental Health Commission in its most recent report on asthma.

The prevalence of asthma continues to rise at astounding rates—every region of the country and across all demographic groups, whether measured by age, race or sex. In America today, no chronic disease is increasing faster than asthma. And asthma is considered the worst chronic health problem plaguing this nation's children. Among those four years old, it has mushroomed by 160 percent over the last 2 decades.

Asthma affects nearly 15 million Americans. That figure includes more than 700,000 Illinoisans, of whom 213,000 are children under the age of 18. Chicago has the dubious distinction of having the second highest rate of childhood asthma in the country. According to a study published by the Annals of Allergy, Asthma & Immunology, of inner-city school children in Chicago, researchers found that the prevalence of diagnosed asthma was 10.8 percent, or twice the 5.8 percent the federal Centers for Disease Control and Prevention estimates in that age group nationally. The study also found that most of the children with diagnosed asthma were receiving medical care, but it may not be consistent with what asthma care guidelines recommend.

If rates continue unchecked, a child born a generation from now will be twice as likely to develop asthma as a child born today. By the end of this decade, if no action is taken to reverse this trend and it continues at its current pace, the PEW Commission calculates that 22 million Americans will suffer from asthma—eight million more than at present. That's one in 14 Americans and one in every five families forced to live with the disease. By 2020, the Commission estimates that the number could increase to 29 million—more than twice the current number.

These figures are staggering. At the current rate of growth, that means that the number of asthma cases in 2020 will exceed the projected population of New York and New Jersey combined. If by chance all asthma suffers lived in one state, it would be the second most populous in the country. Put another way, if all those with asthma stood side by side, they would stretch the distance between LA, California and Washington DC, over four times.

If general rates of asthma are high and getting higher, the rates are even worse for society's most vulnerable. Asthma disproportionately attacks them. A recent New York Times article described a study in the Brooklyn area where it was found that an astounding 38 percent of homeless children suffer from asthma. Some of the factors known to contribute to asthma such as poor living circumstances, exposure to cockroach feces, stress, exposure to dampness and mold are all experienced by homeless children. They are also experienced by children living in poor housing or exposed to urban violence. There are other factors such as exposure to second hand smoke and smog that also exacerbate or trigger asthma attacks.

Not only is asthma itself on the rise but it is becoming more deadly. For minorities, asthma is particularly deadly. The asthma death rate for African-Americans is more than twice as high as it is for other segments of the population. Nationwide, the childhood asthma-related death rate in 1993, was 3 to 4 times higher for African-Americans compared to Caucasian Americans. The hospitalization rate for asthma is almost three times as high among African-American children under the age of 5 compared to their white counterparts. Illinois has the highest asthma related deaths in the country for African-American men. The increased disparity between death rates compared to prevalence rates has been partially explained by decreased access to health care services for minority children.

However, even though asthma rates are particularly high for children in poverty, they are also rising substantially for suburban children. Overall the rates are increasing for all groups. Everyone of us knows a child whether our own, a relatives' or a friends' who suffers from asthma.

In an effort to stem the tide of this epidemic, Senator DEWINE and I along with 23 other Senators submitted a request to the Labor HHS appropriators to ask for $50 million for childhood asthma programs at CDC. One fifth of the money would be available for improved tracking and surveillance efforts for asthma, as suggested by the PEW commission for environmental health. Currently, the bill does mention a specific allocation for asthma.

The amendment, which has been agreed to, provides $20 million for state and community-based organizations to support asthma screening, treatment, education and prevention programs and for a new surveillance and tracking system as called for recently by the PEW Environmental Health Commission in their report ''Attack Asthma.'' Again, one fifth of the amount, in this case $4 million would be available for new surveillance and tracking.

The amendment also states that these community funds may be used by both health and school-based services. Many school districts, including the Chicago Public Schools are involved in screening children for asthma and for seeing to it that they get treatment and management to deal with their asthma. CDC should see to it that these new funds are used to coordinate local efforts and to link both school based and health facility based asthma programs. With additional resources, CDC should diversify the types of programs that they fund, so that evaluations can be done to measure the effectiveness of these different programs. Furthermore, programs need to be tailored to the individual needs of localities with coordination of local services and local efforts to combat childhood asthma.

The amendment also includes a restriction on the amount that CDC may use for administration or reprogramming including the 1 percent Public Health Service evaluation. Both Senator DEWINE and I believe that asthma

should be a high priority for CDC and that CDC should not seek to reprogram this money or use it for other purposes. Last year, CDC chose to disproportionately allocate rescissions to the asthma program. We strongly object to that decision. At a time of an asthma epidemic, we believe that this program should be protected from such cuts. Therefore, this year we have included language that states that only 5 percent of the total amount allocated for childhood asthma programs may be used for administration, evaluations, or other activities.

Let me tell you why we need this money. Despite the best efforts of the health community, childhood asthma is becoming more common, more deadly and more expensive and the effects of asthma on society are widespread.

Most children who have asthma develop it in their first year, but it often goes undiagnosed. Many of you may be surprised to learn that asthma is the single most common reason for school absenteeism. Parents miss work while caring for children with asthma. Beyond those missed days at school and parents missing work, there is the huge emotional stress suffered by asthmatic children. It is a very frightening event for a small child to be unable to breathe. A recent US News article quoted an 8-yr old Virginian farm girl, Madison Benner who described her experience with asthma. She said ''It feels like something was standing on my chest when I have an asthma attack.'' This little girl had drawn a picture of a floppy-eared, big footed elephant crushing a frowning girl into her bed.

In many urban centers, over 60 percent of childhood admissions to the emergency room are for asthma. There are 1.8 million emergency room visits each year for asthma. Yet the emergency room is hardly a place where a child and the child's parents can be educated in managing their asthma.

During a recent visit to Children's Memorial Hospital in Chicago, I met a wonderful little boy whose life is a daily fight against asthma. He told me he can't always participate in gym class or even join his friends on the playground. Fortunately, Nicholas is receiving the medical attention necessary to manage his asthma. Yet for millions of children, this is not the case. Their asthma goes undiagnosed and untreated, making trips to the emergency room as common as trips to the grocery store.

However, we do have treatments that work for most people. Early diagnosis, treatment and management are key to preventing serious illness and death. The National Institutes of Health is home to the National Asthma Education and Prevention board. This is a large group of experts from all across the fields involved in health care and asthma. They have developed guidelines on both treating asthma and educating children and their parents in prevention. It is very important that when we spend money on developing such guidelines that they actually get out of communities so that they can take advantage of this research.

CDC has been working in collaboration with NIH to make sure that health professionals and others get the most up to date information. My amendment could further help this effort by providing grantees with this information.

One interesting new model that appears to work is the ''breathmobile' program in Los Angeles that was started 2 years ago. This program provides a van that is equipped with medical personnel, asthma education materials, and asthma treatment supplies. It goes out to areas that are known to have a high incidence of childhood asthma and screens children in those areas. Children are also enrolled in the Children's Health Program if they are income eligible. We have all heard of how slow enrollment in the children's health program has been and anything that we can do to speed enrollment up, I think it vitally important. This ''Breathmobile'' program has reduced trips to the emergency room by 17 percent in the first year of operation. I hope that we can be as successful in Illinois and other parts of the country.

In Illinois, the Mobile CARE Foundation is setting up a program in Chicago based on the Los Angeles initiative. In addition, the American Association of Chest Physicians has joined with other groups to form the Chicago Asthma Consortium to provide asthma screening and treatment. Efforts like these need our amendment.

In West Virginia, a Medicaid ''disease management'' program which seeks to coordinate children with asthma's care so that they get the very best care has been found to be very cost effective. It has reduced trips to the emergency room by 30 percent.

This Childhood Asthma Amendment would expand these programs to help ensure that no child goes undiagnosed and every asthmatic child gets the treatment he or she needs.

Last year, an additional $10 million was dedicated to start this program for a total of $11.3 million. CDC will be putting out a request for proposals this summer. The $20 million agreed to here today is a good start and I hope that we will be able to do better by increasing it to $50 million in conference. This $50 million level of funding is supported by the American Lung Association, the Asthma and Allergy Foundation, Mothers of Asthmatics, the National Association for Children's Hospitals and Research Institutions, the Academy of Pediatrics, the Asthma and Allergy Foundation of America and others who support children's health.

No child should die from asthma. We need to make sure that people understand the signs of asthma and that all asthmatic children have access to treatment and information on how to lessen their exposure to things that trigger asthma attacks. Funding for this program is critical.

I am delighted that my colleague Senator SPECTER has agreed to accept this amendment to nearly double the funding level for this important public health effort. I hope that he will work with me in conference to increase this level of funding to as close as possible to the $50 million originally requested by myself and 23 of my Senate colleagues. Again I thank my colleagues SPECTER and HARKIN for recognizing the importance of this issue to the nation's children.

AMENDMENT NO. 3709

(Purpose: To increase funding for the Centers for Disease Control and Prevention to provide for the adequate funding of State and local immunization infrastructure and operations activities)

On page 54, between lines 10 and 11, insert the following:

SEC. _____. In addition to amounts otherwise appropriated under this title for the Centers for Disease Control and Prevention, $37,500,000, to be utilized to provide grants to States and political subdivisions of States under section 317 of the Public Health Service Act to enable such States and political subdivisions to carry out immunization infrastructure and operations activities: *Provided,* That of the total amount made available in this Act for infrastructure funding for the Centers for Disease Control and Prevention, not less than 10 percent shall be used for immunization projects in areas with low or declining immunization rates or areas that are particularly susceptible to disease outbreaks, and not more than 14 percent shall be used to carry out the incentive bonus program: *Provided,* That amounts made available under this Act for the administrative and related expenses of the Department of Health and Human Services, the Department of Labor, and the Department of Education shall be further reduced on a pro rata basis by $37,500,000.

Mr. DURBIN. Mr. President, I rise today to offer an amendment regarding childhood immunization. Remarkable advances in the science of vaccine development and widespread immunization efforts have led to a substantial reduction in the incidence of infectious disease. Today, as you know, national vaccination coverage is at record high levels. Smallpox has been eradicated; polio has been eliminated from the Western Hemisphere; and cases of measles have been reduced to record lows.

Still, the job is not done and it is important that we remain vigilant. Every day, nearly 11,000 infants are born and each baby will need up to 22 doses of vaccine by age two. New vaccines continue to enter the market. And although a significant proportion of the general population may be fully immunized at a given time, coverage rates in the United States are uneven and life-threatening disease outbreaks do occur. In fact, recent data from the CDC indicate that coverage rates may be leveling off and that in many areas of the country, including Chicago, Houston, Delaware, North Dakota, South Dakota and New Mexico, they are actually declining.

At the same time, funding to states and localities for immunization delivery activities has also been dramatically reduced over the past five years.

States are now struggling to maintain immunization rates and have implemented severe cuts to immunization activities. Many have already reduced clinic hours, canceled contracts with providers, suspended registry development and implementation, limited outreach efforts and discontinued performance monitoring.

Last week, the Institute of Medicine issued a landmark report on the state of our Nation's immunization infrastructure. This report confirmed that the situation requires immediate attention. The IOM in its report stated:

> The combination of new challenges and reduced resources has led to instability in the public health infrastructure that supports the U.S. immunization system. Many states have reduced the scale of their immunization programs and currently lack adequate strength in areas such as data collection among at-risk populations, strategic planning, program coordination, and assessment of immunization status in communities that are served by multiple health care providers. If unmet immunization needs are not identified and addressed, states will have difficulty in achieving the national goal of 90 percent coverage by year 2010 for completion of childhood vaccination series for young children. Furthermore, state and national coverage rates, which reached record levels for vaccines in widespread use (79 percent in 1998), can be expected to decline and preventable disease outbreaks may occur as a result, particularly among persons who are vulnerable to vaccine-preventable disease because of their undervaccination status.

The amendment I am offering today with my colleagues Senator KAY BAILEY HUTCHISON, Senator JACK REED, Senator PATTY MURRAY, and Senator JOHN KERRY addresses the recommendations of the IOM and responds to the issues raised by state and local immunization program administrators who are struggling to reach underserved children. The provision does three things: First, it provides a $37.5 million increase in immunization grant funding to state and local programs for immunization infrastructure activities in FY 2001, bringing the total funding for infrastructure up from $139 million to $176.5 million. Second, it limits to 14 percent the amount of the total that can be spent for incentive grants to states. Third, it targets 10 percent of the total infrastructure funding to areas with low or declining immunization rates and areas susceptible to outbreaks.

While $37.5 million is a good start, additional funding is needed. The IOM recommends a $75 million increase in the annual federal share of funding to states for immunization programs. This number was derived from 3 calculations: (1) annual state expenditure levels during the mid-1990's; (2) the level of spending necessary to provide additional resources to states with high levels of need without reducing current award levels for each state; and (3) additional infrastructure requirements associated with adjusting to anticipated changes and increased complexity in the immunization schedule. Dozens of organizations support this level of funding, including Research. America, the American Academy of Pediatrics, the March of Dimes, the Children's Defense Fund, the Association of State and Territorial Health Officials, Every Child by Two, and many others.

I intend to work with my colleagues on the Committee and in the Senate to increase this funding level by an additional $37.5 million in FY 2002 in order to reach the level recommended by the IOM.

The 317 immunization grant program to states and localities for ''infrastructure and operations'' is the sole source of Federal support for many critical activities, including: immunization registries; outreach efforts to educate parents about the value and importance of vaccines as well as the risks and possible side effects; training and education of providers to ensure timely vaccinations and keep them updated about the routine schedule including changes resulting from the addition of new vaccines; outbreak control and monitoring and investigating disease occurrence; identifying under immunized children and development of strategies to overcome barriers to vaccination; linking immunization activities with other public health services such as the WIC program; and evaluations of immunization strategies to determine what works.

While overall funding to the Centers for Disease Control's immunization program has actually seen slight increases, the grant program to States and localities has dramatically declined over the past 5 years. Actual appropriations levels have gone from $271 million in FY1995 to $208 million in FY 96 to $139 million in FY2000. But the story is even worse. The measles outbreak of the late 1980's and early 1990's prompted Congress to give states hefty funding increases. Unfortunately, the states were not immediately prepared for the influx of funds. Money was ''carried over'' from one year to the next as they worked through barriers such as computer acquisitions, legislative approvals and hiring freezes. This carryover has compensated for the dramatic reductions in funding that followed. Now there is no more carryover money to pick up the slack. So while actual appropriations have declined by about $68 million since 1996, states are experiencing reductions of 50 percent or more in the same time period. As a result, states are struggling to maintain immunization rates and have implemented severe cuts to immunization activities. Many have already reduced clinic hours, canceled contracts with providers, suspended registry development and implementation, limited outreach efforts and discontinued performance monitoring. An increase of $75 million will barely get states back up to the funding levels they were experiencing in 1998.

The amendment also limits the amount that can be allocated for incentive grants to 14 percent of the total infrastructure funding. Historically, Senate report language has included a formula to reward areas that achieved high coverage levels and set aside $33 million out of the state infrastructure money to pay for this incentive. When this was first put in place in 1994, this amount represented approximately 14 percent of all grant funding available. Now, because the total funding has decreased, the percentage is equal to about 25 percent of the total. Because the overall base funding has decreased (from $271 million in FY95 to $139 million), the incentive allocation is eating up a greater share of total infrastructure funding pulling money away from project areas that have lower immunization rates. In addition, because immunization rates have gone up, nearly every state gets some incentive money—but it is no longer considered an ''incentive'' by the states. Rather, states use the money to offset recent decreases in 317 federal grant funding. As a result, this ''incentive'' that has historically been included in the Senate Appropriations report is no longer achieving its intended effect. Quite simply, the advantage of awarding funds as incentives, rewarding successful immunization programs, has decreased as total funding has decreased. Those grantees with the lowest coverage levels and most in need are receiving less funding than those who have already achieved high coverage levels.

To address this issue, this amendment would limit the percentage of total funding that can be used for incentive money to the percentage it represented when it was first implemented. No state will experience a reduction in funds.

I also want to note that the House Labor-HHS-Education Appropriations report included language, which I strongly support, asking the CDC to report back to Congress regarding the utility of this incentive program and recommending a mechanism to phase it out if it is not found to be achieving its intended purpose. It is my hope that the Senate will agree to this language in conference.

The amendment also targets 10 percent of total infrastructure funding to areas of the country with low or declining immunization rates. Even with significant gains in national immunization rates, subpopulations of underimmunized children still exist. Rates in many of the Nation's urban areas, including Chicago and Houston, are unacceptably low and getting lower. These pockets of need create pools of susceptible children and increase the risk of dangerous disease outbreaks. The IOM report highlights the fact that disparities in levels of immunization coverage still exist. National surveys reveal a gap of 9 percentage points between children above and below the federal poverty level. Targeting just 10 percent of the total amount, as IOM recommends, will help CDC respond to unexpected outbreaks, gaps in immunization coverage, or other exceptional circumstances within the states.

I urge my colleagues to support this amendment. It will provide additional funds to every single state. No state loses money. In this day and age, it is simply not acceptable that more than one million children have not been adequately vaccinated. Vaccines are one of the most cost-effective tools we have in preventing disease. For every dollar spent on vaccines, society saves up to $24 in medical and societal costs. Controlling vaccine-preventable disease has been one of the most significant public health accomplishments of the 20th Century. But current success does not guarantee future success. And there is still much work to be done.

Mr. REED. Mr. President, I am pleased to join my colleague Senator DURBIN on an amendment to restore funding to one of our most accomplished public health initiatives, our national immunization program.

The purpose of the amendment is quite simple—it seeks to strengthen and enhance the operations and infrastructure grants administered by the Centers for Disease Control and Prevention's Section 317 immunization program.

These monies fund a variety of essential programs and services within the immunization program for children, including outreach efforts to educate parents about the immunization schedule, training and education of providers about new vaccines and outbreak control when cases of infectious diseases arise. The CDC's operation and infrastructure grants also support vital initiatives to identify under-immunized children, provide resources necessary to implement and maintain state-based immunization registries and allow the state immunization program to forge linkages with other public health services, such as WIC and Head Start, since these places are often points of entry for low-income children who may lack all or some of the recommended vaccinations.

Originally, Senator DURBIN and I had intended to offer an amendment that would add a total of $75 million for the CDC Section 317 operations and infrastructure grant program. We have modified our amendment so that it now calls for a $37.5 million increase in funding for these grants this year with the understanding that Chairman SPECTER has agreed to work to provide additional $37.5 million in FY 2002 for this grant program. I would thank the Chairman and the Ranking Member for agreeing to accept this important amendment.

Numerous public health and provider groups including the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the American Academy of Pediatrics and every Child by Two, just to name a few support our amendment.

Since the advent of the polio vaccine in 1955, the United States has invested in a national immunization campaign to rid the population of devastating diseases such as smallpox, polio, diphtheria and measles.

The CDC Section 317 program has been an integral part of our national immunization initiative. The Section 317 program can be broken down into two main categories—(1) vaccine purchase and (2) infrastructure to facilitate the delivery and monitoring of vaccines. The Section 317 program is the only source of critical federal funding to support the infrastructure necessary to administer immunizations to children in communities throughout the country.

A little over a week ago, the Institute of Medicine released their report on immunization finance policies and practices. This report was conducted at the request of the Senate Appropriations Committee and more specifically by our colleague Senator Dale Bumpers, a long-time champion of the immunization program.

This landmark report offers us many important insights into the complex federal-state-local partnership that makes up our national immunization initiative. The report found that although average immunization coverage levels are at record highs, several problems continue to plague the program, while even greater challenges lie ahead. The issues threaten the great success we have achieved in essentially eradicating deadly and debilitating diseases that were prevalent in this country a relatively short time ago. Many of these same diseases continue to strike children in developing nations throughout the world.

According to the IOM report, one of the greatest challenges currently facing our immunization program is the persistent disparities in coverage that exist among and within states, as well as within major cities.

The 1998 National Immunization Survey (NIS) found a gap of between 7 and 8.6 percent between the immunization rates for non-Hispanic white children and those of Hispanic and African-American children for one of the most important series of immunizations. Disparities in immunization levels also fall along the poverty line. For the same series, National Immunization Survey found a 9 percentage point difference between the immunization rates for children living below the poverty level compared to those at or above the poverty line.

These disparities in coverage are often found in concentrations of un-immunized and under-immunized children who typically reside in urban areas as well as in certain rural areas. These areas are also referred to as 'pockets of need'.

Our investments in the immunization program thus far have yielded great benefits in terms of improving the health of children, as well as producing significant health care cost savings. For example, for every dollar spent on the Measles, Mumps, Rubella (MMR) vaccine, $10.30 in savings were captured in terms of direct medical costs and $13.50 in indirect societal costs, such as lost work time, disability and death.

While great progress has been made in boosting immunization coverage nationally, we are at a point where it will require additional resources in order to reach those remaining children who have not been immunized. In other words, reaching these remaining un-immunized and under-immunized children in 'pockets of need' areas, will require more effort and more resources.

Another significant problem outlined in the IOM report is the, ''The repetitive ebb and flow cycles in the distribution of public resources for immunization programs . . .'' Federal funding for the immunization program has been volatile, particularly over the past decade.

To give my colleagues some background, the federal government began to pay greater attention to the need to support and strengthen our immunization program after a measles outbreak struck several parts of the U.S. in 1989–1990. Following the epidemic, the CDC launched a national initiative designed to strengthen state immunization programs and provide resources for a broad array of direct services and outreach. The goal of this effort was to strengthen and enhance our capacity to monitor immunization levels and improve our ability to respond to disease outbreaks.

During that period, federal funding for infrastructure grants increased seven-fold from a total of $37 million in 1990 to $271 million in 1995. However, states were not immediately prepared for the dramatic funding increases and the expansion of immunization delivery systems at the state level took time. As a result, funds were ''carried over'' from one year to the next as states prepared to make the capital investments necessary to strengthen critical areas of their immunization program, such as vaccine delivery, outreach into underserved areas and improvements in monitoring through the development of state-based immunization registries.

However, as the threat of another disease outbreak faded, carry-over fund balances grew and pressure to reduce federal discretionary spending intensified here in Congress. What happened as a result was an almost 50 percent decline in funding, and for the past two years, the CDC infrastructure grant program has been level funded at $139 million.

For the past few years, states have been using remaining carry-over funds to cover expenses that could not be met by their new award. The estimated FY 2001 figures indicate that most states have exhausted their carry-over funding and must rely solely on their new grant award to finance their operations.

This cut has seriously eroded states' ability to develop and implement program innovations and threatened their capacity to administer vaccines. These reductions over the past several years

have also forced states to scale back on other important activities such as community outreach, parental and physician education and the development and operation of registries.

This reduction in the operations and infrastructure grant awards has had a significant impact on my home state of Rhode Island. My state has gone from a high of approximately $3 million to a low of $500,000 in just four years. These kinds of swings in funding make it virtually impossible for a state to administer its program, let alone plan ahead for the future.

And these dramatic declines have not only happened in my state—they have happened in virtually every state in the country.

Fortunately, my state has been extremely successful thus far in expanding immunization coverage rates in the nation (89%). However, continued vigilance is necessary to maintain coverage rates in states like Rhode Island, while additional effort and resources are required to bring up immunization rates in areas like Chicago (69%) and Houston (56%).

Mr. President, we must remain diligent and focused on our immunization goals and invest in the tools necessary to protect our children. This additional funding will help to achieve that end by restoring immunization grant awards to a level that will enable states to carry out critical program activities. As I mentioned before, our amendment would add $37.5 million over two years to the CDC operations and infrastructure grant program.

The IOM report makes clear that our immunization system is at a critical juncture, and I am pleased that Chairman SPECTER and Ranking Member HARKIN have agreed to accept our amendment because we should not wait for a serious outbreak to a vaccine-preventable disease to address the shortfall in the CDC immunization program.

