body voted against Judge White on the basis of race is no more true than a parallel accusation that my Democratic colleagues voted against Clarence Thomas because of his race. I don't think any of us have made that suggestion.

I am also deeply disappointed by the patently false suggestions from the administration, and some in this body, that Republicans intentionally delay the processing of minority and women nominees based on their race and gender. This would be a surprise to Charles Wilson, who was nominated on May 27, reported by the Judiciary Committee to the floor of the Senate on July 22, and confirmed on July 30. This would also be a surprise to Marryanne Trump Barry, who was nominated on June 17, reported by the Judiciary Committee to the floor of the Senate on July 29, and confirmed on September 13. Both of these nominees had outstanding records reflecting respect for the law, strong home-State support, the support of both home-State Senators, and broad support in the Senate. Mr. Wilson, Judge Barry, and most of these other nominees proceeded smoothly through the confirmation process because the President worked with the Senate, not against the Senate.

The administration is very proud of its record of placing women and minorities on the bench, and it makes a point of informing the public of its work in this regard. In an address to the American Bar Association this summer, President Clinton called the collection of judges he has nominated to the Federal bench ''the most diverse group in American history.'' Nearly half are women and minorities, he said.

But each of these judges was confirmed by the Senate, and all were confirmed with Republican support. How can it be that a Senate which has directly participated in this record of accomplishment can become an institution of bias simply by opposing one nominee—a nominee opposed by both home-State Senators and by an overwhelming number of State and national law enforcement leaders? It cannot be. It simply cannot be. The record and the Department of Justice's own numbers speak for themselves.

According to the Clinton administration's own data, the Senate—whether it was under Democratic or Republican control—has done its duty and confirmed qualified women and minorities. For example, in 1998, based on Department of Justice data, approximately 32 percent of judicial nominees were women, and 21.5 percent were minorities. Even though the committee does not keep formal statistics, I had my staff manually compute the proportion of women and minorities reported to the Senate floor. So far this year, over 45 percent of the judicial nominees reported to the Senate floor are women or have been minorities.

Yes, some nominees take longer than others—but it is not because of their race or gender. My colleagues, I believe, know that. I believe the President and his people at the White House know that. Indeed, several of the nominees of the past that took longer to confirm had my strong support. These included Anne Aiken, Margaret Murrow, and Susan Mollway. I have been condemned for that by certain people on the far right almost on a daily basis ever since.

In the end, those who make these troubling accusations either, one, believe them to be true or, two, know they are not true, but want to politicize the issue. Either motivation is evidence of a serious problem within our noble institution, which I hope we, as leaders, can work to rectify. That is one reason I am taking this time today. Using race as a political tactic to advance controversial nominees is especially troubling. I care too much about the Senate and the Federal judiciary to see these institutions become the victims of base, cheap, wedge politics.

I would urge my colleagues and the President to reconsider this destructive and dangerous ploy. Instead, they should put aside this destructive rhetoric and work with us to do what is best for the Judiciary, the Senate, and the American people.

The Ronnie White nomination is an unfortunate example of what I believe is an increasing pattern on the part of the Clinton White House. I am referring to what appears to be a fire-sale strategy of knowingly sending up nominees who lack home-State support. Some time ago, I sent the White House Counsel a letter stating clearly that consultation was an essential prerequisite to a smoothly functioning confirmations process. But over the past several months, a number of nominees have been forwarded to the Senate over the objection—both private and public—of home-State Senators. Is this a pattern the aim of which is to get nominees confirmed, or is this a strategy, the object of which, is to create a political show down with the Senate. My concern is with the latter.

To find the answer to the current political crisis, I turn once again to the Constitution and its requirement that the President and the Senate work ''with'' each other in the nomination and advice and consent process. To enable us to return to working together instead of against each other, I propose that we take time for both sides to cool off. The President and the Senate should take a step back, cool off, and then return to working with each other in the nomination and confirmation process as the Constitution so plainly requires.

Mr. President, we have worked well with this President up to now. I have certainly taken my share of criticism for being as fair to this administration as I can possibly be. But this administration knows the rules up here—that when two home State Senators oppose a district court nominee, that district court nominee is not going to make it. That is the way it is. There is nothing I can do to change that because it is the correct rule. It is important that we work together and work with home State Senators in order to resolve this.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I thank the distinguished chairman of the Judiciary Committee for that statement. I have just a word or two to say about the same subject.

The White House made a comment—Mr. Lockhart—that I was one of three Republican Senators who voted for Judge White in committee and then voted against him on the floor. It is inaccurate to say I voted for him in committee because I did not. What happened was, the Judiciary Committee had a very abbreviated session off the floor and I went there to see if there was a quorum. When there was a quorum, Justice White was voted out of committee on a voice vote, but I was not present for that voice vote.

I was especially sensitive to Judge White because Judge Massiah-Jackson came before the Senate last year and withdrew her nomination in the face of very considerable opposition by the State District Attorneys Association.

So I took a close look at the letters, and even had a brief conversation with the ranking Democrat before casting my vote, which I did at the tail end of the vote on Justice White.

But contrary to what Mr. Lockhart of the White House said, and contrary to what has appeared in a number of press accounts, I did not vote for Justice White in the committee.

DEPARTMENT OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATIONS ACT, 2000—Continued

Mr. SPECTER. Mr. President, I ask unanimous consent that we turn to the Senator from——

Mr. REID. Mr. President, will the Senator yield?

Mr. SPECTER. Florida for 15 minutes.

Mr. REID. Mr. President, will the Senator yield for a brief statement?

Mr. SPECTER. Pardon me. I withdraw that because the Senators from New Mexico were here sequenced ahead of Senator GRAHAM.

Mr. REID. Mr. President, I appreciate the statements of the chairman of the Judiciary Committee and the statement of the Senator from Pennsylvania on the judicial controversy. I hope we can end all of that this afternoon and get this bill completed because now we have people on our side wanting to come and talk about this matter dealing with Judge White. I hope we can move and get this bill finished before we have further speeches on this judicial controversy.

Mr. SPECTER. Mr. President, I ask unanimous consent that the remainder

of the time on this bill be directed to the amendment of the Senators from New Mexico, then 15 minutes to Senator GRAHAM of Florida, then 10 minutes to be equally divided between the managers of the bill, and then go to final passage.

Mr. REID. Reserving the right to object, if the ranking member of the Judiciary Committee wants to come over and speak on the judicial controversy, I want him to have 15 minutes, the same amount of time the chairman of the Judiciary Committee had.

Mr. SPECTER. I incorporate that in the unanimous consent request.

Mr. KENNEDY. If I could have 2 minutes.

Mr. SPECTER. Two minutes for Senator KENNEDY.

Mr. INHOFE. Mr. President, reserving the right to object, for what purpose would the Senator be yielding to the Senator from Florida? Are we back on the judicial nominations?

Mr. SPECTER. He is speaking on the bill.

Mr. INHOFE. Is this on the nomination?

Mr. SPECTER. Unless Senator LEAHY comes and claims the time which Senator REID has asked for.

Mr. INHOFE. No objection.

The PRESIDING OFFICER. Is there objection?

Mr. HARKIN. Reserving the right to object.

Mr. SPECTER. We added 5 more minutes for Senator HARKIN: the managers, 15 minutes; Senator HARKIN, 10; myself, 5.

Mr. REID. And Senator KENNEDY for 2 minutes.

Mr. DOMENICI. I ask if Senator KENNEDY is on the bill or something else?

Mr. KENNEDY. All I want to do, indirectly on the bill, is just to announce that the House of Representatives passed the Patients' Bill of Rights 275–149.

This is a hard-won victory for millions of patients and families throughout America, and a well-deserved defeat for HMOs and the Republican extremists in the House who put managed care profits ahead of patients' health.

The Senate flunked this test in July, but the House has given us a new chance to do the right thing. The House-Senate conference should adopt the Norwood-Dingell provisions, without the costly and ineffective tax breaks added by House Republicans.

Mr. DOMENICI. The Senator did it. Does he still need the 2 minutes?

Mr. KENNEDY. No. I don't need the 2 minutes. I thank the Senator very much.

Mr. SPECTER. Mr. President, exclude Senator Kennedy from the unanimous consent request.

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

Mr. SPECTER. Mr. President, I ask that we turn to the Senators from New Mexico.

Mr. DOMENICI. Senator BINGAMAN has the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

AMENDMENT NO. 2272

(Purpose: To require the Secretary of Health and Human Services to conduct a study on the geographic adjustment factors used in determining the amount of payment for physicians' services under the medicare program)

Mr. BINGAMAN. Mr. President, I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from New Mexico (Mr. BINGAMAN), for himself, and Mr. DOMENICI, proposes an amendment numbered 2272.

Mr. BINGAMAN. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

At the end of title II, add the following:

SEC. 216. STUDY AND REPORT ON THE GEOGRAPHIC ADJUSTMENT FACTORS UNDER THE MEDICARE PROGRAM.

(a) STUDY.—The Secretary of Health and Human Services shall conduct a study on—

(1) the reasons why, and the appropriateness of the fact that, the geographic adjustment factor (determined under paragraph (2) of section 1848(e) (42 U.S.C. 1395w–4(e)) used in determining the amount of payment for physicians' services under the medicare program is less for physicians' services provided in New Mexico than for physicians' services provided in Arizona, Colorado, and Texas; and

(2) the effect that the level of the geographic cost-of-practice adjustment factor (determined under paragraph (3) of such section) has on the recruitment and retention of physicians in small rural states, including New Mexico, Iowa, Louisiana, and Arkansas.

(b) REPORT.—Not later than 3 months after the date of enactment of this Act, the Secretary of Health and Human Services shall submit a report to Congress on the study conducted under subsection (a), together with any recommendations for legislation that the Secretary determines to be appropriate as a result of such study.

Mr. BINGAMAN. Mr. President, this is an amendment that Senator DOMENICI and I are offering to direct the Secretary of Health and Human Services to conduct a study of and the appropriateness of the geographic adjustment factor that is used in Medicare reimbursement calculations as it applies particularly to our State of New Mexico.

We have a very serious problem in our State today; many of our physicians are leaving the State. The reimbursement that is available under Medicare, and accordingly under many of the health care plans in our State, is less for physicians performing procedures and practicing medicine in our State than it is in all of our surrounding States. We believe this is traceable to this adjustment factor, this geographic adjustment factor.

This is a system that was put into place in 1992. It now operates, as I understand it, such that we have 89 geographic fee schedule payment areas in the country. We are not clear on the precise way in which our State has been so severely disadvantaged, but we believe it is a serious problem that needs attention.

Our amendment directs that the Secretary conclude this study within 90 days, or 3 months, report back, and make recommendations on how to solve the problem. We believe it is a very good amendment. We recommend that Senators support the amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. DOMENICI. Mr. President, first, I am pleased to say I am a cosponsor of this amendment. I have helped Senator BINGAMAN with it.

This is a good amendment. We aren't asking for any money. We are not asking that any law be changed. We are merely saying that something is not right for our State.

The reimbursement—or some aspect of how we are paying doctors under Medicare—is causing us to have much lower fees than the surrounding States, and as a result two things are happening: One, doctors are leaving. In a State such as ours, we can ill afford that. Second, we are being told it is harder and harder to get doctors to come to our State. That was not the case years ago. They loved New Mexico. They came for lots of reasons. But certainly we cannot be an underprivileged State in terms of what we pay our doctors—be a poor State in addition—and expect our citizens to get good health care.

We want to know what the real facts are: Why is this the case? Is it the result of the way the geographic evaluation is applied to our State because maybe rural communities aren't getting the right kind of emphasis in that formula?

Whatever it is, we want to know. When we know, fellow Senators, we can assure Members, if we find out it is not right and it is not fair, we will be on the floor to talk about some real changes. Until we have that, we ask Members for help in obtaining a study.

I yield the floor.

Mr. SPECTER. The managers have taken a look at this amendment and are prepared to accept it. It is a good amendment.

There is one concern, and that is a jurisdictional concern with respect to the Finance Committee. We have attempted to contact the chairman of the Finance Committee to see if there was any substantial reason we should not accept it. If it went to a vote, it would clearly be adopted. It merely asks for a report for a very good purpose. Therefore, the amendment is accepted.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

The amendment (No. 2272) was agreed to.

Mr. DOMENICI. I move to reconsider the vote.

Mr. SPECTER. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Florida.

Mr. GRAHAM. Mr. President, I am here today, as I was in July, to point out to my colleagues another stealth effort to kill competition within the Medicare program. Title I, section 214, buried in the middle of this long appropriations bill on page 49, carries the following statement:

None of the funds provided in this Act or in any other Act making appropriations for fiscal year 2000 may be used to administer or implement in Arizona or in Kansas City, Missouri or in the Kansas City, Kansas area the Medicare Competitive Pricing Demonstration Project operated by the Secretary of Health and Human Services under authority granted in the Balanced Budget Act of 1997.

If that statement sounds familiar, it is. Almost the same language was buried in the HMO Patients' Bill of Rights bill as it passed the Senate back in July. It passed then undebated and undiscussed as to its implications—just as we are about to do here tonight. July's action was outrageous. This action is even more so.

There is a certain irony here. We have just heard that the House of Representatives passed, by an overwhelming vote, a version of the HMO Patients' Bill of Rights which is very similar to the bipartisan bill offered but not considered in the Senate. Our bipartisan bill was strongly opposed by the HMO industry. Their basic argument is: let's keep government out of our business, let us operate based on a competitive model that will allow the consumer, the beneficiary of the HMO contract, to negotiate without government standards, without government sanctions for failure to deliver on those standards with the HMO industry. They wanted to have laissez-faire free enterprise; Adam Smith roams the land.

However, today we are about to pass a provision that says when the HMOs are dealing with their pocketbook and the question of how they will get reimbursed, how much money they are going to get paid from Medicare, they don't want to have a free market of competition; they don't want to have a means by which the taxpayers can be assured what they are paying for the HMO product is what the market says they should be paying.

There is a certain amount of irony there which I think underscores the motivations of a significant portion of this industry. There also is a procedural ploy here. If this provision I just quoted were to be offered as an amendment to this bill, it would be ruled out of order under rule XVI in part because it purports not only to control action in this act but in any other act that Congress might consider making in an appropriations bill. But this is not an amendment; this is in the bill itself as it has come out of the Appropriations Committee, and therefore rule XVI does not apply.

Normally under the procedures the Congress has followed traditionally, we would be dealing with a House bill because the House traditionally has led in the appropriations process; therefore, we would be amending a House bill. Thus, we could have excised this provision. However, because we are violating tradition and taking up a Senate bill first, we do not have the opportunity to remove it by a point of order.

I will state for the record that henceforth, when it is proposed we take up a Senate appropriations bill before a House bill, I am going to stand here and object. This is exactly the kind of procedural abuse we can expect in the future as is happening right now.

If that isn't bad enough, this is just plain bad policy. It stifles innovation by eliminating the competitive demonstration which hopefully would have led to a competitive process of compensating HMOs. It forces Medicare to pay more than necessary for some services in certain areas of the country while it denies managed care to other areas of the country.

This HMO pricing is not without its own history. The Balanced Budget Act of 1997 included the competitive pricing demonstration program for Medicare. That provision was fought in the committee and fought in the Senate in 1997 by the HMO industry and certain Members of this body, but it prevailed. One by one, the HMO industry has been able to kill or has attempted to kill demonstrations which have been scheduled in many communities across the country. Today it is Arizona and Kansas City.

The equation is pretty simple. It does not take rocket science to understand what is happening. Who benefits by continuing a system of paying Medicare HMOs that are not subject to competition? The HMOs benefit. Who loses when the same system is open to competition? The HMOs, because they no longer have the gravy train that exists today. Who gains by competition? Beneficiaries gain, particularly in rural areas which don't have managed care today. It would be the marketplace that would be establishing what the appropriate reimbursement level should be for an HMO in a currently unserved or underserved rural area—not a formula which underpays what the real cost of providing managed care would be in such an area. And the taxpayers lose because they do not get the benefit of the marketplace as a discipline of what the HMO's compensation should be.

It is curious that out of one side of their mouth, they are screaming the current system of reimbursement is putting them out of business and causing them to have to leave hundreds of thousands of former HMO beneficiaries high and dry and also to curtail benefits such as prescription drugs, but at the same time, they are saying out of the left side of their mouth they are doing everything they can to prevent the insertion of competitive bidding as a means of establishing what their HMO contracts are really worth and what they should be paid.

They cannot have it both ways.

It takes a certain degree of political courage to make this reform happen. Let me give an example. In my own State of Florida, we were part of this demonstration project. We were selected to have a demonstration for Part B services for what are referred to as durable medical equipment. Lakeland, FL, was selected as the place to demonstrate the potential savings for medical equipment such as oxygen supplies and equipment, hospital beds and accessories, surgical dressings, enteral nutrition, and urological supplies.

The savings that have been achieved in this project are impressive.

They are 18-percent savings for oxygen supplies. I know the Senator from Iowa has stood on this floor and at times has even wrapped himself in medical bandages to demonstrate how much more Medicare was paying than, for instance, the Veterans' Administration for the same items. This competitive bidding process is attempting to bring the forces of the market into Medicare, and an 18-percent savings by competitively bidding oxygen supplies and equipment over the old formula we used to use. There were 30-percent savings for hospital beds and accessories, 13-percent savings for surgical dressings, 31 percent for enteral nutrition products, and 20 percent for urological supplies. It has been estimated if that Lakeland, FL, project were to be applied on a nationwide basis, the savings over 10 years would be in excess of $1 billion. We are not talking about small change.

Beneficiaries have saved money from this demonstration, and access and quality have been preserved and protected.

I find it troubling we are again today, as we were in July, debating, at the end of a major piece of legislation, a silently, surreptitiously included item which has the effect of sheltering HMOs from the marketplace. We might find some HMOs cannot compete and others will thrive, but that is what the marketplace should determine. That is what competition is all about.

I urge my colleagues to examine this provision, to examine the implications of this provision in this kind of legislation and the restraints it imposes upon us, as Members of the Senate, to excise it as inappropriate legislative language on an appropriations bill.

I hope our conferees, as they meet with the House, will resist the inclusion of this in the final legislation we might be asked to vote upon when this measure comes back from conference. This disserves the beneficiaries of the Medicare program. It disserves the taxpayers of America. It disserves the standards of public policy development by the Senate. I hope we will not have a further repetition of this stealth attack on the Medicare program.

Mr. ASHCROFT. Mr. President, I took great interest in the statement that Senator from Florida (Mr. GRAHAM) made expressing his displeasure that this legislation contains

a provision—Section 214—halting implementation of the Medicare Prepaid Competitive Pricing Demonstration Project both in Arizona and in the Kansas City metropolitan area.

The Senator from Florida claimed that the inclusion of this provision was accomplished by HMOs. I would like to take this opportunity to point out to him that it was Medicare beneficiaries and doctors who alerted me to their grave concerns that the project would create huge patient disruption in the Kansas City area.

In fact, after the Senator from Florida made similar remarks during debate on the Patient's Bill of Rights legislation regarding a similar provision in that bill, the Metropolitan Medical Society of Greater Kansas City wrote him a letter conveying their concerns with the implementation of the demonstration project in Kansas City, and expressing support for congressional efforts to stop the demonstration in their area. I ask unanimous consent that a copy of this letter be inserted in the record at the conclusion of my remarks.

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

(See exhibit 1.)

Mr. ASHCROFT. After hearing from a number of doctors and patients in my State over the past few months, I concluded that Kansas City is an inappropriate location for this project and that it will jeopardize the health care benefits that seniors currently enjoy in the area. I believe that halting this project is necessary to protect the health care of senior citizens and to assure that Medicare beneficiaries continue to have access to excellent health care at prices they can afford. HCFA's project is a clear and present danger to the health and well-being of my constituents.

The Balanced Budget Act of 1997 created the Medicare Prepaid Competitive Pricing Demonstration Project to use competitive bidding among Medicare HMOs. Through the appointment of a Competitive Pricing Advisory Committee, HCFA was to select demonstration sites around the nation. Kansas City was one of the selected cities.

As I understand it, the intent of the project was to bring greater competition to the Medicare managed care market, to address concerns that Medicare HMO reimbursement rates in some areas are too high, to expand benefits for Medicare HMO enrollees, and to restrain the cost of Medicare to the taxpayers. When considering these factors, it is clear that the Kansas City metropolitan area is not an appropriate choice for this demonstration.

First, managed care competition in the Kansas City market is already vigorous, with six managed care companies currently offering Medicare HMOs in the area. Participation in Medicare HMOs is also high: As of July 1 of this year, nearly 23% of Medicare recipients in the Kansas City metropolitan area were in Medicare+Choice plans—approximately 50,000 of 230,000 total beneficiaries. Nationally, only 17% of Medicare recipients are enrolled in such plans.

