EC–10827. A communication from the Assistant Secretary of State (Legislative Affairs), transmitting, pursuant to law, the report of the transmittal of the certification of the proposed issuance of an export license relative to Japan; to the Committee on Foreign Relations.

EC–10828. A communication from the Director of the Office of Personnel Management, transmitting, pursuant to law, the report of a rule entitled ''Prevailing Rate Systems; Abolishment of the St. Louis, MO, Special Wage Schedule for Printing Positions'' (RIN3206–AJ24) received on September 15, 2000; to the Committee on Governmental Affairs.

EC–10829. A communication from the Director of the National Science Foundation, transmitting, pursuant to law, a report relative to the inventory of commercial activities; to the Committee on Governmental Affairs.

EC–10830. A communication from the Under Secretary of Commerce for Intellectual Property and Director of the Patent and Trademark Office, transmitting, pursuant to law, the report of a rule entitled ''Simplification of Certain Requirements in Patent Interface Practice'' (RIN0651–AB15) received on September 15, 2000; to the Committee on the Judiciary.

EC–10831. A communication from the Chief Justice of the Supreme Court of the United States, transmitting, a report relative to the October 2000 Term of the Court; to the Committee on the Judiciary.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. STEVENS, from the Committee on Appropriations: Special Report entitled ''Revised Allocation to Subcommittees of Budget Totals for Fiscal Year 2001'' (Rept. No. 106–414).

By Mr. CAMPBELL, from the Committee on Indian Affairs, without amendment:

H.R. 2647: A bill to amend the Act entitled ''An Act relating to the water rights of the Ak-Chin Indian Community'' to clarify certain provisions concerning the leasing of such water rights, and for other purposes (Rept. No. 106–415).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. LEVIN:

S. 3064. A bill to provide for the reliquidation of certain entries of vacuum cleaners; to the Committee on Finance.

By Mr. MILLER:

S. 3065. A bill to amend the Internal Revenue Code of 1986 to expand the Hope Scholarship Credit for expenses of individuals receiving certain State scholarships; to the Committee on Finance.

By Mr. ASHCROFT:

S. 3066. A bill to amend titles XVIII and XIX of the Social Security Act to require criminal background checks for nursing facility workers; to the Committee on Finance.

By Mr. JEFFORDS (for himself, Mr. ENZI, Mr. KENNEDY, and Mr. REID):

S. 3067. A bill to require changes in the bloodborne pathogens standard in effect under the Occupational Safety and Health Act of 1970; to the Committee on Health, Education, Labor, and Pensions.

By Mr. KENNEDY (for himself, Mr. DASCHLE, Mr. REID, Mr . LEAHY, Mr. DURBIN, Mr. GRAHAM, Mr. WELLSTONE, and Mr. KERRY):

S. 3068. A bill to amend the Immigration and Nationality Act to remove certain limitations on the eligibility of aliens residing in the United States to obtain lawful permanent resident status; read the first time.

By Mr. BROWNBACK:

S. 3069. A bill to amend the Television Program Improvement Act of 1990 to restore the applicability of that Act to agreements relating to voluntary guidelines governing telecast material and to revise the agreements on guidelines covered by that Act; to the Committee on Commerce, Science, and Transportation.

By Mrs. FEINSTEIN (for herself and Mr. KOHL):

S. 3070. A bill to amend title 18, United States Code, to establish criminal penalties for distribution of defective products, to amend chapter 111 of title 28, United States Code, relating to protective orders, sealing of cases, and discovery information in civil actions, and for other purposes; to the Committee on the Judiciary.

By Mr. HATCH (for himself, Mr. LEAHY, Mr. BAYH, Mr. BINGAMAN, Mrs. BOXER, Mr. DOMENICI, Mr. EDWARDS, Mrs. FEINSTEIN, Mr. GRAHAM, Mr. INOUYE, Mr. KERREY, Mrs. MURRAY, Mr. REID, Mr. ROBB, and Mr. SCHUMER) (by request):

S. 3071. A bill to provide for the appointment of additional Federal circuit and district judges, and for other purposes; to the Committee on the Judiciary.

By Mr. GRAMS (for himself and Mr. HAGEL):

S. 3072. A bill to assist in the enhancement of the development of expansion of international economic assistance programs that utilize cooperatives and credit unions, and for other purposes; to the Committee on Foreign Relations.

By Mr. DURBIN (for himself and Mr. BROWNBACK):

S. 3073. A bill to amend titles V, XVIII, and XIX of the Social Security Act to promote smoking cessation under the medicare program, the medicaid program, and the maternal and child health program; to the Committee on Finance.

By Mr. GREGG (for himself and Mr. SMITH of New Hampshire):

S.J. Res. 52. A joint resolution granting the consent of Congress to the International Emergency Management Assistance Memorandum of Understanding; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. CRAPO (for himself and Mr. ENZI):

S. Con. Res. 136. Concurrent resolution expressing the sense of Congress regarding the importance of bringing transparency, accountability, and effectiveness to the World Bank and its programs and projects; to the Committee on Foreign Relations.

By Mr. LEVIN:

S. Con. Res. 137. Concurrent Resolution recognizing, appreciating, and remembering with dignity and respect the Native American men and women who have served the United States in military service; to the Committee on Indian Affairs.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. ASHCROFT:

S. 3066. A bill to amend titles XVIII and XIX of the Social Security Act to require criminal background checks for nursing facility workers; to the Committee on Finance.

THE SENIOR CARE SAFETY ACT OF 2000

Mr. ASHCROFT. Mr. President, I rise today to introduce the Senior Care Safety Act of 2000. This bill prohibits nursing homes and other long-term care facilities operating under the Social Security and Medicaid systems from employing individuals with a demonstrated history of violent, criminal behavior or drug dealing. To that end, it requires these nursing facilities to conduct criminal background checks on all of their prospective employees as part of the hiring process. Nursing facilities that fail to conduct a background check prior to hiring an employee are subject to a civil fine of up to $5,000. The reason for these requirements is simple: we must ensure that our most defenseless senior Americans—those in need of long-term nursing care—are attended not by people with a demonstrated history of violent, criminal behavior, but by the most qualified and trustworthy individuals available.

The Senior Care Safety Act provides nursing facilities with the tools necessary to accomplish this objective. It requires the Department of Justice to open federal databases of criminal background information to nursing homes so that they can promptly determine if prospective employees have a criminal record. The act provides that the Department of Justice provide this information without charge to the facility or the applicant. Furthermore, it ensures that those who comply with the background check requirement are insulated from liability for refusing to hire someone prohibited from working in a nursing facility by this provision. Finally, it guarantees the privacy of those individuals who are denied such employment due to a criminal record by prohibiting the use by a nursing facility of an individual's background information for any purpose other than complying with this act.

It is tragic that a bill like this is necessary. But, while the overwhelming majority of those who care for the more than 40,000 senior citizens receiving 24-hour care in my home state of Missouri, and the more than 1.5 million of such seniors nationwide are dedicated and caring individuals, there are unfortunately too many examples of those who take advantage of this position of trust. There are far too many stories of convicted violent felons who have slipped through the cracks in the hiring process and have physically or mentally abused our frailest citizens in the very institutions that their families have entrusted them for care. This bill will play an important role in ensuring that when a family entrusts

their loved ones to a nursing facility, they can rest assured that those who are looking after them are not violent felons. I look forward to working with my fellow Senators to pass this important legislation in the time remaining this year.

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

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

S. 3066

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Senior Care Safety Act of 2000''.

SEC. 2. CRIMINAL BACKGROUND CHECKS FOR NURSING FACILITY WORKERS.

(a) MEDICARE.—

(1) REQUIREMENT TO CONDUCT CRIMINAL BACKGROUND CHECKS.—Section 1819(d)(4) of the Social Security Act (42 U.S.C. 1395i–3(d)(4)) is amended—

(A) by redesignating subparagraph (B) as subparagraph (C); and

(B) by inserting after subparagraph (A) the following new subparagraph:

''(B) SCREENING OF WORKERS.—

''(i) IN GENERAL.—A skilled nursing facility shall not knowingly employ an individual unless the individual has passed a criminal background check conducted in accordance with the requirements of clause (ii).

''(ii) REQUIREMENTS.—

''(I) NOTIFICATION.—Not later than 180 days after the date of enactment of this subparagraph, the Secretary, in consultation with the Attorney General, shall notify skilled nursing facilities of the requirements of this subparagraph.

''(II) SKILLED NURSING FACILITY REQUIREMENTS.—

''(aa) PROVISION OF STATEMENTS TO APPLICANTS.—Not later than 180 days after a skilled nursing facility receives a notice in accordance with subclause (I), the skilled nursing facility shall adopt and enforce the requirement that each applicant for employment at the skilled nursing facility shall complete the written statement described in subclause (III).