AMENDMENT NO. 3710

(Purpose: To require that contracts for the care of research NIH chimpanzees be awarded to contractors that comply with the Animal Welfare Act)

At the appropriate place, add the following: ''None of the funds appropriated under this Act shall be expended by the National Institutes of Health on a contract for the care of the 288 chimpanzees acquired by the National Institutes of Health from the Coulston Foundation, unless the contractor is accredited by the Association for the Assessment and Accreditation of Laboratory Animal Care International or has a Public Health Services assurance, and has not been charged multiple times with egregious violations of the Animal Welfare Act.''.

Mr. SMITH of New Hampshire. Mr. President, I thank the Senate managers for including my amendment in the managers' package. This amendment relates to the Request for Proposals (RFP) recently issued by the National Institutes of Health for the care of 288 chimpanzees recently acquired by NIH from The Coulston Foundation. The Coulston Foundation, an animal research facility in Alamogordo, New Mexico, has a very troubling record of animal care, and has been investigated and charged by the U.S. Department of Agriculture numerous times for egregious violations of the Animal Welfare Act relating to the deaths of several chimpanzees and other primates. At least 14 chimpanzees and 4 monkeys have died at the lab in the past seven years, due to negligence and a lack of appropriate veterinary care.

Last August, following the deaths of several chimpanzees at Coulston, USDA ordered the lab to halve its chimpanzee colony, leading to the transfer of 288 chimps to NIH. However, the transfer was in title only. For the time being, the chimpanzees will remain in Coulston's physical possession, in direct defiance of the spirit and intent of the USDA order.

I am eager, therefore, for NIH to proceed with its RFP to secure the services of an entity that can provide high quality care for the 288 chimpanzees. The easiest way to ensure this is to insist that bidders for the contract be accredited by the Association for the Assessment and Accreditation for Laboratory Animal Care, International, or AAALAC. AAALAC is a private, internationally recognized accrediting body. Its stamp of approval guarantees that a laboratory provides high standards of care to its animals. AAALAC accreditation is often required in Public Health Service (PHS) contracts and, in fact, is strongly based on strict compliance with NIH's own Guide for the Care and Use of Laboratory Animals. In 1994, NIH made a site visit to The Coulston Foundation, and recommended that Coulston achieve AAALAC accreditation within 3–5 years. That was six years ago, and Coulston is still not accredited by this international organization, despite applying.

Although I would expect that any entity selected by NIH to receive this contract would be highly qualified and therefore AAALAC-accredited, bidders for the contract that are not accredited may demonstrate their qualifications by holding a valid PHS Animal Welfare Assurance. In theory, an Animal Welfare Assurance shows that a laboratory is compliant with the federal Animal Welfare Act and PHS policy on animal care. Sometimes these assurances are restricted. For instance, Coulston's assurance is restricted because of its poor animal care record. However, it is still considered valid.

I think it is important to stress that the recipient of NIH's contract should have a good record of animal welfare and should be compliant with federal animal welfare laws. As such, I have included language in my amendment which states that NIH cannot give its contract to a facility that has been charged multiple times with egregious violations of the Animal Welfare Act, as is the case with The Coulston Foundation. These animals can live to 50, even 60 years of age, and are very similar to humans in many ways. We should make certain that they receive the level of care appropriate to them. The amendment which I am offering will address these concerns. I would like to thank the managers for working out this language and for supporting my amendment.

AMENDMENT NO. 3711

(Purpose: To Provide an additional $800,000 for technology and media services and to provide an offset)

At the end of title III, insert the following:

SEC. ___. TECHNOLOGY AND MEDIA SERVICES.

Notwithstanding any other provision of this Act—

(1) the total amount appropriated under this title under the heading ''OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES'' under the heading ''SPECIAL EDUCATION'' to carry out the Individuals with Disabilities Education Act shall be $7,353,141,000, of which $35,323,000 shall be available for technology and media services; and

(2) the total amount appropriated under this title under the heading ''DEPARTMENTAL MANAGEMENT'' under the heading ''PROGRAM ADMINISTRATION'' shall be further reduced by $800,000.

Mr. DODD. Mr. President, I thank the chairman, Senator SPECTOR, and the Ranking member, Senator HARKIN, for accepting an amendment I have proposed to S. 2553, the Labor, Health and Human Services, and Education, and related agencies appropriation bill for fiscal year 2001. This amendment provides an additional $800,000 for the Technology and Media Services section of the Department of Education appropriation. The funds allocated to Technology and Media Services are crucially important because they are used to make competitive awards to support the development, demonstration, and use of technology and education media activities of value to children with disabilities.

In that regard, the National Theatre of the Deaf (NTD) has a long and worthy history as an organization dedicated to helping deaf and hard-of-hearing children and adults achieve their fullest potential. In 1967, the NTD was created with the assistance of the Department of Education to support educational and artistic programs for the deaf community. With strong and enduring support from the Congress, the NTD has developed an innovative training program and seasonal workshop series to foster the growth of a unique form of theater. Presented in both American Sign Language and spoken English, NTD performance have expanded the boundaries of theatrical expression and made an original contribution to professional theater while simultaneously building bridges between the hearing and non-hearing communities. The NTD has repeatedly won recognition for it's work over the last 33 years, including a Tony Award. The NTD has touched over 3.5 million people through local, national and international live performances, and millions more through televised specials. As a result of the massive success of the NTD , more than 40 similar Theaters of the Deaf have sprung up worldwide.

Unfortunately, in fiscal year 2000, the NTD was not funded by the Department of Education, an unintended consequence of modifications made by Congress to the Individuals with Disabilities Education Act in 1997. I have no reason to believe that the Congress is any less supportive of the National Theater of the Deaf today than it has been for the last 33 years. It is the intent of the amendment that I offer today to provide the Department of Education with sufficient means to fund an additional competitive grant from the Special Education Technology and Media Services program.

Once again, I am grateful to the Chairman and Ranking Member for accepting this amendment and, I think I speak for our colleagues in thanking them for their continued support for the deaf and hard-of-hearing community in our country.

Mr. SPECTER. I would like to commend the Senator from Connecticut for bringing this amendment to our attention. While the amount requested in this amendment is a modest sum, it will make a major difference to an important community in this country. I look forward to working with the Senator from Connecticut as this matter moves to conference.

Mr. HARKIN. I would like to associate myself with the remarks of my Chairman and that of the Senator from Connecticut, particularly with regard to the important role that the National Theater of the Deaf has played over the last 33 years. I pledge to do what I can to ensure the conference agreement carriers out the intent of the Senator from Connecticut.

AMENDMENT NO. 3712

In amendment No. 3633, as modified, strike ''$78,200,000'' and insert ''$35,000,000'' in lieu thereof.

AMENDMENT NO. 3713

(Purpose: To provide grants to states for high schools to improve academic performance and provide technical skills training and grants to elementary and secondary schools to provide physical education and improve physical fitness)

On page 69, line 2, after the colon insert the following proviso: ''*Provided further*, That of the funds appropriated $5,000,000 shall be made available for a high school state grant program to improve academic performance and provide technical skills training, $5,000,000 shall be made available to provide grants to enable elementary and secondary schools to provide physical education and improve physical fitness''.

AMENDMENT NO. 3714

(Purpose: To provide grants to states and local government for early childhood learning for young children)

On page 41, at the beginning of line 12 insert the following: ''$5,000,000 shall be made available to provide grants for early childhood learning for young children, of which''.

AMENDMENT NO. 3715

(Purpose: To increase funding for the Office of Civil Rights of the Department of Health and Human Services)

On page 45, line 4, insert before the period the following: '': *Provided*, That an additional $2,500,000 shall be made available for the Office for Civil Rights: *Provided further*, That amounts made available under this title for the administrative and related expenses of the Department of Health and Human Services shall be reduced by $2,500,000''.

● Mr. LEAHY. Mr. President, I want to thank my colleagues Senator SPECTER and Senator HARKIN for including an amendment I have offered to increase funding for the Office of Civil Rights (OCR) at the Department of Health and Human Services (HHS) as part of the managers' package. My amendment would provide an increase of $2.5 million for the Office of Civil Rights to protect the civil rights of Americans. I want to take a moment to explain why I believe this funding increase is so important.

The Office of Civil Rights at HHS has the responsibility to enforce civil rights laws in the health and human service setting throughout the United States. What does this mean? Essentially, the Office of Civil Rights oversees anyone who receives funding from HHS—hospitals, managed care organizations, nursing homes, and social service agencies among others—to ensure they are complying with civil rights statutes. Although it enforces a wide array of civil right laws, the bulk of OCR's efforts center around enforcement of Title VI of the Civil Rights Act of 1964, which addresses discrimination in federally funded programs, and the Americans with Disabilities Act.

The civil rights challenges that confront OCR continue to grow. A few of the issues the office is focusing on include racial and ethnic disparities in health; ensuring that individuals with disabilities avoid unnecessary institutionalization and can live in their communities; and fighting discrimination among minorities and individuals with disabilities in managed care.

It seems to me that this office already has a pretty big workload. Well, it is about to become much larger. In addition to the important efforts the OCR currently works on, this office will soon be responsible for implementing and enforcing the proposed medical privacy regulations. The administration has been required to establish safeguards to protect personal medical information of Americans because this Congress missed its own self-imposed deadline. If we're not going to do our job in Congress, we should at least support the Office that will have to do it for us.

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). This legislation set a self-imposed deadline for Congress to pass comprehensive medical privacy legislation by August 1999. If Congress was unable to meet the deadline, the Secretary of the Department of Health and Human Services was required by law to establish medical privacy protection through regulation. Secretary Shalala issued her draft regulations last fall and there was a public comment period that extended until this past February. Currently, HHS is working to finalize the draft regulations which should be issued later this year.

I have been on this Senate floor countless times to talk about the need to establish privacy protections for personal medical information. It angers me that this Congress could not even move privacy protections through the committee process, let alone, to actually have a debate on this critical issue before the full Senate. We couldn't do the job on our own and we have instead shifted the responsibility to the administration. This Congress has the responsibility to protect the privacy of Americans—and that includes the protection of their medical records. The place for these protections is in legislation—not regulation. But that's not the issue right now. The issue before us is the need to adequately fund the office that will have the sole responsibility for enforcing these essential privacy protections.

The FY 2000 Budget for the Office of Civil Rights is $22 million. This figure has remained unchanged since 1980. I find this hard to believe. The Office has seen its enforcement responsibilities increase dramatically with the passage of the Americans with Disabilities Act and other major legislation. Add the impending implementation of the medical records privacy regulation and it becomes clear that this budget must come in line with the current times and allow the Office to do what they must—protect the civil rights of Americans.

This additional funding provided in this amendment will help the Office of Civil Rights do the job we have asked them to do. I do not think this increase is nearly enough. However, I recognize that we have limited funds for a wide range of important programs. I am hopeful that this will be the first of many steps to increase the resources for this office. Again, I want to thank my colleagues for their support of this amendment and for their support of the important work of this office.●

Mr. HARKIN. Mr. President, I rise to support the increase in funding for the Office of Civil Rights at the Department of Health and Human Services. The Office of Civil Rights (OCR) enforces civil rights laws in health and human services settings. OCR oversees hospitals, managed care organizations, nursing homes, social service agencies—literally any state, local, or private agency that receives HHS funding, to ensure compliance with civil rights laws.

In the next year, OCR will be responsible for enforcing several initiatives of real importance to me and to health care consumers across America. First, OCR will be responsible for enforcing the landmark health information privacy regulations. These regulations will provide consumers with protections against the inappropriate disclosure of their health information. Indeed, Americans are concerned about

who gets to see and use their personal medical information. Privacy is the first defense against discrimination on the basis of health status—an issue I know a lot about through my work on the Americans with Disabilities Act.

One of OCR'S other top priorities in the coming year is to enforce the Americans with Disabilities Act (ADA) by working with states and advocates to develop programs to enable people with disabilities to live in community-based settings, as required by the Supreme Court's Olmstead decision. Just last year, in L.C. v. Olmstead, the Supreme Court held that state Medicaid programs must comply with the ADA's integration mandate. The Court held that under the ADA, people with disabilities have the right to be included in our communities, not segregated behind the closed doors of institutions and excluded from the mainstream. This decision means that unjustified isolation now properly is regarded as discrimination when it is based on disability.

The Department of Health and Human Services has already taken steps to ensure that states comply with the Supreme Court's decision. The Department sent a letter to state Medicaid directors and others emphasizing the Court's suggestion that states develop a comprehensive plan for placing qualified individuals with disabilities in less restrictive settings and ensure that their waiting lists for community-based services move at a reasonable pace that is not controlled by the state's endeavors to keep its institutions fully populated.

This so-called ''Olmstead Letter'' is a great first step. However, a law is only as effective as its enforcement, and that is why OCR is so important to the civil rights of people with disabilities. This new funding will help OCR to ensure that as we approach the ADA's 10th anniversary next month, the ADA will continue to have a very real effect on the daily lives of people with disabilities and their ability to live and participate in their communities.

AMENDMENT NO. 3716

(Purpose: To increase the amount of funds made available for activities that improve the quality of infant and toddler child care)

On page 40, line 5, strike ''$60,000,000'' and insert ''$100,000,000''.

AMENDMENT NO. 3717

(Purpose: To increase funding to provide assistance for poison prevention and to stabilize the funding of regional poison control centers)

On page 54, between lines 10 and 11, insert the following:

SEC. ____. (a) In addition to amounts made available under the heading ''Health Resources and Services Administration-Health Resources and Services'' for poison prevention and poison control center activities, there shall be available an additional $20,000,000 to provide assistance for such activities and to stabilize the funding of regional poison control centers as provided for pursuant to the Poison Control Center Enhancement and Awareness Act (Public Law 106-174).

(b) Amounts made available under this Act for the administrative and related expenses of the Department of Health and Human Services, the Department of Labor, and the Department of Education shall be reduced further on a pro rata basis by $20,000,000.

Mr. DEWINE. Mr. President, I rise today to thank the Chairman of the Labor, Health, and Education Appropriations Subcommittee, Senator SPECTER, and the Ranking Member, Senator HARKIN, for their support of our Nation's poison control centers. Because of their help, the appropriations bill we pass will contain a sound investment in these centers.

Mr. President, many of us—as parents—have experienced the terrifying situation when a child accidently swallows something potentially toxic. Fortunately, poison control centers are in place to field poison-related phone calls and to offer parents and everyone valuable medical advice when these types of emergencies arise. Additionally, the professionals at the centers provide education and training to the public to help prevent poisonings. Without a doubt, poison control centers offer vital health services.

Earlier this year, Congress passed legislation that I sponsored along with 34 of my colleagues—and the President signed it into law—which authorizes $27.6 million to be used to fund a national toll-free number to ensure access to poison control center services; a nationwide media campaign to educate the public and health care providers about poison prevention; and a grant program to: (1) Help certified regional poison control centers achieve financial stability; (2) Prevent poisonings; (3) Provide treatment recommendations for poisonings; and (4) Improve poison control center services.

Last year, I worked with Senator SPECTER, to include $3 million in FY2000 for the Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) to initiate planning for the national toll-free number and to begin assisting the local poison control centers' other efforts. Because of that initial investment, the national toll-free number will be fully operational by September 30th of this year. The new toll-free number will provide easy access to poison control services no matter where you are in the country by directing calls to the local poison control center closest to you.

To ensure that the local centers can maintain current operations and handle increases in calls resulting from the new toll-free number, the centers must be funded at an adequate level. The investment this bill makes will help poison control centers continue providing essential services to parents and to the public now and in the future.

Investing in poison control centers just makes good economic sense. Do you realize that for every dollar spent on poison control center services, we can save $7 dollars in medical costs? The average cost of a poisoning exposure call to a poison control center is $31.28. The average cost of using other health care system options, like emergency room services, for example, is $932 dollars.

Each year, the Central Ohio Poison Center handles more than 66,000 calls, and the Cincinnati Poison Center handles about 78,000 calls. According to Dr. Marcel Casavant—medical director for the Central Ohio Poison Center and emergency department physician at Columbus Children's Hospital—the Central Ohio Poison Center refers callers to their doctors or to an emergency department about 10 percent of the time. The other 90 percent of cases don't usually require a trip to the emergency room and can be treated and monitored right at home with treatment advice provided by poison control professionals. Poison control centers save lives and save money by offering immediate treatment advice. They help keep patients from calling 911 or going to emergency rooms unnecessarily, while offering immediate treatment advice to callers.

Throughout the United States each year, more than two million poisonings are reported to poison control centers. More than 90 percent of these poisonings happen in the home, and over 50 percent of poisoning victims are children younger than six years of age. My own personal experience with poison control centers occurred two years ago, when our granddaughter, Isabelle, who was two years old at the time, fell into a bucket of bubble solution as we were wrapping up our annual Ice Cream Social at our home in Cedarville, Ohio. We feared that Isabelle may have swallowed some of the solution, since she was covered with it from head to toe.

My sister-in-law, who is a nurse, immediately called the poison control center to determine whether Isabelle had swallowed a poisonous substance. We were very lucky. The professional at the local poison control center told us immediately what to do and explained that we needed to rinse Isabelle off and have her drink several glasses of water to flush the solution through her system. But for the quick response of that local poison control center, we would probably have ended up taking Isabelle to the emergency room needlessly.

My friend and colleague from Michigan, Senator ABRAHAM, also had his own personal experience with a poison center. In 1999, he and his wife were at home and spotted their toddler son, Spencer, with an open bottle of allergy medicine. They immediately called the poison center. The Abrahams, too, were very lucky. As it turned out, little Spencer hadn't swallowed more than an ounce, so the poison center staff recommended that his parents just monitor him at home through the night.

While poisonings very often affect children, adults also face situations necessitating information and help from

poison control centers. The centers provide services for adults who have been exposed to potentially poisonous or toxic substances. Take the example of what occurred in Marysville, Ohio. Thirty workers in a manufacturing plant in Marysville were victims of gas exposure. Twenty of these workers went to Union Memorial Hospital. The hospital contacted the poison center, after which these patients were given oxygen and later discharged that same day. Ten others went to a different hospital which did not call a poison center. These patients were not released until the next day, even though their symptoms did not differ from the other 20 workers.

Because the local poison centers cover a lot of area and handle a large number of exposure cases, they can help identify trends and patterns of exposure which might not otherwise be recognized by individual health care providers. The organized network of poison centers facilitates instant communication of public health concerns, as well as effective methods of treatment. For example, in 1993, an Oregon Poison Center staff member noticed a cluster of symptomatic callers who had all used an aerosol leather protector. Subsequent investigation revealed similar cases in the preceding four days. Immediate notification of other centers confirmed cases in other states. Contact with the manufacturer and subsequent product removal occurred within only four hours.

Here's another example: On January 28, 1998, there was a nationwide recall of a popular snack cake due to possible asbestos contamination. This recall resulted in about 1000 calls to one poison center in Ohio, with similar numbers of calls to poison centers in Illinois, Indiana, and Missouri. The poison centers were able to reassure callers about the low toxicity of small oral ingestion of asbestos and referred callers to the company's customer service number.

Despite their obvious value, poison control centers have been seriously under-funded. The centers have been financed through unstable arrangements from a variety of public and private sources. Over the last two decades, there has been a steady decline in the number of poison control centers in the United States. In 1978, there were more than 600 poison control centers nationwide. Today, there are fewer than 75—of which, only 53 are certified. Since 1991, six centers in Ohio have closed, leaving only three in current operation.

This trend has jeopardized the ability of the remaining poison control centers nationwide to provide immediate, around-the-clock service to all Americans. As a result, more emergency rooms are likely to be visited by anxious parents who fear their children were accidentally poisoned. This is a trend that is increasing the total cost of treating poisonings and increasing the risk of accidental injury or death.

Mr. President, I am pleased that my colleagues have agreed to take things to the next level and are providing a substantial investment in these centers. This investment will help bring stability to our nation's poison control centers and bring peace of mind to parents.

I thank the Chair and yield the floor.

AMENDMENT NO. 3718

(Purpose: To increase funds for the National Program of Cancer Registries)

On page 27, line 24, before the period insert the following: ": *Provided further,* That in addition to amounts made available under this heading for the National Program of Cancer Registries, an additional $15,000,000 shall be made available for such Program and special emphasis in carrying out such Program shall be given to States with the highest number of the leading causes of cancer mortality: *Provided further,* That amounts made available under this Act for the administrative and related expenses of the Centers for Disease Control and Prevention shall be reduced by $15,000,000".

AMENDMENT NO. 3719

(Purpose: To protect the rights of residents of certain health care facilities)

On page 92, between lines 4 and 5, insert the following:

SEC. ____. Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

"PART G—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES

"SEC. 581. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES.

"(a) IN GENERAL.—A public or private general hospital, nursing facility, intermediate care facility, residential treatment center, or other health care facility, that receives support in any form from any program supported in whole or in part with funds appropriated to any Federal department or agency shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.

"(b) REQUIREMENTS.—Restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

"(1) the restraints or seclusion are imposed to ensure the physical safety of the resident, a staff member, or others; and

"(2) the restraints or seclusion are imposed only upon the written order of a physician, or other licensed independent practitioner permitted by the State and the facility to order such restraint or seclusion, that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by the Secretary until such an order could reasonably be obtained).

"(c) DEFINITIONS.—In this section:

"(1) RESTRAINTS.—The term 'restraints' means—

"(A) any physical restraint that is a mechanical or personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or any other methods that involves the physical holding of a resident for the purpose of conducting routine physical examinations or tests or to protect the resident from falling out of bed or to permit the resident to participate in activities without the risk of physical harm to the resident; and

"(B) a drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement that is not a standard treatment for the resident's medical or psychiatric condition.

"(2) SECLUSION.—The term 'seclusion' means any separation of the resident from the general population of the facility that prevents the resident from returning to such population if he or she desires.

"SEC. 582. REPORTING REQUIREMENT.

"(a) IN GENERAL.— Each facility to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 applies shall notify the appropriate agency, as determined by the Secretary, of each death that occurs at each such facility while a patient is restrained or in seclusion, of each death occurring within 24 hours after the patient has been removed from restraints and seclusion, or where it is reasonable to assume that a patient's death is a result of such seclusion or restraint. A notification under this section shall include the name of the resident and shall be provided not later than 7 days after the date of the death of the individual involved.

"(b) FACILITY.—In this section, the term 'facility' has the meaning given the term 'facilities' in section 102(3) of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10802(3)).".

"SEC. 583. REGULATIONS AND ENFORCEMENT.

"(a) TRAINING.—Not later than 1 year after the date of enactment of this part, the Secretary, after consultation with appropriate State and local protection and advocacy organizations, physicians, facilities, and other health care professionals and patients, shall promulgate regulations that require facilities to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.) applies, to meet the requirements of subsection (b).

"(b) REQUIREMENTS.—The regulations promulgated under subsection (a) shall require that—

"(1) facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate patients, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

"(2) appropriate training be provided for the staff of such facilities in the use of restraints and any alternatives to the use of restraints; and

"(3) such facilities provide complete and accurate notification of deaths, as required under section 582(a).

"(c) ENFORCEMENT.—A facility to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training, shall not be eligible for participation in any program supported in whole or in part by funds appropriated to any Federal department or agency.".

AMENDMENT NO. 3720

(Purpose: To provide funding for certain activities of the Occupational Safety and Health Administration with respect to all employers)

On page 13, line 20, strike "*Provided*" and insert the following: ": *Provided,* That of the amount appropriated under this heading that is in excess of the amount appropriated for such purposes for fiscal year 2000, at least $22,200,000 shall be used to carry out education, training, and consultation activities as described in subsections (c) and (d) of section 21 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 670(c) and (d)): *Provided further*,".