Second, Medicare managed care payments in the Kansas City area are below the national average. According to a recent analysis by the Congressional Research Service of the Library of Congress, 1999 payment rates per Medicare+Choice enrollee in Kansas City are $511, while the national rate is $541. Documents provided to me by HCFA also demonstrate that 75 other cities had a higher adjusted average per capita cost (AAPCC) rate for 1997 than Kansas City. I wonder why Kansas City was chosen for this experiment, when so many other cities have higher payment rates.

Third, I am concerned that this demonstration project will not provide expanded benefits to Medicare HMO enrollees, but will instead cause severe disruption of Medicare services. It is important to note that customer dissatisfaction is low in current Medicare managed care plans in the Kansas City area. Only one in twelve seniors disenrolls from Medicare HMOs each year.

Currently, 33,000, or 66% of the seniors in Medicare managed care plans in the Kansas City area do not pay any premium. Under the bidding process set up by CPAC for the demonstration, a plan that bids above the enrollment-weighted median—which becomes the reimbursement rate for all plans—will be forced to charge seniors a premium to make up the difference between the plan's bid and the reimbursement rate paid by the government. In essence, the penalty for a high bid will be imposed upon seniors. Under this scenario, it is virtually assured that some seniors who pay no premium today will be required to start paying one.

Moreover, seniors who cannot afford to pay a premium would be forced to abandon their regular doctor when it becomes necessary to change plans. Both individual doctors as well as the Metropolitan Medical Society of Greater Kansas City have warned that the demonstration could cause extreme disruption of beneficiaries away from current doctor-patient relationships.

I have also heard concerns that both health plans and physicians may withdraw from the Medicare program if reimbursements under the demonstration project prove financially untenable. As a result, Medicare beneficiaries may be left with fewer choices in care. This would be intolerable. I question why we should implement a project that will create more risk and uncertainty for my State's seniors, who are already satisfied with what they have.

Finally, I question how the demonstration project would be able to provide us with useful information on how to improve the Medicare program if fee-for-service plans—which are generally the most expensive Medicare option—are not included in the project. In its January 6, 1999 Design Report, the Competitive Pricing Advisory Committee expressed the judgment that the exclusion of fee-for-service might ''limit HCFA's ability (a) to measure the impact of competitive pricing and (b) to generalize demonstration results to the entire Medicare program.''

After studying this issue, I concluded that implementation of the Medicare Managed Care Demonstration Project in the Kansas City metropolitan area should be halted immediately. HCFA must not be allowed to risk the ability of my State's seniors to continue to receive high quality health care at affordable costs. I have been working closely with my Senate colleagues from Missouri and Kansas to protect our Kansas City area seniors from the dangers and uncertainty of a planned federal experiment with their health care arrangements.

So, I want to make clear to my colleague from Florida that patients and doctors speaking on behalf of their patients were the ones who approached me and asked for my assistance in stopping the Medicare managed care demonstration project in the Kansas City area. I heard from a number of individual doctors, as well as medical societies in the State, expressing grave concerns about the project. The President of the Metropolitan Medical Society of Greater Kansas City even made the prediction that the unintended risk of the demonstration ''could dictate 100% disruption of beneficiaries away from their current relationships'' with their doctors. Clearly, this is unacceptable.

Inclusion, Mr. President, I would like to quote from some of the letters I received from the seniors themselves, voicing their opposition to the Medicare managed care demonstration project coming to their area.

Elizabeth Weekley Sutton, of Independence, Missouri, wrote to me:

> DEAR SENATOR ASHCROFT: We need help. My husband, my friends, and I are very concerned and worried that our health care will be very limited by the end of the Competitive Pricing Demonstration that will be starting in January. Of all the HMO's in the U.S., only the entire K.C. area and Maricopa County in Arizona will be conducting this competition for the next 5 years!

And here are some excerpts from a letter sent by Edward Smith of Platte City, Missouri:

> I am totally opposed to the Health Care Financing Administration competitive pricing demonstration project to take place here in the Kansas City area. My health will not permit me to be a guinea pig for a total of five years when the rest of the country will have business as usual.

He continues:

> Instead of the Health Care Financing Administration determining what is best for the beneficiaries I would prefer to do that myself.

And finally, Mr. Smith says:

> If this plan is adopted my HMO could choose to leave the market. Then what is gained? Certainly not my health.

Mr. President, we need to listen to the voice of our seniors. We cannot afford to jeopardize their health with a

risky experiment that could raise costs, limit choices, and cause doctor-patient disruption. For this reason, I have continued—and will continue—to work to halt this project in its present form in the Kansas City area.

EXHIBIT 1

METROPOLITAN MEDICAL SOCIETY
OF GREATER KANSAS CITY,
July 21, 1999.

Hon. BOB GRAHAM,
U.S. Senate, Washington, DC.

DEAR SENATOR GRAHAM: I was concerned to read in the July 16, 1999, Congressional Record your dissatisfaction about the Senate's passage of the moratorium on the Medicare Prepaid Competitive Pricing Demonstration Project in Kansas City and Arizona. On behalf of the more than 2500 physicians of the Metropolitan Medical Society of Greater Kansas City and its affiliated organizations, I want to assure you that doctors strongly support the moratorium that was passed in the Senate Patient Bill of Rights legislation last week.

The physicians of Kansas City have expressed serious concerns about the demonstration project since April, and we continue to be concerned. We believe the experiment will bring unacceptable levels of disruption to our Medicare patients and the local health care market. Additionally, I worry that quality care, which is often more expensive, will be less available to Medicare patients. In Kansas City, the opposition to the project is widespread. Our senators acted on behalf of our entire health care community, including patients, doctors, hospitals, and health care plans.

The medical community has participated in the discussions about the demonstration with the Health Care Financing Administration (HCFA) and the local Area Advisory Committee for the demonstration project. Despite these discussions, problems with the experiment remain. We support congressional efforts to stop the demonstration project in the Kansas City area.

I remain concerned that under-funded HMOs place our most vulnerable Medicare recipients at risk of getting less attention to their health care needs. I expect to hear more cases of catastrophes to Medicare recipients when the care given is too little, too late. You may be aware that Jacksonville, Florida is another potential site for the demonstration.

Thank you for your consideration of my concerns. I hope I've helped to clarify the existence of broad based support in Kansas City for the moratorium on the competitive pricing demonstration.

Sincerely,

RICHARD HELLMAN, MD,
President-Elect and Chair, National Government Relations Committee.

AMENDMENT NO. 1845

(Purpose: To express the sense of the Senate regarding school infrastructure)

The PRESIDING OFFICER (Mr. SMITH of Oregon). The Senator from Iowa.

Mr. HARKIN. Mr. President, Senator ROBB and I have an amendment at the desk. I call it up at this time, No. 1845.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa [Mr. HARKIN], for himself, and Mr. ROBB, proposes an amendment numbered 1845.

Mr. HARKIN. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

At the end of title III, add the following:

SEC. ___. SENSE OF THE SENATE REGARDING SCHOOL INFRASTRUCTURE.

(a) FINDINGS.—The Senate makes the following findings:

(1) The General Accounting Office has performed a comprehensive survey of the Nation's public elementary and secondary school facilities and has found severe levels of disrepair in all areas of the United States.

(2) The General Accounting Office has concluded that more than 14,000,000 children attend schools in need of extensive repair or replacement, 7,000,000 children attend schools with life threatening safety code violations, and 12,000,000 children attend schools with leaky roofs.

(3) The General Accounting Office has found the problem of crumbling schools transcends demographic and geographic boundaries. At 38 percent of urban schools, 30 percent of rural schools, and 29 percent of suburban schools, at least one building is in need of extensive repair or should be completely replaced.

(4) The condition of school facilities has a direct affect on the safety of students and teachers and on the ability of students to learn. Academic research has provided a direct correlation between the condition of school facilities and student achievement. At Georgetown University, researchers have found the test scores of students assigned to schools in poor condition can be expected to fall 10.9 percentage points below the test scores of students in buildings in excellent condition. Similar studies have demonstrated up to a 20 percent improvement in test scores when students were moved from a poor facility to a new facility.

(5) The General Accounting Office has found most schools are not prepared to incorporate modern technology in the classroom. Forty-six percent of schools lack adequate electrical wiring to support the full-scale use of technology. More than a third of schools lack the requisite electrical power. Fifty-six percent of schools have insufficient phone lines for modems.

(6) The Department of Education has reported that elementary and secondary school enrollment, already at a record high level, will continue to grow over the next 10 years, and that in order to accommodate this growth, the United States will need to build an additional 6,000 schools.

(7) The General Accounting Office has determined the cost of bringing schools up to good, overall condition to be $112,000,000,000, not including the cost of modernizing schools to accommodate technology, or the cost of building additional facilities needed to meet record enrollment levels.

(8) Schools run by the Bureau of Indian Affairs (BIA) for Native American children are also in dire need of repair and renovation. The General Accounting Office has reported that the cost of total inventory repairs needed for BIA facilities is $754,000,000. The December 1997 report by the Comptroller General of the United States states that, ''Compared with other schools nationally, BIA schools are generally in poorer physical condition, have more unsatisfactory environmental factors, more often lack key facilities requirements for education reform, and are less able to support computer and communications technology.''.

(9) State and local financing mechanisms have proven inadequate to meet the challenges facing today's aging school facilities. Large numbers of local educational agencies have difficulties securing financing for school facility improvement.

(10) The Federal Government has provided resources for school construction in the past. For example, between 1933 and 1939, the Federal Government assisted in 70 percent of all new school construction.

(11) The Federal Government can support elementary and secondary school facilities without interfering in issues of local control, and should help communities leverage additional funds for the improvement of elementary and secondary school facilities.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that Congress should provide at least $3,700,000,000 in Federal resources to help communities leverage funds to modernize public school facilities.

Mr. HARKIN. Mr. President, Senator ROBB and I are going to take a few minutes. I know the time is late. I know people want to get to a final vote on this. I want to talk about how good this bill is and to urge people to vote for it.

This is a sense-of-the-Senate resolution. I will not go through the whole thing. It basically is a sense-of-the-Senate resolution saying Congress should appropriate at least $3.7 billion in Federal resources to help communities leverage funds to modernize public school facilities, otherwise known as public school construction.

What we have in this country is schools that are on the average 40 to 50 years old. We are getting great teachers, new methodologies, new math, new science, new reading programs, and the schools are crumbling down around us. They are getting older every day. Day after day, kids go to schools with leaky ceilings, inadequate heat, inadequate air conditioning for hot summer days and the fall when the school year is extended. They are finding a lot of these buildings still have asbestos in them, and it needs to be taken out. Yet we are shirking our responsibilities to refurbish, renovate, and rebuild the schools in this country. The General Accounting Office estimates 14 million American children attend classes in schools that are unsafe or inadequate. They estimate it will cost $112 billion to upgrade existing public schools to just ''good'' condition.

In addition, the GAO reports 46 percent of schools lack adequate electrical wiring to support the full-scale use of technology. We want to get computers in the classrooms, we want to hook them to the Internet, and yet almost 50 percent of the schools in this country are inadequate in their internal wiring so kids cannot hook up with the Internet.

The American Society of Civil Engineers reports public schools are in worse condition than any other sector of our national infrastructure. Think about that. According to the American Society of Civil Engineers—they are the ones who build our buildings, build our bridges and roads and highways and streets and sewers and water systems, and our schools—they say our schools are in the worst state of any part of the physical infrastructure of this country.

Mr. HARKIN. Mr. President, if the nicest things our kids ever see or go to

is shopping malls and sports arenas and movie theaters, and the most run-down places are their schools, what kind of signal are we sending them about the value we place on education and their future?

This is a sense-of-the-Senate resolution which simply outlines the terrible situation we have in this country and calls on the Senate and the Congress to respond by providing at least $3.7 billion, a small fraction of what is needed but a step in the right direction—$3.7 billion in Federal resources to modernize our Nation's schools.

I yield the floor to my distinguished colleague and cosponsor, Senator ROBB.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. ROBB. Mr. President, I thank my friend and colleague from Iowa. Senator HARKIN and I have offered a sense of the Senate amendment relating to school construction, as Senator HARKIN has just explained. The amendment is not unlike the amendment Senators LAUTENBERG, HARKIN, and I offered to the Budget Resolution earlier this year. That amendment assumed that given the levels in the budget resolution, Congress would enact ''legislation to allow States and school districts to issue at least $24.8 billion worth of zero-interest bonds to rebuild and modernize our nation's schools, and to provide Federal income tax credits to the purchasers of those bonds in lieu of interest payments.'' The actual cost as it was scored was referred to by the Senator from Iowa. That amendment was accepted and put the entire Senate on record as supporting the concept of providing federal assistance in the area of school construction and renovation.

Understanding that Rule 16 prevents us from doing anything of significance at this time with respect to school construction, Senator HARKIN and I in just a moment will withdraw our amendment. But every day that passes, this Congress misses an opportunity to help our States and localities fix the leaky roofs, get rid of all the trailers, and install the wiring needed to bring technology to all of our children. These are real problems—problems that our nation's mayors, school boards, and families simply need some help in addressing.

While school infrastructure improvement is typically a local responsibility, it is now a national need. Our schools, as the Senator from Iowa has indicated, are over 40 years old, on average; our school-aged population is at record levels; and our States and localities can't keep up, despite their surpluses.

Abstract talk about State surpluses provides little solace to our nation's teachers and students who are forced to deal with wholly inadequate conditions. In Alabama, the roof of an elementary school collapsed. Fortunately, it occurred just after the children had left for the day. In Chicago, teachers place cheesecloth over air vents to filter out lead-based paint flecks. In Maine, teachers have to turn out the lights when it rains because their electrical wiring is exposed under their leaky roofs.

Mr. President, we are missing an opportunity to help our States and localities with a pressing need.

I will continue to work for and press forward on this issue because I think it's an area where the Federal Government can be extremely constructive. When our children are asked about ''Bleak House,'' they should refer to a novel by Dickens and not the place where they go to school.

In my own State of Virginia, there are over 3,000 trailers being used to educate students. And there are over $4 billion worth of unbudgeted, unmet needs for our schools. This is a problem that is not going to go away, and it's a problem that our nation's schools need our help to solve. And I regret that Rule 16 precludes us from considering legislation which would reaffirm the commitment that we made earlier this year.

I thank the distinguished Senator from Iowa for his continued work on the subject of school construction, and I yield the floor.

AMENDMENT NO. 1845 WITHDRAWN

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I understand this amendment is not acceptable to the other side. It is late in the day. I know people have to get on with other things, and we want to get to a final vote on the bill. I believe strongly in this. It is a sense-of-the-Senate amendment. Also, Senators KENNEDY, REID, MURRAY, and JOHNSON are added as cosponsors.

In the spirit of moving this bill along and trying to wrap this up as quickly as possible, I ask unanimous consent to withdraw the amendment at this time, but it will be revisited.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. I thank my distinguished colleague. I am very sympathetic to the purpose of the sense-of-the-Senate amendment. He is correct; there would be objection, and I think it would not be adopted. I thank him for withdrawing the amendment.

The PRESIDING OFFICER. The amendment is withdrawn.

AMENDMENTS NOS. 2273 THROUGH 2289, 1852, 1869, AND 1882

Mr. SPECTER. Mr. President, I now submit the managers' package which has been cleared on both sides.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Pennsylvania [Mr. SPECTER] proposes amendments numbered 2273 through 2289, 1852, 1869 and 1882.

The amendments are as follows:

AMENDMENT NO. 2273

At the appropriate place in the bill add the following:

SEC. . CONFOUNDING BIOLOGICAL AND PHYSIOLOGICAL INFLUENCES ON POLYGRAPHY.

(a) FINDINGS.—The Senate finds that—

(1) The use of polygraph tests as a screening tool for federal employees and contractor personnel is increasing.

(2) A 1983 study by the Office of Technology Assessment found little scientific evidence to support the validity of polygraph tests in such screening applications.

(3) The 1983 study further found that little or no scientific study had been undertaken on the effects of prescription and non-prescription drugs on the validity of polygraph tests, as well as differential responses to polygraph tests according to biological and physiological factors that may vary according to age, gender, or ethnic backgrounds, or other factors relating to natural variability in human populations.

(4) A scientific evaluation of these important influences on the potential validity of polygraph tests should be studied by a neutral agency with biomedical and physiological expertise in order to evaluate the further expansion of the use of polygraph tests on federal employees and contractor personnel.

(b) SENSE OF THE SENATE.—It is the Sense of the Senate that the Director of the National Institutes of Health should enter into appropriate arrangements with the National Academy of Sciences to conduct a comprehensive study and investigation into the scientific validity of polygraphy as a screening tool for federal and federal contractor personnel, with particular reference to the validity of polygraph tests being proposed for use in proposed rules published at 64 Fed. Reg. 45062 (August 18, 1999).

AMENDMENT NO. 2274

(Purpose: To provide funding for a dental sealant demonstration program)

At the end of title II, add the following:

DENTAL SEALANT DEMONSTRATION PROGRAM

SEC. ___. From amounts appropriated under this title for the Health Resources and Services Administration, sufficient funds are available to the Maternal Child Health Bureau for the establishment of a multi-State preventive dentistry demonstration program to improve the oral health of low-income children and increase the access of children to dental sealants through community- and school-based activities.

AMENDMENT NO. 2275

(Purpose: To limit the withholding of substance abuse funds from certain States)

At the end of title II, add the following:

WITHHOLDING OF SUBSTANCE ABUSE FUNDS

SEC. ___. (a) IN GENERAL.—None of the funds appropriated by this Act may be used to withhold substance abuse funding from a State pursuant to section 1926 of the Public Health Service Act (42 U.S.C. 300x-26) if such State certifies to the Secretary of Health and Human Services that the State will commit additional State funds, in accordance with subsection (b), to ensure compliance with State laws prohibiting the sale of tobacco products to individuals under 18 years of age.

(b) AMOUNT OF STATE FUNDS.—The amount of funds to be committed by a State under subsection (a) shall be equal to one percent of such State's substance abuse block grant allocation for each percentage point by which the State misses the retailer compliance rate goal established by the Secretary of Health and Human Services under section 1926 of such Act, except that the Secretary may agree to a smaller commitment of additional funds by the State.

(c) SUPPLEMENT NOT SUPPLANT.—Amounts expended by a State pursuant to a certification under subsection (a) shall be used to supplement and not supplant State funds

used for tobacco prevention programs and for compliance activities described in such subsection in the fiscal year preceding the fiscal year to which this section applies.

(d) The Secretary shall exercise discretion in enforcing the timing of the State expenditure required by the certification described in subsection (a) as late as July 31, 2000.

AMENDMENT NO. 2276

(Purpose: To express the sense of the Senate that funding for prostate cancer research should be increased substantially)

At the appropriate place add the following:

SEC. ____. (a) FINDINGS.—Congress makes the following findings:

(1) In 1999, prostate cancer is expected to kill more than 37,000 men in the United States and be diagnosed in over 180,000 new cases.

(2) Prostate cancer is the most diagnosed nonskin cancer in the United States.

(3) African Americans have the highest incidence of prostate cancer in the world.

(4) Considering the devastating impact of the disease among men and their families, prostate cancer research remains underfunded.

(5) More resources devoted to clinical and translational research at the National Institutes of Health will be highly determinative of whether rapid advances can be attained in treatment and ultimately a cure for prostate cancer.

(6) The Congressionally Directed Department of Defense Prostate Cancer Research Program is making important strides in innovative prostate cancer research, and this Program presented to Congress in April of 1998 a full investment strategy for prostate cancer research at the Department of Defense.

(7) The Senate expressed itself unanimously in 1998 that the Federal commitment to biomedical research should be doubled over the next 5 years.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) finding treatment breakthroughs and a cure for prostate cancer should be made a national health priority;

(2) significant increases in prostate cancer research funding, commensurate with the impact of the disease, should be made available at the National Institutes of Health and to the Department of Defense Prostate Cancer Research Program; and

(3) these agencies should prioritize prostate cancer research that is directed toward innovative clinical and translational research projects in order that treatment breakthroughs can be more rapidly offered to patients.

AMENDMENT NO. 2277

On page 59, line 25, strike ''$1,404,631,000'' and insert ''$1,406,631,000'' in lieu thereof.

On page 60, before the period on line 10, insert the following: '': *Provided further*, That $2,000,000 shall be for carrying out Part C of Title VIII of the Higher Education Amendments of 1998.''

On page 62, line 23, decrease the figure by $2,000,000.

AMENDMENT NO. 2278

(Purpose: To clarify provisions relating to the United States-Mexico Border Health Commission)

At the appropriate place, insert the following:

SEC. . The United States-Mexico Border Health Commission Act (22 U.S.C. 290n et seq.) is amended—

(1) by striking section 2 and inserting the following:

''SEC. 2. APPOINTMENT OF MEMBERS OF BORDER HEALTH COMMISSION.

''Not later than 30 days after the date of enactment of this section, the President shall appoint the United States members of the United States-Mexico Border Health Commission, and shall attempt to conclude an agreement with Mexico providing for the establishment of such Commission.''; and

(2) in section 3—

(A) in paragraph (1), by striking the semicolon and inserting ''; and'';

(B) in paragraph (2)(B), by striking ''; and'' and inserting a period; and

(C) by striking paragraph (3).