''(bb) TRANSMITTAL OF COMPLETED STATEMENTS.—Not later than 5 business days after a skilled nursing facility receives such completed written statement, the skilled nursing facility shall transmit such statement to the Attorney General.

''(III) STATEMENT DESCRIBED.—The written statement described in this subclause shall contain the following:

''(aa) The name, address, and date of birth appearing on a valid identification document (as defined section 1028(d)(2) of title 18, United States Code) of the applicant, a description of the identification document used, and the applicant's social security account number.

''(bb) A statement that the applicant has never been convicted of a crime of violence or of a Federal or State offense consisting of the distribution of controlled substances (as that term is defined in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

''(cc) The date the statement is made.

''(IV) ATTORNEY GENERAL REQUIREMENTS.—

''(aa) IN GENERAL.—Upon receipt of a completed written statement from a skilled nursing facility, the Attorney General, using information available to the Department of Justice, shall notify the facility of the receipt of such statement and promptly determine whether the applicant completing the statement has ever been convicted of a crime described in subclause (III)(bb).

''(bb) NOTIFICATION OF FAILURE TO PASS.—Not later than 5 business days after the receipt of such statement, the Attorney General shall inform the skilled nursing facility transmitting the statement if the applicant completing the statement did not pass the background check. A skilled nursing facility not so informed within such period shall consider the applicant completing the statement to have passed the background check.

''(cc) NO FEE.—In no case shall a skilled nursing facility or an applicant be charged a fee in connection with the background check process conducted under this clause.

''(iii) LIMITATION ON USE OF INFORMATION.—A skilled nursing facility that obtains criminal background information about an applicant pursuant to this subparagraph may use such information only for the purpose of determining the suitability of the worker for employment.

''(iv) NO ACTION BASED ON FAILURE TO HIRE.—In any action against a skilled nursing facility based on a failure or refusal to hire an applicant, the fact that the applicant did not pass a background check conducted in accordance with this subparagraph shall be a complete defense to such action.''.

(2) PENALTIES.—Section 1819(h)(1) of the Social Security Act (42 U.S.C. 1395i–3(h)(1)) is amended—

(A) by striking the heading and inserting ''STATE AUTHORITY'';

(B) in the first sentence—

(i) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii) and indenting such clauses appropriately; and

(ii) by striking ''If a State'' and inserting the following:

''(A) IN GENERAL.—If a State'';

(C) in the second sentence, by striking ''If a State'' and inserting the following:

''(C) PENALTIES FOR PRIOR FAILURES.—If a State''; and

(D) by inserting after subparagraph (A) (as added by subparagraph (B)(ii) of this paragraph) the following new subparagraph:

''(B) REQUIRED PENALTIES.—A civil money penalty of not more than $5000 shall be assessed and collected, with interest, against any facility which is or was out of compliance with the requirements of clause (i), (ii)(II), or (iii) of subsection (d)(4)(B).''.

(b) MEDICAID.—

(1) REQUIREMENT TO CONDUCT CRIMINAL BACKGROUND CHECKS.—Section 1919(d)(4) of the Social Security Act (42 U.S.C. 1396r(d)(4)) is amended—

(A) by redesignating subparagraph (B) as subparagraph (C); and

(B) by inserting after subparagraph (A) the following new subparagraph:

''(B) SCREENING OF WORKERS.—

''(i) IN GENERAL.—A nursing facility shall not knowingly employ an individual unless the individual has passed a criminal background check conducted in accordance with the requirements of clause (ii).

''(ii) REQUIREMENTS.—

''(I) NOTIFICATION.—Not later than 180 days after the date of enactment of this subparagraph, the Secretary, in consultation with the Attorney General, shall notify nursing facilities of the requirements of this subparagraph.

''(II) NURSING FACILITY REQUIREMENTS.—

''(aa) PROVISION OF STATEMENTS TO APPLICANTS.—Not later than 180 days after a nursing facility receives a notice in accordance with subclause (I), the nursing facility shall adopt and enforce the requirement that each applicant for employment at the nursing facility shall complete the written statement described in subclause (III).

''(bb) TRANSMITTAL OF COMPLETED STATEMENTS.—Not later than 5 business days after a nursing facility receives such completed written statement, the nursing facility shall transmit such statement to the Attorney General.

''(III) STATEMENT DESCRIBED.—The written statement described in this subclause shall contain the following:

''(aa) The name, address, and date of birth appearing on a valid identification document (as defined section 1028(d)(2) of title 18, United States Code) of the applicant, a description of the identification document used, and the applicant's social security account number.

''(bb) A statement that the applicant has never been convicted of a crime of violence or of a Federal or State offense consisting of the distribution of controlled substances (as that term is defined in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

''(cc) The date the statement is made.

''(IV) ATTORNEY GENERAL REQUIREMENTS.—

''(aa) IN GENERAL.—Upon receipt of a completed written statement from a nursing facility, the Attorney General, using information available to the Department of Justice, shall notify the facility of the receipt of such statement and promptly determine whether the applicant completing the statement has ever been convicted of a crime described in subclause (III)(bb).

''(bb) NOTIFICATION OF FAILURE TO PASS.—Not later than 5 business days after the receipt of such statement, the Attorney General shall inform the nursing facility transmitting the statement if the applicant completing the statement did not pass the background check. A nursing facility not so informed within such period shall consider the applicant completing the statement to have passed the background check.

''(cc) NO FEE.—In no case shall a nursing facility or an applicant be charged a fee in connection with the background check process conducted under this clause.

''(iii) LIMITATION ON USE OF INFORMATION.—A nursing facility that obtains criminal background information about an applicant pursuant to this subparagraph may use such information only for the purpose of determining the suitability of the worker for employment.

''(iv) NO ACTION BASED ON FAILURE TO HIRE.—In any action against a nursing facility based on a failure or refusal to hire an applicant, the fact that the applicant did not pass a background check conducted in accordance with this subparagraph shall be a complete defense to such action.''.

(2) PENALTIES.—Section 1919(h)(2)(A) of the Social Security Act (42 U.S.C. 1396r(h)(2)(A)) is amended by inserting after clause (iv) the following new clause:

''(v) A civil money penalty of not more than $5000 shall be assessed and collected, with interest, against any facility which is or was out of compliance with the requirements of clause (i), (ii)(II), or (iii) of subsection (d)(4)(B).''.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on October 1, 2000.

SEC. 3. REPORT ON CRIMINAL BACKGROUND CHECKS.

(a) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Attorney General shall conduct a study of the effects of background checks in nursing facilities and submit a report to Congress that includes the following:

(1) The success of conducting background checks on nursing facility employees.

(2) The impact of background checks on patient care in such facilities.

(3) The need to conduct background checks in other patient care settings outside of nursing facilities.

(4) Suggested methods for further improving the background check system and the estimated costs of such improvements.

(b) DEFINITION OF NURSING FACILITY.—In subsection (a), the term ''nursing facility'' has the meaning given that term in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)) and includes a skilled nursing facility (as defined in section 1819(a) of such Act (42 U.S.C. 1395i–3(a))).

By Mr. JEFFORDS (for himself, Mr. ENZI, Mr. KENNEDY, and Mr. REID):

S. 3067. A bill to require changes in the bloodborne pathogens standard in effect under the Occupational Safety and Health Act of 1970; to the Committee on Health, Education, Labor and Pensions.

THE NEEDLESTICK SAFETY AND PREVENTION ACT

Mr. JEFFORDS. Mr. President, I am pleased to be able to introduce today, along with Senators ENZI, KENNEDY, and REID, the Needlestick Safety and Prevention Act. This legislation will ensure that our nation's health care workers, who tend to our citizens when care is urgently needed, will no longer be risking their own health, and, perhaps, their own lives, when providing this life giving work.

Statistics paint a stark picture of the risks from accidental sharps injuries that health care workers face daily on the job, injuries that can be prevented, and, when Congress passes this legislation, will be prevented. The Centers for Disease Control and Prevention has estimated that as many as 800,000 injuries from contaminated sharps occur annually among health care workers. Due to these injuries, numerous health care workers have contracted fatal or other serious viruses and diseases, including the human immunodeficiency virus (HIV), hepatitis B, and hepatitis C.

''Needlesticks'' refer to the broad category of injuries suffered by workers in health care settings who are exposed to sharps, including items such as disposable syringes with needles, IV catheters, lancets, and glass capillary tubes/pipettes. The true shame in these alarming statistics is that accidental needlestick injuries can be prevented. Technological advancements have led to the development of safer medical devices, such as syringes with needle guards or sheaths.