AMENDMENT NO. 3721

(Purpose: To express the sense of the Senate that the Health Care Financing Administration should consider current systems that provide better, more cost-effective emergency transport before promulgating any final rule regarding the delivery of emergency medical services)

On page 54, between lines 10 and 11, insert the following:

SEC. ____. SENSE OF THE SENATE REGARDING THE DELIVERY OF EMERGENCY MEDICAL SERVICES.

(a) FINDINGS.—The Senate finds the following:

(1) Several States have developed and implemented a unique 2-tiered emergency medical services system that effectively provides services to the residents of those States.

(2) These 2-tiered systems include volunteer and for-profit emergency medical technicians who provide basic life support and hospital-based paramedics who provide advanced life support.

(3) These 2-tiered systems have provided universal access for residents of those States to affordable emergency services, while simultaneously ensuring that those persons in need of the most advanced care receive such care from the proper authorities.

(4) One State's 2-tiered system currently has an estimated 20,000 emergency medical technicians providing ambulance transportation for basic life support and advanced life support emergencies, over 80 percent of which are handled by volunteers who are not reimbursed under the medicare program under title XVIII of the Social Security Act.

(5) The hospital-based paramedics, also known as mobile intensive care units, are reimbursed under the medicare program when they respond to advanced life support emergencies.

(6) These 2-tiered State health systems save the lives of thousands of residents of those States each year, while saving the medicare program, in some instances, as much as $39,000,000 in reimbursement fees.

(7) When Congress requested that the Health Care Financing Administration enact changes to the emergency medical services fee schedule as a result of the Balanced Budget Act of 1997, including a general overhaul of reimbursement rates and administrative costs, it was in the spirit of streamlining the agency, controlling skyrocketing health care costs, and lengthening the solvency of the medicare program.

(8) The Health Care Financing Administration is considering implementing new emergency medical services reimbursement guidelines that would destabilize or eliminate the 2-tier system that have developed in these States.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that the Health Care Financing Administration should—

(1) consider the unique nature of 2-tiered emergency medical services delivery systems when implementing new reimbursement guidelines for paramedics and hospitals under the medicare program under title XVIII of the Social Security Act; and

(2) promote innovative emergency medical service systems enacted by States that reduce reimbursement costs to the medicare program while ensuring that all residents receive quick and appropriate emergency care when needed.

AMENDMENT NO. 3722

(Purpose: To provide additional funds for the Perkin's loan cancellation program, with an offset)

On page 71, after line 25, add the following:

SEC. ____. (a) In addition to any amounts appropriated under this title for the Perkin's loan cancellation program under section 465 of the Higher Education Act of 1965 (20 U.S.C. 1087ee), an additional $30,000,000 is appropriated to carry out such program.

(b) Notwithstanding any other provision of this Act, amounts made available under titles I and II, and this title, for salaries and expenses at the Departments of Labor, Health and Human Services, and Education, respectively, shall be further reduced on a pro rata basis by $15,000,000.

AMENDMENT NO. 3723

(Purpose: To provide for a study evaluating the extent to which funds made available under part A of title I of the Elementary and Secondary Education Act of 1965 are targeted to schools and local educational agencies with the greatest concentrations of school-age children from low-income families)

On page 71, after line 25, insert the following:

SEC. 305. The Comptroller General of the United States, shall evaluate the extent to which funds made available under part A of title I of the Elementary and Secondary Education Act of 1965 are allocated to schools and local educational agencies with the greatest concentrations of school-age children from low-income families, the extent to which allocations of such funds adjust to shifts in concentrations of pupils from low-income families in different regions, States, and substate areas, the extent to which the allocatiion of such funds encourage the targeting of state funds to areas with higher concentrations of children from low-income families, the implications of current distribution methods for such funds, and formula and other policy recommendations to improve the targeting of such funds to more effectively serve low-income children in both rural and urban areas, and for preparing interim and final reports based on the results of the study, to be submitted to Congress not later than February 1, 2001, and April 1, 2001.

On page 70, line 7, strike ''$396,672,000'' and insert ''$396,671,000''.

AMENDMENT NO. 3724

(Purpose: To provide assistance to Tribal Colleges or Universities for construction and renovation projects under section 316 of the Higher Education Act of 1965, with an offset)

At the end of title III, insert the following:

SEC. .

The amount made available under this title under the heading ''OFFICE OF POSTSECONDARY EDUCATION'' under the heading ''HIGHER EDUCATION'' to carry out section 316 of the Higher Education Act of 1965 is increased by $5,000,000, which increase shall be used for construction and renovation projects under such section; and the amount made available under this title under the heading ''OFFICE OF POSTSECONDARY EDUCATION'' under the heading ''HIGHER EDUCATION'' to carry out part B of title VII of the Higher Education Act of 1965 is decreased by $5,000,000.

Mr. BINGAMAN. Mr. President, on behalf of the cosponsors of this amendment I thank Senators SPECTER and HARKIN for dedicating $5,000,000 from the Fund for the improvement of Postsecondary Education for desperately-needed construction and renovation projects at the 32 Tribal Colleges and Universities that comprise the American Indian Higher Education Consortium.

These institutions serve students from over 250 federally recognized Tribes in some of the most impoverished parts of the country. Anyone who has ever visited one has seen the overcrowding and the poor condition of the facilities; crumbling foundations, leaky roofs, exposed wiring, and many other safety hazards were in fact recently estimated to require $120 million in repairs.

The $5,000,000 supplemental to the Title III Strengthening Tribal Colleges and Universities funding recommended by the committee will provide some relief to the inadequate and unsafe conditions at many of the Tribal Colleges and Universities and hopefully will help the institutions leverage additional private funds. However, we know the needs are extremely great, and hope that the Congress will sustain and expand this commitment of federal resources to aid these schools which play such a key role in the education of our Native American populations.

AMENDMENT NO. 3725

(Purpose: To express the sense of the Senate regarding the impacts of the Balanced Budget Act of 1997)

On page 54, between lines 10 and 11, insert the following:

SEC. ____. SENSE OF THE SENATE REGARDING IMPACTS OF THE BALANCED BUDGET ACT OF 1997.

(a) FINDINGS.—The Senate makes the following findings:

(1) Since its passage in 1997, the Balanced Budget Act of 1997 has drastically cut payments under the medicare program under title XVIII of the Social Security Act in the areas of hospital, home health, and skilled nursing care, among others. While Congress intended to cut approximately $100,000,000,000 from the medicare program over 5 years, recent estimates put the actual cut at over $200,000,000,000.

(2) A recent study on home health care found that nearly 70 percent of hospital discharge planners surveyed reported a greater difficulty obtaining home health services for medicare beneficiaries as a result of the Balanced Budget Act of 1997.

(3) According to the Medicare Payment Advisory Commission, rural hospitals were disproportionately affected by the Balanced Budget Act of 1997, dropping the inpatient margins of such hospitals over 4 percentage points in 1998.

(b) SENSE OF SENATE.—It is the sense of the Senate that Congress and the President should act expeditiously to alleviate the adverse impacts of the Balanced Budget Act of 1997 on beneficiaries under the medicare program under title XVIII of the Social Security Act and health care providers participating in such program.

AMENDMENT NO. 3726

(Purpose: To state the sense of the Senate regarding funds for programs for early detection and treatment regarding childhood lead poisoning at sites providing Early Head Start programs)

At the end of title V, add the following:

SEC. ____. It is the sense of the Senate that each entity carrying out an Early Head Start program under the Head Start Act should—

(1) determine whether a child eligible to participate in the Early Head Start program has received a blood lead screening test, using a test that is appropriate for age and risk factors, upon the enrollment of the child in the program; and

(2) in the case of an child who has not received such a blood lead screening test, ensure that each enrolled child receives such a test either by referral or by performing the test (under contract or otherwise).

AMENDMENT NO. 3727

(Purpose: To allocate appropriated funds for programs for early detection and treatment regarding childhood lead poisoning at sites providing Early Head Start programs)

On page 27, line 24, strike the period and insert the following: ": *Provided further*, That the funds made available under this heading for section 317A of the Public Health Service Act may be made available for programs operated in accordance with a strategy (developed and implemented by the Director for the Centers for Disease Control and Prevention) to identify and target resources for childhood lead poisoning prevention to high-risk populations, including ensuring that any individual or entity that receives a grant under that section to carry out activities relating to childhood lead poisoning prevention may use a portion of the grant funds awarded for the purpose of funding screening assessments and referrals at sites of operation of the Early Head Start programs under the Head Start Act.".

AMENDMENT NO. 3728

(Purpose: To provide for a study into sexual abuse in schools)

At the appropriate place add the following:

(a) Whereas sexual abuse in schools between a student and a member of the school staff or a student and another student is a cause for concern in America;

(b) Whereas relatively few studies have been conducted on sexual abuse in schools and the extent of this problem is unknown;

(c) Whereas according to the Child Abuse and Neglect Reporting Act, a school administrator is required to report any allegation of sexual abuse to the appropriate authorities;

(d) Whereas an individual who is falsely accused of sexual misconduct with a student deserves appropriate legal and professional protections;

(e) Whereas it is estimated that many causes of sexual abuse in schools are not reported;

(f) Whereas many of the accused staff quietly resign at their present school district and are then rehired at a new district which has no knowledge of their alleged abuse;

(g) Therefore, it is the Sense of the Senate that the Secretary of Education should initiate a study and make recommendations to Congress and state and local governments on the issue of sexual abuse in schools.".

AMENDMENT NO. 3729

(Purpose: To provide increased funding for school construction under the Impact Act program, with an offset)

On page 58, line 3, strike "25,000,000" and insert "35,000,000".

Amounts made available under this Act for the administrative and related expenses of the Department of Health and Human Services, the Department of Labor, and the Department of Education shall be further reduced on a pro rata basis by $10,000,000.

AMENDMENT NO. 3730

(Purpose: To increase funding for adoption incentives)

On page 41, lines 11 and 12, strike "$7,881,586,000, of which $41,791,000" and insert "$7,895,723,000, of which $55,928,000".

Amounts made available under this Act for the administrative and related expenses of the Department of Health and Human Services, the Department of Labor, and the Department of Education shall be further reduced on a pro-rata basis by $14,137,000.

AMENDMENT NO. 3731

On page 69 on line 24 insert the following: "*Provided further*, That of the amount made available under this heading for activities carried out through the Fund of the Improvement of Education under part A of title X, $50,000,000 shall be made available to enable the Secretary of Education to award grants to develop, implement and strengthen programs to teach American history (not social studies) as a separate subject within school curricula".

LOSS OF AMERICA'S CIVIC MEMORY

Mr. LIEBERMAN. Mr. President, I come today to the floor of this Chamber, which is so rich with history, which has been the setting of some of the most determinative moments for our democracy, to talk about the state of our civic memory.

Thomas Jefferson once famously said, "If a nation expects to be ignorant and free, it expects what never was and never will be." I am saddened to say that this Nation, the guardian of the Jeffersonian ethic, seems well on the way today to testing his proposition.

Or so the findings of a recent survey of America's college graduates would suggest. That survey reveals that our next generation of leaders and citizens is leaving college with a stunning lack of knowledge of their heritage and the democratic values that have long sustained our country.

The University of Connecticut's Roper Center found that 81 percent of seniors from America's elite institutions of higher education received a grade of D or F on history questions drawn from a basic high school examination. Many seniors could not identify Valley Forge, words from the Gettysburg Address, or even the basic principles of the U.S. Constitution. By comparison, 99 percent of them knew who Beavis and Butthead were and 98 percent knew who the rapper Snoop Doggy Dogg was.

The Roper survey also shows that most major colleges no longer require their students to study history, which helps to explain why historical illiteracy is growing in this country. Students can now graduate from 100 percent of the top colleges and universities without taking a single course in American history. And students at 78 percent of those institutions are not required to take any form of history at all.

The American Council of Trustees and Alumni, a nonprofit group dedicated to the pursuit of academic freedom, has compiled and analyzed these findings in a provocative report entitled "Losing America's Memory: Historical Illiteracy in the 21st Century." I would encourage my colleagues to examine this report, a copy of which has been sent to every Member's office. I ask unanimous consent to have the report printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. LIEBERMAN. I do so because I believe all of us—elected officials, educators, parents, the whole of our citizenry—should be alarmed by findings, by the Nation's growing ignorance of our past and what it implies for America's future. When we lose the memory of our past, when we lose our understanding of the remarkable individuals, events, and values that have shaped this Nation, we are losing much of what it means to be an American. We are losing touch with the civic glue that binds our diverse Nation into a single people with a common purpose. And, I fear, we are losing sight of the lessons our history teaches us and the fundamental responsibilities we share as citizens in a free democracy.

Earlier this week I had the privilege of joining with my colleague from Washington, Senator GORTON, Congressman TOM PETRI of Wisconsin, the leaders of the ACTA, and assemblage of distinguished historians at a press conference to underscore the import of this report. With the Fourth of July in the offing, we wanted to seize the opportunity of this moment of patriotism to in a sense play Paul Revere, and to begin ringing the alarm bells about the growing ignorance of the contributions that Revere and many other great men and women made to this Nation.

Among the scholars who attended were: Gordon Wood, Professor of History at Brown University; John Patrick Diggins, Distinguished Professor of History, The Graduate Center, City University of New York; James Rees, Director of George Washington's Mount Vernon; Jeffrey Wallin, president, American Academy for Liberal Education; and Paul Reber, Executive Director of Decatur House, National Trust for Historic Preservation. With us, in spirit if not in body, were David McCullough, the prize-winning author of the illuminative biography of Harry Truman, and the great Oscar Handlin, Professor Emeritus at Harvard.

Each of these historians, as well as several others, issued statements expressing their concerns about the consequences of losing America's memory. I ask unanimous consent to have a collection of these statements printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 2.)

Mr. LIEBERMAN. I will read a few excerpts, because I think they uniquely speak to the ramifications of the problem.

Gordon Wood explained: "We Americans have a special need to understand our history, for our history is what makes us a nation and gives us our sense of nationality. A people like us, made up of every conceivable race, ethnicity, and religion in the world, can never be a nation in the usual sense of the term. . . . Up until recently almost every American, even those who were new immigrants possessed some sense of America's past, however rudimentary and unsophisticated. Without

some such sense of history, the citizens of the United States can scarcely long exist as a united people.''

Theodore Rabb, Professor of History at Princeton, and Chairman of the National Council for History Education, quoting historian Kenneth T. Jackson, added: ''Our binding heritage is a democratic vision of liberty, equality, and justice. If Americans are to preserve that heritage and bring it to daily practice, it is imperative that all citizens understand how it was shaped in the past . . .' Indeed, the office of citizen cannot be properly filled in today's democratic society without an understanding of American history.''

Stephen H. Balch, President of the National Association of Scholars, concluded: ''More than most nations, America is defined by shared memories. Great deeds, stirring moments, inspiring heroes, hard-won victories, occasional defeats, and, most significantly, lofty ideals—declared, attacked, and ultimately vindicated—map our collective identity. ACTA's study, 'Losing America's Memory,' thus strongly suggests that were also in danger of losing America itself. Its findings should be a wake-up call for our educators who have been clearly shirking their responsibilities.''

And David McCullough issued this succinct condemnation: ''The place given to history in our schools is a disgrace, and the dreadful truth is very few of those responsible for curriculum seem to care, even at the highest level of education.''

These wise men have more than convinced me that this is a national problem deserving national attention. In that spirit, Senator GORTON and I today are introducing a resolution that we hope will help call public attention to America's growing historical illiteracy and ideally begin to mobilize a national response. This bipartisan resolution, which is cosponsored by Senators BYRD, GORDON SMITH, and CLELAND, reaffirms the value we place on our truly exceptional history and makes an appeal to begin work immediately on rebuilding our historical literacy.

Our call goes out primarily to America's colleges and universities to recommit themselves to the teaching of history, particularly America's national history. Specifically, it urges college trustees, administrators, and State higher education officials around the country to review their curricula and reinstate requirements in U.S. history. It also encourages students to select colleges with history requirements and to take college courses in history whether required or not.

We also cannot ignore the role of our public schools in contributing to this historical ignorance, so we must ask educators at all levels to redouble their efforts to bolster our children's knowledge of U.S. history and help us restore the vitality of our civic memory. This point was reinforced at our press conference by Mount Vernon Director James Rees, who noted with despair that George Washington's presence in elementary school curricula has been gradually disappearing. As an example, he related that the textbook being used today at the elementary school he attended contained 10 times fewer references to the father of our country than the textbook he used in his youth.

Mr. President, I hope our colleagues will join us in supporting and adopting this resolution and making an unequivocal statement. As we prepare to celebrate the Fourth, I can think of no finer birthday present to the Nation, no better way to honor the anniversary of America's independence, than for us first to remember what moved that determined band of patriots to lay down all for liberty, what has sustained our democracy for these many years, and for us to act so that our children and those who follow them will never forget.

EXHIBIT 1

LOSING AMERICA'S MEMORY—HISTORICAL ILLITERACY IN THE 21ST CENTURY

[Issued for Presidents' Day, February 21, 2000—Prepared by Anne D. Neal and Jerry L. Martin, American Council of Trustees and Alumni]

''*If a nation expects to be ignorant and free, it expects what never was and never will be.*''—Thomas Jefferson.

''*[W]e cannot escape history.*''—Abraham Lincoln.

INTRODUCTION

Who are we? What is our past? Upon what principles was American democracy founded? And how can we sustain them?—These are the questions that have inspired, motivated, perplexed since the beginning. And they are questions which still elude our full understanding. Yet they underscore a belief that a shared understanding, a shared knowledge, of the nation's past unifies a people and ensures a common civic identity. Indeed, the American system is uniquely premised on the need for an educated citizenry. Embarking on the experiment of a democratic republic, the founders viewed public education as central to the ability to sustain a participatory form of government. ''If a nation expects to be ignorant and free,'' Thomas Jefferson said, ''it expects what never was and never will be.''

But the importance of a shared memory appears to have lost its foothold in American higher education. As we move forward into the 21st century, our future leaders are graduating with an alarming ignorance of their heritage—a kind of collective amnesia—and a profound historical illiteracy which bodes ill for the future of the republic.

There is a widespread, though unspoken assumption that, if not all citizens, at least college graduates—certainly those from the elite institutions—have a basic understanding of this country's history and founding principles. Colleges themselves rarely, if ever, test this assumption. The American Council of trustees and Alumni (ACTA) decided to do so. What do seniors at the nation's best colleges and universities know and not know about the history of this nation? What grade would they receive if tested?

ACTA commissioned the Roper organization—The Center for Survey Research and Analysis at the University of Connecticut—to survey college seniors from the nation's best colleges and universities as identified by the U.S. News & World Reports annual college rankings. The top 55 liberal arts colleges and research universities were sampled during December 1999. (For a list, see Appendix A.)

The questions were drawn from a basic high school curriculum. In fact, many of the questions had been used in the National Assessment of Educational Progress (NAEP) tests given to high school students.

How did seniors from our nation's top colleges and universities do? They flunked. Four out of five—18%—of seniors from the top 55 colleges and universities in the United States received a grade of D or F. they could not identify Valley Forge, or words from the Gettysburg Address, or even the basic principles of the U.S. Constitution.

Scarcely more than half knew general information about American democracy and the Constitution.

Only 34% of the students surveyed could identify George Washington as an American general at the battle of Yorktown, the culminating battle of the American Revolution.

Only 42% were able to identify George Washington as ''First in war, first in peace, first in the hearts of his countrymen.''

Less than one quarter (23%) correctly identified James Madison as the ''father of the Constitution.''

Even fewer—22% of the college seniors—were able to identify ''Government of the people, by the people, and for the people'' as a line from the Gettysburg Address—arguably one of the three most important documents underlying the American system of government.

Over one-third were unable to identify the U.S. Constitution as establishing the division of power in American government.

Little more than half (52%) knew George Washington's Farewell Address warned against permanent alliances with foreign governments.

What do they know? They get an A+ in contemporary popular culture.

99% know who the cartoon characters Beavis and Butthead are.

98% can identify the rap singer Snoop Doggy Dogg.

Beavis and Butthead instead of Washington and Madison; Snoop Doggy Dogg instead of Lincoln? How did it come to this? Students and parents are paying $30,000 a year at elite institutions. For what?

What Happened to American History?

To find out what our nation's top colleges and universities demand of students in the area of American history, ACTCA conducted a study of graduation requirements at the same 55 colleges and universities surveyed by the Roper organization. These are the institutions, such as Harvard and Amherst, which set the standard for all the rest. (See Appendix B.)

For each school, the most recent undergraduate course catalog or Internet course listing was used to define the graduation requirements and to determine what history or American history courses are required of students before they graduate.

The results are worse than could have been imagined. Students can now graduate from 100% of the top colleges without taking a single course in American history.

Novelist Milan Kundera once said that, if you want to destroy a country, destroy its memory. If a hostile power wanted to erase America's civic heritage, it could hardly do a better job—short of actually prohibiting the study of American history—than America's elite colleges and universities are doing.

More shocking still is that, at 78% of the institutions, students are not required to take any history at all. The best that can be said is that they are permitted to take history to satisfy other requirements in such

areas as social sciences or diversity. Only the fact that many students find history useful and interesting saves the subject from extinction.

It is not surprising that college seniors know little American history. Few students leave high school with an adequate knowledge of American history and even the best colleges and universities do nothing to close the ''knowledge gap.''

The abandonment of history requirements is part of a national trend. In 1988, the National Endowment for the Humanities publicized the first troubling indication that America was losing its historic memory. NEH issued a report concluding that more than 80% of colleges and universities permitted students to graduate without taking a course in American history while 37% of those institutions allowed students to avoid history altogether. Now, thirteen years later, as outlined in Appendix B, standards have fallen further—100% do not require American history, and 78% require no history at all.

The problem is not limited to history. In 1996, the National Association of Scholars issued another seminal report, The Dissolution of General Education, which concluded that, during the last thirty years, the commitment of American higher education to providing students with a broad and rigorous exposure to major areas of knowledge has virtually vanished. In its stead, students pick and choose from a smorgasbord of courses that are too often on narrow, specialized topics. As the widely-acclaimed study by the Association of American Colleges, Integrity in the College Curriculum, concluded in 1990: ''As far as what passes as college curriculum, almost anything goes.'' Is it any wonder that students end up with an understanding that is equally narrow, fragmented, and less than the sum of its parts?

In the country that gave birth to Jefferson's conception of an educated citizenry, colleges and universities are failing to provide the kind of general education that is needed for graduates to be involved and educated citizens.

Why Does American History Matter?

Other than our schools, no institutions bear greater responsibility for the transmission of our heritage than colleges and universities. They educate almost two-thirds of our citizens, including all our school teachers, lawyers, doctors, journalists, and public leaders. They set the admissions and curricular requirements that signal to students, teachers, parents, and the public what every educated citizen in a democracy must know.

What happens in higher education thus relates directly to what happens in K–12. If colleges and universities no longer require their students to have a basic knowledge of American civilization and its heritage, we are all in danger of losing a common frame of reference that has sustained our free society for so many generations.

As ACTA chairman and former NEH chairman Lynne V. Cheney observes, in Telling the Truth, ''[I]t is from our colleges and universities that messages radiate—or fail to radiate to schools, to legal institutions, to popular culture, and to politics about the importance of reason, of trying to overcome bias, of seeking truth through evidence and verification.'' If our graduates leave school without knowing the foundations of American society, children they teach will certainly do no better.

It is sometimes said that historical facts do not matter. But citizens who fail to know basic landmarks of history and civics are unlikely to be able to reflect on their meaning. They fail to recognize the unique nature of our society, and the importance of preserving it. They lack an understanding of the very principles which bind our society—namely, liberty, justice, government by the consent of the governed, and equality under the law.

As Lynne Cheney has also written, ''Knowledge of the ideas that have molded us and the ideals that have mattered to us functions as a kind of civic glue. Our history and literature give us symbols to share; they help us all, no matter how diverse our backgrounds, feel part of a common undertaking.''

What Should Be Done?