AMENDMENT NO. 2279

On page 50, line 17, strike ''$459,000,000'' and insert in lieu thereof ''$494,000,000''.

AMENDMENT NO. 2280

On page 66, line 24, strike out all after the colon up to the period on line 18 of page 67.

AMENDMENT NO. 2281

On page 42, before the period on line 8, insert the following: '': *Provided further*, That sufficient funds shall be available from the Office on Women's Health to support biological, chemical and botanical studies to assist in the development of the clinical evaluation of phytomedicines in women's health''.

AMENDMENT NO. 2282

(Purpose: To provide for a report on promoting a legal domestic workforce and improving the compensation and working conditions of agricultural workers)

On page 19, line 6, insert before the period the following: '': *Provided further*, That funds made available under this heading shall be used to report to Congress, pursuant to section 9 of the Act entitled 'An Act to create a Department of Labor' approved March 4, 1913 (29 U.S.C. 560), with options that will promote a legal domestic work force in the agricultural sector, and provide for improved compensation, longer and more consistent work periods, improved benefits, improved living conditions and better housing quality, and transportation assistance between agricultural jobs for agricultural workers, and address other issues related to agricultural labor that the Secretary of Labor determines to be necessary''.

AMENDMENT NO. 2283

(Purpose: To express the sense of the Senate concerning women's access to obstetric and gynecological services)

Beginning on page 1 of the amendment, strike all after the first word and insert the following:

____. SENSE OF THE SENATE ON WOMEN'S ACCESS TO OBSTETRICAND GYNECOLOGICAL SERVICES.

(a) FINDINGS.—Congress makes the following findings:

(1) In the 1st session of the 106th Congress, 23 bills have been introduced to allow women direct access to their ob-gyn provider for obstetric and gynecologic services covered by their health plans.

(2) Direct access to ob-gyn care is a protection that has been established by Executive Order for enrollees in medicare, medicaid, and Federal Employee Health Benefit Programs.

(3) American women overwhelmingly support passage of federal legislation requiring health plans to allow women to see their ob-gyn providers without first having to obtain a referral. A 1998 survey by the Kaiser Family Foundation and Harvard University found that 82 percent of Americans support passage of a direct access law.

(4) While 39 States have acted to promote residents' access to ob- gyn providers, patients in other State- or in Federally-governed health plans are not protected from access restrictions or limitations.

(5) In May of 1999 the Commonwealth Fund issued a survey on women's health, determining that 1 of 4 women (23 percent) need to first receive permission from their primary care physician before they can go and see their ob-gyn provider for covered obstetric or gynecologic care.

(6) Sixty percent of all office visits to ob-gyn providers are for preventive care.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that Congress should enact legislation that requires health plans to provide women with direct access to a participating health provider who specializes in obstetrics and gynecological services, and that such direct access should be provided for all obstetric and gynecologic care covered by their health plans, without first having to obtain a referral from a primary care provider or the health plan.

Mrs. MURRAY. Mr. President, included in the Manager's amendment is an important provision relating to women's health and access to reproductive health care services. I am pleased to have worked with the managers of this bill to send a strong message on the importance of direct access for women to their OB/GYN.

I was disappointed that we were unable to address the rule XVI concerns with the amendment I had originally filed. My original amendment would simply allow women and their OB/GYNs to make important health care decisions without barriers or obstacles erected by insurance company policies. My amendment would have required that health plans give women direct access to their OB/GYN for all gynecological and obstetrical care and would have prohibited insurance companies from standing between a woman and her OB/GYN.

However, it has been determined that my amendment would violate rule XVI. As a result of the announcement by the chairman of the Senate Appropriations Committee that he will make a point of order against all amendments that may violate rule XVI, I have modified my amendment. The modification still allows Members of the Senate to be on record in support of women's health or in opposition to removing barriers that hinder access for women to critical reproductive health care services.

I am offering a sense-of-the-Senate that puts this question to each Member. I realize that this amendment is not binding, but due to opposition to my original amendment, I have been forced to offer this sense-of-the-Senate.

I am disappointed that we could not act to provide this important protection to women, but I do believe this amendment will send an important message that the U.S. Senate does support greater access for women to quality health care benefits.

I have offered this amendment due to my frustration and disappointment with managed care reform. I have become frustrated by stalling tactics and empty promises. The managed care reform bill that passed the Senate has

been referred to as an empty promise for women. I can assure my colleagues that women are much smarter than they may expect and will not be fooled by empty promises or arguments of procedural discipline. When a woman is denied direct access to the care provided by her OB/GYN, she will not be interested in a discussion on ERISA or rule XVI. She wants direct access to her OB/GYN. She needs direct access, and she should have direct access.

My amendment also reiterates the importance of ensuring that the OB/GYN remains the coordinating physician. Any test or additional referral would be treated as if made by the primary care physician. This amendment does not call for the designation of an OB/GYN as a primary care physician, it simply says that if the OB/GYN decides additional care is necessary, the patient is not forced to seek approval from a primary care physician, who may not be familiar with her overall health care status.

Why is this amendment important? The number one reason most women enter the health care system is to seek gynecological or obstetric care. This is the primary point of entry for women into the health care system. For most women, including myself, we consider our OB/GYN our primary care physician—maybe not as an insurance company defines it—but, in practice, that's the reality.

Does a woman go to her OB/GYN for an ear infection? No. But, does a pregnant woman consult with her OB/GYN prior to taking any antibiotic for the treatment of an ear infection? Yes, most women do.

I know the policy endorsed in this amendment has in the past enjoyed bipartisan support. The requirements are similiar to S. 836, legislation introduced by Senator SPECTER and cosponsored by several Senators both Republican and Democrat. This amendment is similar to language that was adopted during committee consideration in the House of the fiscal year 1999 Labor, HHS appropriations bill. A similar directive is contained in the bipartisan House Patients' Bill of Rights legislation. It has the strong support of the American College of Obstetricians and Gynecologists and I know I have heard from several OB/GYNs in my own state testifying to the importance of direct access to the full range of care provided, not just routine care.

I would also like to point out to my colleagues, that 39 states have similar requirements and that as participants in the Federal Employees Health Benefit Plan, all of us—as Senators—have this same guarantee as well as our family members. If we can guarantee this protection for ourselves and our families, we should do the same for women participating in a manager care plan.

I realize that this appropriations bill may not be the best vehicle for offering this amendment. However, I have waited for final action on a Patients' Bill of Rights for too long. I have watched as patient protection bills have been stalled or delayed. Last year we were told that we would finish action on a good Patients' Bill of Rights package prior to adjournment.

Well, here we sit—almost 12 months later—with little hope of finishing a good, comprehensive managed care reform bill prior to our scheduled adjournment this year.

I also want to remind my colleagues that we have in the past used appropriations bills to address deficiencies in current law or to address an urgent need for action. I believe that addressing an urgent need in women's health care qualifies as a priority that we must address. I realize that the authorizing committee has objected to the original amendment I filed. As a member of the authorizing committee as well, I can understand this objection. But, again I have little choice but to proceed on this appropriations bill.

We all know that it was only recently on the fiscal year 1999 supplemental appropriations bill that we authorized a significant change in Medicaid recoupment provisions despite strong objections from the Finance Committee.

In last year's omnibus appropriations bill, we authorized a requirement that insurance companies must cover breast reconstruction surgery following a mastectomy. I can assure my colleagues that this provision never went through the authorizing committee. I would also point out that there are several antichoice riders contained in this appropriations bill that represent a major authorization.

As these examples show, when we have to address these types issues through appropriations bills—we can do it. We have done it in the past, and we should do it today to meet this need.

I urge my colleagues to support this amendment. We all talk about the need to ensure access for women to health care. I applaud Chairman SPECTER's efforts in this appropriations bill regarding women's health care. Adopting this amendment gives us the opportunity to do something that does ensure greater access for women. This is what women want. This is the chance for Senators to show their commitment to this critical benefit.

I would like to quote a statement made by our subcommittee chairman that I believe more eloquently explains why I am urging this amendment. ''I believe it is clear that access to women's health care cuts across the intricacies of the complicated and often divisive managed care debate.'' I could not agree more.

We know from the current state requirement and the Federal Employee Health Benefit Program requirement, this provision does not have a significant impact on costs of health care. We also know from experience that it has a positive impact on health care benefits. Since 60 percent of office visits to OB/GYNs are for preventive care, we could make the argument that adoption of this policy would reduce the overall costs of health care.

I urge my colleagues to support this amendment and ask that we do more than simply make empty promises to women. We need an honest and fair debate on this policy.

I would ask my colleagues to seek further education or advice from women as to the importance of direct access and ask their female constituents about the relationship they have with their own OB/GYN. Let women speak for themselves. If you listen, you will hear why this policy is so important and why women trust their OB/GYN far more than their insurance company or their Member of Congress.

Mr. ROBB. Mr. President, I want to discuss my support for an amendment Senator MURRAY and I offered which puts the entire Senate on record in favor of removing one of the greatest obstacles to quality care that women face in our insurance system today: inadequate access to obstetricians and gynecologists.

I understand that our provision will be included in the manager's amendment to this bill, and I want to thank the chairman of the Senate Appropriations Subcommittee on Labor, HHS and Education, Senator SPECTER, for his work both in including our amendment in his bill, as well as his leadership on this issue. He has been one of the most outspoken members in this body in favor of helping women have better access to women's health services.

We know today that for many women, their OB/GYN is the only physician they see regularly. While they have a special focus on women's reproductive health, obstetricians and gynecologists provide a full range of preventative health services to women, and many women consider their OB/GYN to be their primary care physician.

Unfortunately, some insurers have failed to recognize the ways which women access health care services. Some managed care companies require a woman to first visit a primary care doctor before she is granted permission to see an obstetrician or gynecologist. Others will allow a woman to obtain treatment directly from her OB/GYN, but then prohibit her from obtaining any follow-up care that her OB/GYN recommends without first visiting a primary care physician who serves as a ''gatekeeper''.

This isn't just cumbersome for women, it's bad for their health. According to a survey by the Commonwealth Fund, women who regularly see an OB/GYN are more likely to have had a complete physical exam and other important preventative services like mammograms, cholesterol tests and Pap smears. At a time when we need to direct our health care dollars more toward prevention, allowing insurers to

restrict access to the health professionals most likely to offer women preventative care only increases the possibility that greater complications—and greater expenditures—will arise down the road. We ought to grant women the right to access medical care from obstetricians and gynecologists without any interference from remote insurance company representatives.

Earlier this year, Senator MURRAY and I offered an amendment which would do just that. Unfortunately, a number of my colleagues from the other side of the aisle objected to some of the specific wording in our bill, and the amendment was defeated.

Since that vote, we have reworked our amendment to address these concerns. We had hoped to offer an amendment which was identical to language included in a patient protection bill crafted by a Republican Congressman, CHARLIE NORWOOD, and that was approved by the House earlier today by an overwhelming vote of 275–151.

Yet despite this consensus on this issue by Republicans and Democrats on the House side, my colleagues from the other side of the aisle threatened to challenge our amendment under Senate Rule 16. Senator MURRAY and I are cognizant of the problem this created, and we've opted to offer a Sense of the Senate resolution in place of the amendment we had hoped to see approved.

This Sense of the Senate, which has been accepted by both sides, puts the entire Senate on record in favor of legislation which requires health plans to provide women with direct access to obstetrical and gynecological services, without first having to obtain a referral from a primary care provider or their health plan. It is a strong step forward in our efforts to improve women's access to the type of health care they need.

To my Republican colleagues who objected, I say: your party joined with Democrats to hammer out this compromise language on the House side. Now that the Senate is on record as well, let's get behind this same amendment at the earliest available opportunity in the Senate and pass a provision which will help all women in this country get better care.

AMENDMENT NO. 2284

(Purpose: To extend filing deadline for compensation of worker exposed to mustard gas during World War II)

At the appropriate place, insert the following:

SEC. . The applicable time limitations with respect to the giving of notice of injury and the filing of a claim for compensation for disability or death by an individual under the Federal Employees' Compensation Act, as amended, for injuries sustained as a result of the persons exposure to a nitrogen or sulfur mustard agent in the performance of official duities as an employee at the Department of the Army's Edgewood Arsenal before March 20, 1944, shall not begin to run until the date of enactment of this Act.

AMENDMENT NO. 2285

(Purpose: To correct a definition error in the Workforce Investment Act of 1998)

At the appropriate place in TITLE V—GENERAL PROVISIONS of the bill insert the following new section:

SEC. 5 . Section 169(d)(2)(B) of P.L. 105–220, the Workforce Investment Act of 1998, is amended by striking ''or Alaska Native villages or Native groups (as such terms are defined in section 3 of the Alaska Native Claims Settlement Act (43 U.S.C. 1602)).'', and inserting in lieu thereof,'' or Alaska Natives.''

AMENDMENT NO. 2286

(Purpose: To increase funds for the Centers for Disease Control and Prevention to provide grants regarding childhood asthma)

At the end of title II, add the following:

CHILDHOOD ASTHMA

SEC. . In addition to amounts otherwise appropriated under this title for the Centers for Disease Control and Prevention, 8.7 in addition to the $1 million already provided for asthma prevention programs which shall become available on October 1, 2000 and shall remain available through September 30, 2001, and be utilized to provide grants to local communities for screening, treatment and education relating to childhood asthma.

Mr. DURBIN. Mr. President, I rise today to offer this amendment regarding childhood asthma. For the next 15 minutes imagine breathing through a tiny straw the size of a coffee stirrer, never getting enough air. Now imagine suffering through this process three to six times a day. This is asthma.

Today, asthma is considered the worst chronic health problem plaguing this nation's children, affecting nearly 15 million Americans. That figure includes more than 700,000 Illinoisans, of whom 213,000 are children under the age of 18. Illinois has the nation's highest asthma-related death rate for African-American males, and Chicago has one of the highest rates of childhood asthma in the country.

During a recent visit to Children's Memorial Hospital in Chicago, I met a wonderful little boy whose life is a daily fight against asthma. He told me he can't always participate in gym class or even join his friends on the playground. Fortunately, Nicholas is receiving the medical attention necessary to manage his asthma. Yet for millions of children, this is not the case. Their asthma goes undiagnosed and untreated, making trips to the emergency room as common as trips to the grocery store.

In an effort to help the millions of children who live every day with undiagnosed or untreated asthma, I am offering this amendment with my colleague Sen. MIKE DEWINE. It would provide $50 million in grants through the Center for Disease Control, for community-based organizations including hospitals, community health centers, school-based programs, foster care programs, childhood nutrition programs to support asthma screening, treatment, education and prevention programs.

Despite the best efforts of the health community, childhood asthma is becoming more common, more deadly and more expensive. In the past 20 years, childhood asthma cases have increased by 160 percent and asthma-related deaths have tripled despite improved treatments.

Chicago has the dubious distinction of having the second highest rate of childhood asthma in the country. Only New York City has higher rates. According to a study published by the Annals of Allergy, Asthma & Immunology, of inner-city school children in Chicago, researchers found that the prevalence of diagnosed asthma was 10.8 per cent, or twice the 5.8 per cent the federal Centers for Disease Control and Prevention estimates in that age group nationally. The study also found that most of the children with diagnosed asthma were receiving medical care, but it may not be consistent with what asthma care guidelines recommend. Researchers questioned parents of kindergartners and found 10.8 per cent of the children had been found to have asthma. The researchers estimated an additional 6 to 7 percent had undiagnosed asthma. By comparison, the nationwide asthma rate for children 5 to 14 is 7.4 per cent. Moreover, many of the asthma cases were severe: 42 per cent had trouble sleeping once or twice a week because of wheezing, and 87 per cent had emergency room visits during the previous year.

Asthma disproportionately attacks many of society's most vulnerable those least able to fight back, children and minorities. A recent New York Times article described a study in the Brooklyn area where it was found that a staggering 38 per cent of homeless children suffer from asthma.

Some of the factors known to contribute to asthma such as poor living circumstances, exposure to cockroach feces, stress, exposure to dampness and mold are all experienced by homeless children. They are also experienced by children living in poor housing or exposed to urban violence. There are other factors such as exposure to second hand smoke and smog that also exacerbate or trigger asthma attacks.

For minorities, asthma is particularly deadly. The Asthma death rate for African-Americans is more than twice as high as it is for other segments of the population. Illinois has the highest asthma-related death rate in the country for African-American males. The death rate is 3 times higher than the asthma-related death rate for whites in Illinois. Nationwide, the childhood asthma-related death rate in 1993, was 3 to 4 times higher for African Americans compared to Caucasian Americans. The hospitalization rate for asthma is almost three times as high among African-American children under the age of 5 compared to their white counterparts The increased disparity between death rates compared to prevalence rates has been partially explained by decreased access to health care services for minority children.

Even though asthma rates are particularly high for children in poverty,

they are also rising substantially for suburban children. Overall, the rates are increasing. Every one of us knows of a child whether our own, a relative's or a friend's who suffers from asthma.

Asthma-related death rates have tripled in the last two decades. My state of Illinois has the highest asthma-related deaths in the country for African American men.

The effects of asthma on society are widespread. Many of you may be surprised to learn that asthma is the single most common reason for school absenteeism. Parents miss work while caring for children with asthma. Beyond those days missed at school and parents missing work, there is the huge emotional stress suffered by asthmatic children. It is a very frightening event for a small child to be unable to breathe. A recent US News article quoted an 8-yr old Virginian farm girl, Madison Benner who described her experience with asthma. She said ''It feels like something was standing on my chest when I have an asthma attack.'' This little girl had drawn a picture of a floppy-eared, big footed elephant crushing a frowning girl into her bed.

In many urban centers, over 60 per cent of childhood admissions to the emergency room are for asthma. There are 1.8 million emergency room visits each year for asthma. Yet the emergency room is hardly a place where a child and the child's parents can be educated in managing their asthma. In 1994, 466,000 Americans were hospitalized with asthma, up from 386,000 in 1979.

Asthma is one of the most common and costly diseases in the US. In contrast to most other chronic diseases, the health burden of asthma is increasing rapidly. The financial burden of asthma was $6.2 billion in 1990 and is estimated to increase to more than $15 billion in 2000.

Most children who have asthma develop it in their first year, but it often goes undiagnosed or as the study I mentioned earlier, the children may not receive the best treatment. The National Institutes of Health is home to the National Asthma Education and Prevention board. This is a large group of experts from all across the fields involved in health care and asthma. They have developed guidelines on both treating asthma and educating children and their parents in prevention. It is very important that when we spend money on developing such guidelines that they actually get out to communities so that they can take advantage of this research.

CDC has been working in collaboration with NIH to make sure that health professionals and others get the most up to date information. My amendment could further help this effort by providing grantees with this information.

We do have treatments that work for most people. Early diagnosis, treatment and management are key to preventing serious illness and death. There are several wonderful models for success already available to some communities. Take for example the ''breathmobile'' program in Los Angeles that was started 2 years ago. This program provides a van that is equipped with medical personnel, asthma education materials, and asthma treatment supplies. It goes out to areas that are known to have a high incidence of childhood asthma and screens children in those areas. This ''Breathmobile'' program has reduced trips to the emergency room by 17 per cent in the first year of operation. This program is being expanded to sites in Phoenix, Atlanta, and Baltimore. I hope that we can be as successful in Illinois and other parts of the country. Children in these Breathmobile programs are also enrolled in the Children's Health Program if they are income eligible. We have all heard of how slow enrollment in the children's health program has been and anything that we can do to speed enrollment up is vitally important.

In West Virginia, a Medicaid ''disease management'' program which seeks to coordinate children with asthma's care so that they get the very best care has been found to be very cost effective. It has reduced trips to the emergency room by 30 per cent.

In Illinois, the Mobile CARE Foundation is setting up a program in Chicago based on the Los Angeles initiative. In addition, the American Association of Chest Physicians has joined with other groups to form the Chicago Asthma Consortium to provide asthma screening and treatment. Efforts like these need our amendment. This Childhood Asthma Amendment would expand these programs to help ensure that no child goes undiagnosed and every asthmatic child gets the treatment he or she needs.

I am offering this amendment here today with my colleague from Ohio, so that we can expand these programs to other areas of the country. It is a very simple amendment. It adds $10 million to the Centers for Disease Control's appropriations for local community grants to screen children for asthma and if they are found to have it, to provide them with treatment and education into how to manage their asthma.

CDC has current authority to carry out such programs and as the Bill Report already notes on page 93 of the report: ''The Committee is pleased with the work that CDC has done to address the increasing prevalence of asthma. However the increase in asthma among children, particularly among inner-city minorities, remains alarming. The Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at risk minority populations in underserved communities.'' I couldn't agree more. We do need to do more in this area.

No child should die from asthma. We need to make sure that people understand the signs of asthma and that all asthmatic children have access to treatment and information on how to lessen their exposure to things that trigger asthma attacks.