The heart of the ''Needlestick Safety and Prevention Act'' is its requirement that employers identify, evaluate, and make use of effective safer medical devices. And the legislation emphasizes training, education, and the participation of those workers exposed to sharps injuries in the evaluation and selection of safer devices. The Act also creates new record keeping requirements, a ''sharps injury log,'' to aid employers in identifying high risk areas, and in determining the types of engineering controls and devices most effective in reducing or eliminating the risk of exposure. Importantly, the legislation we introduce today will not impede, but will encourage technological development, as it does not favor the use of a specific device, but requires an employer to evaluate the effectiveness of available devices.

I urge all my colleagues to join us in supporting the ''Needlestick Safety and Prevention Act.''

I ask unanimous consent that a copy of this bill be printed in the RECORD.

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

S. 3067

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Needlestick Safety and Prevention Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Numerous workers who are occupationally exposed to bloodborne pathogens have contracted fatal and other serious viruses and diseases, including the human immunodeficiency virus (HIV), hepatitis B, and hepatitis C from exposure to blood and other potentially infectious materials in their workplace.

(2) In 1991 the Occupational Safety and Health Administration issued a standard regulating occupational exposure to bloodborne pathogens, including the human immunodeficiency virus, (HIV), the hepatitis B virus (HBV), and the hepatitis C virus (HCV).

(3) Compliance with the bloodborne pathogens standard has significantly reduced the risk that workers will contract a bloodborne disease in the course of their work.

(4) Nevertheless, occupational exposure to bloodborne pathogens from accidental sharps injuries in health care settings continues to be a serious problem. In March 2000, the Centers for Disease Control and Prevention estimated that more than 380,000 percutaneous injuries from contaminated sharps occur annually among health care workers in United States hospital settings. Estimates for all health care settings are that 600,000 to 800,000 needlestick and other percutaneous injuries occur among health care workers annually. Such injuries can involve needles or other sharps contaminated with bloodborne pathogens, such as HIV, HBV, or HCV.

(5) Since publication of the bloodborne pathogens standard in 1991 there has been a substantial increase in the number and assortment of effective engineering controls available to employers. There is now a large body of research and data concerning the effectiveness of newer engineering controls, including safer medical devices.

(6) 396 interested parties responded to a Request for Information (in this section referred to as the ''RFI'') conducted by the Occupational Health and Safety Administration in 1998 on engineering and work practice controls used to eliminate or minimize the risk of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. Comments were provided by health care facilities, groups representing health care workers, researchers, educational institutions, professional and industry associations, and manufacturers of medical devices.

(7) Numerous studies have demonstrated that the use of safer medical devices, such as needleless systems and sharps with engineered sharps injury protections, when they are part of an overall bloodborne pathogens risk-reduction program, can be extremely effective in reducing accidental sharps injuries.

(8) In March 2000, the Centers for Disease Control and Prevention estimated that, depending on the type of device used and the procedure involved, 62 to 88 percent of sharps injuries can potentially be prevented by the use of safer medical devices.

(9) The OSHA 200 Log, as it is currently maintained, does not sufficiently reflect injuries that may involve exposure to bloodborne pathogens in health care facilities. More than 98 percent of health care facilities responding to the RFI have adopted surveillance systems in addition to the OSHA 200 Log. Information gathered through these surveillance systems is commonly used for hazard identification and evaluation of program and device effectiveness.

(10) Training and education in the use of safer medical devices and safer work practices are significant elements in the prevention of percutaneous exposure incidents. Staff involvement in the device selection and evaluation process is also an important element to achieving a reduction in sharps injuries, particularly as new safer devices are introduced into the work setting.

(11) Modification of the bloodborne pathogens standard is appropriate to set forth in greater detail its requirement that employers identify, evaluate, and make use of effective safer medical devices.

SEC. 3. BLOODBORNE PATHOGENS STANDARD.

The bloodborne pathogens standard published at 29 C.F.R. 1910.1030 shall be revised as follows:

(1) The definition of ''Engineering Controls'' (at 29 C.F.R. 1930.1030(b)) shall include as additional examples of controls the following: ''safer medical devices, such as sharps with engineered sharps injury protections and needleless systems''.

(2) The term ''Sharps with Engineered Sharps Injury Protections'' shall be added to the definitions (at 29 C.F.R. 1910.1030(b)) and defined as ''a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident''.

(3) The term ''Needleless Systems'' shall be added to the definitions (at 29 C.F.R. 1910.1030(b)) and defined as ''a device that does not use needles for (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, (B) the administration of medication or fluids, or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps''.

(4) In addition to the existing requirements concerning exposure control plans (29 C.F.R. 1910.1030(c)(1)(iv)), the review and update of such plans shall be required to also—

(A) ''reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens''; and

(B) ''document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure''.

(5) The following additional recordkeeping requirement shall be added to the bloodborne pathogens standard at 29 C.F.R. 1910.1030(h): ''The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum—

''(A) the type and brand of device involved in the incident,

''(B) the department or work area where the exposure incident occurred, and

''(C) an explanation of how the incident occurred.''.

The requirement for such sharps injury log shall not apply to any employer who is not required to maintain a log of occupational injuries and illnesses under 29 C.F.R. 1904 and the sharps injury log shall be maintained for the period required by 29 C.F.R. 1904.6.

(6) The following new section shall be added to the bloodborne pathogens standard: ''An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.''.

SEC. 4. EFFECT OF MODIFICATIONS.

The modifications under section 3 shall be in force until superseded in whole or in part by regulations promulgated by the Secretary of Labor under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)) and shall be enforced in the same manner and to the same extent as any rule or regulation promulgated under section 6(b).

SEC. 5. PROCEDURE AND EFFECTIVE DATE.

(a) PROCEDURE.—The modifications of the bloodborne pathogens standard prescribed by section 3 shall take effect without regard to the procedural requirements applicable to regulations promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)) or the procedural requirements of chapter 5 of title 5, United States Code.

(b) EFFECTIVE DATE.—The modifications to the bloodborne pathogens standard required by section 3 shall—

(1) within 6 months of the date of enactment of this Act, be made and published in the Federal Register by the Secretary of Labor acting through the Occupational Safety and Health Administration; and

(2) take effect on the date that is 90 days after the date of such publication.

Mr. ENZI. Mr. President, I am pleased to be part of the introduction today of S. 3067, a bipartisan bill to provide protection for our nations health care workers against accidental needlesticks and sharps injuries. I want to acknowledge and commend my colleagues Senators JEFFORDS, KENNEDY and REED in the Senate and the Honorable Mr. BALLENGER and Honorable MAJOR OWENS in the House for their work on this important safety issue.

Since the mid-1980's, injuries to health care workers from needles or other ''sharps,'' such as IV catheters or lancets, have presented an increasingly troubling issue. As the spread of bloodborne pathogens such as HIV and Hepatitis B and C has escalated over the last 15 years, so has the danger to health care workers of contracting one of these diseases through sharps contaminated with bloodborne pathogens, such as HIV and Hepatitis B and C. Even where the injured worker does not ultimately contract a bloodborne disease, the uncertainty and fear of infection created by such injuries can be excruciating and destructive to the lives of the injured health care workers.

In response to this problem, in 1991 the Occupational Safety and Health Administration, or ''OSHA,'' issued a standard requiring workplace safety measures to be used to protect against occupational exposure to bloodborne pathogens. This was a laudable step in the fight against worker infection, and its implementation brought a reduction in the risk of contracting a bloodborne disease in the workplace. The success of this measure, however, was limited by the effectiveness of the safety technology available at the time, and occupational exposure to bloodborne pathogens from accidental sharps injuries has continued to be a problem. In March 2000, the Centers for Disease Control estimated that between 600,000 and 800,000 needlesticks still occur among health care workers annually.

Fortunately, since the publication of the bloodborne pathogens standard there has been a substantial increase in the number and assortment of new medical devices, such as needless systems and retractable needles, that protect against needlesticks. Numerous studies have shown that the use of these safer devices, as part of an overall bloodborne pathogen risk reduction program, can be extremely effective in reducing accidental sharps injuries.

The legislation we introduce today will ensure that these safer devices are used, and lives will be saved as a result. The bill provides narrowly tailored instruction to OSHA to amend its bloodborne pathogen standard to make certain that employers understand they must identify, evaluate, and, where appropriate, make use of these safer medical devices to eliminate or reduce occupational exposure to bloodborne pathogens. OSHA issued similar instructions in a compliance directive published December 1998. Because OSHA's directive is merely agency guidance and does not have the force of law, however, I felt it was important that both employers and employees be given formal regulatory instruction on this vitally important safety issue. This legislation provides this security and improves protection for employees while still allowing employers the necessary flexibility to determine the best technology to use in the particular circumstances presented. This legislation even goes a step further to ensure that employers will have valuable input from the front line employees when it makes these determinations.

