Mr. DASCHLE. Madam President, I ask unanimous consent that the amendment found on page 56 of the managers’ amendment numbered 1024 to H.R. 2311, the energy and water appropriations bill, be modified with the technical correction to the instruction line which I read into the record.

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

The modification is as follows:

On page 11, after line 16, insert the following:

DEPARTMENT OF TRANSPORTATION AND RELATED AGENCIES APPROPRIATIONS ACT, 2002

AMENDMENT NO. 1029, AS MODIFIED

Mr. DASCHLE. Madam President, I ask unanimous consent that the previously agreed to amendment numbered 1029 be modified with the language at the desk in order to vitiate action on the last division of the amendment.

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

The amendment (No. 1029), as modified, was agreed to, as follows:

On page 20, line 16, strike the numeral and all that follows through the word “Code” on page 18 and insert in lieu thereof the following: “$3,348,128 shall be set aside for the following: ‘$3,348,128 shall be set aside for the program authorized under section 1101(a)(11) of the Transportation Equity Act for the 21st Century, as amended and section 182 of title 23, United States Code.’”

On page 33, line 12, strike the word “together” and all that follows through the semi-colon on line 14.

LEGISLATIVE APPROPRIATIONS ACT, 2002

OFFICE OF TECHNOLOGY ASSESSMENT

Mr. BINGAMAN. Mr. President, my amendment intends to restore a lost capability to assess the effects of science and technology on our Congressional policymaking process.

Mr. DURBIN. Is the Senator proposing to restart the former Office of Technology Assessment?

Mr. BINGAMAN. I am not proposing to restart Office of Technology Assessment (or OTA). But, I feel that today we lack the analytical insight of its technology assessment process.

Mr. DURBIN. How is the Senator proposing to implement this by contracting with outside non-profit agencies such as the National Academy of Sciences. My intent was for the Congressional Research Service to manage this activity as I feel they are better suited to conduct and oversee this type of long term research activity. In doing so, I hope that the funding would be provided by the Senate Rules and Administration Committees and through these Committees, the Joint Committee on the Library of Congress.

Mr. BINGAMAN. Who is the Senator now proposing to manage this activity?

Mr. DURBIN. How will the initial studies be chosen for the pilot program and how will it be reported?

Mr. BINGAMAN. The General Accounting Office should submit a listing of Congressionally relevant technology assessment studies to its oversight committees, the Senate Committee on Governmental Affairs and the House Committee on Government Reform. From this list, two projects should be chosen, one by each Committee no later than October 31st, 2001. The technology assessment studies should then begin with a report given to both Committees, and the House and Senate Appropriations Committee, no later than June 15, 2002. At that time the decision can be made as to whether this technology assessment program was beneficial enough to continue it a second year. If this pilot program is to continue, I recommend that the funding be executed using the Office of Technology Assessment authorization language. Rather than OTA’s 200 person, $20 million budget, the organization would be a small legislative branch staff using outside non-profit groups to perform the in-depth research.

ACCESS TO VA HEALTH CARE IN WEST VIRGINIA

Mr. ROCKEFELLER. Madam President, as chairman of the Committee on Veterans’ Affairs, I want to share with my colleagues some of the concerns voiced by veterans at a recent field hearing in my state of West Virginia.

On July 16, the Committee held a hearing in Huntington, West Virginia, to examine the challenges facing veterans, particularly rural veterans, in accessing health care through the Department of Veterans Affairs. The Committee held its last West Virginia field hearing on access to rural VA health care in 1993.