My amendment responses to the alarming increase in childhood asthma cases and asthma-related deaths. It would provide funds to community and state organizations that serve areas with the largest number of children who are at risk of developing asthma and areas with the highest asthma-related death rates. The grantees could use the funds to develop programs to best meet the needs of their residents. The funds could be targeted to those communities where there are the highest number of children with asthma or where there is the highest number of asthma-related deaths.

This amendment is a small step toward addressing this the single greatest chronic health illness of children today. $10 million is a pretty small sum. I am glad that this amendment has been accepted.

The Amendment is supported by the American Lung Association, the National Association for Children's Hospitals and Research Institutions, the Academy of Pediatrics, the Asthma and Allergy Foundation of America and others who support children's health.

I thank my colleagues on behalf of the 5 million children who suffer from asthma today in America for accepting this amendment that can make some progress to combat this the most preventable childhood illness.

Mr. DEWINE. Mr. President, today I rise to support the Durbin-DeWine pediatric asthma amendment. This amendment would appropriate $10 million for the Centers for Disease Control and Prevention, CDC, to award grants to local communities for screening, treatment, and education relating to childhood asthma.

On May 5th of this year, the Allergy and Asthma Network's Mothers of Asthmatics organized an asthma awareness day to educate everyone about asthma. As most of you probably know, asthma is a chronic lung disease caused by inflammation of the lower airways. During an asthma attack, these airways narrow—making it difficult and sometimes impossible to breathe. Fortunately, we have the ''tools'' to handle asthma attacks once they occur. The most common way, of course, is to use an asthma inhaler that millions of us use every day. We also know a lot about how to prevent asthma attacks in the first place—through drug therapy and by avoiding many well-known asthma triggers.

With asthma prevalence rates—and asthma death rates—on the rise, especially in inner-city populations, it is important for us to raise national awareness, so we can educate families on how to detect, treat, and manage asthma symptoms. Of the more than 15 million Americans who suffer from asthma, over five million are children.

The American Lung Association estimates that in my home state of Ohio, 212,895 children under the age of 18 suffer from asthma. That's about two percent of the entire population in Ohio. Asthma is the most common chronic illness affecting children and is the leading cause of missed school days due to chronic illness.

Asthma is hitting the youngest the hardest. Nationwide, the most substantial prevalence rate increase for asthma occurred among children 4 years-old and younger. Hospitalization rates due to asthma were also highest in this young age group, rising 74 percent between 1979 and 1992. These increases in hospitalization rates are especially affecting the inner city populations, where asthma triggers, like air pollutants, are more concentrated.

An August 29 Akron Beacon Journal article cites statistics from the CDC that show the ratio of children under age four with asthma increased from one in forty-five in 1980 to one in seventeen in 1994. Every year, more than 5,000 Americans die from this disease—these are PREVENTABLE deaths. A July 27 New York Times article described the results of a study performed by a team at the Center for Children's Health and the Environment at Mount Sinai School of Medicine. This study found that hospitalization rates were as much as 21 times higher in poor, minority areas than in the hardest-hit areas of wealthier communities. The article quotes Dr. Claudio, an assistant professor in the division of neuropathology at Mount Sinai, who said, ''The outcomes in the poor Latino and African-American areas, especially among children, are tragic.'' This Mount Sinai report cited previous studies that suggest that poor African-American and Latino children are suffering at higher rates because the poor often rely on care in emergency rooms, where doctors have little time to educate families on how to control the disease and where there is little follow-up care. Without receiving adequate care and medication, the asthma victims eventually suffer such severe attacks that they need immediate hospitalization.

Those are some of the reasons why I joined my colleague, Senator DURBIN, in introducing S.805, the ''Children's Asthma Relief Act.'' This bill will help ensure that children with asthma receive the care they need to live normal lives. It provides grants that will be used to develop and expand asthma services to children, equip mobile health care clinics that provide diagnosis and asthma-related health care services, educate families on asthma management, and identify and enroll uninsured children who are eligible for, but not receiving, health coverage under Medicaid or the State Children's Health Insurance Program. By requiring coordination with current children's health programs, this bill will help us identify children—in programs such as supplemental nutrition programs, Maternal and Child Health Programs, child welfare and foster care and adoption assistance programs—who are asthmatic, but might otherwise remain undiagnosed and untreated.

By increasing local asthma surveillance activities through legislation, such as S.805, and by better educating the public on the importance of asthma awareness and management through events like Asthma Awareness Day, we can help reverse the distressing increase in hospitalization rates and mortality rates due to asthma. As a person with asthma, and as the father of 3 children with asthma, I know first-hand how important diagnosis, treatment, and management are to ensuring that this manageable disease will not prevent children and adults from carrying on normal lives. We can make a big difference.

Asthma is a serious health concern that simply must be addressed.

I commend my colleague, Senator FRIST, for the outstanding children's health hearing that his Public Health Subcommittee held on September 16. A very articulate 13-year old named Robert Jackson from South Euclid, OH, testified at that hearing. He described how important early diagnosis and treatment plans are for children who suffer from asthma. According to Robert, doctors at Rainbow Babies and Children's Hospital in Cleveland explained to him how he could avoid asthma ''triggers''—like cigarette smoke and strong odors like bleach—to avoid having serious asthma attacks. By learning how to manage his asthma through an asthma treatment plan, Robert now plays sports, attends school regularly, and maintains a newspaper route.

At a time when States, like Ohio, finally are passing laws that allow students to take their asthma inhalers to school, we need to provide the federal public health dollars to the CDC for childhood asthma screening, treatment, and education. The states gradually are realizing the severity of this disease and the need for children to access their inhalers to manage their asthma. It is now time for the Federal Government to help local communities stem the rising prevalence of the worst chronic health problem affecting children.

I commend my colleagues for supporting this very important amendment as it will help the nearly 5 million children who have been diagnosed with asthma, as well as those children who suffer from asthma, but remain undiagnosed and—sadly—untreated.

AMENDMENT NO. 2287

(Purpose: To rename the Centers for Disease Control and Prevention as the Thomas R. Harkin Centers for Disease Control and Prevention)

At the appropriate place, insert the following:

SEC. (a) The Centers for Disease Control and Prevention shall hereafter be known and designated as the ''Thomas R. Harkin Centers for Disease Control and Prevention''.

(b) Effective upon the date of enactment of this Act, any reference in a law, document, record, or other paper of the United States to the ''Centers for Disease Control and Prevention'' shall be deemed to be a reference to the ''Thomas R. Harkin Centers for Disease Control and Prevention''.

(c) Nothing in this section shall be construed as prohibiting the Director of the Thomas R. Harkin Centers for Disease Control and Prevention from utilizing for official purposes the term ''CDC'' as an acronym for such Centers.

AMENDMENT NO. 2288

(Purpose: To designate the National Library of Medicine building in Bethesda, Maryland, as the ''Arlen Specter National Library of Medicine'')

At the appropriate place, insert the following:

SEC. ___. DESIGNATION OF ARLEN SPECTER NATIONAL LIBRARY OF MEDICINE.

(a) IN GENERAL.—The National Library of Medicine building (building 38) at 8600 Rockville Pike, in Bethesda, Maryland, shall be known and designated as the ''Arlen Specter National Library of Medicine''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the building referred to in subsection (a) shall be deemed to be a reference to the Arlen Specter National Library of Medicine.

AMENDMENT NO. 2289

(Purpose: To increase funding for senior nutrition programs and rural community facilities, offset with administrative reductions)

On page 39, line 8, strike ''$6,682,635,000'' and insert ''$6,684,635,000''.

On page 40, line 20, strike ''$928,055,000'' and insert ''$942,355,000''.

On page 41, line 14, reduce the figure by $10,300,000.

On page 62, line 23, strike ''$378,184,000'' and insert ''$372,184,000''.

AMENDMENT NO. 1852

(Purpose: To express the sense of the Senate concerning needlestick injury prevention)

At the appropriate place, insert the following:

SENSE OF THE SENATE ON PREVENTION OF NEEDLESTICK INJURIES

SEC. ____. (a) FINDINGS.—The Senate finds that—

(1) the Centers for Disease Control and Prevention reports that American health care workers report more than 800,000 needlestick and sharps injuries each year;

(2) the occurrence of needlestick injuries is believed to be widely under-reported;

(3) needlestick and sharps injuries result in at least 1,000 new cases of health care workers with HIV, hepatitis C or hepatitis B every year; and

(4) more than 80 percent of needlestick injuries can be prevented through the use of safer devices.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that the Senate should pass legislation that would eliminate or minimize the significant risk of needlestick injury to health care workers.

Mr. ENZI. Mr. President, I rise in opposition to Senator REID's amendment No. 1852 as offered to S. 1650. As chairman of the Senate Subcommittee on Employment, Safety and Training, I have had the opportunity to follow this issue first-hand. Make no mistake, ensuring the safety of our Nation's health

care workers is a priority—as it is for all of our Nation's workforce. How we can best capitalize on occupational safety, however, is the basis for my opposition to this amendment. I do not feel that this amendment is appropriate on a spending bill. Nor is our agreeing to future legislation—sight unseen. Moreover, the Occupational Safety and Health Administration is already examining this matter and has not commented to my request as to why legislation is now warranted.

''Sharp'' injuries by exposed needles have a long history. Not only has Senator REID been interested in occupational injuries caused by unprotected syringes, but Senator BOXER has also shared her concerns as well. As chairman of the subcommittee with jurisdiction, I am a bit disappointed that my colleagues have yet to approach me on this issue. I am always eager to discuss occupational safety with members of this body. Instead, I first learned of this issue when the San Francisco Chronicle ran a series of articles in April, 1998. One article depicted a nurse practitioner who tried to catch three blood-collection tubes as they rolled toward a counter's edge. At the same time, she held a syringe in her right hand that had just drawn blood from a patient infected with HIV. The exposed needle pierced the side of her left index finger. Working with HIV infected patients is dangerous business, but the risk compounds when medical devices designed to improve health care end up doing just the opposite.

At the request of the Service Employees International Union (SEIU) and other interested groups representing health care workers, federal OSHA announced last year that it was issuing a formal request for information pertaining to injuries caused by unprotected syringes. Senators JEFFORDS, FRIST and I wrote to Secretary Herman. We sought answers concerning potential enforcement action by OSHA with regard to medical devices that could conflict with FDA's traditional and statutory jurisdiction. The FDA is statutorily charged with the nationwide regulation of medical devices. All syringes are defined as Class II medical devices in Section 513(a)(1) of the Federal Food, Drug and Cosmetic Act. According to Sections 510(k), 519(e) and 705(a), the FDA has the statutory jurisdiction to review, approve and recall medical devices as well as to disseminate information regarding the potential health dangers caused by any medical device.

FDA's jurisdiction over medical devices pertains to the patient. Since OSHA's jurisdiction covers workers, the agency is already moving forward to modify its Bloodborne Pathogens Standard to include regulation of medical ''sharp'' devices. In terms of worker safety, we are talking about nurses, doctors and other health care professionals and workers that regularly use or handle these medical devices. The regulatory lines between the two agencies are difficult to define in this setting. Moreover, the question of reusing medical devices designed for one-time use only is also a matter that requires careful consideration. Generally speaking, safer devices cost more money—raising the potential for re-use by providers. The FDA has not yet indicated that it will begin to examine this issue, but it is certainly a matter of importance that includes the very medical devices we're debating in this amendment.

A medical device that has been determined by the FDA to meet the ''reasonable assurance of safety and efficacy'' standard of the Federal Food, Drug and Cosmetic Act can be lawfully marketed. Nonetheless, it is conceivable, given its authority over the domain of worker safety and health that OSHA might prevent the use of that medical device in the workplace, thereby creating an environment of confusion for the regulated public. This confusion could result in diminished worker safety and health and jeopardize patient safety as well. At the very least, this duplication of effort promises to waste the scarce resources of both the FDA and OSHA.

I recognize Section 4(b) of the Occupational Safety and Health Act of 1970 and the problems inherent in conflicting regulations which are promulgated by different federal agencies and affect occupational safety and health. Although OSHA arguably might have sufficient jurisdiction to proceed in the indirect regulation of the aforementioned medical devices, I feel that it would be the best course for OSHA and the FDA to delineate boundaries of jurisdiction and coordinate efforts pertaining to the regulation and use of these medical devices. This is of particular importance because the FDA has the specific scientific expertise in the evaluation of medial devices—not OSHA and not the National Institute for Occupational Safety and Health (NIOSH). Despite Secretary Herman's assurances that agency cooperation is ongoing, I am not convinced that these boundaries have been properly addressed at this time. This amendment does nothing to address the lack of communication between these agencies.

There are currently two manufacturers that are actively marketing protected syringes. If OSHA is instructed to regulate this matter by statutory instruction, I am concerned that a shortage of supply could occur. Not only does this raise questions of antitrust, it also places providers in the difficult position of being held liable for using medical devices that are short in supply. The market and what it can currently sustain would not be a matter of consideration if this amendment passes. Moreover, providers (hospitals) could be put in a position to determine what devices are safe and effective if their participation is not adequately included in this process.

As OSHA moves forward on its own accord in a fashion that could lead to its regulation of medical devices, Senator JEFFORDS and I continue to wait for a formal explanation from the agency as to how legislation would impact their current efforts to flush out many of the concerns I have raised. We are still waiting for that response. Moreover, Chairman JEFFORDS has voiced his interest in examining this issue within the authorizing committee. In doing so, we would be better positioned to address this emotional and complex issue rather than haphazardly legislating on an appropriations bill.

I am committed to finding ways to enhance worker safety. If I thought legislating through the appropriations process was such a wonderful option, I have a few bills that I wouldn't mind spending a little time debating on the floor of the Senate. In terms of improving occupational safety, I respect the role of our committee to examine these complex issues. Last Congress, I had the opportunity to amend the Occupational Safety and Health Act of 1970 three separate times. That was the first time the Act had been amended in 28 years. All of the bills were carefully considered prior to passage and not one of them were tagged to an appropriations bill. I ask that this issue be handled by its authorizing committee and not be attached to the underlying bill. I am committed to doing just that.

AMENDMENT NO. 1869

(Purpose: To increase funding for the leveraging educational assistance partnership program)

At the end of title III, add the following:

LEVERAGING EDUCATIONAL ASSISTANCE PARTNERSHIP PROGRAM

SEC. . (a) IN GENERAL.—Notwithstanding any other provision of this title, amounts appropriated in this title to carry out the leveraging educational assistance partnership program under section 407 of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.) shall be increased by $50,000,000, and these additional funds shall become available on October 1, 2000.

Mr. REED. Mr. President, I am pleased that Chairman SPECTER and Ranking Member HARKIN as part of the managers amendment have included an additional $50 million for the Leveraging Educational Assistance Partnership (LEAP) program.

I had offered an amendment to provide this level of funding along with Senators COLLINS, GORDON SMITH, SNOWE, JEFFORDS, KENNEDY, MURRAY, LEVIN, CONRAD, HUTCHINSON, DEWINE, CHAFEE, BINGAMAN, KERRY, FEINGOLD, and LAUTENBERG.

Since 1972, the Federal-State partnership now embodied by LEAP, with modest federal support, has helped states leverage grant aid to needy undergraduate and graduate students.

When this program was funded at greater than $25 million, nearly 700,000 students across the nation, including almost 12,000 students from my home state of Rhode Island, benefitted from LEAP grants. At $25 million, the amount included in the Committee's

original bill, we estimate that many of these students lose their grants.

Without this important federal incentive, many states would not have established or maintained their need-based financial aid programs, and many students would not have attended or completed college.

Indeed, as my colleagues, students, parents, and those involved in higher education know, the purchasing power of our main need-based aid program—the Pell Grant, created by and named for my predecessor, Senator Claiborne Pell—has fallen drastically in comparison to inflation and skyrocketing education costs.

Students have searched for other sources of need-based higher education grants and have come to rely on LEAP.

Two years ago, this program was on the brink of elimination. But it was this body which recognized the importance of LEAP and overwhelmingly voted—84 to 4—for an amendment I offered with my colleague from Maine, Senator COLLINS, to save it from elimination.

Then, just last year, the Senate reaffirmed its support for LEAP by approving the Higher Education Act Amendments of 1998, which updated and added several key reforms to this program to leverage additional state dollars for grant aid.

Prior to the reforms, federal funding for LEAP was matched by the states only on a dollar for dollar basis. Now, every dollar appropriated over the $30 million level leverages two new state dollars.

States in turn gain new flexibility to use these funds to provide a broader array of higher education assistance to needy students, such as increasing grant amounts or carrying out community service work-study activities; early intervention, mentorship, and career education programs; secondary to postsecondary education transition programs; scholarship programs for students wishing to enter the teaching profession; and financial aid programs for students wishing to enter careers in information technology or other fields of study determined by the state to be critical to the state's workforce needs.

The $25 million included in the Committee's bill falls far short of the funding level necessary to increase student aid and trigger the reforms included in the Higher Education Act Amendments of 1998.

In fact, LEAP, if funded at $75 million, as called for in our amendment, would leverage at least $120 million in new state funding—thereby securing almost $200 million in grant aid for our nation's neediest students.

Let me emphasize, LEAP is the only federal aid program that contains this leveraging component. It is the only program for needy college students that is a state-federal partnership.

The bill does provide increased funding for many of the other student aid programs, but without providing additional funding for LEAP, the Senate will miss an opportunity to expand access to college and make higher education more affordable for some of our neediest students.

LEAP is a vital part of our student aid package, which includes Pell Grants, Work Study, and SEOG, that make it possible for deserving students to achieve their higher education goals. All of the student aid programs must be well-funded if they are truly going to help students.

Moreover, since there are no federal administrative costs connected with LEAP, all grant funds go directly to students, making it one of the most efficient federal financial aid programs.

All higher education and student groups support $75 million in funding for LEAP, including the American Council on Education (ACE), the National Association of Independent Colleges and Universities (NAICU), the National Association of State Student Grant and Aid Programs (NASSGAP), the United States Student Association (USSA), and the U.S. Public Interest Research Group (USPIRG).

By providing $75 million for LEAP, the Senate has an opportunity to help states leverage even more dollars to help students go to college. As college costs continue to grow, and as the grant-loan imbalance continues to widen—just 25 years ago, 80% of student aid came in the form of grants and 20% in the form of loans; now the opposite is true—funding for LEAP is more important than ever.

I thank Chairman SPECTER and ranking member HARKIN for their willingness to accept this amendment. I look forward to working with them during the Conference to retain this level of funding, which is critical to providing greater access to higher education for our Nation's neediest students.

Mr. JEFFORDS. Mr. President, I express my appreciation to Senators SPECTER and HARKIN for including in the manager's package an amendment cosponsored by my colleague from Rhode Island, Senator REED, myself and others increasing funding for the LEAP program.

LEAP is an extraordinarily program that provides grant aid to needy undergraduate and graduate students. This federal program can be credited in large part with encouraging States to create, maintain and grow their own need-based financial aid programs. It is a program that relies on a partnership for its strength by matching the federal investment in grant aid with State dollars. The end result is a good one: increasing the pool of funds available to assist low income students who are struggling to pay for college.

As part of the 1998 Higher Education Amendments, we made significant changes to the LEAP program with the goal of making additional grant aid and a greater array of services available to post-secondary students. We challenged States to increase the match that they contribute by offering $2 for every one federal dollar that we make available for this program. With the additional funds, States will have greater flexibility to provide more services to meet the diverse needs of low income students who are working to make the dream of a higher education degree a reality.

I am proud to stand with the National Association of State Student Grant Aid, NASSGAP; the National Association of Independent Colleges and Universities, NAICU, the American Council on Education, ACE, the American Association of State Colleges and Universities, AASCU; the United States Public Interest Research Group, USPIRG; and the United States Student Association, USSA in support of this amendment that I believe will provide significant assistance to the students of this nation.

AMENDMENT NO. 1882

(Purpose: To express the sense of the Senate regarding comprehensive education reform)

At the appropriate place, insert:

SEC. , SENSE OF THE SENATE REGARDING COMPREHENSIVE PUBLIC EDUCATION REFORM.

(a) FINDINGS.—The Senate finds the following:

(1) Recent scientific evidence demonstrates that enhancing children's physical, social, emotional, and intellectual development before the age of six results in tremendous benefits throughout life.

(2) Successful schools are led by well-trained, highly qualified principals, but many principals do not get the training that the principals need in management skills to ensure their school provides an excellent education for every child.

(3) Good teachers are a crucial catalyst to quality education, but one in four new teachers do not meet state certification requirements; each year more than 50,000 under-prepared teachers enter the classroom; and 12 percent of new teachers have had no teacher training at all.

(4) Public school choice is a driving force behind reform and is vital to increasing accountability and improving low-performing schools.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that the federal government should support state and local educational agencies engaged in comprehensive reform of their public education system and that any education reform should include at least the following principals:

(A) that every child should begin school ready to learn by providing the resources to expand existing programs, such as Even Start and Head Start;

(B) that training and development for principals and teachers should be a priority;

(C) that public school choice should be encouraged to increase options for students; and

(D) that support should be given to communities to develop additional counseling opportunities for at-risk students.