This bill is an important step for safety in the workplace, and I hope it will bring some peace of mind to the more than 8 million workers who perform the vitally important service of providing health care in this country. I am extremely proud to be a part of legislation which will save lives and help stop the spread of bloodborne diseases.

Mr. KENNEDY. Mr. President, it is a privilege to join my colleagues in introducing the Needle Stick Safety and Prevention Act. I commend Senators JEFFORDS, ENZI and REID for their effective work on this bill that is vitally important to health care professionals and all Americans who come in contact with them.

The need for needle stick protection is compelling. Last year alone, there were almost 800,000 needle stick injuries to health care professionals. Over 1,000 health care workers were infected with serious diseases, including HIV, Hepatitis B and Hepatitis C. Sadly, all of these injuries were preventable. The good news is that through the provisions of this bill, many future needle stick injuries will be prevented. In fact, the Center for Disease Prevention estimates that needle stick injuries will be reduced by as much as 88 percent.

But as is so often the case, numbers alone cannot convey the full story of human tragedy resulting from these injuries. One of my constituents, Karen Daley of Boston, is the President of the Massachusetts Nurses Association and was a registered nurse, a job she loved and found very fulfilling. In January 1999, while working in an emergency room in Boston, Karen was accidentally stuck by a contaminated needle. Six months later, she tested positive for HIV and Hepatitis C. Fortunately, Karen is in relative good health, although she will never again be able to practice her chosen profession of nursing.

The Needle Stick Safety and Prevention Act is intended to prevent tragic accidents like this. This bill requires employers to implement the use of safety-designed needles and sharps to reduce the potential transmission of disease to health care workers and patients. This bill also provides that employers establish an injury log to record the kind of devices, and the location, of all needle stick accidents.

Equally important, this bill allows non-managerial employees—those on the front lines of service delivery—to be involved in determining the appropriate devices used in health care settings.

This bill has bipartisan support in the Senate and the House. It also is supported by the American Hospital Association, the American Nurses Association, the Service Employees International Union and the American Federation of Federal, State County and Municipal Employees.

I urge all of my colleagues, on both sides of the aisle, to join us in supporting this important bill, and I am hopeful that it can be enacted into law before this session of Congress ends.

By Mrs. FEINSTEIN (for herself and Mr. KOHL):

S. 3070. A bill to amend title 18, United States Code, to establish criminal penalties for distribution of defective products, to amend chapter 111 of title 28, United States Code, relating to protective orders, sealing of cases, and

discovery information in civil actions, and for other purposes; to the Committee on the Judiciary.

DEFECTIVE PRODUCT PENALTY ACT

Mrs. FEINSTEIN. Mr. President, I rise with my colleague from Wisconsin, Senator KOHL, to introduce legislation to better protect American consumers from irresponsible companies who knowingly allow defective vehicles or vehicle parts to remain on the market.

Our bill, the ''Defective Product Penalty Act,'' would significantly increase the responsibility of companies to test products for defects, to recall those products when necessary, and to report to authorities when defects are found.

Recent news stories about Firestone tires have grabbed the headlines, but this bill really addresses some longstanding and serious deficiencies within our current laws. The Firestone case has highlighted the need for these overdue proposals, and it is our hope that this legislation receives swift and serious consideration. The time has come to close some loopholes and impose some real responsibility on company executives who ignore public safety.

Let me describe specifically what this bill does:

First, this legislation will increase civil penalties for failure to recall a defective vehicle or part or withholding information from the National Highway Traffic Safety Administration (NHTSA). Current penalties are $1,000 per violation with a maximum penalty in these cases of $925,000. The Defective Product Penalty Act would increase the penalty to $10,000 per violation, and would eliminate the maximum penalty altogether. A penalty of $925,000 for a multi-billion dollar, multinational business is not even enough to cause the company to think twice about releasing or recalling a defective vehicle. We need to give the NHTSA some real teeth.

Second, this legislation will establish criminal penalties for knowingly distributing a defective vehicle or part, or for failing to recall or tell authorities about a defective product, if that defect results in death or injuries. If death results, the legislation calls for a penalty of up to 15 years in prison. If serious injury results, the legislation calls for penalties of up to 5 years.

Third, this legislation would extend the statute of limitations for NHTSA to mandate recalls, from 8 to 10 years for vehicles, and from 3 to 5 years for tires.

Fourth, the bill would require companies to actually test vehicle products before self-certifying that the product is in compliance with NHTSA standards.

Next, the legislation clarifies federal law to make it clear that in cases involving vehicle products sold in the U.S., a company must send the NHTSA copies of all notices sent to dealers and owners, even if the notices are sent only to owners and dealers in foreign countries.

Finally, this legislation includes provisions from Senator KOHL's ''Sunshine in Litigation Act'' (S. 957), to:

Prohibit federal courts from issuing protective orders that prohibit individuals from disclosing potential defects or dangers to regulatory agencies; and

Prohibit federal courts from enforcing secrecy agreements without first balancing the need for privacy against the public's need to know about potential health and safety hazards. In other words, no longer can a company put other consumers at risk by forcing a plaintiff to keep quiet about a potential threat to public safety.

Mr. President, this legislation will send a clear signal to irresponsible companies and individuals who intentionally put the public at risk from defective products—you will now be held responsible for your actions. I urge my colleagues to join us in this effort.

Mr. KOHL. Mr. President, I rise today to join my colleague Senator FEINSTEIN in introducing the Defective Product Penalty Act of 2000.

As the Firestone/Bridgestone tire controversy sadly demonstrates, current consumer protection laws do not provide sufficient incentive for some manufacturers to put the health and safety of consumers at the forefront of their business decisions. Although most of us would find it very difficult to believe that a company knowingly introduced a defective product into the marketplace, or failed to recall one once a defect was discovered, the families of the Firestone/Bridgestone casualties do not need to be reminded that it does happen. Most companies are responsible corporate citizens, of course—and for them this legislation will not affect their behavior—but for the others who need to be ''incentivized'' to make consumer health and safety a foremost priority, the Defective Product Penalty Act (''DPPA'') should serve as sufficient notice.

Specifically, the DPPA creates tough criminal penalties for those who knowingly introduce defective products into the stream of commerce with the realization that the product may cause death or bodily harm to an unsuspecting consumer. Risking the lives of millions of Americans because a cost-benefit analysis suggests that profits earned from a product outweigh the potential costs of liability is not only wrong, but also criminal. And it should be treated as such. Indeed, Mr. President, whenever a company adheres to the bottom line instead of respecting the health and safety of their consumers, they deserve severe, immediate, and strict punishment.

This bill also incorporates S. 957, the Sunshine in Litigation Act. This part of the bill ensures that consumers are better informed about product defects that may affect consumer health and safety. All too often our Federal courts allow vital information that is discovered in litigation—and which bears directly upon public health and safety—to be covered up, to be shielded from mothers, fathers and children whose lives are potentially at stake, and from the public officials we have asked to protect our public health and safety.

All this happens because of the use of so-called ''protective orders''—really gag orders issued by courts—that are designed to keep information discovered in the course of litigation secret and undisclosed. Typically, injured victims agree to a defendant's request to keep lawsuit information secret. They agree because defendants threaten that, without secrecy, they will fight every document requested and will refuse to agree to a settlement. Victims cannot afford to take such chances. And while courts in these situations actually have the legal authority to deny requests for secrecy, typically they do not—because both sides have agreed.

The problem of excessive secrecy orders in cases involving public health and safety has been apparent for many years. The Judiciary Committee first held hearings on this issue in 1990 and again in 1994. In 1990, Arthur Bryant, the executive director of the Trial Lawyers for Public Justice, told us, ''The one thing we learned . . . is that this problem is far more egregious than we ever imagined. It goes the length and depth of this country, and the frank truth is that much of civil litigation in this country is taking place in secret.''

The Defective Product Penalty Act will go a long way to ensuring that the health and safety of consumers will receive the consideration it deserves in the boardrooms and courtrooms across our country. I urge my colleagues to support it.

By Mr. HATCH (for himself, Mr. LEAHY, Mr. BAYH, Mr. BINGAMAN, Mrs. BOXER, Mr. DOMENICI, Mr. EDWARDS, Mrs. FEINSTEIN, Mr. GRAHAM, Mr. INOUYE, Mr. KERREY, Mrs. MURRAY, Mr. REID, Mr. ROBB, and Mr. SCHUMER) (by request):

S. 3071. A bill to provide for the appointment of additional Federal circuit and district judges, and for other purposes; to the Committee on the Judiciary.

