

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. WELLSTONE:

S. Res. 351. A resolution to designate the month of September of 2000, as "National Alcohol and Drug Addiction Recovery Month"; to the Committee on the Judiciary.

By Mr. LOTT (for himself and Mr. DASCHLE):

S. Res. 352. A resolution relative to the death of Representative Herbert H. Bateman, of Virginia; considered and agreed to.

STATEMENT ON INTRODUCED BILLS AND JOINT RESOLUTIONS

Ms. SNOWE:

S. 3023. A bill to amend the Civil Rights Act of 1964 to protect breastfeeding by new mothers; to the Committee on Health, Education, Labor, and Pensions

PREGNANCY DISCRIMINATION ACT AMENDMENTS OF 2000

Ms. SNOWE. Mr. President, I rise today to introduce the Pregnancy Discrimination Act Amendments of 2000. This bill would clarify that the Pregnancy Discrimination Act protects breastfeeding under civil rights law, requiring that a woman cannot be fired or discriminated against in the workplace for expressing breast milk during her own lunch time or break time.

When Congress passed the Pregnancy Discrimination Act in 1978, I wonder if any of my colleagues considered the definition of "pregnancy, childbirth, and related medical conditions" delineated in this law would not include breastfeeding. But unfortunately, courts across the country have not interpreted the Pregnancy Discrimination Act to include breastfeeding.

According to the U.S. Department of Labor, women with infants and toddlers are the fastest growing segment of today's labor force. At least 50 percent of women who are employed when they become pregnant return to the labor force by the time their children are three months old. Although the Pregnancy Discrimination Act was enacted in 1978 and prohibits workplace discrimination on the basis of pregnancy, childbirth, or related medical conditions, courts have not interpreted the Act to include breastfeeding.

Some employers deny women the opportunity to express milk; some women have been discharged for requesting to express milk during lunch and other regular breaks; some women have been harassed or discriminated against; some women have had their pay withheld or been taken off of shift work for saying that they wanted to pump milk.

On the other hand, many employers have seen positive results from facilitating lactation programs in the workplace, including low absenteeism, high productivity, improved company loyalty,

high employee morale, and lower health care costs. Parental absenteeism due to infant illness is three times greater among the parents of formula-fed children than those that are breastfed. Worksite programs that aim to improve infant health may also bring about a reduction in parental absenteeism and health insurance costs.

There is no doubt as to the health benefit breastfeeding brings to both mothers and children. Breastmilk is easily digested and assimilated, and contains all the vitamins, minerals, and nutrients they require in their first five to six months of life. Furthermore, important antibodies, proteins, immune cells, and growth factors that can only be found in breast milk. Breastmilk is the first line of immunization defense and enhances the effectiveness of vaccines given to infants.

Research studies show that children who are not breastfed have higher rates of mortality, meningitis, some types of cancers, asthma and other respiratory illnesses, bacterial and viral infections, diarrhoeal diseases, ear infections, allergies, and obesity. Other research studies have shown that breastmilk and breastfeeding have protective effects against the development of a number of chronic diseases, including juvenile diabetes, lymphomas, Crohn's disease, celiac disease, some chronic liver diseases, and ulcerative colitis. A number of studies have shown that breastfed children have higher IQs at all ages.

Mr. President, this is a simple bill—it simply inserts the word "breastfeeding" in the Pregnancy Discrimination Act. It will change the law to read that employment discrimination "because of or on the basis of pregnancy, childbirth, breastfeeding, or related medication conditions" is not permitted.

I believe that it is absolutely critical to support mothers across the country—they are, of course, raising the very future of our country. And we should ensure that the Pregnancy Discrimination Act covers this basic fundamental part of mothering.

I urge my colleagues to join me in sponsoring this bill.

Mr. ROBB (for himself, Mr. L. CHAFEE, and Mr. MOYNIHAN):

S. 3024. A bill to amend title XVIII of the Social Security Act to provide for coverage of glaucoma detection services under part B of the Medicare Program; to the Committee on Finance.

THE MEDICARE GLAUCOMA DETECTION ACT OF 2000

Mr. ROBB. Mr. President, I rise today to introduce the Medicare Glaucoma Detection Act of 2000. I'm pleased to be joined in its introduction by my colleagues Senator CHAFEE and Senator MOYNIHAN.

Mr. President, the Medicare Glaucoma Detection Act follows suit in a

series of preventive health proposals I've cosponsored to help Medicare beneficiaries take a more active role in their health care. Reforming Medicare by adding preventive benefits recognizes that it is much more cost effective to prevent illness than to treat it. Over the past several years, Congress has expanded Medicare's preventive benefits, adding screening and detection services like mammography, bone mass measurements and screening for prostate and colorectal cancer to help Medicare beneficiaries. It is now time to add another important prevention benefit to Medicare: screening for glaucoma.

The Medicare Glaucoma Detection Act of 2000 will give seniors access to the best defense against glaucoma—complete eye examinations on a regular basis. Glaucoma is a significant cause of legal blindness in this country and is the single most common cause of irreversible blindness among African-Americans. In fact, the prevalence of glaucoma is an astounding four to six times higher in African-Americans than the rest of the population.

Glaucoma is often called "the silent thief of sight" because the afflicted person has no warning sign, no hint that anything is wrong. Over the years, the increased buildup of pressure causes damage to the optic nerve in the back of the eyes. Because the disease does not show any symptoms until considerable damage has been done, coverage of regularly scheduled exams is a critical step in controlling the disease. If detected in the early stages, glaucoma can be effectively treated to prevent loss of vision.

The bill I am introducing today will establish a Medicare glaucoma detection benefit that follows the guidelines set forth by the American Academy of Ophthalmology, which recommend that individuals 60 years of age or older with a family history of glaucoma receive a glaucoma screening once every two years. Too many of America's seniors are in danger of losing their vision—an estimated 120,000 persons are legally blind due to glaucoma. This bill is the first step toward reversing that trend.

Mr. President, it's important to note that blindness is not simply a medical problem—the costs of glaucoma are both the personal loss of sight and the economic costs to the individual and society associated with blindness. Annual costs to the government associated with blindness are estimated at more than four billion dollars. Moreover, eyesight is a gift that allows seniors to maintain their independence. By helping preserve the ability of seniors to cook, to shop, to drive, to care for themselves and to recognize family and friends, the Medicare Glaucoma Detection Act of 2000 will allow seniors to stay independent longer.

We do not yet have a cure for glaucoma, but blindness from glaucoma can