(E) school boards, administrators, principals, parents, teachers, and students must be accountable for the success of the public education system and corrective action in underachieving schools must be taken.

Mr. KERRY. Mr. President, I thank my distinguished colleagues, Mr. SPECTER from the State of Pennsylvania and Mr. HARKIN from the State of Iowa, for accepting in the manager's amendment of S. 1650 the sense of the Senate that my friend from Oregon, Mr. SMITH

and I offered on comprehensive education reform. Our amendment expresses the sense of the Senate that the federal government should support state and local efforts to reform and improve our nation's public schools, and further, that every child should begin school ready to learn; that training and development for principals and teachers should be a priority; that public school choice should be encouraged to increase options for students; that support should be given to communities to develop additional counseling opportunities for at-risk students; and that school boards, administrators, principals, parents, teachers, and students must be accountable for the success of the public education system.

I appreciate that my distinguished colleagues have acknowledged the importance of a bipartisan, comprehensive approach to reforming the public education system that emphasizes the principles enumerated above. If education reform is to succeed in America's public schools, we must demand nothing less than a comprehensive reform effort. We cannot address only one challenge in education and ignore the rest. We must make available the tools for real comprehensive reform so that every aspect of public education functions better and every element of our system is stronger. We must empower low-performing schools to adopt all the best practices of our nation's best schools—public, private, charter or parochial. We must give every school the chance to quickly and easily put in place the best of what works in any other school—and with decentralized control, site-based management, parental engagement, and real accountability. Numerous high-performance school designs have been created such as the Modern Red Schoolhouse program and the Success for All program. The results of extensive evaluations of these programs have shown that these designs are successful in raising student achievement.

We must also restore accountability in public education—demanding that each school embracing comprehensive reform set tangible, measurable results to gauge their success in raising student achievement. We must reward schools which meet high standards and demand that those which fall short of their goals take immediate corrective action—but the setting of high standards must undergird comprehensive reform.

In order to do this, we must break out of the ideological bind we have put ourselves in. We cannot only talk about education—it's more than an issue for an election—we must do something about it. We have the opportunity to implement comprehensive education reform at a time when the American people are telling us that—for their families, for their futures—in every poll of public opinion, in every survey of national priorities, one issue matters most, and it's education. That is good news for all of us who care about education, who care about our kids. But the bad news is, the American people are not so sure that we know how to meet their needs anymore. They are not even sure we know how to listen. Every morning, more and more parents—rich, middle class, and even the poor—are driving their sons and daughters to parochial and private schools where they believe there will be more discipline, more standards, and more opportunity. Families are enrolling their children in Charter schools, paying for private schools when they can afford them, or even resorting to home schooling—the largest growth area in American education.

Earlier in this debate, I supported two amendments offered by the distinguished Senator and my senior colleague from the State of Massachusetts, Mr. KENNEDY. I am deeply disappointed that neither of these worthy amendments were adopted by the Senate. Mr. KENNEDY's amendments would have exempted education from the across the board cuts in discretionary spending that Republicans have proposed and provided increased funding for teacher quality. We know the American people are willing to spend more on public education. Yet the Senate voted to allow cuts. And we know that the American people want qualified teachers in their children's schools. Yet the Senate did not appropriate the fully authorized level of the Teacher Quality Enhancement Grants program.

I am also distressed that an amendment offered by my distinguished colleagues, Mr. BINGAMAN and Mr. REED, and myself was not adopted by this body. Our amendment would have, for the first time, provided real accountability to poor children and ensure they attend successful schools. The American people have said time and again that education is their top policy concern. And we have heard time and again that the American people want their public schools held accountable. Yet we rejected this important amendment, that would have appropriated no new funding and would have ensured low-performing schools would be turned around, was rejected.

Given our inability to pass these important amendments, I am particularly pleased that Mr. SMITH and I could come together and offer this bipartisan amendment. The sense of the Senate we offered is the essence of our bill, S. 824, the ''Comprehensive School Improvement and Accountability Act.'' Our bill emphasizes the principles embodied in this sense of the Senate, such as early childhood development programs, challenge grants for professional development of principals, second chance schools for violent and disruptive students, and increased funding for the Title I program. We contend that these and other tenets are fundamental to the comprehensive reform of public schools.

The PRESIDING OFFICER. Without objection, the amendments are agreed to.

The amendments (Nos. 2273 through 2289, 1852, 1869, and 1882) were agreed to.

INDIAN-CHICANO HEALTH CENTER

Mr. KERREY. I thank the Chairman and Ranking Member of the Subcommittee for their continued support for community health centers and other programs within the consolidated health centers account. I firmly believe that these centers represent the best investment the Federal government can make in health care for under-served populations and under-served areas. These centers provide an invaluable service to our communities and our citizens—they provide comprehensive primary and preventive services to a broad spectrum of persons without health insurance and members of under-served populations. I note that the bill before us increases funding for these centers by nearly $100 million, and exceeds the President's request by $79 million.

It is my hope that the Department of Health and Human Services will use at least part of this new funding to establish new community health centers to address the needs of under-served populations. I am particularly interested in guaranteeing that a proposal from the Indian-Chicano Health Center of Omaha, Nebraska, be fully and fairly considered during any review of new health center applications. This organization has made an extraordinary effort to serve a unique community of low-income, uninsured Nebraskans who otherwise would go without health care.

Mr. SPECTER. The Labor/HHS/Education Subcommittee made a particular effort within the constraints of this bill to increase funding for the consolidated health centers account. The Subcommittee strongly supports the provision of comprehensive health services to persons without health insurance through these important providers. I am pleased that we were able to increase funding for these critical services, and I encourage HHS to consider the proposal from the Indian-Chicano Health Center.

Mr. HARKIN. I have long supported the work of the Iowa-Nebraska Primary Care Association and specific community health centers in the Midwest. These providers serve as models for effectively and efficiently providing access and quality care to under-served populations. I will also support full and fair consideration of the Indian-Chicano Health Center proposal.

THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM

Mr. SARBANES. Mr. President, as the Senate continues its consideration of the Labor-HHS Appropriations bill today, I rise to discuss a problem the State of Maryland is struggling to overcome as it seeks to extend health care coverage to the 158,000 uninsured children in our State. This issue is particularly timely in light of the Census

Bureau report issued earlier this week which shows that the ranks of the uninsured grew by approximately 1 million in 1998 to a total of 44.3 million. The Census report also shows that the number of uninsured children has not decreased despite the establishment of a new Federal program designed to encourage States to expand health insurance coverage to more low-income children. Moreover, Maryland experienced one of the highest increases in uninsured people last year bringing the total number of uninsured to 837,000 or one-sixth of the population. A quarter of these uninsured Marylanders are children.

To address the growing number of uninsured children throughout the United States, Congress enacted the Children's Health Insurance Program (CHIP) in 1997, and Maryland eagerly applied to participate in this new Federal-State partnership. However, over the past couple of years, Maryland has been penalized under this program for having previously extended partial Medicaid coverage under a five year demonstration program to a class of low-income children who would not otherwise have qualified for Medicaid. These children should now be eligible for CHIP funding, but the Department of Health and Human Services (HHS) is blocking Maryland from accessing its CHIP funds for the benefit of these kids.

The law establishing the CHIP program prohibits the States from enrolling children into the State's CHIP program if those children were previously covered by the State's Medicaid program. HHS has made the decision to treat all children once eligible for the Maryland demonstration program, called the Maryland Kids Count program, as though they were covered under Medicaid. As a result of this discretionary decision by HHS, the majority of Maryland's uninsured children are ineligible for CHIP funding. In addition, Maryland has been unable to access most of the CHIP funding allocated to it.

The Maryland demonstration program should not be used to disqualify the State from accessing its CHIP funds because this demonstration cannot be equated with covering this group of children with full Medicaid coverage. The Maryland demonstration offered only partial Medicaid benefits (primary and preventive care). Hospitalization as well as dental and medical equipment were not covered. Thus, for each child in the demonstration program, Maryland spent less than half the amount it would have spent had Medicaid been extended to these children.

In addition, this demonstration program was conducted under a time-limited waiver which was scheduled to expire at about the same time the CHIP program was launched. In fact, HHS informed Maryland that it would not renew the waiver because Congress was establishing a more comprehensive children's insurance program and also because the Maryland demonstration had been rather unsuccessful. Only 5,000 children were enrolled, largely because the benefits offered were so limited.

HHS has used its discretionary authority in implementing the CHIP program to equate the Maryland demonstration program with full Medicaid coverage. Since they used discretionary authority to make this erroneous determination, HHS clearly has the authority to reverse this decision administratively. Would the Senator from Delaware, the Chairman of the Finance Committee, agree that the Department of Health and Human Services has authority to allow Maryland to access its CHIP funds to extend health insurance coverage to those low-income children previously eligible for the Maryland Kids Count demonstration program without additional legislative action?

Mr. ROTH. I understand the Senator from Maryland's concerns. It is my view that the Secretary of Health and Human Services has authority, without additional legislative direction, to determine that children who had been covered under Maryland's expired, limited-benefit demonstration program were not receiving true Title XIX coverage, and could therefore be considered uninsured for the purposes of CHIP eligibility.

Mr. SARBANES. I thank the Chairman for that clarification. Do you agree that HHS may use its section 1115 waiver authority to allow Maryland to use its CHIP funds to cover those children previously eligible for the Maryland Kids Count program?

Mr. ROTH. I concur with the Senior Senator from Maryland that HHS could use its section 1115 waiver authority to address Maryland's concerns.

Mr. SARBANES. Thank you, Mr. Chairman.

DANIEL J. EVANS SCHOOL OF PUBLIC AFFAIRS

Mr. GORTON. Mr. President, the current political climate in our society is becoming increasingly disillusioned and thus less involved in public life and civil discourse. More than ever, we need public servants who combine vision, integrity, compassion, analytic rigor and practicality. As the first school of public affairs at a public university, the Graduate School of Public Affairs at the University of Washington has trained public servants and leaders in the Northwest for 37 years. The school's mission is motivating a new generation towards excellence in public and non-profit service and restoring the confidence, involvement and investment in public service.

Recently, the school was renamed for Daniel J. Evans, a longtime public servant for the people of Washington state who embodies the Graduate School of Public Affairs focus and values. As a governor, U.S. Senator and regent for the University of Washington, Dan Evans has stood for effective, responsible, balanced leadership. His public service legacy has touched so many citizens and has greatly impacted the state of Washington. Dan Evans' involvement in the Graduate School of Public Affairs will provide students the opportunity to learn from someone who represents effective, responsible and balanced leadership and who embodies the school's ideals.

The Graduate School of Public Affairs at the University of Washington has played a vital role in public policy and management and is now positioned to become the region's primary source of expertise and outreach on public issues. I have strongly endorsed these efforts and believe it is worthy of our support and investment.

Mr. SPECTER. There certainly is a need for additional leaders in public service. I appreciate the opportunity to learn about the work at the University of Washington and will take a close look at this worthwhile project during the conference with the House.

Mr. GORTON. I appreciate your commitment to developing highly skilled, principled individuals dedicated to service and leadership.

MEDICARE CONTRACTORS

Mr. CRAIG. I am concerned about the funding level for Medicare contractors. The Senate Committee mark reduced the FY 2000 funding level by $30 million below the President's Budget recommendation. I want to be sure that this funding reduction will not adversely impact fee-for-service claims processing activities or the ability of contractors to provide critical beneficiary and providers services.

In the recent past, we have seen the effect that inadequate funding levels can have on services. In 1998 payments were slowed down, and beneficiaries and providers were forced to deal with more voice mail rather than human beings when they called their contractors with questions about claims.

Looking only at numbers, I see funding $21 million less than FY 1999 and $30 million less than the President's request. However, I understand this funding level reflects $30 million in savings from changes in the processing of dates. Therefore, am I correct in saying this would reflect efficiency and technological improvement, not a policy change in fee-for-service claims processing or beneficiaries and provider services? Furthermore, this $30 million in savings should not result in decreased funding to services for beneficiaries or providers, should it?

Mr. DORGAN. I want to make it clear that funding to assure the timely and accurate processing of Medicare claims also is a high priority for me and the beneficiaries in my state.

I also would like a reassurance that the mark will not affect access to health care services in rural America.

Mr. SPECTER. The Senators have correctly described the Committee's intent. These savings would be realized as a result of a change in direction by HCFA for a managed care related project, and is not at all related to fee-

for-service Medicare. I understand the Senators' concerns and want to assure them Medicare contractor services will not be harmed. These savings of $30 million for HCFA's managed care project will not result in any related funding cut to the Medicare contractor budget.

I understand the issues both Senators are raising and the importance of adequately funding the Medicare contractor program. Let me assure my colleagues that the savings reflected in this bill will not hamper Medicare contractors' ability to fulfill their responsibilities as Medicare administrators.

PARKINSON'S RESEARCH

Mr. COCHRAN. Mr. President, I want to thank the Chairman for his strong leadership and support for the medical research in our nation. I strongly support his efforts to double funding for the National Institutes of Health, and I am heartened by the increases in this bill. I also want to thank him for his leadership in increasing funding for Parkinson's research and holding the September 28, 1999, hearing on the promise of Parkinson's research and the need for increased funding. Michael J. Fox put it best when he said that ''this is a winnable war'' as long as the funding is there to match the scientific promise.

Mr. SPECTER. Mr. President, that's right. Dr. Fischbach testified that he sincerely believes that we are close to solving Parkinson's. The scientific research community believes that it is realistic to think that we will conquer Parkinson's in 5 to 10 years. Dr. William Langston, President of the Parkinson's Institute told the Subcommittee at the hearing that we have an historic opportunity with Parkinson's because the research is at a point where a focused, adequately funded effort will produce a cure. He also testified that once we understand and unravel Parkinson's, we will have answers to many other neurodegenerative diseases such as Alzheimer's and Lou Gehrig's disease.

Mr. WELLSTONE. Mr. President, the Parkinson's hearing was great news for all those who suffer from this disease. The advocacy community was well-represented by actor Michael J. Fox, Joan Samuelson—President of the Parkinson's Action Network, and Jim Cordy—a Parkinson's advocate from Pennsylvania. Their personal stories underscore the need for Congress to ensure that there is increased funding for Parkinson's research. Parkinson's is the most curable neurological disorder and the one most likely to produce a breakthrough. Congress passed the Morris K. Udall Research Act, making clear that Parkinson's should receive the funding it needs to eradicate this truly dreadful disease. Now it is time to fulfill that promise.

Mr. COCHRAN. Mr. President, I agree. At the hearing, we were asked to increase funding for Parkinson's research $75 million over current funding levels by increasing funding levels at two institutes, the National Institute of Neurological Disorders and Stroke (NINDS) and the National Institute of Environmental Health Sciences (NIEHS), at $50 million and $25 million respectively. The research community thinks that this will provide enough funding to quicken seriously the pace of research on Parkinson's—a down payment, if you will—on a fully funded Parkinson's research agenda that scientific experts in the community conservatively estimate to be over $200 million. I believe NIH should be able to do this from the funds provided in our bill.

Mr. SPECTER. Mr. President, as I said at the hearing, I think the scientific community can find a cure in even less time, as few as 2 to 4 years, if they have the resources. With the overall $2 billion increase in NIH funding provided in this bill, those institutes will have sufficient funds to provide the increases to Parkinson's focused research.

Mr. HARKIN. As Ranking Member of the Subcommittee I want to express my strong support for substantially increasing NIH support for Parkinson's research. We have a tremendous opportunity for real break through in the fight against this horrible disease and we cannot pass that up.

YOUTH LEADERSHIP INITIATIVE

Mr. WARNER. Mr. President, I have a second degree amendment to Senator DEWINE's amendment on higher education, amendment No. 1847.

Senator SPECTER, Senator HARKIN and my other distinguished colleagues on the Labor, Health and Human Services, Education Subcommittee certainly have your work cut out in crafting S. 1650, the Labor-HHS appropriations bill. The subcommittee was faced with a difficult task of appropriating limited funds to hundreds of programs.

I commend the subcommittee for its hard work and for its dedication to education funding. This bill provides $37.6 billion for the Department of Education. This amount is more than $2 billion above fiscal year 1999 levels and $537 million above the Administration's request.

Of this $37.6 billion, the committee bill provides over $139.5 million for the fund for the improvement of education. This amount is $500,000 over fiscal year 1999 appropriations. These funds are provided to support significant programs and projects to improve the quality of education, help students meet high academic standards and contribute to the achievement of educational goals.

During the appropriations process, Senator SPECTER, I submitted a letter requesting that the subcommittee provide $1.5 million in funds for an innovative educational program known as the Youth Leadership Initiative (''YLI'') at the University of Virginia. I am thankful for the subcommittee's consideration of my request and am grateful that the subcommittee recognized the importance of YLI by including report language on this invaluable educational program.

The goal of YLI is to work with America's middle and high school students to prepare them for a lifetime of political participation. YLI seeks to transform the way students view their role in our democracy, develop their trust in and awareness of our system, and instill in our students the core values of good citizenship and democracy.

To achieve its goal, YLI teaches students in the functional components of America's political process. Among other things, YLI students will learn how to run student-forged mock campaigns, organize political events, conduct election analysis, and hold mock elections.

Senator SPECTER, these lessons need to be taught and are of paramount importance. In 1998, voter participation during the mid-term Congressional elections was the lowest since 1942. Almost every survey of public opinion shows growing disinterest in the American electoral process, and disinterest is strongest among our young people.

Thomas Jefferson once warned Americans about the ramifications of such disinterest in our political system, stating, ''Lethargy is the forerunner of death to other public liberty.'' America's form of government is uniquely dependent upon the active participation of its citizens. Therefore, if voter participation continues to decrease, then our democracy will suffer.

By combining academic excellence with hands-on civic activity, YLI will help turn our schools and communities into hotbeds for the rejuvenation of our democracy. Since its launch last spring, YLI has attracted national attention for its unique approach to teaching our young people about democracy. In a pilot program currently in progress in several Virginia communities, thousands of students in hundreds of classrooms are experiencing the wonders of this pioneering program. Students and teachers have participated in YLI training sessions and members of the inaugural class of youth leaders are already hard at work organizing public debates between actual legislative candidates which they will host in the coming weeks.

On Tuesday, October 26, 1999, nearly 35,000 middle and high school students will be eligible to participate in the largest internet ballot ever conducted. On this day, YLI students will be voting on-line using a secure, encrypted state-of-the-art ''cyber-ballot'' that is specifically tailored to each student's voting precinct.

These achievements are only the beginning. YLI is a national crusade. This year's pilot program in Virginia is laying the foundation for next year's expansion throughout Virginia. Plans are already underway to make this program available to every middle and high school in the United States soon after the 2000 elections.

YLI already has the financial support of the Commonwealth of Virginia and

many of America's leading corporations, foundations and individuals. YLI is a model public-private partnership that will make available to all Americans students a program which will increase participation in our democracy for future generations. Senator SPECTER, a small investment today will pay dividends for many generations to come.

Again, I say to the Senator from Pennsylvania, I certainly understand the difficult task facing your subcommittee in crafting a bipartisan, fiscally responsible appropriations bill. I know you recognize the importance of YLI and that's why report language was included in the Committee's report. I ask my distinguished colleague, however, to ensure that YLI receives the requested funding in the eventual bill that emerges from conference.

Mr. SPECTER. I thank my distinguished colleague for his kind remarks and for his strong statement in support of the Youth Leadership Initiative. The Youth Leadership Initiative is certainly an innovative program designed to enhance public participation in our democracy. I share the goal of enhancing participation in our democracy, and I recognize that this is a priority for the senior senator from Virginia. As we conference with the House, I will keep in mind that this project helps us achieve our mutual goal of increasing voter participation in our democracy.

Mr. WARNER. Thank you Senator SPECTER for your support of YLI.

STAR SCHOOLS GRANTS

Mr. BENNETT. Mr. President, there has been some uncertainty in my state about the continuation of Star School grants. For my colleagues who are not familiar with Star Schools, it is a grant program that has helped distance learning move forward in many parts of the country. The beneficiaries in my state include many students in the San Juan school district, a small, rural, and remote school district in southeastern Utah. Many Star School grants have been awarded to the winners of a competition. Often these grants are multi-year grants. Some recipients are fearful about losing funding for the continuation of their grants if new projects are funded. Is it the intent of the chairman that continuing grants will receive a high priority in funding allocations?

Mr. SPECTER. It was my intent to include enough funding in this bill to continue grants that have been awarded if at all possible. I believe the amount recommended by the Senate will provide the means to do so. While I do not know what the conference committee's final recommendation will be for Star Schools, it is my desire that there be enough dollars allocated to fund ongoing grants as planned.

Mr. BENNETT. I thank the chairman for clarifying his intent, and for his efforts to provide adequate funding for these projects.

