At the request of Mr. Jeffords, his name was added as a cosponsor of amendment No. 302 proposed to H. Con. Res. 83, supra.

AMENDMENT NO. 303
At the request of Mr. Domenici, his name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, a concurrent resolution establishing the congressional budget for the United States Government for fiscal year 2002, revising the congressional budget for the United States Government for fiscal year 2001, and setting forth appropriate budgetary levels for each of fiscal years 2003 through 2011.

At the request of Mr. Baucus, his name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mr. Enzi, his name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mr. Conrad, his name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mr. Johnson, his name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mr. Thomas, his name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mr. Bingaman, the name of the Senator from Ohio (Mr. DeWine) was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mrs. Hutchinson, her name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mrs. Collins, her name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mrs. Murray, her name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mrs. Carnahan, her name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Ms. Snowe, her name was added as a cosponsor of amendment No. 303 proposed to H. Con. Res. 83, supra.

At the request of Mr. Graham, the names of the Senator from Arkansas (Mr. Hutchinson), the Senator from Washington (Mrs. Murray), the Senator from New York (Mrs. Clinton), the Senator from Louisiana (Ms. Landrieu), and the Senator from New Mexico (Mr. Bingaman) were added as cosponsors of amendment No. 317 proposed to H. Con. Res. 83, a concurrent resolution establishing the congressional budget for the United States Government for fiscal year 2002, revising the congressional budget for the United States Government for fiscal year 2001, and setting forth appropriate budgetary levels for each of fiscal years 2003 through 2011.

At the request of Mr. Inouye, his name was added as a cosponsor of amendment No. 325 proposed to H. Con. Res. 83, supra.

At the request of Mr. Conrad, his name was added as a cosponsor of amendment No. 325 proposed to H. Con. Res. 83, supra.

AMENDMENT NO. 334
At the request of Mr. Inhofe, the names of the Senator from Virginia (Mr. Allen), the Senator from Louisiana (Mr. Breaux), the Senator from Virginia (Mr. Warner), the Senator from Florida (Mr. Graham), the Senator from Idaho (Mr. Craig), the Senator from South Dakota (Mr. Dassehle), the Senator from Illinois (Mr. Durbin), the Senator from South Dakota (Mr. Johnson), the Senator from Nebraska (Mr. Hagel), the Senator from Wyoming (Mr. Enzi), the Senator from Washington (Mrs. Murray), the Senator from California (Mrs. Feinstein), the Senator from Minnesota (Mr. Wellstone), the Senator from Nebraska (Mr. Nelson), the Senator from Wyoming (Mr. Thomas), the Senator from New Mexico (Mr. Bingaman), the Senator from Colorado (Mr. Salazar), the Senator from Hawaii (Mr. Akaka), the Senator from Tennessee (Mr. Frist), and the Senator from Vermont (Mr. Jeffords) were added as cosponsors of amendment No. 324 proposed to H. Con. Res. 83, a concurrent resolution establishing the congressional budget for the United States Government for fiscal year 2002, revising the congressional budget for the United States Government for fiscal year 2001, and setting forth appropriate budgetary levels for each of fiscal years 2003 through 2011.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS—APRIL 5, 2001
By Mr. Hatch (for himself, Mr. Enzi, Mr. Campell, Mr. Domenici, Mr. Bingaman, Mr. Baucus, Mr. Craig, Mr. Enzi, Mr. Thomas, Mr. Lincoln, Mr. Edwards, Mr. Hollings, Mrs. Clinton, Mr. Craig, Ms. Mikulski, Mr. Leahy, Mr. Fitzgerald, Mr. Wyden, Mr. Rockefeller, Mr. Allard, and Ms. Stabenow):
S. 708. A bill to provide the citizens of the United States and Congress with...
a report on coordinated actions by Federal agencies to prevent the introduction of foot and mouth disease and bovine spongiform encephalopathy into the United States and other information to assess the economic and public health impacts associated with the potential threats presented by those diseases to the Committee on Agriculture, Nutrition, and Forestry.

Mr. HATCH. Mr. President, I rise today to introduce the Animal disease Risk Assessment, Prevention, and Control Act of 2001. I want to thank my friend and colleague, Senator Tom Harkin, for his partnership in developing this bipartisan bill. I also want to recognize Senator Campbell's exceptional leadership in bringing to the forefront of public discussion the issue of the health of our domestic cattle herds. We are4 jointing exceptional efforts by Senators Durbin, Lugar, Daschle, and Leahy, as well as over one-third of the Senate in this bipartisan effort.

Our bill makes clear the Congress' commitment to our livestock industry and to ensuring our public health. Our goal is to make certain that the Congress and the American public are fully informed as to the reliability of our nation's animal health inspection system, its ability to protect our domestic herds and the American public from the potential introduction into the United States of foot and mouth disease and bovine spongiform encephalopathy (BSE), commonly referred to as mad cow disease. The presence of either of these diseases would have staggering economic consequences for our country.