Immediate steps must be taken to ensure that the memory of our great nation and its remarkable past is passed on to the next generation. The following actions should be taken by colleges and universities, students and their families, alumni and donors, state and federal governments, and accrediting agencies.

By colleges and universities

Colleges and universities should make improving students' historical memory and civic competence an urgent priority. Boards of trustees and state agencies with higher education oversight should take steps to ensure that institutions of higher education have adequate requirements in American history and history in general. Faculty, whose personal interest often draws them to specialized topics, should teach what students need to know, not what faculty desire to teach.

The most direct solution is a strong core curriculum, with a broad-based, rigorous course on American history required of all students. The course should include the breadth of American history from the colonial period to the present, and the long struggle to defend liberty against all foes domestic and foreign and to expand democratic rights at home and abroad. Students should be required to study the great civic documents of the nation, beginning with the Declaration of Independence, Constitution, the Bill of Rights, the Federalist papers, and the Gettysburg Address. Such a course gives students a sense not only of where the country has been, but what it has meant.

By students and their families

The first challenge for students and their families is selecting a college. Some colleges have strong core curricula that ensure that every graduate will be well-grounded in the full range of basic subjects, including American history. Most have loose cafeteria-style requirements that let the students choose for themselves. Some no longer even offer traditional, broad-based courses in American history.

Before selecting a college, students and their families should look at catalogues, examining requirements and course descriptions and ideally accessing course syllabi on the web. College is a big investment, and it deserves as much research as any other major purchase. A hot reputation and fancy student center are no guarantee of a solid academic program.

Students who are already attending a college can make up for colleges' deficiencies by selecting for themselves those courses, including American history, that will prepare them for successful participation in our civic as well as economic life. Parents should help their students understand that trendy courses that may strike their short-term fancy will not well serve their long-term needs.

By alumni and donors

Alumni should take an active interest in whether their alma maters have strong requirements in American history and other basic subjects. They should not allow their degrees to be devalued by a decline in college standards.

Those who give can be especially helpful, since it is possible to target gifts to outstanding programs and projects in American history and civic understanding. The American Council of Trustees and Alumni has established a program, the Fund for Academic Renewal (FAR), that assists donors, free of charge, in identifying outstanding programs and directing their gifts to support them.

By State and Federal Governments and accrediting agencies

Consumers in the higher education market cannot make wise choices if they have no information. Most college guides and rankings give little or no information about the curriculum. The U.S. Department of Education—and state government for institutions in their states—should publish and disseminate a national report on collegiate standards, listing which colleges require such basic subjects as English, history, mathematics, and science, and which do not.

Federal and state governments should target some of the funds from existing grant programs to support outstanding core curricula that include American history and civics.

Accrediting agencies, which have so often neglected issues of academic quality, should include adequate requirements in American history and other basic disciplines among their criteria for assessing colleges and universities.

CONCLUSION

On this Presidents' Day 2000, it is indeed ironic that many—if not most—of our college seniors are unfamiliar with and ignorant about the individuals we celebrate. The time is ripe for citizens, parents, families and policymakers to demand a renewed exploration and examination of our history. It is not too late to restore America's memory.

EXHIBIT 2

STATEMENTS SUBMITTED IN CONJUNCTION WITH THE CONGRESSIONAL PRESS CONFERENCE ON HISTORICAL ILLITERACY IN AMERICA—JUNE 27, 2000

David McCullough, Historian, West Tisbury, MA:

The place given to history in our schools is a disgrace, and the dreadful truth is very few of those responsible for curriculum seem to care, even at the highest level of education. Anyone who doubts that we are raising a generation of young Americans who are historically illiterate needs only to read Losing America's Memory.

Oscar Handlin, University Professor Emeritus, Harvard University:

History is a discipline in decline. There is a profound ignorance not only among students but among their teachers as well. This study [Losing America's Memory] confirms that.

Lynne V. Cheney, Former Chairman, National Endowment for the Humanities:

It is regrettable that over the last decade we have seen a continuing decline in emphasis at the college level on core subjects such as literature, math, and history. ACTA's recent report, ''Losing America's Memory: Historical Illiteracy in the 21st Century,'' confirms this disturbing trend and underscores a profound historical illiteracy amongst our future leaders that bodes ill for the future of the Republic. Sen. Lieberman and Cong. Petri deserve our praise for raising this important issue. We must begin to restore America's memory. If our best and brightest are graduating without a grounding in the past, we are on our way to losing the understanding that makes us all feel part of a

common undertaking, no matter how diverse our backgrounds.

John Patrick Diggins, Distinguished Professor of History, The Graduate Center, City University of New York:

''We cannot escape history,'' Abraham Lincoln warned Americans more than a century ago. According to the American Council of Trustees and Alumni report, students have escaped it and remain happily ignorant of their own ignorance in an educational establishment that has surrendered its mission to popular culture.

Gordon Wood, Professor of History, Brown University:

We Americans have a special need to understand our history, for our history is what makes us a nation and gives us our sense of nationality. A people like us, made up of every conceivable race, ethnicity, and religion in the world, can never be a nation in the usual sense of the term. Instead, we have only our history to hold us together; McDonald's can never do it. It's our history, our heritage, that makes us a single people. Up until recently almost every American, even those who were new immigrants, possessed some sense of America's past, however rudimentary and unsophisticated. Without some such sense of history, the citizens of the United States can scarcely long exist as a united people.

Theodore K. Rabb, Chairman, National Council for History Education, Professor of History, Princeton University:

Since the focus of the National Council for History Education (NCHE) is on the improvement of history education in the schools—indeed, our one postsecondary initiative has been to recommend that teachers of history be certified only if they have a college major or at least a minor in the subject—we are not in a position to comment on the findings of Losing America's Memory except to add our voice to those who are concerned about the growing problem of historical illiteracy in the United States. We have long argued that history should occupy a large and vital place in the education of both the private person and the public citizen. As historian Kenneth T. Jackson has written, ''Unlike many people of other nations, Americans are not bound together by a common religion or a common ethnicity. Instead, our binding heritage is a democratic vision of liberty, equality and justice. If Americans are to preserve that vision and bring it to daily practice, it is imperative that all citizens understand how it was shaped in the past, what events and forces either helped or obstructed it, and how it has evolved down to the circumstances and political discourse of our time.'' Indeed, the office of citizen cannot be filled property in today's democratic society without an understanding of American history, nor can students afford to go into the twenty-first century ignorant of the history and culture of other nations.

Eugene W. Hickock, Secretary of Education, Commonwealth of Pennsylvania:

ACTA's recent study, Losing America's Memory, is deeply troubling for many reasons. The findings suggest to me that the teaching of our nation's history has taken a back seat in our elementary and secondary schools, likely replaced by failed fads or trends that have permeated our education system for decades. But, we cannot expect K–12 education to take full responsibility; our higher education institutions often have replaced the study of our American culture with watered down programs and curricula that focus more on our popular culture. It is time for Americans from all walks of life—parents, educators, students, and local, state, and national leaders—to step up their efforts to reverse this disturbing trend and to make sure our nation's history is a key part of the curriculum at every level. I applaud Senator LIEBERMAN and Congressman PETRI for their strong commitment and bold efforts to reverse this trend and to make sure every student knows and appreciates our Republic's rich history.

James C. Rees, Executive Director, Historic Mount Vernon:

With each year that passes, it becomes more and more evident that the people entering our gates at Mount Vernon know next to nothing about the real George Washington. They usually recognize his image from the dollar bill, and sometimes they're familiar with the age-old myths about the cherry tree and the silver dollar toss across the Rappahannock River. But when it comes to even the most rudimentary facts—what war he was in and when he was president—it is incredible how many people draw a blank. And it's not just the kids in grade school who have somehow lost touch with George Washington. It is their parents as well. This most recent survey of college students confirms our worst fear: that the next generation of parents will continue this trend of ignorance. To put it as simply as possible, it would be naïve to think that George Washington could be first in the hearts of this generation, because it simply doesn't know and appreciate his remarkable leadership and character.

Walter A. McDougall, Pulitzer prize-winning professor of history, University of Pennsylvania:

The findings of this excellent ACTA report are deemed ''shocking.'' In fact, they are all too predictable, which is why they deserve the widest dissemination. Americans simply cannot expect rigorous history instruction in their K–12 schools so long as the nation's elite colleges and universities delete history from their curricula.

Thomas Egan, Chairman of the Board, State University of New York:

ACTA's recent report ''Losing America's Memory,'' is alarming proof that our graduates are failing to receive a strong grounding in their past. At SUNY, we are pleased to be among the vanguard of university boards to require U.S. history as part of a core curriculum demanded of our graduates. Congressional action today confirms what we have already concluded: students must be familiar with their history in order to be engaged participants in the civic life of our nation.

Stepeh H. Balch, President, National Association of Scholars:

More than most nations, America is defined by shared memories. Great deeds, stirring moments, inspiring heroes, hard-won victories, occasional defeats, and, most significantly, lofty ideals—declared, attacked, and ultimately vindicated—map our collective identity. ACTA's study, ''Losing America's Memory,'' thus strongly suggests that we are also in danger of losing America itself. Its findings should be a wake-up call for our educators who have been clearly shirking their responsibilities.

Candace de Russy, Member of the Board, Chairman, Academic Standards Committee, State University of New York:

As part of their duty to ensure the academic excellence of their institutions, the nation's higher-education governing boards are beginning to promote U.S. history requirements. We trustees of the State University of New York have accomplished this by mandating the study of American history as part of a larger core curriculum which all SUNY undergraduates must now pursue. This mandate is consonant with our determination to raise academic standards. It also reflects our commitment to help ground students in the fundamental norms and ideals we as citizens need to hold in common in order that this free society endures.

Dr. Balint Vazsonyi, Founder and Director, Center for the American Founding:

Having grown up in Hungary, in turn under German National Socialist and Russian International Socialist terror, I have learned the absolute need of socialists to erase the national memory as a precondition for disseminating their own fictitious history. The so-called National Standards for U.S. History demonstrate that the second stage of this process is already under way. Alone clear identification of the ideology that mandates the erasure of national memory can provide a meaningful response to the crisis. It is then up to the advocates of that ideology whether they desire continued identification with it. Incorporating more of the current, mostly fraudulent histories in the curriculum only serves those who have created the crisis in the first place.

Marc Berley, President, Foundation for Academic Standards & Tradition:

While students may not know as much as they should about American history, they do know what they're missing. And they want their colleges to do exactly what Senator Joseph I. Lieberman and Congressman Thomas E. Petri are urging. In ''Student Life,'' a national survey of 1005 randomly selected college students conducted by Zogby International and released last week by the Foundation for Academic Standards and Tradition, 8 out of 10 college students said their schools need to ''do a better job teaching students the basic principles of freedom in America.''

Michael C. Quinn, Executive Director, James Madison's Montpelier:

America is forgetting its heritage, and it does matter. The American Council of Trustees and Alumni has recently taken a survey of college seniors, and has exposed the failure of our universities to teach our nation's history. Only 23 percent of the college seniors surveyed could correctly identify James Madison as the ''Father of the Constitution.'' Why does this matter? It matters because the American nation exists through its heritage. Americans have only one thing that unites them as citizens: a shared vision of democracy. Citizens of almost every other country are united by a shared language, a shared religion, a shared geography, or a shared ethnicity. In America, we join together as a people because of nothing more than an idea. Yet the idea we share as a people—the constitutional democracy pioneered by James Madison and other founding fathers—is one of the most powerful ideas on earth. No other form of government has guaranteed so much individual liberty and economic opportunity to its citizens. The failure to teach American history, with its lessons of struggle and idealism, of inspiring leaders like James Madison, is failing our nation. Each generation has an obligation to instill the shared idea of democracy into the next generation. And American history—the story of the birth and success of that vision of democracy—makes our shared idea a lasting, meaningful part of every new citizen's life.

The PRESIDING OFFICER. The question is on agreeing to the managers' amendments Nos. 3700 through 3731.

The amendments (Nos. 3700 through 3731), en bloc, were agreed to.

Mr. SPECTER. Mr. President, if there is any issue about the pendency of the Baucus amendment, I think it is in the managers' package. I ask unanimous consent to vitiate the request for

the yeas and nays on the Baucus amendment.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SPECTER. Mr. President, parliamentary inquiry. Are we now ready for third reading?

Mr. GRAMM. Mr. President, I renew my point of order.

The PRESIDING OFFICER. The Senator from Texas raises his point of order. The point of order is sustained.

TRAINING NEEDS FOR APPROPRIATE USE OF SECLUSION AND RESTRAINT

Mr. LIEBERMAN. Will the Chairman of the Labor Health and Human Services Appropriations Subcommittee yield for a question?

Mr. SPECTER. I will be pleased to yield for a question from the Senator from Connecticut.

Mr. LIEBERMAN. First, I want to compliment the chairman and the ranking member, Mr. HARKIN for bringing this bill to the Senate in a very timely way and for the committee's attention to the several health programs funded by this Bill that very broadly benefit the entire Nation.

I also want to compliment the chairman and the ranking member for the committee's report language from last year that urged the Department of Health and Human Services to address the inappropriate use of seclusion and restraint in mental health facilities across the Nation that has resulted in tragic and unnecessary deaths and injuries. The committee's language has helped focus attention on this matter and progress has been made. For example, the Health Care Financing Administration (HCFA) has issued interim ''conditions of participation'' rules governing the use of restraints and seclusion in facilities receiving Medicare and Medicaid reimbursement. I thank the committee for its assistance in making progress on this matter.

Mr. President, what we have learned from the National Mental Health Association, the Child Welfare League, and my own states Klingberg Center is that a significant obstacle to making further progress is the high turnover rate in many of the mental health facilities across the country and the recurring need to provide training to new personnel in these facilities on the appropriate use of seclusion and restraint. To address this national problem, would the Chairman support funding a demonstration project for model training and education programs for the appropriate use of restraints?

Mr. SPECTER. I thank both Senators DODD and LIEBERMAN for their work in bringing this matter to our attention and I would certainly support such a demonstration.

Mr. LIEBERMAN. I thank the Chairman for his continuing leadership on this matter.

Mr. DODD. I would like to also thank the Chairman and the Ranking Member for their assistance on this issue which has been of particular concern in my state. In fact, I worked to develop legislation last year, S. 976, the Compassionate Care Act, cosponsored by Senator LIEBERMAN, that recognizes the critical need for adequate training in restraint use and alternatives to their use. The Compassionate Care Act was passed by the Senate unanimously last year as part of the reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA) legislation and it is my hope that the House of Representatives will soon act on this important legislation.

Meanwhile, however, it would appear to me that there are nationally based consumer organizations that could make an important contribution to the development of model training and education programs that could effectively serve to lessen the inappropriate use of restraint and seclusion.

Mr. SPECTER. Yes. It seems to me that such groups would be strong competitors for an education and training demonstration grant.

MEDICARE CONTRACTOR FUNDING

Mr. CRAIG. I am concerned about the funding level for Medicare contractors. The Senate committee mark reduces the FY 2001 funding level by $57 million below the President's Budget recommendation. I believe that this funding reduction will adversely impact fee-for-service claims processing activities and the ability of contractors to provide critical beneficiary and providers services.

In the recent past, we have seen the effect inadequate funding levels can have on services. In 1998 payments were slowed down, and beneficiaries and providers were forced to deal with more voice mail rather than human beings when they called their contractors with questions about claims. We need to fund this program adequately to ensure beneficiaries get the service they deserve.

Mr. DORGAN. I want to make it clear that funding to assure the timely and accurate processing of Medicare claims also is a high priority for me and the beneficiaries in my state.

I am concerned that HCFA projects a 3.5 percent increase in claims volume next year and yet our budget flatlined funding for Medicare contractors. However, I am even more concerned that the House has cut the Medicare contractor budget by $79 million from current levels. The Senate, at the very least, must assure that this important program is not cut. Additionally, I would like to work with Senator CRAIG to secure additional funding for the Medicare contractors, if funds become available.

Mr. SPECTER. I understand the issues both Senators are raising and the importance of adequately funding the Medicare contractor program. I will work with my two colleagues to try to keep the Senate funding level is kept intact and that no funding cut is made to the Medicare contractor program.

HCFA COVERAGE CHANGE

Mr. HOLLINGS. Mr. President, I rise today to discuss an issue of importance to the people of South Carolina with my colleagues from Pennsylvania and Iowa.

In January of 1999, South Carolina enhanced its Medicaid drug program to provide eligible adults with four prescriptions a month instead of three. This was a much needed change that HCFA had encouraged South Carolina to make over a number of years. Unfortunately, South Carolina improperly notified HCFA of the coverage change. Instead of filing a State Plan amendment, South Carolina distributed a Medicaid Bulletin to relevant parties—including three officials at HCFA's Atlanta regional office, believing that to be sufficient. The South Carolina Department of Health and Human Services brought their oversight to HCFA's attention. South Carolina and HCFA are currently involved in discussions regarding whether South Carolina should receive federal funds for 4th prescription expenditures that occurred between January 1, 1999 and September 30, 1999.

At this time, a legislative remedy does not appear necessary to allow HCFA to impose suitable fines on states that provide notice of Medicaid coverage changes but do not properly file State Plan amendments. I am encouraged by the response officials in South Carolina have received from HCFA and hopeful that a resolution can be reached in a manner agreeable to all parties. Nevertheless, I wanted to bring this matter to the attention of the distinguished chairman and ranking member of the subcommittee and inform them that I may revisit this issue at a later date if necessary.

Mr. SPECTER. I thank my colleague from South Carolina for bringing this matter to my attention. I too hope that South Carolina and HCFA can resolve their difference, but would be willing to discuss the matter in the future if an agreement cannot be reached.

Mr. HARKIN. I agree with the comments of the chairman.

Mr. HOLLINGS. I thank the distinguished chairman and ranking member of the subcommittee for their attention to this matter and will keep them appraised of future developments.

MEDICARE INTEGRITY PROGRAM

Mr. HARKIN. I am very concerned about the proposed $50 million funding cut to the Medicare Integrity Program (MIP) approved by the House Appropriations LHHS Subcommittee. The Senate has recommended that MIP be funded at $680 million, the amount authorized in HIPAA.

In 1999, Medicare contractors saved the Medicare Trust Funds nearly $10 billion in inappropriate payments—about $18 for every dollar invested. Any funding cut to MIP is tantamount to the government throwing money out a window. In fact, I believe, because of the tremendous need to reduce an estimated $14 billion in Medicare waste, we

should increase MIP funding. Therefore, I will work hard to ensure that the Senate funding level for this important program is not compromised. It should be higher, not lower.

Mr. GRASSLEY. I've long been committed to the effective and efficient management of the Medicare program, specifically the detection of fraud and abuse. I supported the creation of the MIP program, established under HIPAA, to provide a stable and increasing funding source for fraud and abuse detection efforts. Prior to MIP, Medicare contractor funding for anti-fraud and abuse activities was often reduced because of other spending priorities in the annual appropriations process. MIP was created to prevent that from happening again. The House Appropriations Committee recommendation is in clear disregard of congressional intent.

Additionally, I am concerned about the Senate Appropriations Committee recommendation to flatline the Medicare contractor budget. HCFA requested a $57 million increase to the Medicare contractor budget, in part to ensure implementation of certain balanced budget amendment provisions. Without this money, I am told by HCFA, that the final provisions of BBA will not be implemented. It doesn't make much sense to pass laws, if we don't provide the funding to ensure their implementation.

Mr. SPECTER. Please rest assured that during conference, I will try to keep MIP funding at the Senate recommended level of $680 million. I understand the importance of the MIP program to the integrity of the Medicare Trust Funds and will work with my colleagues to ensure full funding of this program.

Regarding the Medicare contractor budget, I am committed to the Senate Appropriations Committee funding recommendation of $1.244 billion and will work in conference to keep the Senate's funding level.

OUTREACH SERVICES

Mr. DEWINE. Mr. President, as Chairman of the Aging Subcommittee I would like to take this opportunity to compliment the Chairman of the Labor, Health and Human Services, Education Appropriations Subcommittee, Senator SPECTER, for his efforts to address the needs of America's aging population. At this time, I would like to engage the distinguished chairman in a colloquy.

Mr. President, there is a lack of understanding of what constitutes the best outreach and professional services for our elderly population. I am pleased to report that Ohio is taking the lead in providing quality health care professionals to the provider community. In particular, the Geriatric Nursing Program at the University of Akron has been recognized as the top such program in the United States. They are most interested in identifying and developing best practices in elder care that can be disseminated nationally for use by other institutions and health care providers. Would you agree that such a program would help improve the overall quality of care of our elderly population?

Mr. SPECTER. Mr. President, I would like to thank the Senator from Ohio for his kind remarks and his dedication on this most important matter. I, too, would agree that such an initiative would be most valuable.

Mr. DEWINE. Mr. President, I appreciate the comments from the gentleman from Pennsylvania and would ask that the Chair support the program in the upcoming conference with the House of Representatives.

Mr. SPECTER. Mr. President, I consider the interests of older Americans, particularly the issue of ensuring quality health care, to be among the most important matters that come before the subcommittee. The gentleman from Ohio has my commitment to support the project in conference.

HUNTINGTON'S DISEASE

Ms. MIKULSKI. Mr. President, I rise today with the Chairman of the Senate Appropriations Subcommittee on the Departments of Labor, Health and Human Services, and Education to discuss a fatal brain disorder called Huntington's disease. This genetic ailment, which has no cure, has afflicted approximately 30,000 Americans, and over 150,000 more people in our country are at risk. In my state alone, it is estimated that over 500 people have Huntington's, and another 4,742 are at risk. Also known as ''HD,'' the illness is like a cross between Alzheimer's disease and Parkinson's disease. Everybody with the defective gene will become ill, slowly losing the ability to walk, talk, eat, and reason and eventually dying from choking, infection, or heart failure. HD strikes both sexes, all ethnicities, and sometimes even children. In addition, each child of a parent with HD has a 50/50 chance of inheriting the gene.

One family that has been struck by the terrible realities of Huntington's disease is the Mason family of Baltimore, Maryland. Troy Mason was once the agile quarterback on his high school football team. Today at age 36, Mr. Mason uses a wheelchair and can only walk a bit and speak some words. His wife, Rosemary, is his full time caregiver. Troy and Rosemary's two children have a 50/50 chance of inheriting the HD gene. Not only does Mrs. Mason care for her husband, but she also cares for her mother who suffers from HD. This means that Mrs. Mason also has a 50/50 chance of inheriting the HD gene. Mrs. Mason not only has to face the incredible daily stresses and strains of caregiving, but must also face the possibility that she and her children may someday have Huntington's disease themselves. This Baltimore family is courageously fighting Huntington's disease, but they need our help.

Mr. SPECTER. I am familiar with the horrible effects of Huntington's disease. In my state, 1,200 people are affected. But I am optimistic about a cure. HD research is advancing rapidly and could be the Rosetta stone to treatments for Alzheimer's Parkinson's, and other neurodegenerative disorders that together strike millions of people and their families.

I am also hopeful that through public and private medical research funding, we will soon approach a better understanding of, and perhaps even a cure for, this terrible disease. Researchers at the University of Pennsylvania are part of this effort. The federal government clearly has a significant role to play in this struggle. In Fiscal Year 1999, the National Institute of Neurological Disorders and Stroke at the National Institutes of Health (NIH) dedicated $62.5 million to Huntington's Disease research. Also commendable is the commitment of the Huntington's Disease Society of America (HDSA), which this year will allocate an estimated $2.8 million to research in this area.

Ms. MIKULSKI. The people of Maryland appreciate this support by the NIH and laud your and Senator HARKIN's leadership in doubling the NIH budget over five years. I am very pleased to join you in this worthy endeavor. We are proud to have an HDSA Center of Excellence in Maryland, at Johns Hopkins University and Johns Hopkins Hospital. Johns Hopkins also receives funding from NIH to conduct Huntington's disease research. However, I believe additional resources are needed to fund important HD research. I am concerned that the current health appropriations bill does not provide guidance to the NIH on HD funding and research priorities.

