

any college player and was made possible only because Mike's last-second shot against Butler advanced Florida and kept his team's hopes of reaching the championship game alive. His clutch play continued in every game of the tournament, making it easy to see why Mike was named the best player in his region. Remarkably, Mike did all of this as just a sophomore.

Mike Miller is from Mitchell—a leader in South Dakota high school basketball—and as a Kernel he played under the legendary Gary Munsen. Mike started learning about the game of basketball long before he got to high school, however. His uncle, Dakota Wesleyan great Alan Miller, is the all-time leading college scorer in South Dakota. And Mike's older brother Ryan, who played for Northern State, currently plays professionally in Australia. The Millers are a big part of the reason that growing up in Mitchell means growing up around basketball.

In a time when too many athletes seem to be more concerned with individual statistics than playing as a team, when the bottom line seems to matter more to some professionals than the love of the game, it's refreshing to see someone like Mike Miller on the court. Through the course of the tournament and the championship game in Indianapolis, Mike showed his opponents and the country how basketball is played in South Dakota—and how it should be played everywhere else. His unselfish play makes the players around him better; he has an uncanny ability to step up his game during crunch time; and he never stops working to improve. That's what he learned in Mitchell—that's what he learned in South Dakota—and that's what he's showing the college basketball world.

Although the Gators fell a few points shy the other night in Indiana, Mike Miller made us proud in South Dakota. He proved to the country what those at the Corn Palace and at Mitchell High already know—that Mike Miller is a champion. We are very proud to call him one of our own.

Let me, of course, congratulate the Michigan State Spartans and the University of Connecticut Huskies women's team for their championship seasons. But, on behalf of everyone who cheered for him, I would also like to take this opportunity to congratulate Mike, his team and his parents—Tom and Sheryl Miller of Mitchell—for the incredible run the Florida Gators had this season. It was fun to watch, and I know we all look forward to seeing more of Mike Miller in the years to come.

HEALTH CARE FOR MILITARY RETIREES

Mr. GORTON. Over the past few weeks, I have had the opportunity to

sit down and listen to military retirees during their veterans service organizations' annual visit to Washington, DC. Without exception, access to health care was a priority for each and every group. As a retired officer in the Air Force Reserve, I understand the interest in and importance of this issue to those who dedicated a career to serving and defending our Nation—I speak not only of the service members themselves, but their spouses and dependent family members as well.

After listening to retirees' personal stories and policy presentations, as well as reading the numerous letters on health care legislation I receive each week from military retirees across Washington State, I am convinced that Congress, the President and the Department of Defense must address the issue of retirees' access to health care. In response to the requests of my military retiree constituents, I am cosponsoring Senate bills 915 and 2003, the "Keep Our Promise to America's Military Retirees Act."

In the past several years, I cosponsored and supported efforts to establish the Medicare subvention demonstration program, now known as Tricare Senior Prime, and the FEHBP demonstration program. The Tricare Senior Prime demonstration program allows Medicare-eligible retirees to receive care at military facilities with Medicare paying the Department of Defense for the costs of that care. Some retirees in my State of Washington have been able to participate in the Tricare Senior Prime demonstration program as Madigan Army Medical Center was one of the designated test sites. I have spoken with the Commanding Officer at Madigan, my staff has met at length with those overseeing the test at Madigan, as well as the participating retirees, and it appears the test is a significant success.

Two concerns I have heard about the Tricare Senior Prime program are that this is a demonstration and is scheduled to end in December of this year, and that Medicare's current reimbursement scheme to the Defense Department will not fiscally support a permanent program. Senate bill 915 will make the Tricare Senior Prime test program permanent and expand it nationwide to facilities not in the test. It is important for the Defense Department and Congress to act to ensure Tricare Senior Prime demonstration program does not expire at the end of this year and I will be working hard to ensure Tricare Senior Prime is maintained. I also intend to work to see that Medicare fairly reimburses the Defense Department so that the costs of the Tricare Senior Prime program do not impact the services' ability to care for active duty service members and their families.

