

Mr. DODD. Mr. President, I move to reconsider the vote.

Ms. COLLINS. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. DODD. Mr. President, I ask unanimous consent that the amendment just agreed to, the Dodd-Collins amendment, be modified to conform to the Jeffords-Kennedy pending substitute amendment.

The PRESIDING OFFICER. Without objection, it so ordered.

#### MORNING BUSINESS

Mr. JEFFORDS. Mr. President, I ask unanimous consent that there now be a period for morning business with Senators permitted to speak up to 10 minutes each.

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

#### JUDICIAL NOMINATIONS

Mr. SPECTER. Mr. President, I have sought recognition to comment briefly on the events of a Judiciary Committee meeting this morning where the agenda contained the nominations of Larry Thompson to be Deputy Attorney General and Ted Olson to be Solicitor General.

Those nominations had moved through all of the procedural hurdles. The hearings were held 4 weeks ago. Many questions had been answered. In accordance with the Judiciary Committee rules, they had been held over for a week so that they were ready for action when the Judiciary Committee met today.

I will say they are very important nominations because the Attorney General of the United States is the only official requiring confirmation who has been confirmed so far. He does not have the No. 2 person, the Deputy; he does not have the No. 3 person, the Solicitor General.

The discussion in the Judiciary Committee, instead of focusing on those individuals for confirmation, the discussion concerned itself with the blue slips and the American Bar Association and many collateral matters.

Finally, when the chairman of the committee, Senator HATCH, said he was going to rule all other discussion out of order and we would proceed to a vote, at that point, the ranking Democrat said there was going to be a caucus, and the Democrats—there are very few of them there; actually three, perhaps four—started to file out of the room so that there were only nine Senators present, not enough for a quorum of 10 which is necessary to have any Senate action.

It was an unusual executive session because all nine Republicans came to the session because of the importance of acting on the Deputy Attorney General and the Solicitor General.

Then the Republicans sat and waited and waited and waited for a caucus to conclude by the Democrats. Finally, when it was apparent there would be no response, the executive session was over.

The announcement was made that if there was not an undertaking by the Democrats to have a vote on those two positions by 4 o'clock this afternoon, or after our votes which are scheduled at 4 o'clock, that the Republican members would proceed in a news conference to tell the American people exactly what had happened.

With an evenly divided, 50/50 Senate, 50 Democrats and 50 Republicans, there has been a great deal of controversy, and almost all of it has been below the surface. But today in plain public view, this controversy erupted.

The executive session of the Judiciary Committee was being televised, and it is certainly unsenatorial to have this kind of conflict.

Enough is enough, and the time has come that the American people need to know that the important business of a very important department of the Federal Government cannot be conducted because the Attorney General alone is the only official of rank who has had Senate confirmation and cannot carry on all the duties. He needs the No. 2 person, the Deputy, and he needs the No. 3 person, the Solicitor General. It is not irrelevant to note that in the executive committee session of the Judiciary Committee today, we had, in addition, the Assistant Attorney General for the Antitrust Division and the Assistant Attorney General for Legislation.

I make no special point about the failure of the committee to report those nominees out because this was the first week they were on the agenda, and there is the established right of any member to hold over anybody for a 1-week period.

The people's business needs to be conducted, and the long discussion which ensued over the blue slip, which is an arcane procedure where Senators can have a lot to say or perhaps the controlling determination about U.S. district court judges, is not of much interest to the American people.

The input and status of the American Bar Association, while I think it is important, and I think there ought to be some input at least to district court judges, is not of great interest. I think the American people are concerned about what happens in the Department of Justice.

Again, I say, regrettably, it is not senatorial to have this kind of gridlock spill out into the public arena and into the public press. But I think the American people need to know what is happening.

Not too long ago, someone said on a controversial issue, "Where is the outrage? Where is the outrage?" This is

one of those items where I think there may be some outrage, once America knows that there is gridlock on a great many collateral issues which do not affect at all the confirmations of the Deputy Attorney General, a very able man, Larry Thompson, or the confirmation of the Solicitor General, a very able man, Ted Olson. On that there has been no disagreement. Nobody has questioned that those people ought to be confirmed. But they are not being confirmed, and the business of the Department of Justice cannot be conducted. I think once there is focus on that, we may see a little change in the practices in the Judiciary Committee.