Mr. SPECTER. I understand the Senator's concerns. The Committee has included nearly $1.2 billion in this year's appropriations bill for the National Institute of Neurological Disorders and Stroke, NINDS. This is a significant increase over the FY00 level. I believe that the NINDS, and the NIH generally, devote additional resources to Huntington's disease research in FY 2001. I also believe that the NINDS could increase support for the centers of excellence and other programs developed by the Huntington's Disease Society for the care of HD patients.

Ms. MIKULSKI. I thank the Chairman for his attention to Huntington's disease. To eliminate this horrible illness and others like it we must build and strengthen the partnership between the federal government, academia, and private organizations. I wish to thank the Distinguished Senator from Pennsylvania for his assistance. I yield the floor.

STRATEGIC PLAN FOR PKD

Mr. SANTORUM. Mr. President, I wonder if my distinguished colleague, the senior senator from Pennsylvania, would answer a few questions on funding for research regarding polycystic kidney disease?

Mr. SPECTER. I would be happy to answer questions on this issue.

Mr. SANTORUM. I thank the Chairman. I know that you are very much

aware of the devastation caused by polycystic kidney disease, better known as PKD. Our colleagues may be interested to know that this disease afflicts over 600,000 Americans, which is more than the combined total of cystic fibrosis, Huntington's disease, sickle cell anemia, hemophilia, muscular dystrophy and Down's syndrome. That translates into an average of almost 1400 sufferers in each congressional district, or 12,000 in each state.

PKD is the most prevalent life-threatening genetic disease, and is the third leading cause of kidney failure, resulting in almost $2 billion spent every year to treat end-stage renal disease requiring dialysis or transplantation. End-Stage Renal Disease is the fastest growing part of Medicare, and I know we are all looking for ways to strengthen that important program.

Mr. President, I would like to ask the Chairman if, in the context of the funding provided to the National Institutes of Health in this bill, could he tell us your intentions with regard to PKD research?

Mr. SPECTER. As the Senator knows, we are entering the third year of a bipartisan effort to double funding for the NIH. Within that budget, we have been able to provide significant increases in the budget for the National Institute of Diabetes and Digestive and Kidney Diseases.

It is my hope and intention that, with these additional funds, NIDDK will fully implement the Strategic Plan for PKD put forward by a panel of blue-ribbon experts which they convened in 1998. These expert scientists and doctors have stated that, with a total PKD research budget of $20 million, which we provide in this bill, they are confident that a treatment for PKD can be achieved in the very near future. In fact, I am very heartened by recent reports indicating that a drug currently used to treat cancer has been shown to actually stop the progression of PKD in laboratory animals. This discovery, coupled with statements from our leading genetic researchers to the effect that PKD is the most rapidly advancing area of genetic research, convinces me that the additional funds provided in this bill will allow NIDDK to produce a treatment and eventual cure for this devastating disease.

May I say to my colleague that I intend to do everything in my power to ensure that NIDDK implements the Strategic Plan for PKD. This bill provides the budgetary means to do that, and I will be following up with NIDDK on the disposition of those funds.

Mr. SANTORUM. I thank my esteemed colleague for his help in this matter.

OCULAR ALBINISM

Mr. BROWNBACK. I rise today to bring to the attention of the senate the serious disease Ocular Albinism. Ocular Albinism is an x-linked genetic disorder affecting 1 in 50,000 American children, mostly males. Affected patients show photophobia, nystagmus, strabimus, a loss of three dimensional vision and a severe reduction in visual acuity, due to the abnormal development of the retina and optic pathways. There are five diseases relating to Ocular Albinism including Fundus Hypopigmentations, Macular Hypoplasia, Iris Transillumination, Visual Pathway Misrouting and Nystagmus

Mr. SPECTER. Ocular Albinism is one of the many diseases being researched by the NIH. This is why I have been pressing for a doubling of funding for NIH and have included a $2.7 billion increase in funding in this bill.

Mr. BROWNBACK. In consideration of the severity of this disease and the paucity of current NIH sponsored research I would certainly hope that the NIH will develop and fund a research initiative in cooperation with the National Eye Institute in to the causes of the treatments for Ocular Albinism and related Disorders.

Mr. SPECTER. I agree with my colleague and thank him for brining it to the attention of the Senate.

Mr. BROWNBACK. I thank the Chairman of the Subcommittee and commend him for his understanding of the importance of this issue.

FEDERAL FAMILY STATISTICS

Mr. BROWNBACK. Mr. President, I rise today to engage in a brief, but important colloquy with the distinguished chairman of the Labor-HHs subcommittee of the Appropriations Committee, Senator SPECTER. I appreciate his willingness to engage in this colloquy, and his commitment to ensuring that the federal government does the best possible job in gathering vital information on family structure and function.

It has been said that the family is the cornerstone of civilization. Certainly, the evidence we have suggests that family structure is one of the most fundamental indicators of child health and well-being. Strong families are positively linked to child physical, emotional and psychological health, social adjustment, academic competence, and positive behavior. In fact, the more we study family structure and function, the more information we glean about children's health risks, and challenges to their well-being and development.

Unfortunately, there is vital data that is not currently being gathered relating to family structure and function. This is not merely my opinion, but the statement of the Federal Inter-Agency Forum on Child and Family Statistics, which declares that important information on child living arrangements, family structure, and family interaction, is falling through the cracks, and recommends expanded and enhanced data-gathering in these areas. Without such data, we are at a disadvantage in determining the root causes of both youth well-being, and youth challenges, and addressing them effectively.

It is therefore vital that we encourage the National Center of Health Statistics, the Agency for Health Care Policy and Research, the National Institute of Child Health and Human Development, Administration for Children and Families, Maternal and Child Health Bureau, Office of the Assistant Secretary for Planning and Evaluation, and Bureau of Labor Statistics to enhance research in this area. According to the Inter-Agency Forum on Child and Family Statistics, of which all these agencies are a member of, regularly collected data are needed that describe children's living arrangements, and interactions with parents and guardians, including non-residential parents. In addition, regularly-collected data are needed on how many children live with biological parents, step-parents, and adoptive parents, or with no parent or guardian.

Mr. SPECTER. Senator BROWNBACK, I appreciate the work that you have put into this, and look forward to working with you on appropriate language which may be included in the Labor-HHS conference report.

Mr. BROWNBACK. I thank the subcommittee chairman. Mr. Chairman, I should add that there are many sources of information that only the federal government has the means and resources to tap effectively. Gathering this data may also prove helpful in reducing health care costs, strengthening families, and improving the health and well-being of children.

Mr. SPECTER. I thank my colleague from Kansas for his work on this issue.

Mr. BROWNBACK. I thank the Chairman.

STRENGTHEN OUR SISTERS

Mr. TORRICELLI. Mr. President, I rise to ask the distinguished managers of the bill if they would consider a request I have concerning the conference.

Mr. SPECTER. I would be happy to consider a request from by colleague from New Jersey.

Mr. TORRICELLI. I rise in support of Strengthen Our Sisters, a non-profit, tax-exempt shelter in West Milford, New Jersey that has provided homeless and battered women and children with safe shelter and supportive services since 1988. The mission of Strengthen Our Sisters is to help women and children break the cycle of domestic violence and homelessness, which, if unchecked, is passed from one generation to the next. To date, Strengthen Our Sisters has experienced great success in fulfilling its mission as evidenced by its remarkable growth. While in 1988, Strengthen Our Sisters started with an annual budget of less than $36,000, this year's budget stands at $1.3 million. Strengthen Our Sister's continued growth is a result of their demonstrated expertise in management and dedicated and knowledgeable staff.

As a way to help more women, Strengthen Our Sisters would like to expand the service their program offers for older women. In 1998, Strengthen Our Sisters served four women over age fifty-five, a number that jumped to fourteen in the span of less than a

year. The older women they serve often arrive with long histories of abuse that requires special services related to domestic violence, drug and alcohol addictions, unemployment and mental health. Indeed, the need for assistance naturally increases as we grow older. And, adding life changing circumstances such as abuse, homelessness and physical challenges to the equation increases the need for assistance exponentially. Thus, Strengthen Our Sisters would like to expand the services its program offers to address the needs of senior women in a comprehensive and integrative manner that focuses on helping them attain appropriate shelter, resources and advocacy services.

The work of Strengthen Our Sisters is an appropriate focus for the Committee because domestic violence is a national epidemic. Expanding the Strengthen Our Sisters program to help senior women could be a model for shelters across the country that are confronting similar problems and population trends.

Mr. SPECTER. In the past, we have faced difficult choices in making a determination of funding priorities and this year promises to be no exception. We are aware of the request by Strengthen Our Sisters and commend their efforts toward expanding its program to serve more women in need. In conference, we will keep in mind your request as well as those with similar meritorious characteristics and goals.

Mr. TORRICELLI. I thank my distinguished colleague for his assistance with this matter. I am thankful for the Committee's acknowledgment of the expertise and dedication that Strengthen Our Sisters brings to helping our most vulnerable population and I hope that funding for this important organization can be found in conference.

COMPREHENSIVE SCHOOL REFORM FUNDING IN LABOR HHS APPROPRIATIONS BILL

Mr. BINGAMAN. Senator Lugar, I know you're aware of the tremendous good that the Comprehensive School Reform program (CSRD) has introduced to many struggling schools with high proportions of disadvantaged students, and the potential that the program offers for the numerous schools that desire to implement comprehensive reform in their buildings. While I recognize the considerable task of Chairman SPECTOR and Ranking Member HARKIN in accommodating the great number of priorities funded in the FY'01 Labor-HHS-Education appropriations bill, it concerns me that the bill before us provides no funds for the CSRD—a tremendously popular and effective program.

Mr. LUGAR. I agree that few areas of our education funding can have a more positive impact on education in America than the CSRD. This program is a key tool for helping struggling schools adopt important reforms. Good reform programs are a bargain for our schools and our children when we compare their costs to that of retention, special education and illiteracy. In fact, I filed an amendment to S. 2, legislation crafted to reauthorize the Elementary and Secondary Education Act, that would have more than doubled funding for this important program. Unfortunately, this bill has been set aside.

Mr. BINGAMAN. The notion of systematic, comprehensive reform is inherently appealing because rather than piecing together discordant or incompatible pieces of change, these approaches provide a holistic and coordinated plan of action to improve student achievement and outcomes. I know that a number of research-based models of comprehensive school reform have been developed in recent years, and one that I am familiar with and which has spurred great progress across New Mexico is the Success for All program.

Success for All is serving about 1550 elementary schools in 48 states, and is also assisting related projects in five other countries. Fifty schools in New Mexico have adopted this program with great results.

Mr. LUGAR. Success for All is an exemplary research-based reform program. I have spent time with Dr. Slavin, who developed this program at Johns Hopkins, and I have been visiting Success for All schools in Indiana. The results in these schools are so promising that I have written to every superintendent in Indiana urging them to take a look at the program.

The discipline and accountability of Success for All greatly reduce the possibility that students will fail. By teaching children to read in the early grades, our schools can avoid holding students back, promoting them with insufficient ability or transferring them out of the normal curriculum to special education courses. Referrals to special education in Success for All schools have been shown to decrease by approximately 50 percent. In schools where Success for All is taught, students learn to read by the end of the third grade. By the fifth grade, students in these schools are often testing a full grade level ahead of students in other schools.

Mr. BINGAMAN. It is clear that as we seek ways to assist resource-poor and failing schools, we should increase support for research-based proven programs like Success for All. The House bill included the amount requested by the Administration—$240,000,000—for this program and I know that Senators SPECTER and HARKIN are supporters of the program. So, I'd like to encourage the Senators to include funding for it as the bill moves to conference. Funding at this level would allow approximately 2,250 schools to receive new grants and continue support for 1,025 schools currently using such funds to carry out research-based school reforms. It is my hope that we can work together as the bill moves through the appropriations process to fund this successful program.

Mr. SPECTER. Senators LUGAR and BINGAMAN make some very valid points with respect to the comprehensive school reform program. In conference with the House, I will make every effort to work with the Conferees to provide adequate resources for the CSRD.

Mr. HARKIN. I agree that the comprehensive school reform program has had a positive impact in many of our schools. As the bill moves to conference, I will work with Chairman SPECTER to restore funding for this program.

RELIEF FOR DISPLACED COAL WORKERS IN INDIANA COUNTY, PENNSYLVANIA

Mr. SANTORUM. Mr. President, I have sought recognition to discuss with Chairman SPECTER the plight of nearly 1,000 displaced coal workers in southwestern Pennsylvania. As Senator SPECTER is aware, these employees of Consol Coal have recently lost their jobs and have sought federal assistance to provide a wide variety of adjustment assistance services including occupational skills training, career plan development, and job search assistance.

As my colleague knows, the Commonwealth of Pennsylvania had requested over $12 million in an emergency grant application that was submitted to the U.S. Department of Labor. In addition to the services already mentioned, needs-related payments were requested in order to provide income support to workers who participated in retraining activities. These payments are essential as they provide a modest source of income for the workers while they are pursuing additional skills and education in order to prepare for a new vocation. Unfortunately, the Department of Labor only funded a portion of the request, indicating that needs-related payments could not exceed 25 percent of the total application. However, in the past the Department has not held similar applications to the same standard. In fact, I have been made aware of a grant award for mine workers who requested needs-related payments in excess of 70 percent of the total grant application.

Knowing of the need of these displaced coal workers and the inconsistency of the Department of Labor in awarding funds, I ask that Chairman SPECTER work with me in the coming weeks to identify appropriate funds in the Department of Labor's budget to support these workers as they prepare for new careers.

Mr. SPECTER. Mr. President, I want to thank my friend, the Senator from Pennsylvania, for his comments. He has been a tireless advocate of the coal workers in Indiana County, and I applaud his efforts on their behalf.

I, too, am well aware of the situation being faced by the former employees of Consol Coal and wrote to the Department of Labor on January 31, 2000 to urge that federal retraining funds be made available. As my colleagues are aware, we face tight budget constraints in this legislation. I will continue working with my colleague from Pennsylvania in the coming weeks in an effort to identify sources of funding that may be available for this purpose.

GRADUATE MEDICAL EDUCATION PROGRAM

Mr. MACK. Will the Chairman of the Labor, Health and Human Services and Education Appropriations Subcommittee yield for a question?

Mr. SPECTER. I will be pleased to yield to the Senator from Florida for a question.

Mr. MACK. I was most pleased to see that the Senate report accompanying this bill urged the Department to act in a timely manner to issue a Notice of Proposed Rule Making to include psychology into the Graduate Medical Education program. As you know, the Senate Finance Committee and the House Ways & Means Committee have been working with the Department of Health and Human Services on this matter since 1997. Both the Conference Report on the Balanced Budget Act of 1997 (Report 105–217 issued on July 30, 1997) and the Conference Report on last year's Omnibus bill (Report 106–479 issued on November 18, 1999) urged the Department to act favorably on this matter. In fact last year's Conference Report urged the Secretary to issue Notice of Rule Making to accomplish this modification before June 1, 2000.

Mr. President, we thank you for including language in your report—Report 106–292—to further support this effort. I am saddened to report that the advice the Appropriations Committee has given the Secretary is being given little notice, just like all the previous requests to her on this matter. Mr. President, at this point, I would request unanimous consent that a letter I wrote to Secretary Shalala, along with Senator GRAHAM, Congressman SHAW, and Congresswoman THURMAN on April 27, 1998 be published in the RECORD, following this colloquy.

Mr. President, many letters have been written to the Secretary and Nancy Ann Min DeParle, the Administrator of the Health Care Financing Administration, on this subject. Language has been included in two Finance/Ways & Means Conference Reports on this subject. Language has been included in the L–HHS Report. Despite all of these urgings, the desired result has not been produced. Would the Chairman of the Subcommittee consider including bill language in the final bill mandating this action if the Department has not issued the Notice of Proposed Rule Making by the time the Subcommittee goes to Conference with the House.

Mr. SPECTER. I would be pleased to look at this matter between now and the time of Conference.

Mr. GRAHAM. I understand that the Health Care Financing Administration has now cleared the NPRM, but there are other Departmental Agencies who now have questions about issuing the NPRM. I also concur with my colleague Senator MACK, that this issue has remained unresolved for too long, and I also believe it would be appropriate to include language to mandate this change.

Mr. MACK. I thank the Chairman for his response to our inquiry.

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

CONGRESS OF THE UNITED STATES,
Washington, DC, April 27, 1998.

Hon. DONNA SHALALA,
Secretary of Health and Human Services, Washington, DC.

DEAR SECRETARY SHALALA: The purpose of this letter is to bring to your attention report language included in the Balanced Budget Act of 1997 (P.L. 105–33) and to request implementation of the language at the earliest possible date. The language stated: ''With regard to graduate medical education payments, the Committee also notes that the Secretary reimburses for the training of certain allied health professionals, and urges the Secretary to include physician assistants and psychologists under such authority.''

The Graduate Medical Education (GME) program currently supports the training of 13 allied health professions including hospital administration, medical records, x-ray technology, dietetic internships and inhalation therapy. We believe the cost of including two additional health professions in the GME program, as recommended by the Senate Finance Committee and the House Ways and Means Committee, would be small and offset by the additional benefits to patient care.

In our view, including psychologists and physicians assistants in the GME program would be of significant benefit to Medicare patients. For example, there is an excellent program at the University of Florida where clinical psychologists, working in Shands Teaching Hospital, treat a variety of individuals with medical and psychological disorders. This program operated at and supported financially by Shands University Hospital contributes significantly to patient care and is the kind of program the Conference Committee considered appropriate for GME reimbursement.

We look forward to hearing from you regarding early implementation of the Conference language.

Sincerely,

Hon. CONNIE MACK,
U.S. Senator.
Hon. BOB GRAHAM,
U.S. Senator.
Hon. E. CLAY SHAW,
Member of Congress.
Hon. KAREN L. THURMAN,
Member of Congress.

CHILD HEALTH INSTITUTE OF THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY-ROBERT WOOD JOHNSON MEDICAL SCHOOL

Mr. TORRICELLI. I rise for the purpose of engaging the Chairman, Mr. SPECTER, in a colloquy.

Mr. SPECTER. I'd be happy to join my colleague from New Jersey in a colloquy.

Mr. TORRICELLI. I would like to take this opportunity to express my support for a very important initiative to both myself, the State of New Jersey, and the Nation. The University of Medicine and Dentistry of New Jersey (UMDNJ)-Robert Wood Johnson Medical School has developed the Child Health Institute (CHI) of New Jersey—a comprehensive biomedical research center focused on the development, growth and maturation of children. The mission of the Institute is to improve the health and quality of life of children by fostering scientific research that will produce new discoveries about the causes of many childhood diseases as well as the treatments for these diseases. Researchers will direct their efforts toward the prevention and cure of environmental, genetic and cellular diseases of infants and children.

The hospitals in central New Jersey birth nearly 20,000 babies each year. The founding of the Child Health Institute has created an extraordinary health care resource for these hospitals and the patients they serve. The new Children's Hospital at Robert Wood Johnson University Hospital is scheduled to open in 2000 and the Child Health Institute in 2001. Together these institutions will provide state of the art clinical and scientific research and treatment complex to serve children and their families, not only in New Jersey, but throughout the nation with cutting edge care and the latest scientific developments.

At maturity, the Child Health Institute is also expected to attract between $7 and $9 million of new research funding annually with the total economic impact on the New Brunswick area estimated to be $50 to $60 million per year. This facility has also already attracted the private funding of two endowed professorships designed to allow recruitment of world-class faculty.

Mr. President, funding for the University of Medicine and Dentistry's Child Health Institute in this bill would be entirely appropriate under the Health Resources and Services Administration account. It would be money well spent. I ask the Chairman to consider providing $5 million for the completion of the Child Health Institute.

Mr. SPECTER. I thank my colleague for his comments. We have received numerous requests for funding of health facilities. In the past, we have faced difficult choices in making a determination of funding priorities and this year promises to be no exception. We are aware of the request by the Child Health Institute and commend their efforts toward enhancing its research and service capacity. In Conference, we will keep in mind your request as well as those with similar meritorious characteristics and goals.

ANTIMICROBIAL RESISTANCE

Mr. COCHRAN. It is my understanding that, in view of the pressing need to deal with both infectious diseases and antimicrobial resistant diseases, the Chairman will agree that in conference there will be a total of at least $25 million in new funds to deal with the problem of antimicrobial resistance and that the total to deal with other infectious diseases will be at least at the level included in the Senate bill prior to the amendment.

Mr. SPECTER. That is correct.

Mr. KENNEDY. I commend my colleagues, Senator SPECTER and Senator COCHRAN, for their leadership in having reached agreement on this important issue. The resources provided under this agreement are an important first

step in addressing the critical problem of antimicrobial resistance. I look forward to continuing to work with my colleagues on this important issue as the Senate considers the legislation on infectious diseases, antimicrobial resistance and bioterrorism that I have introduced with my colleague, Senator FRIST.

LEAST TOXIC PESTICIDES POLICIES

• Mrs. BOXER. Mr. President, last March, the Senate passed an amendment I offered to the Education Savings Accounts bill that said schools receiving federal funds must notify parents prior to the application of toxic pesticides on school buildings and grounds. It also required the distribution of the Environmental Protection Agency's manual that guides schools in establishing a least toxic pesticide policy.

I offered that amendment for a simple reason. Toxic pesticides hurt our kids, and that hurts the education of our kids. The National Academy of Sciences has found that up to 25 percent of childhood learning disabilities may be attributable to a combination of exposure to toxic chemicals like pesticides and genetic factors. Yet, current EPA pesticide standards are not protective of children, and schools across America—where our children spend 6 or 7 or more hours a day—routinely use toxic pesticides. My amendment sought to lessen the impact of toxic pesticides on our children by urging schools to use the kinds of products that will harm children the least and to let parents know when toxic pesticides are going to be used.

Again, my amendment was added to the Education Savings Accounts bill. However, that bill has not gone anywhere since the Senate passed it on March 2. I could offer my amendment to the Elementary and Secondary Education Act bill, but it, too, appears dead.

So, I drafted an amendment to the Labor-HHS Appropriations bill to provide $100,000 for the Department of Education, in conjunction with the Environmental Protection Agency, to encourage school districts across the country to establish a least toxic pesticide policy—which is the policy in several school districts in California—and to notify parents prior to the use on school grounds of pesticides that the EPA has identified as a known or probable carcinogen, a category I or II acute nerve toxin, or a pesticide of the organophosphate, carbamate, or organochlorine class.

At the suggestion of my friend from Iowa, the Ranking Member of the Labor-HHS Appropriations Subcommittee, I will not offer that amendment because I understand that the managers will work to add language in the conference report that would accomplish the same thing. May I ask the Chairman and Ranking Member if that is correct?

Mr. HARKIN. Mr. President, I thank the Senator from California for bringing this issue before the Senate. I support what she is trying to do, and I think we can accomplish it through language in the conference report rather than as an amendment to the bill itself. I assure her that I will work to include such language in the report.

Mr. SPECTER. Mr. President, I will also work to see that language is included in the conference report encouraging the Department of Education to urge schools to adopt a least toxic pesticide policy and to provide the information and support necessary to do so.

Mrs. BOXER. I thank my collegues.•

EMPLOYMENT AND TRAINING GRANTS FOR DISLOCATED WORKER EMPLOYMENT AND TRAINING ACTIVITIES

Mr. DOMENICI. Mr. President, I would like to raise the issue of how the United States Department of Labor is administering Grants for Dislocated Worker Employment and Training Activities.

Both the FY 1999 and 2000 Labor-HHS Appropriations Bill contained earmarks critically important to New Mexico's economic well-being. The earmarks were directed toward training workers for the State's rapidly growing technology-based call center industry.