Senate bill 2003, sponsored by Senators TIM JOHNSON, PAUL COVERDELL,

and 24 other Senators, would entitle all retirees, and their widow or widower, access to the Federal Employee Health Benefit Plan (FEHBP), to which all federal non-military retirees have access. As I stated previously, I supported establishing the current FEHBP demonstration program. My support for the demonstration and my decision to cosponsor this bill is driven, to a great degree, by the fact that there are many retirees who do not live in close proximity to a military treatment facility, some due to base closures that shut down facilities in their area of the country. This legislation would provide retirees access to health care regardless of where they choose to live. S. 2003 will also expand access to Tricare to allow Medicare-eligible retirees.

One other issue that I know is of considerable concern to military retirees is the cost of prescription drugs. This concern is heightened, in a border State like Washington, by the disparity in drug prices between the United States and Canada—an issue on which I am working for a common-sense, straight-forward solution. Of interest to Medicare-eligible retirees is access to prescription drugs from DoD facilities or a mail-order program. I believe that it is only fair and appropriate for Congress to consider military retirees when debating the creation of a Medicare prescription drug benefit, which I support.

My cosponsorship of Senate bill 2003 and 915 is driven by the firm belief that Congress must address the current health care situation of military retirees. The President and Defense Department must be active participants in this matter. Military retirees dedicated their lives to defending our Nation and protecting our interests around the world—they are due a serious legislative response.

NATIONAL ORGAN TRANSPLANTATION ACT

Mr. DURBIN. Mr. President, I ask unanimous consent that a letter dated April 5, 2000, addressed to Senators LOTT and DASCHLE, be printed in the RECORD.

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

We are writing to lodge our strong objection to consideration of H.R. 2418 by the Senate. This bill would reauthorize the National Organ Transplantation Act (NOTA) in a manner that would adversely affect patients in many states including our own, who are desperately in need of organ transplants.

Every year, over 4,000 people die waiting for an organ transplant. The organ allocation policy established by the Organ Procurement and Transplantation Network (OPTN) has been inequitable. Patients with similar severities of illness are treated differently, depending on where they live or at which transplant center they are listed. Patients in some parts of the country wait

much longer than patients in other regions, who have the same level of illness. So for some, the chance of dying before they actually receive a transplant is much higher than for others. Over the last 3 years, 97 people died while waiting for an organ transplant at the University of Chicago, 187 died while waiting at the University of Pittsburgh, 99 died while waiting at Mt. Sinai, NY, and 46 children died while waiting for an organ at the Children's Hospital in Pittsburgh.

Additional problems occur when hospitals provide large numbers of life-saving transplants to out-of-state patients. Maryland hospitals, for instance, are required to pay back United Network for Organ Sharing (UNOS) with the total number of kidneys used in transplant operations, even though 40 percent of those transplant are performed on patients from other states. This means that states with small populations and centers of excellence in transplantation more easily build up a so-called "kidney debt." A "payback" requirement also applies to livers between some Organ Procurement Organizations (OPOs) or within certain OPOs. Without greater regional sharing of organs, such policies result in longer than the national average wait times and possible sanctions by UNOS, merely because a state provides life-savings services to non-residents.

To eliminate these inequities, the Department of Health and Human Services (HHS) issued regulations, which became effective March 16th, that establish a framework for organ allocation policies to be developed by the network. The policies will be based on sound medical judgment and will be fairer for all patients, irrespective of where they live.

Regrettably, H.R. 2418 would take us backward and undermine current efforts make the system more equitable. The bill delegates current government authority to a private entity without appropriate standards of Federal review. The bill denies HHS any role in overseeing organ allocation and promoting practices that are in the best interest of the entire public health. The congressionally mandated study by the Institute of Medicine clearly stated that such a role for HHS was both necessary and appropriate. Instead, the bill grants extraordinary powers to a private sector entity to select and approve the Federal controller that manages the OPTN. The manner of such selection does not appear to be consistent with existing principles of the Federal acquisition process, which promote full and open competition in awarding Federal contracts. Furthermore, the bill would not incorporate the Institute of Medicine's recommendation of standardization of patient listing practices and broader sharing of organs.

It is our hope that we can work with the committee of jurisdiction here in the Senate, the Health, Education, Labor and Pension Committee, to forge in an alternative reauthorization bill. It is our understanding that Senators Frist and Kennedy are currently working on a bill that would be more in keeping with the IOM's recommendations. We ask that this bill not disrupt the new HHS regulations.