I yield the floor.

Mr. REID. Mr. President, there has been some talk on the floor today about things going on in the Judiciary Committee. I want to report that Senators ENSIGN and HARRY REID are setting an example of what we believe is the right way to approach judicial nominations.

Yesterday, Senator ENSIGN sent to President Bush four judicial selections. Senator ENSIGN went over these with me and asked me what I thought of the selections. When the day comes for the blue slip, I will sign in very large letters my name. These are very good people to be nominated.

James Mahan, district court judge in Las Vegas, practiced law when I was there. He is an outstanding trial lawyer. He did not only trial work but he did business law work.

Larry Hicks, who is from an excellent law firm, almost became a Federal judge. The elections came and interfered with him being a Federal judge some 7½ years ago.

You cannot find two better lawyers than James Mahan and Larry Hicks.

In addition to that, Senator ENSIGN sent two persons just as capable as the other two. Walt Cannon practiced law in Las Vegas during the same period of time as I did. He is an outstanding lawyer. He has done a tremendous amount of trial work. He has appeared before juries on numerous occasions. He knows what a courtroom is all about. He has a perfect demeanor to be a judge.

Finally, Senator ENSIGN sent the name of another district court judge by the name of Mark Gibbon who practiced law in Las Vegas at the same time as I did. He is a fine lawyer. But he has been a better judge than he was a lawyer.

I want the work of Senator ENSIGN, with my acceptance, to be the model for what we need to do with judicial nominations. Both of us agree that we should report them out very fast, get the work done as quickly as possible, and get them on the bench so they can do the work.

The blue slip has worked very well in the past. I think we should continue

with the example that Senator ENSIGN and I have done in the State of Nevada.

I compliment Senator ENSIGN for the fine people he nominated to be Federal district court judges. I look forward to working with him in the future. I think we have a routine that will work well for this Congress, and hopefully thereafter.

#### COMMUNITY-BASED OUTPATIENT CLINICS IN THE DEPARTMENT OF VETERANS AFFAIRS

Mr. ROCKEFELLER. Mr. President, Congress transformed the landscape of health care delivery for veterans with the Veterans' Health Care Eligibility Reform Act of 1996. This law eliminated barriers to outpatient care and encouraged the Department of Veterans Affairs, VA, to offer health care services to veterans in the most clinically appropriate setting. VA responded by shifting its emphasis from hospital-based treatment to outpatient care, and in just a few years has opened more than 250 new community-based outpatient clinics.

I am enormously pleased that VA has opened community clinics in West Virginia and throughout the country. It is critical to bring health care services closer to veterans, especially as our veterans population continues to age. But it is not sufficient merely to increase the accessibility of care, we must also ensure that veterans receive the highest quality of care possible. Just as I fought to secure outpatient clinics for veterans, I will fight to ensure that these clinics are the very best that they can be.

At my request, the Democratic staff of the Senate Committee on Veterans' Affairs surveyed more than 200 VA community-based outpatient clinics nationwide to evaluate the success, capacity, and quality of care in these clinics. This self-reported information from individual clinics offers Congress and VA an opportunity to assess services provided by the various clinics, and to determine where improvements can be made to ensure that veterans receive the best possible care. The Democratic committee staff report concludes that, although all clinics reported offering primary care, services varied markedly by clinic and by geographic location.

VA's 22 regional network directors, rather than VA Headquarters, hold responsibility for activating, operating, and overseeing the community clinics. Although this provides flexibility to local VA managers, the variations in services described by clinic staff appear to result from varied management practices rather than deliberate adaptations to community needs.

For example, staffing levels did not appear to be related to the number of patients seen, and varied among clinics and among networks. Some clinics

served about 5,000 patients in the first half of fiscal year 2000 with the equivalent of 15 full-time health care providers, while others served the same number of patients with only six full-time staff. Some clinics operated with fewer than two full-time employees.

Variations in staffing translated into differences in the types and levels of services provided, including basic mental health care. Less than half of the clinics surveyed offered even minimal mental health care, an issue of concern as VA continues to close its inpatient mental health care clinics. In several areas of the country, waiting times for an appointment for primary care ranged from 30 to 150 days. More than 60 percent of the community clinics lacked equipment and personnel to respond to a cardiac emergency, an issue of patient safety.