In fact, the industry is generating in excess of 450 jobs per month that pay approximately $11 per hour with substantial benefits in New Mexico. These grants would allow for the continued expansion of this industry by allowing the New Mexico Consortium to create a training curriculum that will lead to employment in the call center industry with an emphasis on the placement of hard-to-employ individuals.

However, the Department of Labor's actions regarding these earmarks has left me deeply distressed by the ill treatment New Mexico has received, especially in light of the priority placed on this issue by not only me but, the Committee as well.

It is also my understanding the current program year for the Department of Labor ends this Friday, June 30th and that there may be unobligated funds left over at that time. It is also my further understanding that in the event there are such unobligated funds the Department could provide some of these funds to a deserving program, like the training program in New Mexico.

Mr. SPECTER. I understand the concerns raised by the distinguished Senator from New Mexico in ensuring the Department of Labor properly funds the projects specified by this Committee.

I would concur with my colleague from New Mexico in the importance of funding the program to train workers for the State's rapidly growing technology-based call center industry. In the event there are unobligated funds left over at the end of the Department's current program year, I would also urge the Secretary of Labor to consider allocating funding for the training program in New Mexico.

Mr. DOMENICI. I thank the distinguished Chairman for his consideration and support for this important matter.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Mr. WELLSTONE. I rise in hope that Chairman SPECTER and Ranking Member HARKIN of the Labor-HHS Appropriation Subcommittee will engage in a colloquy with myself and Senator JEFFORDS, Chairman of the Health, Education, Labor and Pensions Committee, on the importance of advance funding for the Low Income Home Energy Assistance Program (LIHEAP).

I had initially planned to offer an amendment, with Senators JEFFORDS, KOHL, LIEBERMAN, LEVIN, SCHUMER, REED, DODD, KENNEDY, and LEAHY, that would restore advance funding for this essential program. However, since it is my understanding that my colleagues will work in the conference to ensure that the House provision for advance LIHEAP funding is included in the final appropriation bill, I will withdraw my amendment.

As my colleagues know, there is broad bipartisan, multi-regional support for LIHEAP. This year, 46 Senators signed a letter in support of the program. Specifically, we asked for $1.4 billion in regular LIHEAP funding, along with $300 million in emergency funding. In addition, we urged $1.5 billion in advance LIHEAP funding for fiscal year 2002. It is the lack of this advance funding in the Senate Labor-HHS appropriation bill that causes me great concern.

As many of my colleagues know, Minnesota is often called the ice-box of the nation, where bitterly cold weather is the norm. In fact, Minnesota is the third coldest state, in terms of heating degree days, in the country, after Alaska and North Dakota. Especially in cold-weather states like Minnesota, funding for LIHEAP is critical to families with children and vulnerable low-income elderly persons, who without it could be forced to choose between food and heat.

As we saw several years ago, when the Federal government shut down, piecemeal funding approved for LIHEAP had an extremely disruptive effect on the operation of the energy programs in the states. Congressional delay and enactment of appropriations bills after October 1 severely hampers states abilities to effectively plan their energy assistance programs. States operating year-round programs or those that begin in September are particularly threatened. Therefore, advance appropriations enable the creation of administrative systems for more efficient program management, allowing for orderly planning of state LIHEAP programs.

Will the Chairman work in conference to include this critical advance funding appropriation in the final Labor-HHS appropriation bill?

Mr. SPECTER. As you know, this is a very difficult year for appropriators. The budget caps are very tight, and this bill contains many valuable programs. I recognize and appreciate that the House-passed Labor-HHS bill provides $1.1 billion in FY2002 advance

LIHEAP funding. I have been a strong supporter of the LIHEAP program, and will work in conference to attempt to include the House provision for advance LIHEAP funding in the final appropriation bill.

Mr. JEFFORDS. First, Mr. Chairman, let me thank you for your hard work on this appropriation bill, and your dedication to the LIHEAP program. Next, I would just like to emphasize the importance of the forward funding provision contained in the 1990 reauthorization statute—the Augustus F. Hawkins Human Services Reauthorization Act.

This provision responds to the states' need to budget and plan their LIHEAP programs in advance of the fall/winter heating season, allowing them to effectively meet their obligations under the law. Timely energy assistance in the form of consistent advance LIHEAP funding is critical to the success of LIHEAP. For planning purposes, the states have come to rely on the predictability that your advance funding mark provides them.

Our Northeast-Midwest region has experienced extreme fuel price spikes during the last six months, highlighting the vulnerability of our low income energy consumers. With fuel prices projected to be even higher this winter than last, we need an effective LIHEAP program more now than ever. It is the most effective tool we have to ensure the safety of our low income households during severe weather conditions.

Mr. HARKIN. I agree that the importance of LIHEAP advance funding has been demonstrated this past year as many states have faced extreme temperatures and high fuel costs. LIHEAP advance funding is an effective tool that allows states to determine eligibility, establish the size of the benefits, determine the parameters of the crisis programs and enable the states to properly budget for staffing needs. I will work with Chairman SPECTER to attempt to include the House provision for $1.1 billion in FY2002 advance LIHEAP funding in the final appropriation bill.

Mr. WELLSTONE. Thank you, Mr. Chairman, Ranking Member HARKIN and Senator JEFFORDS. I appreciate your commitment to work in conference on behalf of LIHEAP, and I withdraw the amendment.

CENTERS FOR INDEPENDENT LIVING

Mr. BENNETT. I would like to thank the subcommittee chairman for including a $10 million increase for Centers for Independent Living, part C. However, because of the formula in current law, eighteen states do not receive any increase in funding. I understand that many of the smaller states have not received an increase since 1992. It is not my intention to change the funding formula in an appropriations bill, but I believe this problem needs to be addressed.

Mr. SPECTER. I appreciate the Senator bringing this to my attention, and am willing to hear the solution the Senator from Utah proposes.

Mr. BENNETT. The National Council on Independent Living and individuals in my own state of Utah, are concerned about individuals with disabilities who reside in underserved areas. NCIL has proposed changing the formula for Centers for Independent Living, part C. Under their proposal, fifty percent of funding will be distributed equally among the states, and fifty percent will be divided among the states based on population.

Instead of amending the Rehabilitation Act in this bill to permanently change the formula on this appropriations bill, I propose $5 million of the $10 million increase included in H.R. 4577, be divided equally among the states. The remaining $5 million would be distributed based on current law. Thus every state will receive a funding increase. In small states, this small amount translates to roughly $94,000. Based on letters and phone calls I have received, it appears that the coalition of Independent Living Centers across the country are amenable to this proposal—even the larger states.

Mr. SPECTER. I thank the Senator. I appreciate the Senator's sensitivity to changing authorizing language in this bill. I also share his concerns about the needs of individuals with disabilities in underserved areas, and I will address this issue as we proceed through the appropriations process.

Mr. BENNETT. I appreciate the chairman's consideration. It is my hope that we can reach an agreement that will increase the ability for Centers for Independent Living to serve the needs of individuals with disabilities not only in large states, but in smaller, underserved area.

VOCATIONAL REHABILITATION

Mr. SCHUMER. First, Mr. President, I would like to thank Senator SPECTER and Senator HARKIN for their leadership and continued funding of the Vocational Rehabilitation program, which is so important to the disabled men and women in New York State and across the country.

I would like to take a moment to engage my colleague in a colloquy.

Mr. HARKIN. I thank the Senator for his kind words and would be happy to engage in a colloquy with him.

Mr. SCHUMER. In Fiscal Year 2000, Congress provided a 1.2 percent inflationary increase to the Vocational Rehabilitation State Grants program, which is distributed through a statutory formula using population and per capita income data. In October of 1999, the Bureau of Economic Analysis released new estimates of per capita income resulting in a drastic change in the funding allocation to states. Under these comprehensive revisions, New York, Massachusetts, Colorado, Minnesota, Texas, and the District of Columbia lost funding to a level below that of their Fiscal Year 1999 funding. This shift was both unexpected and severe, leaving these states' agencies unable to assist hundreds of physically or mentally disabled men and women needing assistance toward gainful employment. In my own state of New York, we lost $1.6 million from our initially expected amount.

Mr. President, I wish to thank Senator HARKIN for committing to add report language during the conference committee negotiations of the Departments of Labor, Health and Human Services, and Education Bill for Fiscal Year 2001 that will enable the Department of Education to give priority status under Fiscal Year 2000 re-allotment funds to States who received less under the formula in Fiscal Year 2000 than in Fiscal Year 1999, and who are able to meet the criteria outlined in Section 110(b)(2) of the Rehabilitation Act.

Mr. HARKIN. I am pleased to help the Senator from New York and his colleagues from the other affected states and the District of Columbia.

Mr. SPECTER. I thank the Senator from New York for his effort on this issue and will do my best to resolve this situation in conference.

Mr. SCHUMER. I thank the Chair.

ADVANCED PLACEMENT FUNDING

Mr. BINGAMAN. Senators SPECTER and HARKIN, I'd like to express my appreciation to you and your committee members for agreeing on the importance of the Advanced Placement (AP) Incentive Program by recommending that it be funded at $20,000,000—a $5,000,000 increase over last year's appropriation. As you know, the AP program provides rigorous instruction to high school students by teachers who have had additional, intensive professional development. While historically it was the well-to-do elite that had access to these courses—which not only cover advanced material but enable students to gain college credit and advanced standing—today the AP program continues to expand its reach, so that over half of all high schools in the nation offer AP courses in a variety of subject areas. The fact of the matter is that in this era of focus on high standards and improving student achievement, the AP program offers proven impact on student outcomes in high school, and there is even research that shows that regardless of the grade attained, a student who has access to more rigorous course work in high school is more likely to complete college.

As you know, the AP Incentive Program helps ensure that AP classes are within reach of low income students by subsidizing the cost of taking the AP test. These tests cost about $100 and many low income students would have to pass up the opportunity to take it due to expense. The program also supports activities designed to expand access to AP courses, particularly in low income areas. Many schools do not yet have AP programs and schools with large minority and low income populations are less likely to offer AP courses. This can be tragic for many students, as many colleges and universities consider whether a student has

taken AP classes when making admissions decisions. Every student—regardless of socioeconomic background—should have the opportunity to attend college and to take challenging curriculum in high school. This program helps to ensure both.

Mr. HARKIN. I agree wholeheartedly with you on the importance of ensuring that all students are exposed to challenging courses that lead them on a positive track towards further education, and that teach critical skills that can be practically applied even if the student does not continue their education immediately. While it is certainly just one piece of the puzzle when it comes to strengthening the academic offerings and outcomes for all students, including disadvantaged students, the AP program is something I think we should all be able to agree on supporting.

Mr. BINGAMAN. I also want to share my thanks for the Committee's attention to the benefits of Internet-based AP programs, particularly in rural and Native American areas of the country. As technological capacities at schools increase, there is every reason to utilize such tools to deliver high-quality programs like AP courses through distance methods, especially in schools where the student population is too small or location is too remote to sustain a great deal of variety on-site. I look forward to working with you and the Administration to expand support for these kinds of innovative means of advanced instructional delivery to our rural and Native American schools.

Mr. SPECTER. I agree that Advanced Placement programs can be extremely valuable in raising standards in high schools and helping high school students to be better prepared for postsecondary education. I am glad that we were able to provide an increase in funding for this program and, in conference with the House, I will make every effort to work with the Conferees to maintain funding for this program.

SMALLER LEARNING COMMUNITIES FUNDING IN LABOR HHS APPROPRIATIONS BILL

Mr. BINGAMAN. Mr. President, I wanted to take a moment to reiterate my hope that the conferees on the Appropriations Committee will consider restoring funding for the Smaller Learning Communities program under the Fund for the Improvement of Education. Last 7ear $45 million was appropriated for what has been a very important initiative an the President has requested $120 million for FY2001. I strongly believe that we must continue—and indeed increase—our support for this program. As this appropriations bill goes to conference, I hope that you and your fellow committee members will decide to meet the President's request.

A number of research studies in recent years have documented the value of small schools and smaller learning communities, and the Bank Street College of Education just last week release a new study called ''Small Schools: Great Strides,'' which unequivocally confirms what we knew from earlier research—namely, that small schools help students succeed. This particular study examined the 150 or so small schools that were founded between 1990 and 1997 in Chicago, and tracks their progress through 1999. In these elementary schools of fewer than 350 students and these high schools of fewer than 400 students, the positive trends encompass everything from diminished violence to higher grade point averages and attendance rates. Of course, small size alone does not translate into these positive changes, but it certainly does foster the atmosphere of closeness and community that is conducive to the kinds of progress that our parents, teachers, and students are seeking.

Based on studies of high school violence, researchers have concluded that the first step in ending school violence must be to break through the impersonal atmosphere of large high schools by creating smaller communities of learning within larger structures, where teachers and students can come to know each other well. We really cannot wait for more tragedies of students shooting students or teachers before we act to fix the situation.

And just as important, particularly in our search for what works to improve student achievement, is that smaller school size also positively impacts learning. Research demonstrates that small schools outperform large schools on every measure of student outcomes, including grades, test scores, attendance, and graduation rates. In the Bank Street study, nearly twice as many students enrolled in smaller learning communities contained within larger high schools scored at or above national norms in reading compared to their peers. This impact is even greater for ethnic minority and low-income students.

In addition, smaller learning communities enhance the school experience for both teachers and students—research shows that smaller schools generate greater community and parental involvement, and a more engaged and enthusiastic staff. Research also shows that students at smaller schools are more likely to participate in extracurricular activities, and in a greater variety of activities—because everyone is needed to fill out the teams, clubs, and offices, even shy and less able students are more likely to participate and develop a sense of belonging.

Furthermore, contrary to what some may think, small schools can be created cost effectively. Larger schools can be more expensive because their sheer size requires more administrative support, and because small schools have higher graduation rates, the actual cost per graduating student is lower than at large schools.

I certainly hope that we do not turn our backs on this initiative, which we already know from research is a worthwhile investment that has real impact on school climate and student safety, as well as on student morale and achievement.

Mr. HARKIN. I thank the Senator for sharing your knowledge on this research-proven method of educational reform. As we make the difficult decisions about what should be funding priorities for the Federal government in the vast expanse of options, we certainly do need to be acutely aware of what has been demonstrated as having measurable positive impact on real students. As we move to conference on this appropriations bill, I will encourage everyone to consider the good that smaller learning communities can do for all students, including those for whom just a little extra attention and sense of belonging can mean the difference between violent outbursts as a cry for help and successful completion of high school with goals for the future.

Mr. SPECTER. Senator BINGAMAN has made some very valid points with respect to the research on small schools. In conference with the House, I will make every effort to work with the Conferees to provide adequate resources for the smaller learning communities program.

RURAL HEALTHCARE NEEDS

Mr. BURNS. I would like to engage my colleagues from Pennsylvania and Iowa on a couple of issues relating to the Fiscal Year 2001 Labor, Health and Human Services, and Education Appropriations bill. Access to healthcare in Montana is often inadequate. I would like to focus on a couple of projects that must be addressed in the state in order to address some immediate rural healthcare needs. The first is a mobile health clinic. St. Vincent Hospital in Billings has partnered with Ronald McDonald House Charities to operate a mobile health clinic in Eastern Montana. They hope to begin operating this clinic later this year. This mobile health clinic will focus on providing preventive health care to children at no cost in small rural communities. These communities are in dire need of medical services. Mr. Chairman, Mr. HARKIN, this is no small matter—31 Montana counties are designated as ''medically underserved'' by the Health Resources Services Administration (HRSA). Twenty-three percent of Montanans lack access to a primary health care provider.

Mr. SPECTER. I understand the Senator's concerns and agree with him about the unique healthcare needs and problems with access in rural areas.

Mr. HARKIN. As a Senator from Iowa, I understand quite well the challenges to access to care posed in rural states.

Mr. BURNS. The second concern is the fact that there is a need for additional dental hygienists, but Montana is the only state without a dental hygiene education program. There are currently 333 active licensed dental hygienists in Montana. A survey of all Montana dentists and dental hygienists

was conducted late in 1996 which indicated a need for additional hygienists to fill current and future vacancies. The lack of a dental hygienist in a practice reduces the number of hours the dentist is available to deliver care only he or she is able to perform. Licensure as a registered dental hygienist in Montana requires graduation from an accredited dental hygiene program of either two or four years. Montana's only dental hygiene education program was closed in 1989 at Carroll College. Since that time efforts to open a new program have been unsuccessful, but are ongoing. Montana students desiring hygiene degrees must travel out of State. Of the current 28 students at Sheridan Community College in Wyoming, half are from Montana. Montana has fewer dentists per capita than the U.S. average. Many communities, especially rural areas, are losing dentists (to retirements and other factors). A large percentage of Montana dentists are expected to retire in the coming decade, while the number of available dental school graduates has been declining. With two-thirds of Montana's active dentists age 45 years or older and more than a quarter over age 55, concerns over the effect of retirement in coming years has grown. If a dental hygiene program were established in Montana, hygiene graduates would be available to perform hygiene tasks which presently are being performed by dentists. This would free the dentists to perform diagnosis and treatment services which only the dentist is trained to provide. The establishment of this program would be of vital importance to eliminating the strong prevalence of under-served areas in Montana.

Mr. SPECTER. We have rural states in need of programs which improve both access and quality of care. I believe these projects are worthy, and I will consider them during the conference agreement. I appreciate your bringing these issues of my attention.

Mr. HARKIN. I understand the nature of the problem in Montana requires attention. I thank the Senator for bringing these issues to my attention. Chairman SPECTER and I will give them consideration during conference.

LEAP FUNDING

Mr. REED. Mr. President, I rise to engage Senators SPECTER and HARKIN in a colloquy regarding funding for the Leveraging Educational Assistance Partnership (LEAP) program.

First, I want to commend Senators SPECTER and HARKIN for numerous education funding increases in the Labor, Health and Human Services, and Education Appropriations bill. There are tough budget pressures facing Senators SPECTER and HARKIN, and they have done tremendous work on this bill. In particular, I am pleased that they have increased funding for the Leveraging Educational Assistance Partnership (LEAP) program to $70 million.

LEAP, a federal-state partnership, is vital to our efforts to help needy students attend and graduate from college. In fact, without this important federal incentive, many states would never have established or maintained their need-based financial aid programs.

Over the past three years, I have worked with Senator COLLINS and others in the Senate to restore, revamp, and increase funding for LEAP. This year, the Senate Labor, Health and Human Services, and Education Appropriations bill provides $70 million for LEAP. While this funding level is less than the bipartisan request that I submitted with 32 of my colleagues, it is a significant increase over current funding and the President's request. This would be the biggest boost for the program in some time, and, as such, I decided not to offer an amendment to further increase funding for LEAP.

However, I am concerned that during Conference with the House, which has once again zero-funded the program, LEAP will not remain at the Senate's $70 million funding level. This concern is also shared by the higher education community, which strongly supports the Senate's $70 million for LEAP. Would the Chairman yield for a question?

Mr. SPECTER. I would yield to the Senator from Rhode Island.

Mr. REED. I thank the Senator. Does the Senator share my concern about maintaining the Senate's $70 million for LEAP and is the Senator's intent to fight for this level in Conference?

Mr. SPECTER. I share the Senator's support for our Subcommittee's funding level for LEAP and will work during Conference to preserve it.

Mr. HARKIN. I would also like to voice my support for preserving the Subcommittee's funding level for LEAP.

Mr. REED. I thank my colleagues, and I yield the floor.

THE ROLE OF HUMAN FACTORS RESEARCH IN REDUCING MEDICAL ERRORS

Mr. BINGAMAN. Mr. President, will the Chairman yield for a question?

Mr. SPECTER. I will be pleased to yield.

Mr. BINGAMAN. First, I want to compliment the Chairman and the Ranking Member of the Subcommittee on their hard work in producing this bill for the consideration of the Senate. I would also compliment the Committee for addressing the medical errors issue. Medical errors account for as many as 98,000 deaths each year making it the 5th leading cause of death in America. It is therefore appropriate that the Committee has recommended an allocation of $50 million to the Agency for Healthcare Research and Quality (AHRQ) to focus on ways to reduce medical errors.

Mr. REID. Mr. President, I also want to express my support for the efforts outlined in this bill to reduce medical errors. It is my hope that these measures will set us on the path of constructively addressing this troubling issue.

Mr. BINGAMAN. In hearings before the Health, Education, Labor and Pensions Committee we heard expert testimony regarding the contribution to increased safety made by human factors research in industries such as defense and aviation. This field of research maximizes the efficiency and accuracy of the interface of humans with equipment, technology and the workplace environment.

Does the Chairman view human factors as a field of research that could make an important contribution toward reducing medical errors?

Mr. SPECTER. I thank the Senator from New Mexico and the Senator from Nevada for highlighting this matter. Yes, the field of human factors research clearly is a field that can make an important contribution toward reducing medical errors. I am also aware that the National Academy of Sciences has developed an expertise in this field and I would urge the Agency for Healthcare Research and Quality to call on the expertise of the National Academy of Sciences as it addresses the medical errors issue.

Mr. BINGAMAN. I thank the Chairman for his response.

Mr. KENNEDY. Mr. President, I know that Senators SPECTER and HARKIN worked diligently to craft a bill that could gain broad support. But during the floor debate, Republicans weakened this bill in critical ways that shortchange children in their education, subject hundreds of thousands of American workers to ergonomic injuries, and promote a sham patients' bill of rights.

I urge the Senate to reject this bill, and I urge the President to veto it if it reaches his desk. America's schoolchildren, workers, seniors, and everyone with health needs deserve a much better bill.

Republicans' very first order of business in debating this bill was to delay the Department of Labor's proposed protections against ergonomic injuries. Hundreds of thousands of American workers will continue to suffer these injuries if this bill is enacted. The companies that Republicans are helping in this bill have had years to study and respond to the overwhelming evidence that ergonomic standards improve worker safety. Yet these special interests continue to oppose these protections. This is unacceptable, and it alone warrants a veto of this bill.

Debate on many other parts of this bill fell into a regrettable pattern. Time and again Democrats came to the floor with proposals to improve schools, improve health care, or improve conditions in the workplace. Republicans rejected the amendments, because the amendments didn't allow room for the massive tax breaks they want, and the amendments were defeated.

Republicans think they've already done enough for the health and education of the American people. Democrats insist that more can be done and

should be done. That is a fundamental difference between the two parties.

The amendments that Democrats proposed to this bill highlight the obvious needs that the nation should be meeting.

The health of senior citizens is needlessly at risk, because they don't have affordable and dependable prescription drug coverage under Medicare.

Public schools across the country are literally falling apart. They need help in repairing their crumbling facilities and modernizing their classrooms.

One of every five children in the nation still lives in poverty. They lack educational opportunities at every step of the way from birth through college. They deserve a fair chance to do well in school—to go to college—to have a productive life and career.

The high-technology training needed to prepare the nation's workforce for the future economy is out of reach for millions of Americans.

Democrats want to do more to solve these problems. But again and again, our Republican colleagues refuse to act. Their refusal raises a fundamental question of priorities that the American people will decide in November if this impasse continues.

We have a budget surplus of $1.9 trillion over the next ten years. We can afford more than token efforts to improve education, health care, and working conditions for the nation's families. We need major improvements in current law—and we can afford them. They should be a high priority.

How long will we ignore the 20 percent of the nation's children who live in poverty? How long will we ignore the third of senior citizens who have no prescription drug coverage? How long will we send children to crumbling schools? How long will we refuse to address the hundreds of thousands of ergonomic injuries suffered by workers each year? Now is the time to deal with these festering problems.

In fiscal year 2001 alone, a $49 billion surplus is now projected. All of the priorities I have described can be accommodated for a small fraction of this amount—and they should be accommodated. If we are ever going to make serious investments in the education of the nation's children, now is the time.