FEDERAL JUDGESHIP ACT OF 200

Mr. HATCH. Mr. President, today, at the request of the Judicial Conference of the United States, Senator LEAHY and I are introducing the Federal Judgeship Act of 2000. This legislation was drafted by the Judicial Conference and is based upon the recently completed biennial survey of judgeship needs conducted by the Judicial Conference, which analyzed caseload statistics for each federal district court and circuit court of appeals. The legislation sets forth the Judicial Conference's recommendation that the Congress create 63 new federal judgeships throughout the country—10 new circuit court judgeships and 53 new district court judgeships.

Perhaps the federalism decisions that have marked the tenure of the Rehnquist Court ultimately will serve to check the expansion of federal jurisdiction and the caseload burdens and need for new judges that necessarily follow such expansion. Presently, however, many of our judges—especially those in the border states of Texas, New Mexico, Arizona and California—are overburdened by heavy caseloads. Caseload statistics compiled by the Judicial Conference have convinced me of the need for a debate about new judgeships. In this debate, we must ask ourselves: How large do we really want our federal judiciary to be?

It should be noted that over the past 22 years, the judiciary has grown substantially. Currently, there are 848 judgeships created pursuant to article III of the Constitution. By contrast, just 23 years ago, there were only 509 Article III judgeships. this growth in the size of the federal judiciary—a 67 percent increase—has outpaced growth in the size of the United States. During the same period, the population of the United States has grown by just 24 percent, from 220 million to 275 million.

Given that there are only a few weeks remaining in this Congress, it is going to be difficult to achieve consensus on a comprehensive judgeship bill. Nevertheless, it is important that the views of the Judicial Conference on the issue of judgeship be brought to the attention of the Congress and given the appropriate level of consideration. Still, it is possible that consensus may be reached on legislation authorizing new judgeships. I know that many of my colleagues share my concerns about the expansion of the federal judiciary. It is my judgment, however, that the Judicial Conference's recommendation that additional judgeships be created be brought to the attention of the Congress. I look forward to a dialogue with my colleagues on this issue.

Mr. LEAHY. Mr. President, today Senator HATCH and I are introducing the Federal Judgeship Act of 2000. I am pleased that Senators FEINSTEIN, SCHUMER, BOXER, GRAHAM, REID, ROBB, INOUYE, EDWARDS, MURRAY, BINGAMAN, BAYH, KERREY, and DOMENICI are joining us as original cosponsors of this measure.

Our bill creates 70 judgeships across the country to address the workload needs of the federal judiciary. This bill incorporates the recommendations for additional judgeships most recently forwarded to us by the Judiciary Conference of the United States. Specifically, our legislation would create 6 additional permanent judgeships and 4 temporary judgeships for the U.S. Courts of Appeal; 30 additional permanent judgeships and 23 temporary judgeships for the U.S. District Courts; and convert 7 existing temporary district judgeships into permanent positions.

The Judicial Conference of the United States is the nonpartisan policy-making arm of the judicial branch. Federal judges across the nation believe that the increasingly heavy caseloads of our courts necessitate these additional judges. The Chief Justice of the United States in his annual year-end reports over the last several years has commented on the serious problems facing our federal courts having too much work and too few judges and other resources.

The Judicial Conference and Chief Justice Rehnquist are right. According to his 1999 year-end report, the filings in our federal courts have reached record heights. In fact, the numbers of criminal cases and defendants have reached their highest levels since the Prohibition Amendment was repealed in 1933. In 1999, overall growth in appellate court caseload included a 349 percent upsurge in original proceedings. This sudden expansion resulted from newly implemented reporting procedures, which more accurately measure the increased judicial workload generated by the Prisoner Litigation Reform Act and the Antiterrorism and Effective Death Penalty Act, both passed in 1996.

District court activity was characterized by an increase in criminal filings and a smaller increase in civil filings. Criminal case filings rose 4 percent from 57,691 in 1998 to 59,923 in 1999, and the number of defendants grew 2 percent from 79,008 to 80,822. Criminal case filings per authorized judgeship went up almost 5 percent. Since the last significant expansion of the federal judiciary in 1990, felony criminal case filings have increased almost 50 percent, from 31,727 in 1990 to 46,789 in 1999.

Despite these dramatic increases in case filings, Congress has failed to authorize new judgeships since 1990, thus endangering the administration of justice in our nation's federal courts. Without the extraordinary contributes of our senior judges, the administration of justice could well have broken down entirely.

Over the last several decades, a 6-year cycle for reviewing the needs of the judiciary and authorizing additional judgeships had been followed by Democrats and Republicans alike. For example, in 1978, Congress passed legislation to address the need for additional judgeships. Six years later, in 1984, Congress passed legislation creating additional judgeships. Then, again six years later, in 1990, Democratic majorities in both Houses of Congress fulfilled their constitutional responsibilities and enacted the Federal Judgeship Act of 1990 because of a sharply increasing caseload, particularly for drug-related crimes. At that time President Bush was in the middle of his first term in office.

That type of bipartisan effort broke down in 1996. It has now been 10 years since Congress made a systematic evaluation of the needs of the federal judiciary and acted to meet those needs. For each of the last two Congresses, the Republican majority has resisted any such action. Three years ago, the Judicial Conference requested an additional 55 judgeships to address the growing backlog. I introduced the Federal Judgeship Act of 1997, S. 678, legislation based on the Judicial Conference's 1997 recommendations. That legislation languished in the Judicial Committee without action during both sessions of the last Congress. Again last year, the Judicial Conference updated its request and recommended an additional 72 judgeships. I, again, introduced those recommendations in the Federal Judgeship Act of 1999, S. 1145. There was no action on it by the Judiciary Committee.

This year, the Judiciary Conference took the unusual step of updating last year's recommendations yet again. Those updated recommendations affect 70 judgeships. Today may signal a turning point in our efforts. Today Republicans are joining with us. I welcome them to this effort and look forward to working with them to pass the Federal Judgeship Act of 2000.

Included within our bill are the additional judgeships that would be authorized by S. 2730, the Southwest Border Judgeship Act of 2000. Senator FEINSTEIN has been tenacious in seeking the resources needed the federal courts of our southwest border States, including southern California. She is right. Those 13 judgeships for California, Arizona, New Mexico and Texas are included in our bill.

Implicit in our legislation is acknowledgment that the federal judiciary does not just have 64 current vacancies with 9 of the horizon, but that even if all those vacancies were filled, the federal judiciary would remain 70 judges short of those it needed to manage its workload, try the cases and provide the individual attention to matters that have set a high standard for the administration of justice in our federal system. In other words, considering vacancies and taking into account the judgeships authorized by our bill, the federal judiciary is today in need of more than 130 more judges.

We have the greatest judicial system in the world, the envy of people around the globe who are struggling for freedom. It is the independence of our third, co-equal branch of government that gives it the ability to act fairly and impartially. It is our judiciary that has for so long protected our fundamental rights and freedoms and served as a necessary check on overreaching by the other two branches, those more susceptible to the gusts of the political winds.

Let us act to ensure that justice in our federal courts is not delayed or denied for anyone. I urge the Senate to do in this last month of this Congress what the Republican majority has so strenuously resisted for the last four years: Enact the Federal Judgeship Act without further delay.

Mr. GRAMS (for himself and Mr. HAGEL):

S. 3072. A bill to assist in the enhancement of the development of expansion of international economic assistance programs that utilize cooperatives and credit unions, and for other purposes; to the Committee on Foreign Relations.

SUPPORT FOR OVERSEAS COOPERATIVE DEVELOPMENT ACT

Mr. GRAM. Mr. President, I ask unanimous consent that the bill be printed in the RECORD.

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

S. 3072

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE

This Act may be cited as the ''Support for Overseas Cooperative Development Act''.

SEC. 2. FINDINGS

The Congress makes the following findings:

(1) It is in the mutual economic interest of the United States and peoples in developing and transitional countries to promote cooperatives and credit unions.

(2) Self-help institutions, including cooperatives and credit unions, provide enhanced opportunities for people to participate directly in democratic decision-making for their economic and social benefit through ownership and control of business enterprises and through the mobilization of local capital and savings and such organizations should be fully utilized in fostering free market principles and the adoption of self-help approaches to development.

(3) The United States seeks to encourage broad-based economic and social development by creating and supporting—

(A) agricultural cooperatives that provide a means to lift low income farmers and rural people out of poverty and to better integrate them into national economies;

(B) credit union networks that serve people of limited means through safe savings and by extending credit to families and microenterprises;

(C) electric and telephone cooperatives that provide rural customers with power and telecommunications services essential to economic development;

(D) housing and community-based cooperatives that provide low income shelter and work opportunities for the urban poor; and

(E) mutual and cooperative insurance companies that provide risk protection for life and property to under-served populations often through group policies.