Because of our strong objections to H.R. 2418, we request that we be notified and consulted before any unanimous consent agreement is sought for any legislation that seeks to reauthorize the National Organ Transplant Act, to ensure our ability to exercise our rights in the shaping of this important legislation.

Thank you for your consideration in this matter.

Sincerely,

RICHARD J. DURBIN,

BOB KERREY,
RICK SANTORUM,
BARBARA A. MIKULSKI,
PETER G. FITZGERALD,
CHUCK HAGEL,
ARLEN SPECTER,
PAUL S. SARBANES,
CHARLES E. SCHUMER.

TRADE ADVISORY COMMITTEE SYSTEM

Mr. BAUCUS. Mr. President, I rise today to address a concern I have about the way we run our trade policy.

Over a quarter century ago, Congress passed the Trade Act of 1974. It was a monumental piece of legislation which laid the foundation for America's current trade policy operations. One of its features was a formal system of non-partisan advisory committees. These committees were designed to give the Executive Branch advice from the private sector on trade agreements.

The Trade Act created two tiers of advisory committees. At the top is the Advisory Committee on Trade Policy and Negotiations (ACTPN), composed of 45 people serving for a 2-year term. The members are officers of corporations, trade associations and labor unions. A parallel committee known as TEPAC provides advice on trade and the environment. The next tier contains the Industry Sector Advisory Committees and the Industry Functional Advisory Committees, known as ISAC's and IFAC's. The Trade Act gives the Executive Branch substantial leeway in creating them, chartering them, and choosing their members. Today there are more than two dozen ISAC's and IFAC's.

Mr. President, the Clinton Administration announced last month that it was taking a hard look at the advisory committee process. I support that. In the past year, we've witnessed some unwelcome developments in the advisory committee system that call into question whether its operating in the way Congress intended.

In May 1999, the head of a prominent environmental group resigned from the TEPAC. He resigned after his committee was asked to comment on regulations only after, rather than before, they were proposed by the State Department.

In November 1999, the U.S. District Court in Seattle ruled in favor of environmentalists who were seeking representation on two of the ISAC's for paper and wood products. They believed that the trade issues under discussion could have environmental consequences, and they wanted the ISAC's to consider those consequences when providing advice to the government. The Court agreed, and the Commerce Department took steps to comply.

For reasons I don't understand, the Justice Department appealed the decision after the Commerce Department had taken these steps. I have already

said that I will introduce legislation mandating environmental participation if the District Court decision is overturned.

In January 2000, all three labor representatives resigned from the ACTPN, the top-tier committee. Their complaint was that they had no say in shaping the discussion agenda. So now nobody speaks on behalf of American workers on the ACTPN.

Clearly, Mr. President, this process isn't working the way Congress intended. It is time for a fresh look. Let me focus on what I believe are the two main issues we should consider: trade agreement compliance and open participation.

In the 1974 Trade Act, Congress gave the advisory committees two main tasks. The first task was to give advice on upcoming and ongoing trade negotiations. The advice they give helps set negotiating objectives and bargaining positions. The second task related to existing trade agreement. The ACTPN, the ISAC's and the IFAC's were to give advice and information on compliance with these existing trade agreements.

We need more work on the second task.

Over the past 20 years, the United States has entered into more than 400 trade agreements. Last month the GAO issued a report on how well we monitor and enforce them. The answer: not very well.

The American Chamber of Commerce in Japan has just released an analysis of our bilateral trade agreements there. They examined over 50 separate agreements, testing them for effective implementation. Of the ones given a numerical grade, over half flunked the implementation test. That's miserable.

What's the problem? The problem is two-fold. First, everyone wants to negotiate agreements, but nobody wants to implement them. That leads to the second problem: too few monitors.

With respect to the first problem, Mr. President, it is worth remembering that trade policy is carried out by human beings. Like people everywhere, they find that negotiating deals is exciting. Negotiating is high-profile work. What about implementation? Implementing deals is not nearly as exciting as negotiating them. Everyone signs up to negotiate. No one signs up to implement.

With respect to the second problem, the GAO cited a widespread lack of personnel to monitor and enforce trade agreements. They pointed to staffing gaps at in the U.S. Trade Representative's office, the Commerce Department and other agencies. I don't doubt it. President Clinton and Vice President GORE have worked hard and successfully to slim down the federal bureaucracy. So there aren't many extra hands.

I don't think this problem can be solved by hiring more people. In fact,