HEARTLAND MANOR

Mr. LEVIN. Mr. President, Senator ABRAHAM and I have come to the floor to seek assurance from Senator ROTH and Senator SPECTER that they will include our amendment concerning Heartland Manor in any Medicare BBA fix bill that is taken up by the Finance Committee.

Mr. SPECTER. I understand the Finance Committee will be working on a Medicare BBA repair bill and will review this amendment for possible inclusion in any such legislation and I believe he will give you such assurance directly.

Mr. LEVIN. I appreciate the assurance that the Senator from Pennsylvania has given on this issue. I would like to ask the Chairman of the Finance Committee, Senator ROTH, will he review our amendment for possible inclusion in any Medicare BBA legislation that he takes up this year?

Mr. ROTH. Yes, we will review the amendment through the committee process to determine inclusion in any Medicare BBA package that the Finance Committee takes up this year. I recognize how important this amendment is to the Senators from Michigan.

Mr. LEVIN. I thank Senators ROTH and SPECTER for their help in this matter and I look forward to working with Senator ROTH as we move forward with this amendment.

Mr. ABRAHAM. I also thank Senators ROTH and SPECTER for their help and appreciate their assurances.

Mr. LEVIN. I would like to describe this amendment and why it is so necessary. Our amendment concerns Heartland Manor, a nursing home located in Flint, Michigan, that provides care to an underserved population. Heartland Manor is not out to make money—it is owned by the Hurley Foundation which is not for profit 501(c)(3) subsidiary of Hurley Medical Center. Hurley Medical Center is a not for profit public hospital with an excellent reputation. Hurley Medical Center is one of the few city owned hospitals left in the country, and it is the largest hospital in Flint, Michigan.

On July 27, 1989, Chateau Gardens, a privately owned nursing home facility, was terminated from the Medicare program. On January 1, 1994, Hurley Foundation, a not for profit 501(c)(3) subsidiary of Hurley Medical Center, purchased Chateau Gardens at the request of the state. In 1994 Heartland Manor applied for certification into the Medicare program as a new or prospective provider. Heartland Manor had never before entered into a Medicare participation agreement and had never been issued a provider number. However, HCFA treated Heartland as a re-entry provider and Heartland was subsequently denied participation into the Medicare program based in large part on violations which HCFA carried over from Chateau Gardens, the previous owner. If Heartland Manor had been treated as a new provider, it would have been approved and would presently be in the Medicare program.

This amendment would allow the facility to come into the Medicare program as a prospective provider which is exactly how the facility should be treated.

Heartland Manor has the backing of Citizens for Better Care, a nonprofit agency, funded by the United Way, which monitors nursing home care in Michigan. Moreover, the Mayor of Flint, Woodrow Stanley, the Congressman representing Flint, Representative DALE KILDEE, and State Senator BOB EMERSON all want to keep this nursing home open. These organizations and I wouldn't all be supportive of the facility if this nursing home were not meeting the needs of the Flint community.

I have visited Heartland manor and I believe that it should not be closed. I would not make such a bold assertion if I could not honestly say that this is a nursing home that has made great strides in recent years and which is now providing an important service to the Flint community.

Mr. President, I look forward to working with my colleagues to ensure that this amendment is part of any Medicare BBA package.

DENTAL SEALANTS

Mr. BINGAMAN. I rise today in strong support of the use of dental sealants for children for purposes of oral health promotion and disease prevention. They have been proven to be safe and effective in the prevention of dental caries in children, and when coupled with fluoridated water systems can virtually eliminate dental decay and reduce tooth loss. I believe that the most successful dental sealant programs for our children covered in the EPSDT programs in Medicaid could be those that are school linked and community based. Analyses show that an amount of $1,000,000 is a reasonable amount to begin a demonstration project such as this.

Mr. HARKIN. I am pleased that the Labor HHS Appropriations bill contains language to provide for a multistate dental sealant demonstration project. I feel that the Maternal Child Health Bureau of the Health Resources and Services Administration will be the most appropriate entity to conduct a quality demonstration program. I concur with the Senator from New Mexico that this amount seems reasonable.

Mr. SPECTER. I thank my colleague from New Mexico for raising this important public health matter. Prevention is a high priority for our subcommittee as we have invested significant amounts of resources in bolstering the agencies of the U.S. Public Health Service. The amount the Senator suggests is reasonable for a demonstration project and I concur that the Maternal Child Health Bureau of the Health Resources and Services Administration is an appropriate agency to conduct a quality demonstration program.

Mr. BINGAMAN. I thank the Senators from Pennsylvania and Iowa and urge the department to conduct the demonstration project in an expeditious manner. Despite the fact that

dental sealants have been available for over 25 years, their use remains low and children deserve this preventive service.

PEDIATRIC RESEARCH INITIATIVE

Mr. DEWINE. Mr. President, I rise to thank my colleague from Pennsylvania, Senator SPECTER, and his subcommittee, for the tremendous job they have done in putting together this $312 billion bill. It is not easy to work within tight budget caps and fund so many agencies and institutes at levels that will make all members—and constituents—happy. I'd like to take this opportunity to especially thank Senator SPECTER for his hard work and dedication in providing start-up funding for the Ricky Ray Fund. Even though we would have all liked to have seen full funding, I realize that Senator SPECTER and his subcommittee performed a monumental task in funding $50 million to make the Ricky Ray Fund a reality. I look forward to working with my colleagues next year to finish the job we are beginning in this appropriations bill and fund the remaining amounts for the Ricky Ray Fund that we authorized last year.

As for the appropriations bill that is before us, I would like to ask my colleague from Pennsylvania, Senator SPECTER, to clarify the ''Pediatric Research Initiative'' provision that is on page 138 of the Committee Report. It is my understanding that the Report should state that the ''Committee further encourages the Director of NIH to expand extramural research directly related to the illnesses and conditions affecting children.'' The Report currently states that the National Institute of Child Health and Human Development (NICHD) should expand extramural research, but it should state that the Committee encourages the Director of NIH to expand extramural pediatric research—is that correct?

Mr. SPECTER. Yes, that is correct. The Office of the Director currently funds the Pediatric Research Initiative at NIH, and we are encouraging the Director to expand extramural pediatric research.

Mr. DEWINE. The Committee Report also currently states that the Committee also encourages the Institute to provide additional support for institutional and individual research training grants for medical schools' departments of pediatrics. It is my sense that the Report should state that the Committee encourages the NICHD to provide additional support for institutional and individual research training grants for medical schools' departments of pediatrics. Is that correct?

Mr. SPECTER. Yes, my colleague is correct. The NICHD supports such pediatric research training grants, and the Committee is encouraging NICHD to expand its support for such pediatric research training grants. I will work to ensure that the Conference Report for this bill accurately reflects these clarifications, which my colleague from Ohio and I have just discussed.

Mr. DEWINE. Again, I thank my friend from Pennsylvania for his clarifications and for his tremendous effort in increasing the funds for NIH to ensure that medical research, including pediatric research, remains a top priority for our country.

TREATMENT OF CHILD AND ADOLESCENT VIOLENCE RELATED TRAUMA

Mr. KENNEDY. As you know, it is well documented that domestic, school, and community violence survived or witnessed by children and adolescents causes psychological trauma with very real and serious consequences. These consequences can be physical (changes in the brain, delayed development), psychological (anxiety, depression, learning difficulty), or interpersonal (aggressive and violent behavior, affected individuals passing on the problems to their children). Fortunately, there is a growing body of knowledge that attests to the effectiveness of treating this psychological trauma. While the course of treatment may vary depending on the type of trauma, the length of exposure, and the age of the child, it undoubtedly requires staff with the specialized training needed to identify the signs and symptoms of trauma, and to provide the appropriate therapeutic interventions. In the wake of the violent tragedies in schools, community centers, churches, and increasingly in communities and homes across this country, the desperate need to develop this specialized expertise and to make it more widely available could not be clearer.

Mr. STEVENS. I could not agree more with my friend from Massachusetts and I have been pleased to work with him on this vitally important issue. Research has shown that children exposed to negative brain stimulation in the form of physical abuse or community violence causes the brain to be miswired making it difficult for the child to learn, develop healthy family relationships, reduce peer pressure, and to control violent impulses. Early intervention and treatment is much more successful than adult rehabilitation. This certainly points to a need for more early intervention and treatment programs for children and adolescents who suffer from violence related trauma. It also highlights the need for more professional training in the best practices for treating this psychological trauma.

Mr. KENNEDY. I appreciate the remarks from my friend from Alaska and thank him for his interest in children and in child development. I would also like to thank my friend from Pennsylvania, the Chairman of the Labor-HHS-Education Sub-Committee, for his longstanding commitment to children. I understand that bill before us includes $10 million for the creation of national centers of excellence on youth violence. I also understand that a key aspect of these centers is going to be the development of effective treatments for violence related psychological trauma in children, youth, and families, and the provision of training and technical assistance needed to make these best practices more widely available. Is that the Sub-Committee Chairman's understanding.

Mr. SPECTER. Yes it is. My friend from Massachusetts has identified a critically important need and this activity is intended to be an integral function of these centers of excellence.

Mr. STEVENS. I have worked closely on this with both the Sub-Committee Chairman and Senator from Massachusetts, and this is certainly my understanding as well.

Mr. KENNEDY. I thank both the Full Committee Chairman and the Sub-Committee Chairman for that clarification, and I hope that as we move forward with this process, should additional funding become available, that it could be targeted to this effort. I thank my colleagues and I yield the floor.

GENDER-BASED DIGESTIVE DISEASES

Mr. REID. I rise today to address an issue of great concern to me. I was recently made aware of the findings contained in a recent report from the Office of Research on Women's Health (ORWH) regarding gender-based differences in digestive diseases. The report identifies irritable bowel syndrome, functional bowel disorder and colorectal cancer treatment and detection as serious health problems that disproportionately affect women.

Mr. SPECTER. I am aware of this report and also am very concerned about gender based differences in digestive diseases.

Mr. REID. The ORWH report recommends that Federal research efforts focus on the need to: (1) develop a better understanding of the mechanisms of gastrointestinal motility and altered sensitivity to sensory dysfunction that will help explain why irritable bowel syndrome so disproportionately affects women more than men; (2) examine the relationship between hereditary colon cancer and gynecologic malignancy in women; and (3) determine the relationship between functional bowel diseases and pelvic floor dysfunction. As a result of these findings and recommendations, I hope that the Office on Women's Health will work with NIDDK to address these digestive diseases that so disproportionately affect women.

Mr. HARKIN. I strongly believe that NIH should respond to the recommendations in this ORWH report and examine this problem as soon as possible.

CDC FUNDING

Mr. CLELAND. Mr. President, I would like to engage the distinguished Ranking Member of the Labor/HHS/Education Subcommittee on funding for the Centers for Disease Control (CDC) and Prevention's building and facilities project. The CDC's physical plant facilities are in dire need of expansion and renovation. The lack of adequate laboratory and research facilities is crippling one of the nation's

critical resources. Some of the infectious disease laboratories which conduct research on deadly organisms are 60-year old temporary wooden structures. This raises serious concerns regarding safety for employees and the public. The existing CDC's buildings and facilities threatens the United States' position as the world's last line of defense for protecting the health of the public.

Mr. SPECTER. Mr. President. I concur with Senator CLELAND's concerns and share in his support of the CDC and its vital role in research and public safety. The Senate Labor/HHS/Education Appropriations Subcommittee had one of its most challenging years developing the FY 2000 budget. The Subcommittee recommended a total of $60 million for CDC, $40 million in regular line item building and facilities construction and an additional $20 million in emergency funding. This represents a significant portion of the funding needed by the CDC.

Mr. CLELAND. I commend the Chairman and Ranking Member and the Labor/HHS/Education Appropriations Subcommittee for the FY 2000 appropriations bill. Under the circumstances, The Subcommittee has done a more than adequate job than others in addressing CDC's needs. The Administration's FY 2000 budget request was $39.8 million for all of CDC's buildings and facilities activities, including the repair and improvement of existing structures. The House Labor/HHS/Education Subcommittee mark was for $40 million for buildings and facilities. The Ranking Member is correct in stating that the Senate Subcommittee exceeded the Administration and marks by $20 million. I want to state for the record that, given the need, the initial funding request was set far too low. The CDC needs $141 million or an additional $81 million to modernize the substandard existing buildings and laboratories. I would request that Senate conferees examine all possible sources to obtain additional funding for CDC, and at the very least, hold firm behind the Senate's funding level in conference.

Mr. HARKIN. I thank you Senator CLELAND for clarifying the funding needs for the CDC building infrastructure. We will continue to seek ways to provide funding to adequately bring the CDC physical plant to not only meet standard safety levels, but to exceed those levels. We have an obligation to maintain this world renowned institution and to facilitate its ability to attract highly skilled scientists, provide a safe environment for the research of highly pathogenic organisms and to fulfill its intended objectives.

Mr. CLELAND. I thank the Senator. One last point: does the Chairman and Ranking Member believe that it would be appropriate for the Administration to submit a more adequate proposal for CDC buildings and facilities in its FY 2001 budget?

Mr. SPECTER. The Senator is correct. I would hope that the FY 2001 Administration budget will appropriately address CDC's need for facilities expansion and renovation.

Mr. HARKIN. I too agree that the FY 2001 budget will address this issue.

VOCATIONAL EDUCATION

Mr. DORGAN. I am concerned about the funding level in the Senate bill for vocational education. While the Senate bill generally increases our investment in education, unfortunately funding for vocational education basic state grants would remain at the President's request of $1,030,650,000.

Funding for vocational education basic state grants has been virtually frozen over the last several years by both the Congress and the President. Consequently funding for vocational, career, and technical programs has not kept pace either with inflation or with funding for other education programs. In fact, if vocational education funding had simply kept pace with inflation over the last eight years, it would be $220 million greater than is being proposed for FY2000. I would suggest an additional $100 million in funding for basic state grants, which represents about a 10 percent increase, but realistically, I believe $50 million would represent a reasonable step in the correct direction.

Mr. DEWINE. I share the concerns of the Senator from North Dakota about the proposed funding level for vocational education. As the Chairman of the Senate Subcommittee that had the responsibility for reauthorizing the Perkins Act, I can assure my colleagues that the reauthorization of this law, which Congress enacted last year with strong bipartisan support updated the Perkins programs. The authorized funding level for the Perkins Act was increased by $10 million from $1.14 billion to $1.15 billion. Now that this work is done, now is the appropriate time to increase funding for vocational education.

Mr. DORGAN. I appreciate the Senator from Ohio's leadership on this issue and the Senator from Alaska's comments in support of vocational education funding at the Appropriations Committee mark-up. I wonder if the Senator from Alaska would give his assurance that he will work to secure additional funding for vocational education as the Labor-HHS-Education appropriations bill moves forward?

Mr. STEVENS. I share the concerns that the Senators are raising and join in their support of vocational education. I want to assure them that I am committed to work with the senior Senator from Pennsylvania to try to find additional funds for vocational education during Conference. I also want to encourage the Administration to request an increase in funds for vocational education in its FY2001 budget submission.

Mr. HARKIN. I want to add my support to the comments that have been made here. I, too, feel strongly that additional funding for vocational education is urgently warranted, and I will do what I can as the ranking member on the Labor-HHS-Education Appropriations Subcommittee to direct more resources to basic state grants in this area. Will the Chairman of the Subcommittee also join me in this effort?

Mr. SPECTER. I recognize that funding for vocational education has not kept up with inflation or with funding for other education programs. I will work with Chairman STEVENS, Senator DORGAN, Senator DEWINE, and Senator HARKIN to try to obtain additional funding for vocational education.

THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY'S CHILD HEALTH INSTITUTE

Mr. TORRICELLI. Mr. President, I rise to ask the distinguished managers of the bill if they would consider a request I have concerning the conference. Knowing the great difficulty they faced in reporting a bill that would not exceed this year's stringent budget restrictions, I understand why they were not able to provide funding for the University of Medicine and Dentistry of New Jersey's (UMDNJ) Child Health Institute. However, I hope that funding for the Children's Health Institute can be found in conference.

The increased attention to childhood disease clusters in various communities throughout New Jersey and other states require molecular studies for an explanation and solution. In that regard, UMDNJ of the Robert Wood Johnson Medical School developed the Child Health Institute of New Jersey as a comprehensive biomedical research center focused on the development, growth and maturation of children.

The mission of the Institute is to improve child health and quality of life by fostering scientific research that will produce new discoveries about the causes of many childhood diseases and new treatments for these diseases. Researchers will direct their efforts toward the prevention and cure of environmental, genetic and cellular diseases of infants and children. The Institute will work closely with both the Cancer Institute of New Jersey and the Environmental and Occupational Health Science Institute—two NIH-designated centers of excellence. Organizations which also played a part in developing the Child Health Institute.

The Institute is seeking funds to develop three components: a program in Molecular Genetics and Development; (2) a program in Development and Behavior; and (3) a program in Environment and Development. These programs will study human development and its disorders, noting the changing environmental conditions which alter gene function during development, maturation and aging. Institute scientists will also study human growth and development and the emergence of cognition, motion, consciousness and individuality.

The hospitals in central New Jersey birth nearly 20,000 babies each year. The founding of the Child Health Institute has created an extraordinary

health care resource for those hospitals and the patients they serve. The new Children's Hospital at Robert Wood Johnson University Hospital is scheduled to open in 2000 and the Child Health Institute in 2001. Together these institutions will provide state of the art clinical and scientific research and treatment complex to serve children and their families, not only in New Jersey, but throughout the nation with cutting edge care and the latest scientific developments.

Mr. LAUTENBERG. Indeed, New Jersey is poised to become a regional and national resource for research into the genetic and environmental influences on child development and childhood disease. Working in close partnership with the pharmaceutical and biotechnology industries, the Child Health Institute of New Jersey will become a force for healthy children nationwide. I thank my fellow Senator from the State of New Jersey and join him in giving my highest recommendation for this project.

Mr. TORRICELLI. I thank the Senator from New Jersey for his efforts on this project. I believe that the work of the Institute is an appropriate focus for the committee because the research focus will be of enormous value for the nation as a whole. Indeed, the Child Health Institute will be one of the world's only research centers to examine not only the biological and chemical effects on childhood, but also the effects of behavioral and societal influences as well.

The Child Health Institute's request is for $10 million in one time funding from the federal government for the construction of the Institute building. Total building costs are estimated at $27 million. The Institute has already raised more than $13 million from private sources including $5.5 million from the Robert Wood Johnson Foundation and $5.5 million from Johnson and Johnson. Also, the Robert Wood Johnson University Hospital has made a $2 million in-kind contribution of the land on which the Institute will be built. At maturity, the Child Health is expected to attract $7 to $9 million in new research funding annually, as well as provide $52 million in revenue for the local economy.

Mr. President, funding for the Child Health Institute in this bill would be entirely appropriate under Health Resources and Services Administration (HRSA) account. Indeed, it would be money well spent.

Senator LAUTENBERG and I simply ask that when the bill goes to conference the managers remember this request for funding the UMDNJ Child Health Institute.

Mr. SPECTER. We have received numerous requests for funding of health facilities. In the past, we have faced difficult choices in making a determination of funding priorities and this year promises to be no exception. We are aware of the request by the Child Health Institute and commend its efforts toward enhancing its research and service capacity. In conference, we will keep in mind its request as well as those with similar meritorious characteristics and goals.

Mr. HARKIN. I, too, am aware of the Child Health Institute request for assistance and share Senator SPECTER's views on this matter.

Mr. TORRICELLI. I thank both my distinguished colleagues for their assistance with this matter.

Mr. LAUTENBERG. I also would like to thank my colleagues for their help.

MEDICARE INTEGRITY PROGRAM

Mr. HARKIN. I am very concerned about the proposed $70 million funding cut to the Medicare Integrity Program (MIP) approved by the House Appropriations Committee. The Senate has recommended that MIP be funded at $630 million, the amount authorized in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In 1998, Medicare contractors saved the Medicare Trust Fund nearly $9 billion in inappropriate payments—about $17 for every dollar invested. Any funding cut to MIP is tantamount to the government throwing money out the window. In fact, I believe, because of the tremendous need to reduce an estimated $13 billion in Medicare waste, we should increase MIP funding. Therefore, I will work hard to ensure that the Senate funding level for this important program is not compromised.

Mr. ROTH. I've long been committed to the effective and efficient management of the Medicare program, specifically the detection of fraud and abuse. I supported the creation of the MIP program, established under HIPAA, to provide a stable and increasing funding source for fraud and abuse detection efforts. Prior to MIP, Medicare contractor funding for anti-fraud and abuse activities was often reduced because of other spending priorities in the annual appropriations process. MIP was created to prevent that from happening again. The House Appropriations Committee recommendation is in clear disregard of congressional intent.

Mr. SPECTER. I understand the importance of the MIP program to the integrity of the Medicare Trust Fund, and I will work to ensure that MIP is funded at the Senate recommended level of $630 million.