SEC. 3. GENERAL PROVISIONS.

(a) DECLARATIONS OF POLICY.—The Congress supports the development and expansion of economic assistance programs that fully utilize cooperatives and credit unions, particularly those programs committed to—

(1) international cooperative principles, democratic governance and involvement of women and ethnic minorities for economic and social development;

(2) self-help mobilization of member savings and equity, retention of profits in the community, except those programs that are dependent on donor financing;

(3) market-oriented and value-added activities with the potential to reach large numbers of low income people and help them enter into the mainstream economy;

(4) strengthening the participation of rural and urban poor to contribute to their country's economic development; and

(5) utilization of technical assistance and training to better serve the member-owners.

(b) DEVELOPMENT PRIORITIES.—Section 111 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151i) is amended by adding at the end the following: ''In meeting the requirement of the preceding sentence, specific priority shall be given to the following:

''(1) AGRICULTURE.—Technical assistance to low income farmers who form and develop member-owned cooperatives for farm supplies, marketing and value-added processing.

''(2) FINANCIAL SYSTEMS.—The promotion of national credit union systems through credit union-to-credit union technical assistance that strengthens the ability of low income people and micro-entrepreneurs to save and to have access to credit for their own economic advancement.

''(3) INFRASTRUCTURE.—The support of rural electric and telecommunication cooperatives for access for rural people and villages that lack reliable electric and telecommunications services.

''(4) HOUSING AND COMMUNITY SERVICES.—The promotion of community-based cooperatives which provide employment opportunities and important services such as health clinics, self-help shelter, environmental improvements, group-owned businesses, and other activities.''.

SEC. 4. REPORT.

Not later than 6 months after the date of enactment of this Act, the Administrator of the United States Agency for International Development, in consultation with the heads of other appropriate agencies, shall prepare and submit to Congress a report on the implementation of section 111 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151i), as amended by section 3 of this Act.

By Mr. DURBIN (for himself and Mr. BROWNBACK):

S. 3073. A bill to amend titles V, XVIII, and XIX of the Social Security Act to promote smoking cessation under the Medicare Program, the Medicaid Program, and the Maternal and Child Health Program; to the Committee on Finance.

THE MEDICARE, MEDICAID AND MCH SMOKING CESSATION SERVICES ACT OF 2000

Mr. DURBIN. Mr President, I rise today to introduce legislation that expands treatment to millions of Americans suffering from a deadly addiction: tobacco. I am pleased to have Senator BROWNBACK join me in this effort. The Medicare, Medicaid and MCH Smoking Cessation Promotion Act of 2000 will help make smoking cessation therapy accessible to recipients of Medicare, Medicaid, and the Maternal and Child Health Program.

We have long known that cigarette smoking is the largest preventable cause of death, accounting for 20 percent of all deaths in this country. It is well documented that smoking causes virtually all cases of lung cancer and a substantial portion of coronary heart disease, peripheral vascular disease, chronic obstructive lung disease, and cancers of other sites. And the harmful effects of smoking do not end with the smoker. Women who use tobacco during pregnancy are more likely to have adverse birth outcomes, including babies with low birth weight, which is linked with an increased risk of infant death and a variety of infant health disorders.

Still, despite enormous health risks, 48 million adults in the United States smoke cigarettes—approximately 22.7 percent of American adults. The rates are higher for our youth—36.4 percent report daily smoking. In Illinois, the adult smoking rate is about 24.2 percent. And perhaps most distressing and surprising, data indicate that about 13 percent of mothers in the United States smoke during pregnancy.

We have also learned the hard way that in addition to the heavy health toll of tobacco, the economic costs of smoking are also high. The total cost of smoking in 1993 in the U.S. was about $102 billion, with over $50 billion in health care expenditures directly linked to smoking. The Centers for Disease Control and Prevention (CDC) reports that approximately 43 percent of these costs were paid by government funds, primarily Medicaid and Medicare. Smoking costs Medicaid alone more than $12.9 billion per year. According to the Chicago chapter of the American Lung Association, my state of Illinois spends $2.9 billion each year in public and private funds to combat smoking-related diseases.

Today, however, we also know how to help smokers quit. Advancements in treating tobacco use and nicotine addiction have helped millions kick the habit. While more than 40 million adults continue to smoke, nearly as many persons are former smokers living longer, healthier lives. In large part, this is because new tools are available. Effective pharmacotherapy and counseling regimens have been tested and proven effective. The just-released Surgeon General's Report, Reducing Tobacco Use, concluded that ''pharmacologic treatment of nicotine addiction, combined with behavioral support, will enable 10 to 25 percent of users to remain abstinent at one year of posttreatment.''

Studies have shown that reducing adult smoking through tobacco use treatment pays immediate dividends, both in terms of health improvements and cost savings. Creating a new nonsmoker reduces anticipated medical costs associated with acute myocardial infarction and stroke by $47 in the first year and by $853 during the next seven years in 1995 dollars. And within four to five years after tobacco cessation, quitters use fewer health care services than continued smokers. In fact, in one study the cost savings from reduced use paid for a moderately priced effective smoking cessation intervention in a matter of three to four years.

The health benefits tobacco quitters enjoy are undisputed. They are living longer. After 15 years, the risk of premature death for ex-smokers returns to nearly the level of persons who have never smoked. Male smokers who quit between age 35 and 39 add an average of five years to their lives; women can add three years. Even older Americans over age 65 can extend their life expectancy by giving up cigarettes.

Former smokers are also healthier. They are less likely to die of chronic lung diseases. After ten smoke-free

years, their risk of lung cancer drops to as much as one-half that of those who continue to smoke. After five to fifteen years the risk of stroke and heart disease for ex-smokers returns to the level of those who have never smoked. They have fewer days of illness, reduced rates of bronchitis and pneumonia, and fewer health complaints.

New Public Health Service Guidelines released this summer conclude that tobacco dependence treatments are both clinically effective and cost-effective relative to other medical and disease prevention interventions. The guideline urges health care insurers and purchasers to include the counseling and FDA-approved pharmacotherapeutic treatments as a covered benefit.

Unfortunately, the Federal Government, a major purchaser of health care through Medicare and Medicaid, does not currently adhere to its own published guidelines. It is high-time that government-sponsored health programs catch up with science. As a result, I am introducing, along with my colleague Senator BROWNBACK, legislation to improve smoking cessation benefits in government-sponsored health programs.

The Medicare, Medicaid and MCH Smoking Cessation Promotion Act of 2000 improves access to and coverage of smoking cessation treatment therapies in four primary ways.

Our bill adds a smoking cessation counseling benefit to Medicare. By 2020, 17 percent of the U.S. population will be 65 years of age or older. It is estimated that Medicare will pay $800 billion to treat tobacco-related diseases over the next twenty years. In a study of adults 65 years of age or older who received advice to quit, behavioral counseling and pharmocotherapy, 24.8 percent reported having stopped smoking six months following the intervention. The total economic benefits of quitting after age 65 are notable. Due to a reduction in the risk of lung cancer, coronary heart disease and emphysema, studies have found that heavy smokers over age 65 who quit can avoid up to $4,592 in lifelong illness-related costs.

Our measure provides coverage for both prescription and non-prescription smoking cessation drugs in the Medicaid program. The bill eliminates the provision in current Federal law that allows states to exclude FDA-approved smoking cessation therapies from coverage under Medicaid. Ironically, State Medicaid programs are required to cover Viagra, but not to treat tobacco addiction. Despite the fact that the States are now receiving the full benefit of their federal lawsuit against the tobacco industry, less than half the States provide coverage for smoking cessation in their Medicaid program. On average, states spend approximately 14.4 percent of their Medicaid budgets on medical care related to smoking.

Our legislation clarifies that the maternity benefit for pregnant women in Medicaid covers smoking cessation counseling and services. Smoking during pregnancy causes about 5–6 percent of perinatal deaths, 17–26 percent of low-birth-weight births, and 7–10 percent of preterm deliveries, and increases the risk of miscarriage and fetal growth retardation. It may also increase the risk of sudden infant death syndrome (SIDS). The Surgeon General recommends that pregnant women and parents with children living at home be counseled on the potentially harmful effects of smoking on fetal and child health. A new study shows that, over seven years, reducing smoking prevalence by just one percentage point would prevent 57,200 low birth weight births and save $572 million in direct medical costs.