In addition, it is imperative, as this bill directs, that we learn more about the possible public health consequences of BSE so that we can be confident that these efforts continue to successfully prevent any potentially negative impacts on human or animal health. Americans from Salt Lake City, Iowa City and across the country need to maintain confidence that the beef products they purchase and consume are safe.

The public has no doubt heard the media reports on the recent cases in Europe of BSE and the outbreak of FMD, and they have heard about the devastating effects these outbreaks have had on the livestock industries in that part of the world. With all this media coverage, misconceptions have arisen which could make matters worse than the situation merits.

The public deserves to know the facts surrounding these animal diseases, their threat to public health, and their potential means of transmission. This is one of the basic goals of our legislation—to help overcome the lack of information associated with these diseases. However, in the unfortunate event that it becomes necessary to fight these disease at home, we must ensure that the government and other officials have the necessary tools to move swiftly and completely to control these animal diseases.

We have been successful so far in preventing the return of FMD to the United States. No case of BSE has ever been identified in the United States. This bill is intended to continue that success into the future.

Here is what the bill does in a nutshell. The legislation lays out a series of detailed findings that set forth the current state of knowledge with respect to these two diseases. A key provision of the bill requires the Secretary of Agriculture to submit two reports to Congress. The first report, to be submitted in 30 days of enactment, requires the Administration to identify any immediate needs for additional legislative authority or funding. The second report, also due within 180 days of adoption, requires the submission of a comprehensive analysis of the risks of FMD and BSE to American livestock and beef products, the potential economic consequences if FMD or BSE are found in the United States, and information concerning the potential linkage between BSE and variant Creutzfeldt-Jacob Disease (vCJD), a condition affecting humans.

The legislation requires the Secretaries of Agriculture to consult with the Secretaries of State, Treasury, Defense, Commerce, Health and Human Services, the United States Trade Representative, the Director of the Federal Emergency Management Agency, and other appropriate federal personnel when she develops both the reports mandated by this bill. In addition, in issuing the comprehensive 180 day report, the Secretary of Agriculture must consult with international, State, and local government animal health officials, experts in infectious disease research, prevention and control, livestock experts, representatives of blood collection and distribution entities, and representatives of consumer and patient organizations. A chief goal of that report is to help devise a coordinated plan to prevent the introduction of FMD and BSE into the United States and to help identify the proper corrective steps if FMD and BSE find their way into our country.

Mr. President, I now take this opportunity to comment upon some common myths on this issue. First, the public should know that there is no known etiologic relationship between BSE and FMD. While it is true that these diseases have occurred in the same region within a shared time frame, the fact is that the two diseases are quite distinct and have occurred independently from one another.

BSE is a transmissible, neuro-degenerative disease in cows. It is believed to have an incubation period of years, but once active in cattle it can quickly become fatal in a matter of weeks. It is carried in the brain and spinal cord of the animal, not in the meat products normally consumed by humans.

For foot and mouth disease, it is a highly contagious virus affecting cloven hoofed animals, including cattle, swine, sheep, goats, deer, and others. Although this disease was eradicated in the United States and Europe of BSE and FMD. While it is true that the potential introduction into the United States of foot and mouth disease and bovine spongiform encephalopathy is one of the basic goals of our legislation, we cannot afford to allow that to happen.

The disease can be carried by the wind from one animal to another. Animals infected by FMD can be cured by injections, however, the infected animal will continue to spread the disease during recovery. For that reason, the preferred remedy is to slaughter the animal before it can spread the disease further. To be safe, the entire herd will often be killed even if only one or two animals are found to be infected. This is why our bill also contains a provision to determine whether adequate compensation would be available under existing programs for producers suffering losses from destruction of affected herds.

Mr. President, another concern held by some is that there is a strong risk of humans being infected by these diseases, either by eating meat or through some other means of transmission. Let me first discuss BSE. There are, in fact, human spongiform encephalopathies. An example of such a disease is the recently discovered variant of Creutzfeldt-Jacob Disease. Scientists have not determined that a definitive causal link exists between BSE and variant Creutzfeldt-Jacob Disease or other spongiform encephalopathies found in humans. The Centers for Disease Control and Prevention (CDC) has stated: "Although there is strong evidence that the agent responsible for these human cases is the same agent responsible for the BSE outbreaks in cattle, the specific foods that may be associated with the transmission of this agent from cattle to humans are not known."