VA's lack of a consistent, nationwide system for collecting and analyzing information on health care outcomes and treatment costs is an obstacle to measuring the success of VA's outpatient clinics. VA must develop tools to allow community clinics to monitor health outcomes, so that veterans can depend on a system that not only meets their needs but continues to improve their health status. Clinics must be able to combine this information on health outcomes with accurate data about costs of treatment, so that VA can ensure the effective and efficient use of resources at all clinics.

I certainly do not expect community clinics to offer the full range of services available in a large medical center. However, it is reasonable to assume that a veteran seeking primary care through a VA outpatient clinic should be able to expect a minimum standard package of services and an acceptable quality of care, regardless of geographic location. Oversight by VA headquarters and by Congress is essential to ensuring consistency in the services and quality of care offered to veterans through community clinics.

I have forwarded a copy of this report to VA Secretary Anthony Principi, and I look forward to working with him to make certain that veterans who turn to VA's community care clinics can expect not just access, but excellence.

I ask unanimous consent that the text of the executive summary of the Democratic committee staff report be printed in the RECORD.

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

#### STAFF REPORT ON COMMUNITY-BASED OUTPATIENT CLINICS IN THE VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

(Prepared by the Democratic staff of the Committee on Veterans' Affairs, United States Senate, for Senator John D. Rockefeller IV, Ranking member, May 3, 2001)

##### EXECUTIVE SUMMARY

Background—In 1996, Congress broke down the barriers to developing an outpatient care

network within the Department of Veterans Affairs (VA) health care system. The Veterans' Health Care Eligibility Reform Act of 1996 (Public Law 104-262) simplified eligibility rules, mandated uniformity in services offered to veterans, and eliminated legal barriers to the sharing of health care resources with other providers. In response, VA has shifted emphasis from providing hospital-based care to treating more veterans in outpatient clinics. Much of the new outpatient care is being provided in Community-Based Outpatient Clinics (CBOCs), local, often small clinics, some operated by VA staff, others managed by contractors for VA.

Responsibility for activation, operation, and oversight of CBOCs rests with VA's 22 Veterans Integrated Service Networks (VISNs) directors, contingent upon congressional approval. Between 1996 and 2001, more than 250 CBOCs have been activated, with the goal of improving access to care for many veterans. CBOC staff may treat veterans in the community clinic or refer them to the parent VA medical center for more intensive treatment and then provide followup care through the clinic.

As a consequence of the establishment of the CBOCs and other changes in response to the Eligibility Reform Act of 1996, more veterans are accessing primary care in the outpatient setting. VA estimates that the total number of annual outpatient visits (in all facilities) has increased from 26 million to 42 million in the last 5 years. Of the 229 clinics that completed surveys for this report, total outpatient visits in the first half of FY 2000 increased more than 20% over the equivalent period in FY 1999.

Democratic Staff Project—At the direction of Ranking Member John D. Rockefeller IV, the Democratic staff of the Senate Committee on Veterans' Affairs undertook an oversight project to determine whether CBOCs have fulfilled their potential to deliver high quality care to veterans in an effective and efficient manner.

To carry out this project, staff members designed a survey questionnaire intended to obtain information regarding capacity and performance directly from the clinics. This survey requested information on operation and management issues, staffing, hours of operation, patient load, availability and timeliness of care, costs, and quality of care. Staff mailed surveys directly to the 257 congressionally approved clinics for which valid mailing addresses could be obtained—rather than to VISN offices or to parent medical center directors—and compiled the results for federal FY 1999 (October 1, 1998–September 30, 1999) and the first two quarters of federal FY 2000 (October 1, 1999–March 31, 2000).

Based on this self-reported information from individual clinics, this report is intended to offer an opportunity to assess services provided by the various clinics and to determine where improvements can be made to ensure that veterans receive the best possible care.

Data Collection and Validity—VA programs frequently suffer from flawed data collection and monitoring, and outpatient care provided by CBOCs is no different. No single VA source could provide Committee staff with accessible and objective information on clinic services systemwide. Thus, the validity of the information received via the surveys must rely solely upon the precision and accuracy with which clinic staff completed the questionnaire. Despite Committee staff efforts to design unambiguous questions regarding basic operational parameters, the responses lacked uniformity. Some