PREVENTION AND TREATMENT OF FETAL ALCOHOL SYNDROME AND FETAL ALCOHOL EFFECTS

Mr. DASCHLE. Mr. President, I have worked closely with my colleagues Senator STEVENS, Senator SPECTER and Senator HARKIN to make treatment and prevention of fetal alcohol syndrome (FAS) and fetal alcohol effect (FAE) more of a federal priority and to place language in the report accompanying the Fiscal Year 2000 Labor, Health and Human Services and Education Appropriations bill to underscore this commitment. I appreciate their efforts to support programs that will prevent and address this important public health problem and their commitment to continuing those efforts as they serve on the conference committee.

There is a dramatic need for an additional infusion of resources to address alcohol-related birth defects, which are the leading known cause of mental retardation. These funds are needed for the development of public awareness and education programs, health and human service provider training, standardized diagnostic criteria and other strategies called for in the competitive grant program authorized under the Fetal Alcohol Syndrome and Fetal Alcohol Effect Prevention and Services Act. These resources will complement the excellent work that has been started by grass-roots organizations like the National Organization for Fetal Alcohol Syndrome and the Family Resource Institute.

I look forward to working with Senator STEVENS, Senator SPECTER and Senator HARKIN to promote treatment and prevention of FAS and FAE. It should be a priority for the Fiscal Year 2000 conference committee to fund these much-needed programs, and I am hopeful that the conferees will be able to find additional resources for this purpose. I believe it is critical that we provide line item funding for the competitive program that this Congress authorized last year. I look forward to working with the Administration and my colleagues in the Senate toward that end as they begin to draft the Fiscal Year 2001 Labor, Health and Human Services, and Education Appropriations bill.

Mr. STEVENS. Mr. President, I share the sentiments expressed by my colleague from South Dakota. I have witnessed first hand the devastating effects of FAS and FAE in Alaska, which has the highest rate of FAS/FAE in the nation. Our Alaska Native people are especially at risk for these entirely preventable conditions. It has been estimated that the lifetime cost of treating and providing necessary services for a single victim of FAS/FAE is in excess of $1 million. I am pleased that the bill before us contains language encouraging the Department of Health and Human Services to provide necessary resources to fund comprehensive FAS/FAE prevention, education and treatment programs for Alaska and for a four-state region including South Dakota and will work with the conference committee to ensure that funds are available for these programs. I also support language in the report mandating development of a nationwide, comprehensive FAS/FAE research, prevention and treatment plan. I know that federal support can make a difference. In Alaska, federal assistance has allowed two residential treatment programs for pregnant women and their children—the Dena A Coy program in Anchorage and the Lifegivers program in Fairbanks—to make a positive difference in the lives of numerous Alaska Native women and their children. I look forward to working with my colleague to find real solutions to

the problems of alcohol-related birth defects.

Mr. SPECTER. Mr. President, I have worked closely with my colleagues to find creative ways to address FAS and FAE at the federal level while drafting the Fiscal Year 2000 Labor, Health and Human Services and Education Appropriations bill. I agree that it is critical to continue that effort during the conference with members from the House of Representatives in order to further improve the federal commitment to individuals with FAS and FAE and their families.

Mr. HARKIN. Mr. President, I would like to add my voice in support of the comments expressed by my colleagues from South Dakota, Alaska and Pennsylvania. FAS and FAE are 100 percent preventable. Our country should be doing everything it can to put an end to alcohol-related birth defects and help individuals and families trying to copy with the disease.

IDEA FUNDING AT NIH

Mr. NICKLES. I would like to address a question to my friend from Pennsylvania regarding the Institutional Development Awards (IDeA) Program funding within the National Institutes of Health (NIH) budget. I am joined by my colleagues Senators LOTT, DASCHLE, and REID in support of the House level of funding for IDeA in the Labor, Health and Human Services, and Education, and related agencies Appropriations bill. It is my understanding that the Senate level is $20,000,000 while the House level is $40,000,000.

Mr. LOTT. It is my understanding that movement to the House level is not an increase in the NIH budget, is that correct? As I understand it, this would reallocate money within the NIH budget and that this would not be additional funding. This would set aside a portion of NIH research money for those states, Mississippi included, to more fully exploit the opportunities to develop a competitive biomedical research base.

Mr. NICKLES. The distinguished Majority Leader is correct. The point of this inquiry is to ask the chairman if he would reserve some resources for those IDeA states that receive the least among of research money.

Mr. DASCHLE. I agree with my colleagues that this program is of tremendous benefit to rural states and to our nation's ability to produce top quality research. In recent years, five states have received 48 percent of the NIH research money. We need to broaden this distribution. In my state of South Dakota, universities have benefitted from this program in the past, but we need to continue this investment so that they may compete for research monies on an equal footing. Increasing IDeA funding would help to meet this goal.

Mr. REID. I would also like to point out that according to the NIH's own figures, an average IDeA state, such as Nevada, receives $67 per person in research money while the other states receive, on average, $258 per person. This program helps to disburse this vital research money to those states who traditionally do not fair well but can perform this research for much lower overhead and indirect costs.

Mr. NICKLES. I would also add that Oklahoma only receives, an average, $45 per person of research money.

Mr. SPECTER. Mr. President, I would agree with Senators LOTT, DASCHLE, and REID on the value of the IDeA program. As Senator NICKLES mentioned before, we did increase this allocation from fiscal year 1999 in order to broaden the geographic distribution of NIH funding of biomedical research by enhancing the competitiveness of biomedical and behavioral research institutions which historically have had low rates of success in obtaining funding. With their concern in mind, I would therefore like to assure my fellow Senators that when we conference, we will take a very close look at the House funding level of $40,000,000 for IDeA.

Mr. NICKLES. I would like to thank the Chairman for his assistance.

Ms. MIKULSKI. Mr. President, I rise to speak on the Fiscal Year 2000 Appropriations bill funding the Departments of Labor, Health and Human Services and Education. I would like to thank Senator SPECTER and Senator HARKIN for the tremendous job they and their staffs have done on an extremely large, complex, and vitally important appropriations bill. This bill is important because it meets the day-to-day needs of Americans as well as the long-range needs of our country.

However, I am concerned that the Senate has had to resort to gimmicks and tricks such as ''forward funding'' and ''emergency spending.'' When Congress resorts to these tricks, it means we're not doing our job right. The GM worker in Baltimore can't ''forward fund'' or declare his next trip to the grocery store ''emergency spending.'' If a mother can't pay for her children's health care using such devices, then Congress should not be able to resort to them to pay for our children's education, health care for the underserved, or job training.

I am pleased with a number of funding levels in this bill. I know that Senators SPECTER and HARKIN had a difficult task in funding so many programs that meet compelling human needs. As the Senator for and from the National Institutes of Health, I am very glad to see the $2 billion increase in NIH funding, which keeps us on pace to double NIH's budget over five years. I am particularly pleased with the $680.3 million for the National Institute on Aging (NIA). This is an increase of more than $80 million over last year. As we double NIH's budget, I believe that it is especially important to double NIA's budget. Our population is aging; by 2030 there will be about 70 million Americans age 65 and older, more than twice their number in 1997. This is clearly an investment in the future health of our nation.

Many of the day-to-day needs of our nation's seniors are met by the Older Americans Act (OAA). It is heartening to see the $35 million increase in funding for home delivered meals because it is greatly needed. We are seeing an increased demand for home delivered meals which assist more older persons in remaining in their homes and communities. The Committee has also provided a $1 million increase for the ombudsman program and an $8 million increase to $26 million for state and local innovations/projects of national significance (Title IV).

I am disappointed that other programs under the Older Americans Act did not see needed increases in funding. OAA programs have been level funded and losing ground for too long. I am also deeply concerned that there is no provision to fund the National Family Caregiver Support Program. This program would offer valuable services to assist our nation's caregivers by providing respite care, counseling, information, and assistance among other services. This program has strong bipartisan support. I would urge that we look at ways to provide the necessary resources for this program in Fiscal Year 2000 so that it can be funded once it is authorized. As the Ranking Member of the Subcommittee on Aging, I will continue to work with my colleagues on the HELP Committee to reauthorize the OAA during Fiscal Year 2000.

In addition, I was distressed by the drastic cut of almost $860 million to the Social Services Block Grant. However, I'm pleased that the Senate has restored these funds. The Social Services Block Grant provides help to those who practice self help. In Maryland, this program funds adoption, case management, day care, foster care, home based services, information and referral, prevention and protective services to more than 200,000 people.

I must also mention the importance of funding for the Centers for Disease Control and Prevention (CDC). I am very aware of the funding constraints the we have been operating under and believe that the $30 million increase for CDC is a step in the right direction. However, it is below the President's budget request and does not go far enough. While I am appreciative of the efforts to increase funding to modernize CDC's facilities and improve public health infrastructure, CDC has been revenue starved for too long. Improving public health in our country requires investments in NIH, CDC, and FDA. I am thrilled with our support of NIH, but I believe that if we do not provide sufficient resources to CDC and FDA we are only doing part of the job. I would urge that we consider this as we move to conference on this bill and when we look at funding for these agencies next year.

I am also pleased at the funding levels of many of our national education programs and this bill is certainly better than the one that passed the House.

I am very concerned that the funding level for the bill overall has been reduced to pay for other programs. The spending caps put us in a tough position. And it is education that always suffers the most.

Like I said, even though the Senate funding levels are much better than the House, there are at least two major problems with the Senate bill. There is no funding in this bill for school construction and there is no funding in this bill for lowering class size and hiring 100,000 new teachers. Last year, we passed a bipartisan bill, and we all agreed to lower class size. We agreed that this is one of the most important things we can do for our kids and our classrooms. Yet this bill contains no money for class size.

There is also no funding for school construction. What happened to our commitment to make sure our kids are not attending classes in crumbling schools? I see there is $1.2 billion in the bill for something called ''Teacher Assistance Initiative.'' As far as I know, no one knows what this means exactly. Like Senator MURRAY said on the floor of the Senate last week, it clearly isn't class size reduction.

I have serious reservations about this bill. It does not live up to the commitment we made here in the Senate to reduce class size and hire 100,000 teachers. It does nothing to fix our broken down schools. And the House bill is even worse.

The House bill cuts $2.8 billion out of the President's education agenda to improve public schools. It denies 42,000 additional children the opportunity to participate in Head Start. It repeals last year's bipartisan agreement to fund 100,000 new teachers to create smaller classes. It combines Class Size Reduction, Eisenhower Teacher Training and Goals 2000 into a block grant funded at $200 million less than the authorized level and $396 million less than the President's request for comparable programs.

Given our recent tragedies in our schools, it is a shame that the House bill denies after school services to an additional 850,000 ''latch key'' children in 3,300 communities during the critical 2–6 p.m. hours when children are most likely to get into trouble. The bill also freezes federal funding to help schools to create safer learning environments and denies funding for an additional 400 drug and school violence coordinators serving 2,000 middle schools.

We need to work hard in conference. We are going to have to fight to keep our stand behind our kids. We cannot allow the House to gut these important programs. We cannot let the Senate ignore class size and school construction. I look forward to working with my colleagues to make sure we increase the Federal investment in education.

Mrs. MURRAY. Mr. President, this evening we will vote on what is arguably the most important of our 13 appropriations bills, the Labor, Health and Human Services and Education Appropriations Act. When it comes to funding for education, the Congress has fundamentally ignored the messages of the American people. In this bill, education spending remains in the neighborhood of 1.6 percent of overall federal spending, a very poor neighborhood indeed. The American people cannot understand why, if education is their first priority, it is the last bill passed and the lowest funding priority of their Congress. They cannot fathom why, in a year when school districts across the country are hiring highly-qualified teachers to reduce class size, the Congress is walking away from its commitment.

The House, regrettably, has done far worse by education than any of us could have imagined. The drastic cuts to education that would take effect under the House bill would send America back into the 19th century, not forward into the 21st. The House bill would cause 142,000 fewer children to be served in Head Start, would keep 50,000 students out of after-school programs, and would deprive 2.1 million children in high-poverty communities of extra help in mastering the basics of reading and math.

The Senate has done better by our schools, but only through smoke-and-mirrors budgeteering that should give our school communities no long-term confidence. Advance funding is not without effect on the local school budget, which demands consistency and predictability.

The numbers in the Senate bill are a better level from which to negotiate in the conference committee, but even these funding levels ignore the grim reality that our schools face a fundamentally tougher job than they did even five years ago, with skyrocketing enrollment, of students who are more expensive to educate, and who have less support at home and in the community.

Despite all this, at least the Senate provides current funding for most educational services, makes some effort toward meeting the higher needs in others, and does a good job of providing new investments in a few areas. Funding for the Individuals with Disabilities in Education Act is increased by more than $900 million, a good start toward meeting our national commitment to fund forty percent of a local school district's costs of educating a disabled child.

The $200 per student increase for Pell grants is a good investment, but only about half of what is needed this year. I'm particularly proud that we were able to increase funding for adult and family literacy, by increasing the adult basic education program by more than $100 million. This means that thousands more adults and their families will be able to take the first steps toward increased viability in our changing economy.

The failures in this bill are many, however. As an example, let's look at funding for vocational and technical education. Current funding or freezes in funding are not sufficient in a world where the economy changes as rapidly as ours is changing. Young people need the skills not only to survive but to thrive. All young people need access to applied skills as well as theoretical ones, in order for them to succeed in the workplace, the classroom, and in life. And yet, we do not make the significant investments needed.

The largest failure of all, of course, is the backward step the majority is taking on class size reduction. Reducing class size by helping school districts hire 100,000 high-quality teachers nationwide is an investment in our schools that is paying dividends right now. The first 30,000 teachers are in the classroom, and what a classroom it is. To walk from a class with 25 or 28 first graders into one of the smaller classes I've been visiting this fall is a stark contrast. Improved achievement, increased time on task, more individual attention, and a lack of discipline problems are obvious in the smaller class. The teacher in the larger class looks as if he is running to catch up, and the student must keep her hand in the air for too long a time. This is a very real, tangible investment we have made in our schools. The Senate and the House, on a completely partisan basis, are reneging on the most common-sense investment in school improvement made in recent history. The reason that the Republicans are so afraid of these 30,000 teachers is that this program is actually working.

Pili Wolfe, Principal at Lyon Elementary School in Tacoma, Washington, where federal class size funds are being used to dramatically reduce class size in first grade, and to provide high-quality professional development for teachers through a program called Great Start, says: ''Children in our first-grade Great Start classrooms have shown more growth within the first month of school than any previous first-grade class.''

Andrea Holzapfel, a first-grade teacher at Lyon, says: ''Smaller numbers allow me to spend significantly more time in individual and small-group instruction. Having fewer children allows more participation by the kids in discussion and classroom activities.''

The program works. The one-page, on-line application form means no paperwork, no bureaucracy. Two-hundred and sixty-one of Washington state's two-hundred and ninety-six school districts have already put class size reduction and teacher professional development into effect in their schools. The accountability is to the local community, through a school report card describing how many teachers were hired and in which grades. Improved student achievement will be the ultimate measure of the success of this year's investment.

But the investment cannot stop here.

The President has said that this bill is headed for a veto, because of the

lack of continued investment in class size reduction, and other key education efforts.

One such effort is GEAR UP, which enables low-income schools and their neighboring colleges to form partnerships to get mentors to help students study hard, stay in school, and go on to college. Funding for this program is only $180 million, not the $240 necessary to get this important investment to the communities where it is needed most.

Increased funding for after-school programs was given short shrift, despite what the research shows about the link between young people having no positive pursuits in the afternoon and evening, and the related increase in crime.

Education technology has been cut by the House, and the Senate numbers are not sufficient to meet the growing need in an area where the federal government is the primary funding source in most schools and communities, far beyond the investments made by states and localities.

When it comes to education, this Congress has not stepped up to the very challenge we are asking the educators, students, families and communities across America to meet. When the expectations on Congress increased, the level of commitment and vision decreased.

I am voting for this bill to move the process along. If class size funding and other key investments are not restored, the conference report will be vetoed. If it is vetoed, I and many of my colleagues will vote to sustain that veto. This bill in its current form is only a vehicle through which we may negotiate higher numbers in conference.

The American people have a stake in this battle. We need to hear their voices now.

This has been a difficult vote for me. While the bill does provide a significant investment in public health and safety, it does so on the backs of our children and retreating from our commitment to improve class size. This bill cannot survive in its current form.

I do want to point out what I believe are positive aspects of this bill. I applaud the efforts of Chairman SPECTER and Senator HARKIN in preparing an appropriations bill that meets important public health priorities. I know how difficult this appropriations process has been and know their job was not easy. As a member of the Labor, Health & Human Services & Education Subcommittee, I am pleased that our product does maintain our commitment and investment in public health.

The additional $2 billion investment for NIH alone will bring us that much closer to finding a cure for diseases like cancer, Parkinson's, cardiovascular, Alzheimer's, MS and AIDS. Every dollar invested in NIH reaps greater savings in health care dollars as well as greater savings in human lives. This additional investment will ensure that we remain on a course to double NIH funding. I know how important this funding is and am proud to represent outstanding research institutions like the University of Washington and the Fred Hutchinson Cancer Research Center who receive significant research funding from NIH.

I am also pleased that we have provided funding for trauma care planning and development for the states. This is an essential program that assists the states in efforts to effectively develop trauma care strategies. We have neglected trauma care and we have lost ground in life saving delivery of critical care. I was pleased that the Subcommittee recognized the importance of trauma care planning.

As many of my colleagues know, I have been pushing for federal funding to establish a national poison control plan. My allegiance to ''Mr. Yuk'' is well known within this chamber, as well as within the HELP Committee. It was only two years ago that I offered an amendment during FDA reform to protect voluntary poison control labeling like Mr. Yuk from possible elimination. I have used my position on the Appropriations Committee to push for funding for poison control centers and for a national 1–800 hotline. I am pleased that this legislation includes $3 million for poison control efforts. This line-item within HRSA is a major victory for children and their parents. We have taken a huge step forward in developing a national poison control plan that builds on successful efforts in all of the states, like those made in Washington state.

As one of the most vocal women's health care advocates in the Senate, I am pleased that the Committee report to accompany this Appropriations bill addresses several women's health issues and enhances programs to eliminate gender bias or discrimination. I want to thank the Chairman for his support of funding for the CDC Breast and Cervical Cancer Screening Program for low income women. This continued commitment will save lives and improve survival rates for women who often have little or no access to cancer screening. We know that early dedication offers the greatest hope of survival.

I am pleased that we have been able to provide additional funding to expand the WISE WOMEN program to screen for cardiovascular disease as well as breast and cervical cancer. Cardiovascular disease is the number one killer of American women. Twice as many women die from cardiovascular disease than breast and cervical cancers combined. I was disappointed that we could not find additional monies to expand this program in all 50 states, and will continue to work to secure additional funding for FY2000.

There are many reasons why I consider the Labor, HHS Appropriations bill one of the most important appropriations bills and the one piece of legislation that truly effects all Americans and offers hope to the most vulnerable. But, perhaps one of the most critical programs funded in this appropriations bill is funding for battered women's shelters. This funding does save lives. This funding is the life line for battered and abused women and children. I am proud to have worked with the Chairman of the Subcommittee to increase our investment in battered women's shelters. I am working for the day when we need no more battered women's shelters. Unfortunately, we have a long way to go. But, by increasing the funds available by $13.5 million for FY2000, we have offered communities more resources to assist victims of domestic violence find a vital, life-saving safe shelter.

I am hopeful that these important public health investments will survive what will likely be a difficult conference with the House.

Mrs. FEINSTEIN. Mr. President, I am pleased today to support the FY 2000 Labor-HHS-Education Appropriations bill, H. R. 1650, because it addresses important priorities of the American people.

Among other increases, this bill increases funding for the National Institutes of Health (NIH) by $2 billion, including a $384 million increase for the National Cancer Institute. This will continue us on the path of doubling the funding of NIH over five years. The President requested only a 2.1 percent increase over FY 1999, which does not keep pace with medical research inflation, projected to be 3.5 percent next year.

The National Institutes of Health—often called the ''crown jewel'' of the federal government—offers hope to millions of Americans who suffer from diseases like diabetes, arthritis, Alzheimers, Tourette's Syndrome, Parkinson's and on and on. Sadly, NIH can now only fund 31 percent of applications. Under the Presidents's FY 2000 proposal, it could have fallen to 28 percent, a 10 percent drop. This is the wrong direction, especially at a time when research is opening many new scientific doors.

Federal support for curing diseases and finding new treatments is not a partisan issue. Federal spending on health research is only 1 percent of the federal budget. Sixty eight percent of Americans support doubling medical research over five years; 61 percent of Americans support spending part of the surplus on medical research. Fifty five percent of Californians said they would pay more in taxes for more medical research, in a Research America poll.

NIH is especially important to my state where some of the nation's leading research is conducted. The University of California received $1.7 billion in NIH funds in 1998. The federal government supports over 55 percent of UC's research.