Scientists are currently studying the issue further and the Animal Health Risk Assessment, Prevention, and Control Act of 2001 encourages such research.
While these studies are ongoing, the Food and Drug Administration (FDA) has acted successfully to stop the spread of human spongiform encephalopathies in the United States by disqualifying any individual who lived in the United Kingdom for more than six months since 1980 from donating blood while in the U.S. and to work each day to protect our nation from foreign animal diseases. But the sheer volume of travel and wildlife. However, the Administration's FMD and BSE prevention efforts would benefit from greater coordination among federal agencies, and increased attention to the availability of public information. Additionally, Congress needs data relevant to the development of longer-term disease prevention and management strategies, and guidance as to whether the Administration will require additional legislative authority or funding to most appropriately manage the threat that FMD, BSE, or related diseases may pose to human health, livestock, or wildlife.

Second, the bill would require USDA to provide information relevant to a longer-term disease prevention and management strategy for reducing risks in the future, including: 1. The economic impacts associated with the potential introduction of FMD, BSE, or related diseases into the United States; 2. The potential risks to public and animal health from FMD, BSE, and related diseases; and 3. Recommendations to protect the health of our animal herds and livestock from these risks, including, if necessary, recommendations for additional legislative authority or funding.

One of the most important steps we can take to prevent the introduction of FMD and BSE to the U.S. is also one of the simplest: improved access to information. In addition to the actions USDA, FDA and other agencies are taking to control the diseases, it is imperative that the State Department, the Department of Transportation, the Department of Defense, and other agencies act immediately to provide the
Mr. BOND. Mr. President, I rise today to introduce a bill that I believe is vitally important to the health care of children and pregnant women in America. The goal of this legislation is simply, to make sure more pregnant women are covered by health insurance so they have access to the health care services they need to be healthy.

The need is great, on any given day, approximately 11 million children and close to half a million pregnant women do not have health insurance coverage. For many of these women and children, they or their family simply can’t afford insurance, and lack of insurance often means inability to pay for care. The further tragedy is that quite a few are actually eligible for a public program like Medicaid or the State Children’s Health Insurance Program, but many of those don’t know they are eligible and are not signed up.

Lack of health insurance can lead to numerous health problems, both for children and for pregnant women. A child without health coverage is much less likely to receive the health care services that are needed to ensure the child is healthy, happy, and fully able to learn and grow. An uninsured pregnant woman is much less likely to get critical prenatal care that reduces the risk of health problems for both the woman and the child. Babies whose mothers receive no prenatal care or late prenatal care are at risk for many birth problems including birth defects, premature births, and low birthweight.

The bill I am introducing deals with this insurance problem in two ways.

First, it builds on the legislative work that has taken place over the last few years to provide prenatal care for low-income pregnant women under the State Children’s Health Insurance Program—also known as SCHIP—if the state chooses. Through the joint federal-state SCHIP program, states are currently expanding the availability of health insurance for low-income children. However, federal law prevents states from using SCHIP funds to provide prenatal care to low-income pregnant women over age 19, even though babies born to older women are at as high risk as babies born to younger women. States have become ineligible for SCHIP as soon as they are born.

Approximately 41,000 additional women could be covered for prenatal care. There are literally billions of dollars of SCHIP funds that states have not used yet, so I would hope the most states would choose this option. This provision will not impact federal SCHIP expenditures because it does not change the existing federal spending caps for SCHIP. Babies born to pregnant women covered by a state’s SCHIP program would be automatically enrolled and receive immediate coverage under SCHIP themselves.

It is foolish to deny prenatal care to a pregnant mother and then, only after the baby is born, provide the child with coverage under SCHIP. Prenatal care can be just as important to a newborn baby as postnatal care, and the prenatal care is of course important for the mother as well.

We know that as many states will be interested. Two states have already gone through the difficult Health Care Financing Administration waiver process to get permission to cover pregnant women through their SCHIP programs. But you shouldn’t have to get a waiver to do something that makes so much sense. This bill will make it an automatic option that any state can do without the need of a waiver.

Second, the bill will help states reach out to women and children who are eligible, but not enrolled in Medicaid or SCHIP. Approximately 340,000 pregnant women and several million children are estimated to be eligible for but not enrolled in Medicaid. Millions of additional children are eligible for but not yet enrolled in SCHIP. We must reach out to these people to make sure they know they have options which they are not using.

When Congress passed the welfare reform bill back in 1996, we created a $500 million fund that states could trip into to make sure that all Medicaid-eligible people stayed in Medicaid. The problem is that only half of that fund has been used. My bill would give states more flexibility to use this fund to reach out to both Medicaid and SCHIP-eligible women and children.

I believe this is crucial legislation, and urge my colleagues to join me in support of it so that we can pass this bill.

By Mr. GRASSLEY.

S. 725. A bill to amend the Internal Revenue Code of 1986 to codify the authority of the Secretary of the Treasury, to issue regulations covering the practices of enrolled agents before the Internal Revenue Service; to the Committee on Finance.