Our bill ensures that the Maternal and Child Health (MCH) Program recognizes that medications used to promote smoking cessation and the inclusion of anti-tobacco messages in health promotion are considered part of quality maternal and child health services. In addition to the well-documented benefits of smoking cessation for maternity care, the Surgeon General's report adds, ''Tobacco use is a pediatric concern. In the United States, more than 6,000 children and adolescents try their first cigarette each day. More than 3,000 children and adolescents become daily smokers each day, resulting in approximately 1.23 million new smokers under the age of 18 each year.'' The goal of the MCH program is to improve the health of all mothers and children. This goal cannot be reached without addressing the tobacco epidemic.

I hope my colleagues will join me not only in cosponsoring this legislation but also in working with me to see that its provisions are adopted before the year is out. As the Surgeon General states in his report: ''Although our knowledge about tobacco control remains imperfect, we know more than enough to act now.''

Mr. GREGG (for himself and Mr. SMITH of New Hampshire):

S.J. Res. 52. A joint resolution granting the consent of Congress to the International Emergency Management Assistance Memorandum of Understanding; to the Committee on the Judiciary.

Mr. GREGG. Mr. President, I ask unanimous consent that the joint resolution be printed in the RECORD.

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

S.J. RES. 52

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. CONGRESSIONAL CONSENT.

Congress consents to the International Emergency Management Assistance Memorandum of Understanding entered into between the States of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut and the Provinces of Quebec, New Brunswick, Prince Edward Island, Nova Scotia and Newfoundland. The compact is substantially as follows:

"Article I—International Emergency Management Assistance Memorandum of Understanding Purpose and Authorities

''The International Emergency Management Assistance Memorandum of Understanding, hereinafter referred to as the 'compact,' is made and entered into by and among such of the jurisdictions as shall enact or adopt this compact, hereinafter referred to as 'party jurisdictions.' For the purposes of this agreement, the term 'jurisdictions' may include any or all of the States of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut and the Provinces of Quebec, New Brunswick, Prince Edward Island, Nova Scotia and Newfoundland, and such other states and provinces as may hereafter become a party to this compact.

''The purpose of this compact is to provide for the possibility of mutual assistance among the jurisdictions entering into this compact in managing any emergency or disaster when the affected jurisdiction or jurisdictions ask for assistance, whether arising from natural disaster, technological hazard, manmade disaster or civil emergency aspects of resources shortages.

''This compact also provides for the process of planning mechanisms among the agencies responsible and for mutual cooperation, including, if need be, emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party jurisdictions or subdivisions of party jurisdictions during emergencies, with such actions occurring outside actual declared emergency periods. Mutual assistance in this compact may include the use of emergency forces by mutual agreement among party jurisdictions.

"Article II—General Implementation

''Each party jurisdiction entering into this compact recognizes that many emergencies may exceed the capabilities of a party jurisdiction and that intergovernmental cooperation is essential in such circumstances. Each jurisdiction further recognizes that there will be emergencies that may require immediate access and present procedures to apply outside resources to make a prompt and effective response to such an emergency because few, if any, individual jurisdictions have all the resources they need in all types of emergencies or the capability of delivering resources to areas where emergencies exist.

''The prompt, full, and effective utilization of resources of the participating jurisdictions, including any resources on hand or available from any other source that are essential to the safety, care, and welfare of the people in the event of any emergency or disaster, shall be the underlying principle on which all articles of this compact are understood.

''On behalf of the party jurisdictions participating in the compact, the legally designated official who is assigned responsibility for emergency management is responsible for formulation of the appropriate inter-jurisdictional mutual aid plans and procedures necessary to implement this compact, and for recommendations to the jurisdiction concerned with respect to the amendment of any statutes, regulations, or ordinances required for that purpose.

"Article III—Party Jurisdiction Responsibilities

''(a) FORMULATE PLANS AND PROGRAMS.—It is the responsibility of each party jurisdiction to formulate procedural plans and programs for inter-jurisdictional cooperation in

the performance of the responsibilities listed in this section. In formulating and implementing such plans and programs the party jurisdictions, to the extent practical, shall—

''(1) review individual jurisdiction hazards analyses that are available and, to the extent reasonably possible, determine all those potential emergencies the party jurisdictions might jointly suffer, whether due to natural disaster, technological hazard, man-made disaster or emergency aspects of resource shortages;

''(2) initiate a process to review party jurisdictions' individual emergency plans and develop a plan that will determine the mechanism for the inter-jurisdictional cooperation;

''(3) develop inter-jurisdictional procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans;

''(4) assist in warning communities adjacent to or crossing jurisdictional boundaries;

''(5) protect and ensure delivery of services, medicines, water, food, energy and fuel, search and rescue, and critical lifeline equipment, services and resources, both human and material to the extent authorized by law;

''(6) inventory and agree upon procedures for the inter-jurisdictional loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness; and

''(7) provide, to the extent authorized by law, for temporary suspension of any statutes or ordinances, over which the province or state has jurisdiction, that impede the implementation of the responsibilities described in this subsection.

''(b) REQUEST ASSISTANCE.—The authorized representative of a party jurisdiction may request assistance of another party jurisdiction by contacting the authorized representative of that jurisdiction. These provisions only apply to requests for assistance made by and to authorized representatives. Requests may be verbal or in writing. If verbal, the request must be confirmed in writing within 15 days of the verbal request. Requests must provide the following information:

''(1) A description of the emergency service function for which assistance is needed and of the mission or missions, including but not limited to fire services, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.

''(2) The amount and type of personnel, equipment, materials, and supplies needed and a reasonable estimate of the length of time they will be needed.

''(3) The specific place and time for staging of the assisting party's response and a point of contact at the location.

''(c) CONSULTATION AMONG PARTY JURISDICTION OFFICIALS.—There shall be frequent consultation among the party jurisdiction officials who have assigned emergency management responsibilities, such officials collectively known hereinafter as the International Emergency Management Group, and other appropriate representatives of the party jurisdictions with free exchange of information, plans, and resource records relating to emergency capabilities to the extent authorized by law.

"Article IV—Limitation

''Any party jurisdiction requested to render mutual aid or conduct exercises and training for mutual aid shall undertake to respond as soon as possible, except that it is understood that the jurisdiction rendering aid may withhold or recall resources to the extent necessary to provide reasonable protection for that jurisdiction. Each party jurisdiction shall afford to the personnel of the emergency forces of any party jurisdiction, while operating within its jurisdictional limits under the terms and conditions of this compact and under the operational control of an officer of the requesting party, the same powers, duties, rights, privileges, and immunities as are afforded similar or like forces of the jurisdiction in which they are performing emergency services. Emergency forces continue under the command and control of their regular leaders, but the organizational units come under the operational control of the emergency services authorities of the jurisdiction receiving assistance. These conditions may be activated, as needed, by the jurisdiction that is to receive assistance or upon commencement of exercises or training for mutual aid and continue as long as the exercises or training for mutual aid are in progress, the emergency or disaster remains in effect or loaned resources remain in the receiving jurisdiction or jurisdictions, whichever is longer. The receiving jurisdiction is responsible for informing the assisting jurisdictions of the specific moment when services will no longer be required.

"Article V—Licenses and Permits

''Whenever a person holds a license, certificate, or other permit issued by any jurisdiction party to the compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party jurisdiction, such person is deemed to be licensed, certified, or permitted by the jurisdiction requesting assistance to render aid involving such skill to meet an emergency or disaster, subject to such limitations and conditions as the requesting jurisdiction prescribes by Executive order or otherwise.

"Article VI—Liability

''Any person or entity of a party jurisdiction rendering aid in another jurisdiction pursuant to this compact are considered agents of the requesting jurisdiction for tort liability and immunity purposes. Any person or entity rendering aid in another jurisdiction pursuant to this compact are not liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article does not include willful misconduct, gross negligence, or recklessness.

"Article VII—Supplementary Agreements

''Because it is probable that the pattern and detail of the machinery for mutual aid among 2 or more jurisdictions may differ from that among the jurisdictions that are party to this compact, this compact contains elements of a broad base common to all jurisdictions, and nothing in this compact precludes any jurisdiction from entering into supplementary agreements with another jurisdiction or affects any other agreements already in force among jurisdictions. Supplementary agreements may include, but are not limited to, provisions for evacuation and reception of injured and other persons and the exchange of medical, fire, public utility, reconnaissance, welfare, transportation and communications personnel, equipment, and supplies.

"Article VIII—Workers' Compensation and Death Benefits

''Each party jurisdiction shall provide, in accordance with its own laws, for the payment of workers' compensation and death benefits to injured members of the emergency forces of that jurisdiction and to representatives of deceased members of those forces if the members sustain injuries or are killed while rendering aid pursuant to this compact, in the same manner and on the same terms as if the injury or death were sustained within their own jurisdiction.