The record prosperity we are now enjoying also gives us an opportunity to save many more lives through better access to health care. It gives us an opportunity to modernize Medicare by adding a life-saving prescription drug benefit for senior citizens. It gives us an opportunity to provide many more children with a decent education and enable them to become full participants in the new economy. It gives us an opportunity to make every workplace safer, and to provide millions of workers with the skills they need in this rapidly growing high tech economy.

We can do all this, and also provide responsible tax relief for the vast majority of our citizens. Democrats support targeted tax relief for the nation's families, not the excessive and irresponsible tax breaks for the wealthy that our Republican colleagues insist on.

The Republican estate tax relief bill alone would cost $105 billion in the first ten years, and $50 billion a year after that. It's the ultimate tax break for the wealthy. Its relief goes to the wealthiest 2 percent of Americans—those who have prospered most in our record-breaking economy—those who have no trouble affording education for their children, health care for their families, or the prescription drugs they need.

Other Republican tax breaks now pending in the Senate would cost a total of $711 billion over the next ten years, exploding to even higher costs in the following years. George W. Bush has proposed tax cuts that would consume the entire $1.9 trillion budget surplus projected over the next ten years.

If Republicans are willing to give even slightly less to those who already have the most, we will have more than enough resources to dramatically improve education and health care for all Americans.

The American people should be very clear on this issue. The Republican tax breaks are too extreme. They are keeping the nation from meeting its high priority needs in education, heath care, the workplace and other vital areas. These needs can be met, if Congress has the will to meet them. As we head into the final weeks of this year's session, I urge my colleagues to do a better job of meeting these all-important priorities.

The anti-labor rider that Republicans attached to this bill on ergonomics, combined with the failure to fund education priorities in class size and school construction, would be enough alone for me to vote against this bill. But yesterday, Republicans added yet another offensive provision—a sham patients' bill of rights.

Republicans went on record in favor of weak health care protections for Americans. And even those weak protections cover only a small fraction of the number of people who need protection. The Republican plan contains ineffective appeal procedures. These defects are the reason why the GOP plan is strongly opposed by all medical and nursing organizations and hundreds of patient groups and consumer groups across the country. Only the insurance industry supports the Republican plan, because it's a plan that only an HMO could love.

This flawed bill should be defeated. The American people deserve far better than this.

• Mr. MOYNIHAN. Mr. President, I am pleased to see the New-York Historical Society mentioned in the Committee Report to the Labor-HHS Appropriations bill. The Society is a wonderful New York institution that has outstanding collections and runs outstanding educational programs. One such program would soon bring to the general public one of the nation's most extensive collections of Revolutionary War materials; documents, manuscripts, artifacts, and works of art. Tied to the collection will be a program that will tie in with social studies and history classes across the nation.

The key components of this effort are digitization of primary documents and museum objects to make them available on the World Wide Web and workshops for teachers to be held at the Historical Society to show creative approaches to interpreting history using documents and artifacts. Video conferencing will make teacher workshops available around the country as well.

Published school curricula and resources kits based on the Society's Revolutionary collections will be available to teachers as well. There will also be an interactive web site for teachers and students, a linkage of the Society's library and museum collection databases, providing one unified source of information on the collections. The Society also hopes to develop a 30 minute interactive video in English and Spanish available in the Society headquarters and on the web. Finally, hand held scanners will give visitors instant electronic access to information about the collections as they are viewed and access to related websites.

Mr. President, the Historical Society has wonderful plans for its future. I hope we are able to assist with what is truly a project of national scope when we finalize this bill during the coming months.•

Mr. McCAIN. Mr. President, this appropriation bill contains funding for many critical and quite frankly, essential programs benefitting many segments of our society. This appropriation vehicle supplies important funding directly benefiting American families and senior citizens while also providing important assistance to our most important resource, our children.

This appropriation bill provides funding for helping states and local communities educate our children. Additionally, it provides the necessary funds for supporting our scientists dedicated to finding treatments, if not cures, for many of the illnesses which plague our nation. This bill also provides funds for ensuring our nation's most vulnerable—our children, seniors and disabled have access to quality health care. In addition, it provides the monetary support for important programs assisting working families needing assistance with child care, adult day care for elderly seniors and Meals on Wheels.

These are many important programs funded through this bill that help so many vulnerable citizens that I am even more frustrated to find this bill laden with directives and accounting gimmicks. I am particularly disappointed that this bill redirects $1.9 billion from the State Children's Health Insurance Program, S–CHIP, to assist in funding other programs and

projects. This is simply wrong and is nothing more than an accounting gimmick at the expense of the health of America's children. In addition, I am concerned about the significant reduction in Social Services Block Grant, SSBG.

I applaud the committee for including very few specific funding earmarks but am distressed about the extensive list of directives that have been included. It is apparent that the plethora of directives and strong committee language are intended to camouflage the number of specific projects that are being provided special consideration and bypassing the appropriate competitive funding process. The list of set asides contained in this bill are so extensive that I will not burden the chamber with listening to me list each one individually. Instead, I will highlight just a few of the violations of the appropriate budgetary review process. These include:

Language encouraging consideration of efforts by the University of Pittsburgh Medical Center Health System, UPMC-HS, to implement a state-of-the-art Health System wide project to electronically store and provide all clinical and administrative information in a secure and automated manner.

Language encouraging additional funds for the Pine Ridge Indian Reservation in the southwestern corner of South Dakota which has a high incidence of alcohol addition.

Language encouraging consideration of a program at the Center Point, Inc. which provides low-cost, comprehensive drug and alcohol services to high risk families and individuals in the San Francisco Bay area.

Language directing consideration of sufficient funds to continue West Virginia's Injury Control Training and Demonstration Center at the same level as last year.

Language directing consideration of the Lewis and Clark College's Life of the Mind Education initiative that develop an educational programming celebrating the 200th anniversary of the Lewis and Clark expedition and the Louisiana purchase.

The Committee is aware of the following projects that it encourages the Department of Labor to consider supporting:

Workforce Training and Retraining for dislocated and incumbent workers in real manufacturing environment—University of Albany, NY.

Workforce Development project to retain older incumbent workers for Montana workforce—Montana State University, Billings.

University of Alaska/Ketchikan Shipyards training program for shipyard workers.

State of New Mexico—telecommunications job training for dislocated workers.

Clemson University, retraining of tobacco farmers.

While each of these programs may be just and deserving of funding it is appalable that these funds are specifically earmarked and not subject to the appropriate competitive grant process. I am confident that there are many facilities, health organizations, and educational sites around the nation needing financial assistance for their particular programs who are not fortunate enough to have an advocate in the Appropriation process to ensure that their funding is earmarked in this funding bill. This is wrong and does a disservice to all Americans.

Mr. President, so many important programs including those impacting the health and education of our nation depends on the support provided through this bill and yet, we have diluted the positive impact of these programs by siphoning away funds for specific projects or communities which are fortunate enough to have representation on the Appropriation committee.

We must find the courage to discard the spending gimmicks and earmarks contained in this bill during conference and provide the much needed financial support for education, work training, children, health care, research and senior programs.

Mrs. MURRAY. Mr. President, the Labor, Health and Human Services appropriations bill is meant to address the needs of our nation's most precious resource, our people. When a Labor, HHS bill is properly funded, it ensures the health of our families, the education of our children and the safety of our workers. Unfortunately, the bill before us falls short and I will vote against it.

In March, I expressed my concerns that the Congressional Majority was not sufficiently funding this part of the budget.

Today, in June, we can see specifically how those shortcomings will impact the American people. While this bill does make some specific gains in key public health programs, the overall picture is lacking.

While I am pleased with some parts of this bill, I am voting against it because it does not make the necessary commitments to public health, worker safety, and reducing class sizes. We have a surplus and we can invest in key programs like education, health care, job training, and work place, but instead we are guided by a spending plan that places a greater emphasis on irresponsible tax cuts.

Before I outline the specific reasons for my vote, I do want to thank the Chairman for his hard work on this bill. He has been given an impossible task, and he has still been able to make some key investments in vital health initiatives like the National Institutes of Health, NIH, our efforts to reduce medical mistakes, and efforts to expand medical services in rural areas through the use of telemedicine.

When it comes to funding the NIH, the additional $2.7 billion allocated in this bill is clearly a sound and wise investment. Unfortunately, we have not made the same investment in other important health care access and prevention programs, but I am committed to working with the Chairman to maintain this level for NIH.

We also need to ensure that all public health agencies receive the same level of commitment and support. Without the work and programs of CDC, HRSA, and FDA, research funded from NIH will never make it to patients.

We also need to show the same commitment to prevention programs and health care access programs that we have shown to NIH. What we sometimes forget is the number one killer in this country is cardiovascular disease, a disease that we can do more to prevent.

Another highlight of this bill is its support for innovative solutions to prevent medical errors. The $50 million to fund new projects to reduce medical mistakes is essential if we hope to implement effective, constructive solutions. I believe this new funding will provide support to hospitals and clinics to automate drug dispensing to reduce fatal errors from prescription drugs not administered correctly. It will ensure that we utilize ''best practice'' standards when implementing automation into hospitals and will allow the expansion of current efforts at the Veterans Administration to reduce medical mistakes. The Institute of Medicine's report on medical errors clearly illustrated what was wrong in our health care delivery system. Fortunately, this Appropriations bill provides the funding to help us avoid medical mistakes.

I also want to thank the Chairman for his support of telemedicine efforts. For rural communities in Washington state, expanding and enhancing telemedicine is an important part of ensuring access to quality, affordable health care. I appreciate the Chairman's support of my request for Children's Hospital in Seattle to support a telemedicine project.

I would be remiss if I did not congratulate the Chairman and Ranking member for their efforts on behalf of women's health care. The pending LHHS Appropriations bill does address many of the gender inequities in research and access. The Chairman has also provided an increase for the CDC Breast and Cervical Cancer Treatment Act to expand the Wise Women program to additional states, including Washington state. This important screening program would allow for the screening of breast and cervical cancer as well as heart disease. It builds on the success of the breast and cervical cancer screening program to offer greater access for low income women.

Clearly, there are some good elements of this bill. Unfortunately, the lack of overall investment in public health undermines these provisions. The bottom line is that the overall commitment made to the LHHS and Education programs has been short changed in order to provide massive tax cuts for the few. The priorities of

the FY01 Budget Resolution simply do not reflect the priorities of working families.

Another problem with this bill is it does not protect America's workers. Today, we have one of the lowest unemployment rates in our nation's postwar economy. We have jobs that cannot be filled, but we also have workers who cannot find jobs because they lack the training and necessary skills. Dislocated workers are a resource we simply have not tapped and the funding levels in this bill do not allow for the necessary investment in these programs.

This bill also does not allow OSHA to issue an ergonomics standard, even though ergonomic injuries are the single-largest occupational health crisis faced by men and women in our work force today.

I am also disappointed that this bill does not fund the President's efforts to ensure pay equity. This bill does not give the Department of Labor and the Equal Employment Opportunity Commission the tools it needs to enforce wage discrimination rules.

In addition, this bill does not guarantee that classrooms across America will be less crowded next year. While I appreciate the Chairman's efforts, the funding level is not adequate to meet our goal of hiring 100,000 new teachers to reduce classroom overcrowding. In addition, the structure of the funding does not guarantee that the funds will be used to reduce classroom overcrowding.

This is a national priority, and we should direct this investment to reducing class size. If we do not continue to honor our commitment to classroom overcrowding, we will have failed to give students the tools to learn the basics in disciplined environment.

I also am concerned that we have doomed this bill to failure if we reject the President's education agenda, which includes a targeted class size reduction program. Not simply throwing more money at the problem, but using limited resources to invest in our children. I will continue to work with the Chairman as I do believe he is trying to work with difficult spending limitations, but we need to improve our commitment to reducing class sizes. This bill does not get the job done.

Finally, Mr. President, I want to express my strong opposition to the Helms Amendment, which would override the choices of thousands of communities and would endanger America's students.

Currently, 23 states allow minors access to confidential family planning and contraceptives. The Helms amendment would override those laws and—in effect—create a new federal parental consent law. Access to safe, confidential reproductive health care services for minors is a major health concern, and various communities have found their own ways to address it.

This is not just about preventing pregnancy. It's about preventing fatalities. AIDS and HIV threaten students today. Unfortunately, this amendment jeopardizes a public health effort to protect these students.

I do want to mention that I was surprised to hear the sponsor of this amendment talk about access to RU–486 in school-based clinics. I would remind my colleague that RU–486 has still not been approved for use in this country. The real issue here is our ability to protect the health of students across America, and the Helms amendment stands in the way of that important priority.

When I look at the Labor, HHS bill, I see a bill that fails America's workers and students. Because this bill does not make the necessary investments in public health, worker safety and education, I am voting against it.

Mr. BYRD. Mr. President, I support the Fiscal Year 2001 appropriations bill for the Departments of Labor, Health and Human Services, Education, and Related Agencies.

This measure increases funding for education programs by $4.6 billion from $37,924,569,000 to $42,594,646,000. This increase includes funds to provide for a $350 dollar increase in the maximum Pell Grant award, up to a maximum of $3,650 dollars. The bill also includes an increase of $1.3 billion for special education programs, raising the total appropriations for such purposes from $6,036,196,000 to $7,352,341,000. Furthermore, for the first time, this bill enables local education agencies to use Title VI funds for school modernization and class-size reduction efforts, if they so choose.

I am pleased that the bill contains over $40 million in funding for the Robert C. Byrd Honors Scholarship program. As the only merit-based scholarship program funded by the Department of Education, this program awards scholarships to high school graduates who demonstrate outstanding academic achievement and have been accepted to attend an institution of higher learning.

The bill includes nearly a million dollars for the continuation of a program to identify and provide models of alcohol prevention and education in higher education. Alcohol abuse is a devastating problem on college campuses across America, and I hope that this program will provide incentives and form the basis for colleges and universities to better address the problem of alcohol abuse on their campuses.

I note that the bill includes a $1.2 billion initiative to address the problem of youth violence, which is also a major national concern. This spring, at West Virginia University, I convened a Youth Summit on Violence that was designed to give young people an opportunity to put forth their ideas on how to reduce violence among their peers. In response to the question, ''What would best prevent violence in the schools?''—the number one response from these young people was to create safe places where they can gather for social activities after school. In that regard, I am pleased that the bill includes $600 million for the 21st Century Learning Centers Program. That very important program supports grants to local education agencies for the purpose of establishing after-school programs.

The bill contains nearly $250 million for the Mine Safety and Health Administration, and an increase of $2.5 million above the President's request for the Mine Health and Safety Academy. This agency is vital when it comes to protecting the health and safety of our nation's miners. The measure also contains $6 million for black lung clinics, which play a critical role in providing medical treatment to coal miners suffering from black lung disease.

Further, the bill includes more than $200 million for the National Institute for Occupational Safety and Health (NIOSH). Important research conducted at NIOSH adds to our understanding of occupation-related ailments and diseases.

In conclusion, Mr. President, I express my appreciation to the Chairman and Ranking Member, Senators SPECTER and HARKIN, for their efforts in putting together this very important funding bill. These two Senators are vastly experienced and knowledgeable when it comes to matters under the jurisdiction of the Labor, Health and Human Services and Education Subcommittee. They have worked on a bipartisan basis splendidly, as is always the case, preparing this Fiscal Year 2001 appropriations bill.

I also wish to express my appreciation to Senators SPECTER and HARKIN for facilitating the inclusion of my amendment into the managers' package. My amendment provides $50 million to the Secretary of Education to award grants to states to develop, implement, and strengthen programs that teach American history as a separate subject within school curricula. The importance of America history is too often undervalued in our nation's classrooms. Poll after poll in recent years has alerted us to huge gaps in historical knowledge among our nation's schoolchildren. It is my hope that this amendment will encourage teachers and students to take a deeper look at the importance of our nation's past.

Again, I wish to compliment the two fine managers of the bill and the Appropriations staff who have assisted them with preparing the bill. I urge my colleagues to support the bill.

Mr. KOHL. Mr. President, I rise in support of final passage of the FY 2001 Labor, Health and Human Services, Education and Related Agencies Appropriations bill. Although I have concerns with the funding levels in some areas, I want to commend Senator SPECTER and Senator HARKIN for again working under difficult budget constraints to put together a good bill that addresses many of our nation's needs.

I am pleased that the bill includes significant increases for many vital

health and education programs. We've invested in our youngest children, by increasing the Child Care & Development Block Grant by $817 million, and by increasing Head Start by $1 billion. The bill also provides much-needed increases for elementary and secondary education, including Title I, Special Education, After-School programs, and Impact Aid. And the bill ensures that more students will have the opportunity to go to college by increasing funding for Pell Grants, Work-Study, and TRIO programs. It is my hope that when we go to conference, we can find more funds to make an even stronger investment in our children's education.

I am also pleased that the bill makes great strides in ensuring access to quality health care. The bill includes a $150 million increase for Community Health Centers, which provide care to many low-income, uninsured Americans. The bill includes a modest increase for nursing home inspections to ensure that elderly and disabled patients receive the highest quality care. And clearly, all Americans will benefit from the $2 billion increase for the National Institutes of Health. This increase in funding for biomedical research will lead us down the path to new treatments and cures for disease.

Despite these important provisions, I have several concerns with the bill that I believe must be addressed in conference. First, I am deeply troubled by the cut in the Social Services Block Grant. My State and counties rely on these funds to provide home care, services for the disabled, and child welfare programs. In Wisconsin, the vast majority of SSBG money goes straight to the county level. Without SSBG funds, our counties have no guarantee they will receive enough money to provide these critical services. I am heartened that Senator STEVENS, Chairman of the Appropriations Committee, has made a commitment to restore these funds in conference, and I look forward to working with him to make that happen.

Second, I believe we must make a stronger investment in programs that serve our nation's seniors. I am very concerned that programs under the Older Americans Act—including Supportive Services and Centers and Nutrition programs—are inadequately funded. I also support the inclusion of $125 million for the Family Caregiver Support Network, which provides support and respite to family members caring for a relative in long-term care. In addition, we must include larger increases for programs that utilize the unique talents of our nation's older citizens, such as the Foster Grandparents and Senior Companions programs. I hope that the conference committee will do what's right and make the necessary investments in programs that serve the elderly.

Finally, I was also disappointed that a provision blocking OSHA from pursuing a rule on ergonomics was included in the bill. This move to include legislative riders on appropriations bills has become a common effort to circumvent the rule making process. In this case, opponents wanted to stop the process before we had a chance to see what the final rule would look like. I believe this effort to halt the rule is premature. There are almost 1.8 million ergonomic injuries every year with 300,000 resulting in lost work days. Workers are suffering through painful injuries every day, and we must do something. OSHA has been working on this issue for ten years, and we should delay it no longer.

Overall, Mr. President, I believe the Chairman and Ranking Member of the Appropriations Committee have done an outstanding job in putting together this bill under difficult circumstances. I am voting for the bill at this point, despite the concerns I have just outlined, because I believe we must move this bill through the Appropriations process. However, let me make clear that these concerns must be addressed before the bill emerges from Conference. I look forward to working with all of my colleagues to improve the bill as the process continues.

Mr. SPECTER. Mr. President, I rise today to raise a very important issue concerning the vital safety-net hospitals in my state of Pennsylvania. As my colleagues are aware, the Medicare Disproportionate Share Hospital program consists of special supplemental payments made to hospitals to offset the costs for providing uncompensated care. I worked closely over the last few years with Pennsylvania hospitals and the Health Care Financing Administration to resolve a dispute concerning the inclusion of a State's General Assistance population as a part of its Medicare Disproportionate Share Hospital (DSH) payment calculation. In August 1998, HCFA asserted that Pennsylvania hospitals were incorrectly including General Assistance (GA) days in their Medicare DSH calculation, and claimed that they should only have included Medicaid days. These payments represent a significant portion of many hospitals' revenues, and any proposed reduction puts the Commonwealth's neediest populations at risk.

The dispute raised further concerns about how HCFA interpreted its own rules and regulations. Medicare fiscal intermediaries had been reimbursing hospitals with the GA days included for the past twelve years. Yet, beginning in mid-1998, HCFA reversed its own intermediaries' interpretation and began recouping the so-called overpayments for certain years, as far back as fiscal year 1993. The impact to Pennsylvania's hospitals would have totaled in the hundreds of millions of dollars.

Indeed, I was encouraged when Secretary Shalala and Administrator DeParle were able to work out a retroactive solution regarding the DSH calculations. As of October 1, 1998, Pennsylvania hospitals stopped including the GA days in their DSH calculations, but since the law was unclear enough for the fiscal intermediaries to have been confused for twelve years, they did not have to give back any reimbursements. I understand that 35 other States had been including General Assistance days in their Medicare DSH calculations, thus the resolution of this dispute was critical for many safety-net hospitals across the nation.

However, Mr. President, it now appears that Pennsylvania hospitals are once again at a disadvantage with regard to their Medicare DSH reimbursements, as HCFA is graying the regulatory area we thought had been clarified last year.

I understand from Pennsylvania hospitals that HCFA is unfairly applying the GA days and Medicare DSH calculation policy across States. Beginning in January of 2000, HCFA began allowing some States which operate under Medicaid Section 1115 waivers to include the GA population in the Medicare DSH calculation, thus significantly increasing those States' DSH reimbursements. Since Pennsylvania hospitals operate under a Section 1915 waiver rather than Section 1115, it has been made clear to them that they cannot count GA populations in their calculations.

I urge my colleagues to join me in my commitment to ensure that HCFA clarifies once and for all how the GA population should be treated under the Medicare DSH program, thus assuring that Pennsylvania and all States will be treated fairly under one uniform and understandable policy.

Mr. SANTORUM. Mr. President, I rise today to address an issue that Senator SPECTER and I have been working on with Pennsylvania hospitals and the Health Care Financing Administration. Since 1998, we have been trying to resolve a dispute concerning the inclusion of a state's General Assistance population as a part of its Medicare Disproportionate Share Hospital (DSH) payment calculation. HCFA asserted in 1998 that Pennsylvania hospitals were including General Assistance (GA) days in their Medicare DSH calculation, when they should only have included Medicaid days. This issue at the time was an enormous concern to the hospitals which provide care to the neediest populations in my state, and this issue remains unresolved today.

Mr. President, this is a matter of fairness and applying the rules and interpretations equally. Medicare fiscal intermediaries had been reimbursing hospitals with GA days included for the past twelve years. In 1998, HCFA reversed its own intermediaries' interpretation and began recouping the so-called overpayments as far back as fiscal year 1993. Since then, Pennsylvania hospitals stopped including the GA days in their DSH calculations.

I now understand that thirty-five other States had been including General Assistance days in their Medicare DSH calculations, and that since January of this year, HCFA began allowing some states which operate under Section 1115 Medicaid waivers to include

the GA population in the Medicare DSH calculation. Pennsylvania hospitals operate under a Section 1915 waiver, and it has been made clear to them that they cannot count GA populations in their calculations.

Mr. President, HCFA appears to be unfairly applying GA days and Medicare DSH calculations across states. I am very concerned that hospitals in Pennsylvania remain at a disadvantage, and I remain committed to working with HCFA to clarify once and for all how the GA population should be treated under the Medicare DSH program.

I appreciate the diligence that my colleague from Pennsylvania, Senator SPECTER, has shown on this matter, and I will continue to work with him toward a satisfactory resolution.

Mr. KENNEDY. Mr. President, I strongly support advanced appropriations for the Low Income Home Energy Assistance Program. Senator WELLSTONE'S amendment continues the funding practice that has existed for years in this program. It enables states to plan ahead for the energy assistance they provide to needy families.

The bill as now written unfortunately ends this current practice. It introduces needless uncertainty into the funding outlook for the future. At this time of high energy prices and budget surpluses, we should strengthen the protection we provide low-income families, not weaken it.