"Article IX—Reimbursement

''Any party jurisdiction rendering aid in another jurisdiction pursuant to this compact shall, if requested, be reimbursed by the party jurisdiction receiving such aid for any loss or damage to, or expense incurred in, the operation of any equipment and the provision of any service in answering a request for aid and for the costs incurred in connection with those requests. An aiding party jurisdiction may assume in whole or in part any such loss, damage, expense, or other cost or may loan such equipment or donate such services to the receiving party jurisdiction without charge or cost. Any 2 or more party jurisdictions may enter into supplementary agreements establishing a different allocation of costs among those jurisdictions. Expenses under article VIII are not reimbursable under this section.

"Article X—Evacuation

''Each party jurisdiction shall initiate a process to prepare and maintain plans to facilitate the movement of and reception of evacuees into its territory or across its territory, according to its capabilities and powers. The party jurisdiction from which the evacuees came shall assume the ultimate responsibility for the support of the evacuees, and after the termination of the emergency or disaster, for the repatriation of such evacuees.

"Article XI—Implementation

''(a) This compact is effective upon its execution or adoption by any 2 jurisdictions, and is effective as to any other jurisdiction upon its execution or adoption thereby: subject to approval or authorization by the United States Congress, if required, and subject to enactment of provincial or State legislation that may be required for the effectiveness of the Memorandum of Understanding.

''(b) Any party jurisdiction may withdraw from this compact, but the withdrawal does not take effect until 30 days after the governor or premier of the withdrawing jurisdiction has given notice in writing of such withdrawal to the governors or premiers of all other party jurisdictions. The action does not relieve the withdrawing jurisdiction from obligations assumed under this compact prior to the effective date of withdrawal.

''(c) Duly authenticated copies of this compact in the French and English languages and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the party jurisdictions.

"Article XII—Severability

''This compact is construed to effectuate the purposes stated in Article I. If any provision of this compact is declared unconstitutional or the applicability of the compact to any person or circumstances is held invalid, the validity of the remainder of this compact and the applicability of the compact to other persons and circumstances are not affected.

"Article XIII—Consistency of Language

''The validity of the arrangements and agreements consented to in this compact shall not be affected by any insubstantial difference in form or language as may be adopted by the various states and provinces.

"Article XIV—Amendment

''This compact may be amended by agreement of the party jurisdictions.''.

SEC. 2. INCONSISTENCY OF LANGUAGE.

The validity of the arrangements consented to by this Act shall not be affected by

any insubstantial difference in their form or language as adopted by the States and provinces.

SEC. 3. RIGHT TO ALTER, AMEND, OR REPEAL.

The right to alter, amend, or repeal this Act is hereby expressly reserved.

ADDITIONAL COSPONSORS

S. 61

At the request of Mr. DEWINE, the names of the Senator from Missouri (Mr. ASHCROFT) and the Senator from Kentucky (Mr. BUNNING) were added as cosponsors of S. 61, a bill to amend the Tariff Act of 1930 to eliminate disincentives to fair trade conditions.

S. 522

At the request of Mr. LAUTENBERG, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 522, a bill to amend the Federal Water Pollution Control Act to improve the quality of beaches and coastal recreation water, and for other purposes.

S. 693

At the request of Mr. HELMS, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 693, a bill to assist in the enhancement of the security of Taiwan, and for other purposes.

S. 922

At the request of Mr. BAUCUS, his name was added as a cosponsor of S. 922, a bill to prohibit the use of the ''Made in the USA'' label on products of the Commonwealth of the Northern Mariana Islands and to deny such products duty-free and quota-free treatment.

S. 1351

At the request of Mrs. MURRAY, her name was added as a cosponsor of S. 1351, a bill to amend the Internal Revenue Code of 1986 to extend and modify the credit for electricity produced from renewable resources.

S. 1399

At the request of Mr. DEWINE, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 1399, a bill to amend title 38, United States Code, to provide that pay adjustments for nurses and certain other health-care professionals employed by the Department of Veterans Affairs shall be made in the manner applicable to Federal employees generally and to revise the authority for the Secretary of Veterans Affairs to make further locality pay adjustments for those professionals.

S. 1438

At the request of Mr. CAMPBELL, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 1438, a bill to establish the National Law Enforcement Museum on Federal land in the District of Columbia.

S. 1510

At the request of Mr. MCCAIN, the name of the Senator from Maryland (Ms. MIKULSKI) was added as a cosponsor of S. 1510, a bill to revise the laws of the United States appertaining to United States cruise vessels, and for other purposes.

S. 1536

At the request of Mr. DEWINE, the name of the Senator from Minnesota (Mr. GRAMS) was added as a cosponsor of S. 1536, a bill to amend the Older Americans Act of 1965 to extend authorizations of appropriations for programs under the Act, to modernize programs and services for older individuals, and for other purposes.

S. 1538

At the request of Mr. LEAHY, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1538, a bill to amend the Communications Act of 1934 to clarify State and local authority to regulate the placement, construction, and modification of broadcast transmission and telecommunications facilities, and for other purposes.

S. 1608

At the request of Mr. BAUCUS, his name was added as a cosponsor of S. 1608, a bill to provide annual payments to the States and counties from National Forest System lands managed by the Forest Service, and the revested Oregon and California Railroad and reconveyed Coos Bay Wagon Road grant lands managed predominately by the Bureau of Land Management, for use by the counties in which the lands are situated for the benefit of the public schools, roads, emergency and other public purposes; to encourage and provide new mechanisms for cooperation between counties and the Forest Service and the Bureau of Land Management to make necessary investments in Federal lands, and reaffirm the positive connection between Federal Lands counties and Federal Lands; and for other purposes.

S. 1805

At the request of Mr. KENNEDY, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 1805, a bill to restore food stamp benefits for aliens, to provide States with flexibility in administering the food stamp vehicle allowance, to index the excess shelter expense deduction to inflation, to authorize additional appropriations to purchase and make available additional commodities under the emergency food assistance program, and for other purposes.

At the request of Mr. THOMAS, his name was added as a cosponsor of S. 1805, supra.

S. 2029

At the request of Mr. FRIST, the name of the Senator from Alaska (Mr. STEVENS) was added as a cosponsor of S. 2029, a bill to amend the Communications Act of 1934 to prohibit telemarketers from interfering with the caller identification service of any person to whom a telephone solicitation is made, and for other purposes.

S. 2505

At the request of Mr. JEFFORDS, the name of the Senator from Montana (Mr. BAUCUS) was added as a cosponsor of S. 2505, a bill to amend title X VIII of the Social Security Act to provide increased assess to health care for medical beneficiaries through telemedicine.

S. 2686

At the request of Mr. CONCRAN, the name of the Senator from Wisconsin (Mr. KOHL) was added as a cosponsor of S. 2686, a bill to amend chapter 36 of title 39, United States Code, to modify rates relating to reduced rate mail matter, and for other purposes.

S. 2698

At the request of Mr. MOYNIHAN, the names of the Senator from Iowa (Mr. HARKIN), the Senator from New Jersey (Mr. TORRICELLI), and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of S. 2698, a bill to amend the Internal Revenue Code of 1986 to provide an incentive to ensure that all Americans gain timely and equitable access to the Internet over current and future generations of broadband capability.

S. 2709

At the request of Mr. BAUCUS, the name of the Senator from Missouri (Mr. ASHCROFT) was added as a cosponsor of S. 2709, to establish a Beef Industry Compensation Trust Fund with the duties imposed on products of countries that fail to comply with certain WTO dispute resolution decisions.

S. 2718

At the request of Mr. SMITH of New Hampshire, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 2718, a bill to amend the Internal Revenue Code of 1986 to provide incentives to introduce new technologies to reduce energy consumption in buildings.

S. 2725

At the request of Mr. SMITH of New Hampshire, the names of the Senator from Michigan (Mr. LEVIN) and the Senator from Maine (Ms. COLLINS) were added as cosponsors of S. 2725, a bill to provide for a system of sanctuaries for chimpanzees that have been designated as being no longer needed in research conducted or supported by the Public Health Service, and for other purposes.

S. 2726

At the request of Mr. HELMS, the name of the Senator from Missouri (Mr. ASHCROFT) was added as a cosponsor of S. 2726, a bill to protect United States military personnel and other elected and appointed officials of the United States Government against criminal prosecution by an international criminal court to which the United States is not a party.

S. 2733

At the request of Mr. SANTORUM, the name of the Senator from Rhode Island (Mr. L. CHAFEE) was added as a cosponsor of S. 2733, a bill to provide for the preservation of assisted housing for low income elderly persons, disabled persons, and other families.

S. 2781

At the request of Mr. LEAHY, the name of the Senator from Nevada (Mr.