A third of Massachusetts families rely on home heating oil, which nearly doubled in price last winter because inventories were too low to meet the sudden surge in need for heating oil when unseasonably cold weather suddenly arrived. Many families could not deal with this expense. But because heat is a basic necessity for families in New England, they had no choice but to make room in their limited budgets for the soaring cost of heat.

This year, all indications are that once again, heating oil inventories are dangerously low throughout the Northeast. The coming winter may bring price spikes that are even higher than last winter. Natural gas prices are unusually high this year as well, which may well increase demand for heating oil.

We should do more to ensure that adequate inventories of heating oil are maintained in the Northeast. Early in this year, I introduced legislation to do so. But the Energy Committee has not acted on this proposal, and the industry steadfastly refuses regulation as a means of protecting families that rely on oil heat. So we need to focus on other ways to address the problem.

The best defense for families that need reliable, economical heat to survive is to plan ahead to meet their needs. Secretary Richardson has urged consumers to fill their heating oil tanks this summer, while prices are stable, and I join him in strongly recommending this action.

State governments which distribute LIHEAP funds also need to plan ahead, but they need an entire fiscal year to properly plan. They need to plan to set eligibility limits and to distribute benefits. They need to know what level of federal assistance will be available, so they can budget their state assistance accordingly. They also need advance notice so that they can do what most companies do when they buy commodities that are subject to volatile prices—hedge against price surges by purchasing options contracts.

The decision to include advanced appropriations in LIHEAP was made years ago and has been faithfully followed. The current uncertainty in energy markets is the wrong time to inject further uncertainty in LIHEAP funding. That is why I join my colleagues from both sides of the aisle in calling for advance appropriations for this program.

The support made available by this program is literally a matter of life and death for millions of families in Massachusetts and New England. Congress should do everything possible to encourage planning that avoids the supply and price problems that left so many families in the cold last winter, and that threaten our region's economic health.

Mr. DOMENICI. Mr. President, I rise today to discuss the critical importance of mental health research.

The human brain is the organ of the mind and just like the other organs of our body, it is subject to illness. And just as illnesses to our other organs require treatment, so too do illnesses of the brain.

With this in mind, I think that it is appropriate to be discussing the benefits of mental health research as we have just concluded the ''Decade of the Brain.'' During this time we witnessed breakthrough achievements like new medications and brain imaging techniques that have provided innumerable benefits for so many Americans.

Just last year, I dedicated the National Foundation for Functional Brain Imaging at the University of New Mexico. The Foundation's purpose is to advance the development of magneto-encephalography, or MEG, technology that provides real-time imagery of neurons as they operate within the human brain.

As we explore functions of ''normal'' brains, as well as brains of individuals suffering from severe illnesses, we may well be on the brink of exciting breakthroughs for mental illness treatment.

Moreover, one only needs to look at the amazing research being done by the National Institute of Mental Health to realize how far we have really come over the past decade. And finally, the close of the decade gave us the first ever Surgeon General's Report on Mental Health entitled, ''Mental Health: A Report of the Surgeon General.''

However, even with these fabulous advances we must still maintain our vigilance and continue our support for research so even newer and better breakthroughs are made by our nation's researchers.

For instance, about 5 million individuals in the United State suffer from a severe and persistent mental illness. Nearly 7.5. million children and adolescents suffer from one or more types of mental disorders.

There is a final area I would like to touch upon and that is children. While researchers have already made fantastic breakthroughs in the area of mental illness, research for children still remains incomplete.

We must continue the excellent work already being done, like studies seeking to understand the basic mechanisms of brain development and comparisons of effective treatments for specific illnesses.

Additionally, scientists have already established preventive steps that can be taken that are effective: Genes are identified to see if a child has a predisposition to a certain illness and if so monitoring begins. In conjunction with that, a calm environment is sought for the child and early stage drugs are administered if appropriate.

I would submit the key for not only children, but adults is the continuation of research that will allow us to realize even greater breakthroughs that will enable earlier and more accurate diagnoses of a mental illness. And I firmly believe the key to ensuring continued discoveries through our research is to continue providing our nation's researchers with adequate funding.

Mr. KYL. Mr. President, today the Senate is voting on final passage of the FY2001 Labor, Health and Human Services, and Education appropriations bill, H.R. 4577.

This measure includes funding for many good and worthwhile programs: medical research conducted by the National Institutes of Health, a drug-demand reduction initiative, efforts to combat bioterrorism, Pell Grants, Impact Aid, and services for older Americans, to name a few.

The amount of funding allocated to this bill is very generous: $97.8 billion in discretionary appropriations, or about 12 percent over last year's level.

There are very substantial increases provided for particular programs. For example, there is a 12 percent increase for the Occupational Safety and Health Administration, a 13 percent increase for the Ricky Ray Hemophilia Relief Fund, a 15 percent increase for the National Institutes of Health, a 19 percent increase for Head Start, and a 13 percent increase for education.

I believe the OSHA increase, for one, is something that can and should be cut back in conference. If we want to maintain the other large increases, though, we need to find other programs, of lesser priority, to cut in order to moderate the total cost of the bill.

My concern is, as we get to conference, there will be pressure to increase spending even more. We are going to hear a lot, for example, about the need for more funding for the Social Services Block Grant program. If

the amount in the bill for SSBG is going to be increased, we are going to have to find somewhere else to cut. I hope proponents of these increases will keep that in mind as we proceed to conference.

The sky is not the limit here. I am going to support this bill today to get it to conference, but I am not inclined to support a dollar more in the conference report. We have got to do a better job of prioritizing, or we will soon find Congress once again raiding the Social Security surpluses to pay for other government programs.

We just put a stop to that two years ago. We have to honor our commitment to preserve Social Security surpluses for Social Security.

The question is on the engrossment of the amendments and third reading of the bill.

The amendments were ordered to be engrossed, and the bill to be read a third time.

The bill was read a third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill, as amended, pass?

Mr. SPECTER. Mr. President, before moving to final passage, I thank my distinguished colleague, Senator HARKIN, for his cooperation, and our devoted staffs: Bettilou Taylor, Jim Sourwine, Mary Deitrich, Kevin Johnson, Mark Laisch, Jon Retzlaff, Ellen Murray, Lisa Bernhardt, and Allison DeKosky.

I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second. The clerk will call the roll.

The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Utah (Mr. HATCH) is necessarily absent.

I further announce that, if present and voting, the Senator from Utah (Mr. HATCH) would vote ''yea.''

Mr. REID. I announce that the Senator from California (Mrs. BOXER), the Senator from Hawaii (Mr. INOUYE), the Senator from Vermont (Mr. LEAHY) and the Senator from New York (Mr. MOYNIHAN) are necessarily absent.

I further announce that, if present and voting, the Senator from Vermont (Mr. LEAHY) would vote ''no.''

The PRESIDING OFFICER (Mr. FRIST). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 52, nays 43, as follows:

{Rollcall Vote No. 171 Leg.}

YEAS—52

Abraham	Coverdell	Harkin
Ashcroft	Craig	Hollings
Bennett	Crapo	Hutchison
Bond	DeWine	Hutchison
Breaux	Domenici	Inhofe
Burns	Enzi	Jeffords
Byrd	Fitzgerald	Kerrey
Campbell	Frist	Kohl
Chafee, L.	Gorton	Kyl
Cleland	Grassley	Lincoln
Cochran	Gregg	Lott
Collins	Hagel	Lugar
Mack	Santorum	Thomas
McCain	Shelby	Thompson
McConnell	Smith (OR)	Thurmond
Murkowski	Snowe	Warner
Roberts	Specter	
Roth	Stevens	

NAYS—43

Akaka	Feingold	Nickles
Allard	Feinstein	Reed
Baucus	Graham	Reid
Bayh	Gramm	Robb
Biden	Grams	Rockefeller
Bingaman	Helms	Sarbanes
Brownback	Johnson	Schumer
Bryan	Kennedy	Sessions
Bunning	Kerry	Smith (NH)
Conrad	Landrieu	Torricelli
Daschle	Lautenberg	Voinovich
Dodd	Levin	Wellstone
Dorgan	Lieberman	Wyden
Durbin	Mikulski	
Edwards	Murray	

NOT VOTING—5

Boxer	Inouye	Moynihan
Hatch	Leahy	

The bill (H.R. 4577), as amended, was passed.

(The bill will be printed in a future edition of the RECORD.)

Mr. COVERDELL. Mr. President, I move to reconsider the vote.

Mr. SPECTER. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I want to say a public thank you to our chairman, Senator SPECTER.

The PRESIDING OFFICER. May we have order in the Chamber. Conversations will please be taken to the back of the Chamber or to the Cloakroom.

The Senator from Iowa.

Mr. HARKIN. Mr. President, in all the years I have been on this committee and also on the subcommittee, which now numbers 16, this is the earliest we have ever gotten this bill finished. If I am not mistaken, this may be the first time that this was not the last bill to be acted on, whether it has been Republican leadership or Democratic leadership.

I thank Senator SPECTER for his great leadership. I thank him for working in such an open and bipartisan fashion with us on this side. I have never had a case where something was done on the Republican side that I didn't know about and that we weren't consulted with every step of the way. I want Senator SPECTER to know how much we really appreciate that.

The working relationship has been great with our staff: Bettilou Taylor, Jim Sourwine, Mark Laisch, Mary Dietrich, Jon Retzlaff, Kevin Johnson, Ellen Murray, and Lisa Bernhardt. Our staff has a great working relationship.

Again, as we now go into conference with the House, I make a commitment to my chairman that we will continue to work in a bipartisan fashion, as we have always, to make sure we can bring back a strong bill.

I think we can be proud of the amount of money we have in education. We have more money in this bill for education than asked for by President Clinton. I believe we are making moves in the right direction. Maybe we vote and disagree here and there in little bits and pieces, but, by and large, what is in the bill for education I think should be a mark and a source of pride for all of us.

I thank Senator SPECTER for his leadership on that side.

The PRESIDING OFFICER. Does the Senator from New Mexico yield time?

Mr. DOMENICI. I would be glad to yield a minute to Senator SPECTER.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I thank my distinguished colleague from Iowa for those very generous comments. We have a close working relationship. I learned a long time ago that if you want to get something done in this town, you have to be willing to cross party lines.

This bill involving education funding, health funding, and the Department of Labor with job training and worker safety is a good bipartisan result.

Mr. HARKIN. Mr. President, if the Senator will yield, I was remiss. Someone else we have to thank is the chairman of our committee, Senator STEVENS, who worked very hard to get the allocations. When we ran into some problems, he was able to find ways so we could move ahead with this bill, and disregarding some of the problems we had so we could get to conference.

I thank Senator STEVENS for his support of this subcommittee.

Mr. SPECTER. Senator STEVENS did an extraordinary job as we moved through this very tough process. Our distinguished ranking member of the full committee, Senator BYRD, has been a strong stalwart throughout the entire process.

Other Senators are waiting to speak. I have already enumerated the great work done by our staff. I pay special tribute to the staff. Bettilou Taylor has been a very real stalwart.

Mr. STEVENS. Mr. President, I congratulate Senator SPECTER and Senator HARKIN, on my own behalf, and I am sure I speak for Senator BYRD also.

The Senate should know this is the largest health services bill in history. It represents a magnificent contribution and commitment to increasing funding for medical research in particular, and so many other things in general. Both of these Senators have done tremendous work in getting this bill where it is and getting it to the House. I think they really deserve our total congratulations for keeping our commitment to doubling the amount of money available for medical research within 5 years.

Mr. DODD. Mr. President, I rise to express my regret that I was unable to support the Labor/HHS Appropriation bill that was passed by the Senate today. I was initially prepared to offer my support when we began debate on this legislation, however the addition of a number of troubling amendments during consideration of this bill compels me to oppose this bill.

Before I discuss the provisions that caused me to vote against the legislation, I would like to recognize Senators SPECTER and HARKIN as well as the rest of the Labor, Health and Human Services, and Education Appropriations Subcommittee, for their efforts to increase our nation's investments in a number of critical programs that serve our nation's children and families. First, this legislation includes an increase of $817 million for the Child Care and Development Block Grant, bringing total funding for this program to $2 billion and allowing an additional 220,000 children to be served. In my opinion, this new investment in child care represents a significant victory for American families and it is my sincere hope that this provision is retained in conference. I am also pleased that this legislation provides $4.9 billion for the Head Start program, as the President had requested. This funding represents a funding increase of $1 billion over FY 2000.

I also commend Senators SPECTER and HARKIN for providing a $2.7 billion increase for the National Institutes of Health, the largest increase in history. This increase, coupled with a $2 billion increase last year, put Congress on the path toward the goal of doubling our nation's investment in the search for medical breakthroughs over the next five years.

I also applaud the Appropriations Committee's bipartisan education funding increase of $4.6 billion, including a record $1.3 billion increase for special education, as well as increases for Title I grants to schools, teacher technology training, Impact Aid, Reading Excellence, vocational education, school counseling, Pell grants, and other student financial aid programs.

Mr. President, I am particularly pleased that this legislation includes an initiative I worked to advance last year that will serve to protect individuals with mental illnesses from the inappropriate use of seclusion and restraint. I first became aware of the problem surrounding the misuse of seclusion and restraints in 1998 when the Hartford Courant published a five-part investigative series outlining the tragic practice. This series documented 142 deaths over the last decade nationally that were determined to be directly attributable to the inappropriate use of restraint and seclusion. Additionally, the Harvard Center for Risk Analysis estimates that between 50 and 150 restraint-related deaths occur each year nationally, with more than 26 percent of those deaths occurring in children. This initiative will ensure that physical restraints are no longer used for discipline or for the convenience of mental health facility staff by extending to the mental health population a standard that has been shown to be effective in reducing the use of restraints and seclusion in nursing homes. Further, this legislation will require that all restraint and seclusion related deaths be reported to an appropriate oversight agency. In addition, this legislation would require adequate staffing levels and appropriate training for staff of facilities that serve the mentally ill. These safeguards will hopefully prevent further harm to individuals who may be unable to protect themselves from abuse by those entrusted with their care.

Yet, while I recommend the overall increase in education funding, I am concerned about the elimination of funds for critical programs. For instance, the bill ends the bipartisan commitment to reduce class size that has now been funded for two years. S. 2553 transfers the class size funds to Title VI, which eliminates any guarantee that the funds will be used for this purpose, greatly diluting targeting to high poverty schools, and severely weakening accountability for how money is spent. I am also concerned that this bill fails to guarantee funds for the critical area of school modernization. Instead, it increases the Title VI program by $1.3 billion, adding renovation and construction of school facilities as an allowable use of funds. I am pleased that the bill acknowledges the need for federal assistance in helping states and schools with their school modernization needs; however, this block grant approach fails to guarantee that funds will be used for school modernization, and fails to target funds to schools with the greatest needs. I also believe this bill does not go far enough to fund Title I—an important program that provides supplemental programs to enable educationally disadvantaged children. This bill would only increase last year's $8 billion appropriation by $400 million. It is estimated that it would take $24 billion to fully fund this program.

Another area of this bill that is of some concern to me is the investment in after-school programs. The bill's funding level for 21st Century Community Learning Centers is $400 million below the President's request denying 1.6 million children access to before- and after-school programs in safe, drug-free environments. I am disappointed that my amendment to increase spending on this crucial area to $1 billion was not adopted. It is time our funding reflects the importance that parents place on this national priority. With 5 million children home alone each week, after-school programs must not be an afterthought.

I am also very troubled that this legislation now includes a patients bill of rights proposal that offers only the illusion of patient protections. This amendment fails to cover all Americans with private health insurance and fails to offer patients a true right to seek legal redress when they are harmed by an HMO's refusal to provide care. I am also disappointed that the majority refused to support an amendment offered by Senator DORGAN which would have required that any patient protection legislation passed by the Senate cover all 191 million privately insured Americans.

Lastly, I am disappointed that this legislation would delay a proposed ergonomics standard to protect workers from work-related musculoskeletal disorders. Each year more than 600,000 workers suffer serious injuries, such as back injuries, carpal tunnel syndrome and tendinitis as a result of ergonomic hazards. The proposed ergonomics rule promulgated by OSHA can go a long way toward keeping our workers productive and our businesses profitable. I hope that common sense will prevail in conference, and that this and other counter-productive measures will be remedied.

Mr. ABRAHAM. Mr. President, during the debate on the Labor-Health & Human Services-Education appropriations bill for Fiscal Year 2001, Senator DASCHLE offered an amendment relating to genetic testing and the potential for genetics-based discrimination in the workplace.

I was thrilled at the recent announcement of the completion of the human genetic map, and with it, the possibility of the full identification of the more than three billion nucleotide bases that comprise the genome. This knowledge will bring with it limitless possibilities, vastly improving our quality of life and health.

Yet with this knowledge comes great responsibility. For all the good this information can do for us, there is also the potential of great harm and misuse. One of the challenges that faces us even now, is to ensure that genetic information about an individual is not used against him or herself.

Despite my strong conviction that genetic information must never be used to discriminate against an individual, I was unable to support the amendment offered by Senator DASCHLE relating to genetic discrimination in the workplace.

Senator DASCHLE's amendment is, in reality, much more than simply a technical amendment to an appropriations bill. It is a 5-page, far-reaching, broadly written, piece of legislation, which would create an entirely new class of discrimination law, creating inequalities and conflicting with existing law.

This legislation would usurp the jurisdiction of the Equal Employment Opportunity Commission and allow genetic discrimination suits to go directly to the court system. This is highly unusual for discrimination suits and would afford this form of discrimination preferential treatment over any other form of discrimination.

In addition, this bill comes into direct conflict with the Americans with Disabilities Act, ADA. The ADA already captures genetic discrimination—this has been affirmed by the Secretary of the EEOC and the Supreme Court. If we pass a separate bill that preempts the protections already provided for in the ADA, we could potentially be undermining our support for the people covered by those protections. Just to highlight the possible inequalities—the Daschle amendment

would give a genetic marker greater protection than a paraplegic.

Given the drastic and over-reaching changes which would be brought about by the Daschle amendment, especially in a new area such as genetic testing, consideration of this legislation must be deliberate and well-informed.

Yet, there has not been a single hearing on this legislation. In fact, the amendment language was not available for review until only an hour or so before the vote. I believe it would be wrong and even negligent to pass legislation without knowing exactly how it would affect Americans' lives, now and far into the future.

The Senate Health, Education, Labor and Pensions Committee has already planned the first hearing on this matter in July. I am confident, that with careful deliberation and thorough debate, we will succeed in finding the most effective and appropriate way to ensure that no one will have their genetic-information used against them. I am looking forward to the challenge.

• Mr. HATCH. Mr. President, today the Senate passed H.R. 4577, the Labor-HHS-Education Appropriations Act. I would like to congratulate my colleagues, Senator SPECTER, Senator STEVENS, and Senator HARKIN for working together to pass one of the more contentious of the annual appropriations bills.

I appreciate the comity and courtesy displayed by the managers of this bill. I realize that most of my colleagues have specific priorities they wish to highlight in this measure. I appreciate the managers' support of the Inhofe amendment regarding the Impact Aid program. As I have stated in the past, this is a vital program for Utah.

I also appreciate the fact that the subcommittee has once again included a provision which would allow school districts adversely affected by a recalculation of the census to keep their Title I concentration funds.

According to Utahns who live and work and educate our children in these districts, this cut would do a huge disservice to Title I students in these districts. These hardworking Utahns have informed me that they believe that the census calculations do not adequately reflect the pockets of poverty that exist in these districts. Some of the schools in these districts have a poverty rate, when calculated based on school lunch data, at over 70 percent. I am pleased that the subcommittee has accepted the recommendation to hold these districts harmless.

I intend to vote in favor of the Labor-HHS-Education Appropriations bill, but I would be remiss if I did not take this opportunity to note, once again, that a crucial provision in the Title I formula remains unfunded. The Education Finance Incentive Grant Program was authorized in the 1994 Elementary and Secondary Education Act and is included in S. 2, the ESEA reauthorization, currently pending before the Congress.

I recently detailed the merits of this program when I spoke about my intention to offer an amendment to S. 2 that would make EFIG a mandatory component of Title I. I will briefly review those arguments here:

EFIG has, as a principal component, an equity factor, which measures how states distribute resources among school districts. As policy, equalizing resources among school districts has merit well documented in academic literature.

Moreover, many States are being compelled by the courts to equalize resources among school districts. Over 30 states have been taken to court on the basis of an unequal distribution of resources. My amendment would provide some relief to states that are currently required by the courts to equalize resources among school districts by increasing their share of Title I funds. My amendment would also provide the incentive to equalize resources to states which may not have already done so.

The Education Finance Incentive Grant program would be the only part of the Title I formula that does not use the per-pupil expenditure as a proxy for a state's commitment to education. There are many ways to measure a State's commitment to education—the per-pupil expenditure is merely one. Indeed, one of the most damaging aspects of the Title I formula is that it is replicated as a means to distribute Federal money to the states in other programs that have no relation to Title I. The insertion of another measure of a state's commitment to education is appropriate.

When EFIG is a factor in the Title I formula, more states do better than under current law. This was a key factor in the debate over the 1994 reauthorization of the Elementary and Secondary Education Act and why it was the intent during the enactment of the 1994 reauthorization that any additional funds directed to Title I go out through the EFIG. Indeed, it was the reason why a number of Senators voted for the conference report. It is my strongly held conviction that the intention of the 1994 act should be realized, and I will continue to pursue this goal.

I do not believe that the Senate should authorize on an appropriations measure, which is why I did not offer my amendment during consideration of this bill. However, I join with many of my colleagues who have expressed concerns over the possibility that, for the first time in nearly 30 years, the Congress will fail to reauthorize vital elementary and secondary education programs. I sincerely hope that those who have obstructed enactment of S. 2 will reconsider their position and allow the bill to go forward.•

The PRESIDING OFFICER. Under the previous order, the Senator from New Mexico is recognized to speak as if in morning business.

The Senator from New Mexico.

HAPPY FORESTS

Mr. DOMENICI. Mr. President, I want to speak for a few minutes about a pending national disaster.

Mr. President, I want to discuss something that is unfortunately not part of this fire package. For over a month, I have been working intensely with other Members and the Clinton Administration trying to begin to address a serious problem that in the West has been highlighted in stark terms by the events that happened to the community of Los Alamos in my state, as just one example. What happened to the homes and families of Los Alamos is unfortunately going to happen again unless we, as a Congress, can convince the Clinton Administration to join us in bold and deliberate actions. Throughout the United States there is an increasing amount of land in what natural resource scientists and firefighting experts call the ''wildland/urban interface.'' With more people moving into the West, and more homes being built in communities surrounded by federal lands, neighborhoods like those that burned in Los Alamos are becoming more numerous.

At the same time, as a consequence of decades of fire suppression as well as years of increasing drought, many millions of acres—by the General Accounting Office's estimate, 39 million or more acres—of national forests are at high risk of wildfires. They are in this situation because fuel loads have risen to dangerous levels and forest management has been dramatically curtailed at the same time. The escape of the prescribed fire in Bandelier National Monument, and its subsequent effect on the town of Los Alamos make it clear, as Secretary Babbitt has already conceded, that in many places prescribed fire is not a viable management tool to reduce fuel loads. It is particularly risky to use in the wildland/urban interface because of the presence of homes and families.

Therefore, joined by others Members on both sides of the aisle, I worked over the last few weeks to provide the Administration with both the resources and the tools to begin an accelerated program of fuel reduction in wildland/urban interface areas for communities that are at risk throughout the West. We suggested a number of proposals that the Administration found too hot to handle. For instance, we asked whether the Council on Environmental Quality would designate this an emergency situation and expedite NEPA compliance for hazard fuel reduction activities in the wildland/urban interface. The Administration representatives said no. They felt that this would be too controversial with national environmental special interest groups. They pleaded with us not to pursue this option.

We asked whether they could suspend administrative appeals for these hazard fuel reduction projects. That would eliminate one source of delay. Anyone who wanted to stop one of these