I am pleased that the bill includes $ 3.28 billion for the National Cancer Institute. This is an increase of $384 million or 13 percent over last year. With

this, NCI will be able to fund at least 10 percent more grants. If we had gone along with the President proposed 2 percent increase for cancer research, NCI would have been able to fund 10 percent fewer grants. That is the wrong direction, at a time when cancer incidence and deaths are about to explode.

Today, one in every four deaths is due to cancer. Cancer costs over $100 billion a year. Because of the aging of the population, the incidence of cancer will explode by 2010, with a 29 percent increase in incidence and a 25 percent increase in deaths, at a cost of over $200 billion per year. The cancer burden will hit America the hardest in the next 10 to 25 years as the country's demographics change. (These are the findings of the September 1999 Cancer March Research Task Force.) Cancer deaths can be reduced from 25 to 40 percent over the next 20 year period, saving 150,000 to 225,000 lives each year if we do the right thing.

I want to thank the chairman of the subcommittee for including in the committee report language indicating that we need to increase cancer research funding consistent with the recommendations of the Research Task Force of the Cancer March. The Cancer March called for increasing the National Cancer Institute budget by 20 percent each year for four years, to get to $10 billion by 2005. This bill with its 12 to 13% increase in funds is a step on the way.

The National Cancer Dialogue, a national group representing leaders of the entire cancer community and over 120 cancer organizations, recommended that NCI be funded at $5 billion in FY 2000 and CDC cancer activities at $516 million.

What can be accomplished with $5 billion for research?

More drugs: NCI could bring 40 new cancer drugs from the laboratory to clinical trials. In NIH's entire history, only 70 drugs have been approved for treating cancer.

Cancer Genetics: Continuing to identify genes involved in cancer. Improving our understanding of the interaction between genes and environmental exposures.

Imaging: Finding new ways to detect cancers earlier when they are small, not invasive and more easily treated.

Clinical Trials: Increase participation from 2 percent currently. Medicare beneficiaries account for more than 50 percent of all cancer diagnoses and 60 percent of all cancer death.

Prevention: 70 percent of all cancers are preventable says the American Cancer Society. By expanding the CDC's efforts to provide cancer screening, cancer registries and other measures to help people prevent cancer screening, cancer registries and other measures to help people prevent cancer. For example, tobacco-related deaths are the single most preventable cause of death and disability and account for 30 percent of all US cancer death.

I am also pleased to see an increase of $200 million over last year and $100 million over the President's request for Ryan White AIDS, as well as a 12 percent increase for AIDS research at NIH.

California has the second highest incidence of HIV/AIDS in the US. While the AIDS death rate has declined it is still too high. Over 40,000 new infections develop each year. In California, 100,000 people are living with HIV/AIDS. Half of all HIV-infected people do not receive regular medical care according to the Rand study, December 1998.

We face serious challenges. We must find a cure. We must find new treatments. HIV lingers in cells so long that the ''virus cannot be eradicated at all with current treatments * * * it remains tucked away longer than though,'' according to the New England Journal of Medicine, May 1999.

This funding bill also includes important funding for education at all levels. There is hardly a more important function of government than providing a solid education for our youngsters.

The bill raises education by $2 billion over last year. This is important in light of the decline in the federal share of total education funding from 14 percent in 1980 to six percent in 1998, according to the Office of Management and Budget.

No doubt we need to do more. Our nation's schools face unprecedented challenges. My state is fraught with problems: California has 6 million students, more students than 36 states have in total population and one of the highest projected enrollments in the country, California will need 210,000 new teachers by 2008. We have about 30,000 teachers on emergency credentials. We have the most diverse student body in the county. In some schools, over 50 languages are spoken. While this diversity is one of my state's great strengths, in the classroom, it places huge responsibilities on teachers.

Buildings: We need to build 6 new classrooms per day, $809 million per year. Some elementary schools have over 5,000 students. Our schools are too big.

In higher education, California is preparing for ''Tidal Wave II,'' the demographic bulge created by children of the baby boomers which will inundate our colleges and universities between 2000 and 2010.

And so our needs are huge. Our challenges are great.

I am disappointed that the Senate did not adopt the Murray amendment that would have ensured that $1.4 billion be used to hire teachers and reduce class size. By adding $200 million and raising the allocation from $1.2 billion to $1.4 billion and specifying that it be used to hire teachers and reduce class sizes, California could have hired 1,100 new teachers, on top of the 3,322 that will provide funding for last year. I hope the conference will see the importance of this.

One area of this bill that I have given my attention to is ESEA Title I, the program that provides over $8 billion for educating poor children. Unfortunately, despite my efforts in the Appropriations Committee, I was unable to delete what is known as the ''hold harmless'' provisions. Also, the committee would not accept my amendment to clarify and insure that any new or additional funds, over last year, go to states that are hurt by the hold harmless provision.

The Title I hold harmless provisions (there are two in the bill, for basic grants and for concentration grants) hold states and districts ''harmless.'' They say in essence that no state or district will receive less than it did the previous year despite changes in the number of poor children. In the bill, these apply to the Title I basic grants and the concentration grants. These provisions freeze funding in place despite the number of poor children, despite their eligibility.

I tried to delete these provisions in the committee, but because, frankly, there are more low-growth states than high-growth states like mine, in the Senate, did not have the votes to completely eliminate them.

Here is why the hold harmless provisions are wrong: One, they violate the purpose of the program since 1965, to target funds on poor children, two, they contravene the census update requirement. The authorizing law requires the Department to update child poverty data every year so that each state will receive funds according to the number of poor children. The hold harmless renders that requirement virtually meaningless.

Secretary Riley wrote, April 29, 1999: ''I do share your concern that the 100 percent hold-harmless provision undermines the apparent statutory intent that allocations for Title I and other programs be based on the most recent census data.''

Three, a poor child is a poor child. Congress recognized that poor children need extra help, wherever that child may be. A poor child in California is as worthy as a poor child in Mississippi and should not be deprived of funding.

A July 1999 study found that students in poor school districts (West Fresno, Mendota, Farmersville) ranked at or near the bottom of California's achievement tests. ''Most of the lowest-scoring school districts * * * are in rural areas with high unemployment and poverty and have many children from migrant farm worker families who speak little English and have little education.'' (Fresno Bee, 7/25/99)

Four, hold harmless provisions disproportionately hurt states with high growth rates in poor children, states like California, Arizona, New Mexico, Texas, Hawaii, South Carolina, Maryland, Nevada, Virginia, Georgia, Florida, New York, North Carolina, Oklahoma.

Here are some examples of losses of Title I Funds under FY 1999 hold harmless: California $36 million; Florida $32

million; New Mexico $4.5 million; New York $48 million; North Carolina $8 million; Texas $32 million.

Last year, under the bill's Title I hold harmless, California lost $32 million. California has 14 percent of all Title I children and gets 11 percent of Title I funds. (US Dept of Education). California has a 22 percent poverty rate for children; The US rate is 18.7 percent. (9 states exceed California's). California's number of poor students grew 53 percent from 1990 to 1995; nationally, it grew 22 percent. In total federal dollars, California pays 12.5 percent of federal taxes but gets back only 11.2 percent.

California receives $656 in Title I funds per poor child. The national average is $745. Some states receive as much as $1,289, according to the US Department of Education. California has almost 40 percent of the nation's immigrants. The poverty rate for immigrants grew by 123 percent from 1979 to 1997. (Center for Immigration Studies, 9/2/99). Income inequality is growing in California faster than the rest of the country (Public Policy Institute of California, 2/9/99)

Five, the hold harmlesses freeze in the status quo, even for those not eligible. The hold harmless provision gives funds to states and districts that may not even be eligible for funds, merely because they got funds in the past. What good are eligibility rules if we ignore them, override them willy-nilly. We either have eligibility rules or we don't.

If Congress believes the formula is not properly structured or targeted, Congress should change it in the authorizing statute. Congress will have that opportunity next year when ESEA is reauthorized.

I am grateful that the committee agreed, at my request, to modify the bill so that the Title I hold harmless will not apply in FY 2000 to the eight federal programs have funding formulas based in whole or in part on the Title I formula. Those programs are: Safe and Drug-free Schools; Even Start Family Literacy; Comprehensive School Reform; Eisenhower Professional Development (Teacher training); Technology Literacy; Class Size Reduction; Goals 2000, Title III; and McKinney Homeless Education.

This amendment was needed because, in FY 1998 and 1999, the Department of Education applied the 100 percent hold harmless to 8 other education programs, thus compounding the harm of the Title I hold harmless provision and the cuts that result from it.

I believe in the current bill, Congress is giving the Department clear guidance that the Title I hold harmless provision should not be applied to other programs.

Because last year the Department applied the hold harmless to other programs, my state lost funds under the following programs: Teacher Training $40,000; School Reform $700,000; Technology Literacy $5.4 million; Goals 2000 $3 million; EvenStart/Literacy $1 million.

I thank the committee for remedying this inequity.

I am disappointed that the Committee did not provide funding for the President's English Language and Civics Education Initiative, under the Adult Education program. This is an effort to help states and local communities provide instruction to adults who want to learn English as a Second Language (ESL) programs, as well as instruction in civics and life skills. If adequately funded, this initiative would help ensure that those who seek to become American citizens learn not only the words of the citizenship oath, but also the broader language of our civic life. Simply put, this initiative would help our nation's newcomers become full participants in American life.

In 1990, there were about 25.5 million U.S. adults age 18 and older who spoke a language other than English at home. Many of these non-English speakers were new immigrants. Some immigrants have lived here for many years. Still, other non-English speakers were born in the United States but grew up without mastering the English language. Many of these adults reported that they have difficulty speaking English, but were highly motivated to learn the language, especially to obtain jobs and gain access to educational opportunities.

As the number of non-English speaking residents has increased, so has the demand for placement in English-as-a Second-Language (ESL) classes. In the last five years, enrollment for ESL classes has jumped from 1.2 million in 1994 to nearly 2 million in 1998. In the state of California, more than 1.2 million adult students enrolled in these classes in 1998, accounting for 38.2 percent of the adult education students in the state.

The increased demand for ESL classes have resulted in long waiting lists for ESL classes in many parts of the country. For example, Los Angeles has a waiting list of 50,000 people for ESL classes. Chicago's ESL programs are filled to capacity as soon as they open their doors. And, New York State has resorted to a lottery system to select individuals who wish to learn English.

I have visited several immigrant communities throughout California and have been impressed by the high work force participation rates, the strong sense of family, and a tireless commitment to their community. However, during these visits and in letters from my constituents, I have been often told about the lack of opportunities to participate in adult English education courses. This is particularly troublesome, given the large number of people in my state seeking to become American citizens, and to otherwise more fully participate in our civic life.

More support for programs like English Language and Civics Education Initiative would help states and communities throughout California and the rest of the nation that are struggling to keep up with this demand. Providing $70 million requested by the Administration would not merely be an expenditure, but an investment in our nation's future.

While this bill cannot address all the health and education needs of our nation or even those that are a federal responsibility, allocations are good—$2 billion more for education and $3 billion more for health (for the discretionary programs). It does not do all I wish it would do. For example, it does not adequately fund afterschool programs, health professions training, or educational technology as much as I would like, but it does address many important needs and I will vote for it.

I urge my colleagues to give it their strong support.

Mr. SPECTER. Mr. President, we are under very heavy time constraints because some of our Members are about to depart. On two personal notes, I had said earlier that I had recused myself from consideration of the funding for the National Constitution Center because my wife is the director of development there. I want to repeat that and include, again, a copy of a letter to Senator COCHRAN who took over on that issue as the next senior ranking Republican.

I have one other item on a personal note. Senator INOUYE for some time has urged the naming of a building for me, which I had resisted. After my wife heard about it and the grandchildren, I have succumbed to the majority vote on the naming of the building the National Library of Medicine.

In conclusion, I hope we will have a very strong vote in favor of this bill. This bill stretches about as far as it can and is about as low cost as it can be with the chance of getting the President's signature. This is only one step along the way toward conference, and we need a very strong vote in favor of this bill if we are to take care of the important funding, especially for not only worker safety but health and education.

I yield to my colleague.

Mr. REID. Will the Senator yield to this Senator?

Mr. HARKIN. Are we in our 10 minutes of time on which we had a unanimous consent agreement?

Mr. SPECTER. That time might have already been used. Why don't we proceed with Senator HARKIN's closing statement until Senators, who have planes to catch, arrive.

Mr. HARKIN. I yield such time as he may want to the majority whip.

Mr. REID. Mr. President, I state for the Record that the issue of class size reduction is of vital importance to everyone on this side of the aisle, as the case has been made very clear. There are going to be enough votes to pass this bill by virtue of the Democrats voting in favor of it, but we want to at this time alert the conferees that if they fail to adequately address this

matter, it will be extremely difficult to support this Labor-HHS conference report.

Further, the two managers of this bill have worked very hard. They have shown compassion, courage, and expertise in getting the bill to this point, and I congratulate and commend both of them for their diligent work.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I thank Senator REID for all of his support and his help and great work in moving this bill along. We appreciate it very much.

We have had a good debate, a long debate, a good exchange of amendments on this bill. We have had amendments that have been approved and rejected on both sides of the aisle.

I thank and commend my chairman, Senator SPECTER, for his leadership, his skill, and his persistence, his dogged persistence in managing this bill and getting it through. Senator SPECTER had tried time and time again during the long, hot, dog days of summer and coming into this fall, never giving up, always pushing us to get this bill up and get it through. Again, I commend him and thank him for his leadership and also thank Senator SPECTER and his staff for always working closely with us. I can honestly say that at no time were we ever surprised about anything. We have had a very good working relationship. We may not have always agreed on everything—that is the nature of things around here—but we always had a good, open, fair, and thoughtful relationship. I appreciate that very much on the part of my chairman.

This is always the toughest appropriations bill to get through. It was tough when I was chairman and Senator SPECTER was ranking member. Things have not changed a bit. This year was a greater challenge than ever. But I say to my colleagues on this side of the aisle, we have produced a very good bill—not just a good bill, a very good bill. It is not perfect. Maybe there are some things I would like to have seen different. Perhaps we can improve it a little bit in conference. But it is a very good bill.

Let me just give a few of the highlights of what we were able to accomplish in this bill:

First of all, an overall increase of $4 billion over last year; a $2.2 billion increase for education programs. That is $500 million more than the President asked for. So if anyone says we did not take care of education, they do not know what they are talking about, and I say that in all candor; $500 million more than what the President asked for.

A $2 billion increase for the National Institutes of Health—$2 billion last year, $2 billion this year, keeping our promised goal of doubling NIH funding in 5 years.

We have had a very important increase for community health centers, a $100 million increase for community health centers. Community health centers in rural areas and in some of our poorer areas of this country are the health care system for a lot of poor people in our country, and they are doing a great job. This bill has a $100 million increase for community health centers.

We maintain the funding for all the job training and worker protection provisions in the Department of Labor. We have over a $600 million increase for Head Start. Maybe I would like to see a little bit more, but it is good progress. We are moving in the right direction towards getting all 4-year-olds covered in Head Start programs.

The Dodd amendment almost doubles the child care development block grant to $2 billion for child care. That is very important.

We double the funding for afterschool programs. Again, I know how strongly Senator SPECTER feels about this. He authored a bill, the youth antiviolence bill, of which I am a cosponsor, taking care of these kids after school. We doubled from $200 million to $400 million the afterschool programs.

We raised the maximum Pell grant from $3,150 to $3,325, the highest it has ever been.

Let me cut to the quick. I know many of my colleagues on this side of the aisle have signed a letter expressing their concern over the lack of authorization of reducing class size. We have the money in there for it, but we do not have the authorization.

As I have said repeatedly, reducing class size is critical. I am personally disappointed that Senator MURRAY's amendment was not adopted. But I want to be very clear, though, that there is absolutely no inconsistency with signing that letter and voting for passage of this bill.

We vote to send bills with problematic issues to conference all the time around here. Maybe there is one little thing we do not agree with, but overall we agree with the major thrust of the bill, and we send it to conference.

Do not let the perfect be the enemy of the good. This is a good bill. We should send it to conference. If you are concerned about class size, the best and quickest way to have those concerns resolved is to vote the bill out and send it to conference. We will have a chance there to make improvements. If you still have problems after that, you can vote against the conference report.

But this bill is too important to the health, the well-being, and the education of the American people to kill it on the Senate floor. Everyone who votes for this bill can be proud of their vote, proud of the investments that we have made in the human infrastructure of this country.

Lastly, people have said there are a lot of gimmicks in this bill. There are no gimmicks in this bill. We advance funds because of the unique way that education is funded in this country. We do not pay it out until the next year anyway. So there are no gimmicks in this bill. This is straightforward. This is a sound bill. I strongly urge my colleagues to vote for this bill.

Again, I thank Senator SPECTER, his staff: Bettilou Taylor, Jim Sourwine, Mary Dietrich, Kevin Johnson, Mark Laisch, Jack Chow, and Aura Dunn for all of their hard work. I also thank my minority staff: Ellen Murray and Jane Daye; also my personal staff: Bev Schroeder on education; Chani Wiggins on labor; Sabrina Corlette on health; Katie Corrigan on disabilities; Rosemary Gutierrez on child labor; and, of course, my outstanding leader, legislative director, Peter Reinecke, for all of his hard work.

So again I urge my colleagues on this side of the aisle to give this bill their ''yes'' vote and send it to conference resoundingly because it is a good bill, and it is good for America.

I ask unanimous consent that several letters in support of passage of this bill be printed in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES,
Washington, DC, October 7, 1999.

Hon. TOM HARKIN,
U.S. Senate,
Washington, DC.

DEAR SENATOR HARKIN: On behalf of the Board of Directors and the more than 700 members of the National Association of Child Care Resource and Referral Agencies (NACCRRA), this letter urges the U.S. Senate to pass the FY2000 budget bill. NACCRRA appreciates the inclusion of a set-aside for child care resource and referral and school-age child care in the Child Care and Development Block Grant (CCDBG), even though we sought an increase in the CCDBG to provide more and improved services to children and families throughout the country.

NACCRRA especially thanks the Senate for including language for the Child Care Aware service in the budget bill. Child Care Aware is the only national hot-line for parents, families and community persons interested and involved in child care and early education to get connected to the CCR&R in their community. We continue to request inclusion of a funding amount for CCA: $500,000.

Thank you once again.

Sincerely,

YASMINA VINCI,
Executive Director.
EDNA RANCK,
Director of Public Policy and Research.

STUDENT AID ALLIANCE,
Washington, DC, October 7, 1999.

Hon. TOM HARKIN,
Ranking Member, Labor, Health and Human Services Subcommittee, Washington, DC.

DEAR SENATOR HARKIN: We write on behalf of the Student Aid Alliance—a coalition of 60 organizations representing colleges and universities, students, and parents—to thank you for your leadership in crafting a Labor-HHS-Education appropriations bill for FY 2000 that recognizes the need for increased investment in student aid programs.

Despite the constraints of a woefully inadequate 302(b) allocation and stringent budget caps, your bill will help maintain access to postsecondary education for low-income students. It clearly recognizes the need for sustained federal investment in proven student

aid programs. We appreciate the central role you have played in bringing about increases for student aid programs in FY 2000.

At the outset of this year's appropriations process, the Student Aid Alliance set important goals for student aid funding. As you will recall, we have advocated for a $400 increase in the maximum Pell Grant, substantial increases in campus-based aid (SEOG, Perkins Loans, and Work-Study), LEAP, TRIO, and graduate education programs. Your bill takes a step in the right direction toward achieving our funding goals.

During the final weeks of the Congressional session, we will continue to seek additional opportunities to help achieve the funding recommendations of the Student Aid Alliance. We hope that by working together we can build upon your good work to make even more funding available for your subcommittee's priorities.

Again, thank you for your work on behalf of all college students. We look forward to working with you as the appropriations process continues.

Sincerely,

STANLEY O. IKENBERRY,
Co-Chair.
DAVID L. WARREN,
Co-Chair.

MEMBERS OF THE STUDENT AID ALLIANCE

American Association for Higher Education
American Association of Colleges for Teacher Education
American Association of Colleges of Nursing
American Association of Colleges of Pharmacy
American Association of Collegiate Registrars and Admissions Officers
American Association of Community Colleges
American Association of Dental Schools
American Association of State Colleges and Universities
American Association of University Professors
American College Personnel Association
American College Testing
American Council on Education
American Psychological Association
American Society for Engineering Education
American Student Association of Community Colleges
APPA: The Association of Higher Education Facilities Officers
Association of Academic Health Centers
Association of Advanced Rabbinical and Talmudic Schools
Association of American Colleges and Universities
Association of American Law Schools
Association of American Medical Colleges
Association of American Universities
Association of Catholic Colleges and Universities
Association of Community College Trustees
Association of Governing Boards of Universities and Colleges
Association of Jesuit Colleges and Universities
Career College Association
Council for Christian Colleges and Universities
Coalition of Higher Education Assistance Organizations
College and University Personnel Association
College Board
College Fund/UNCF
College Parents of America
Council for Advancement and Support of Education
Council for Higher Education Accreditation
Council of Graduate Schools
Council of Independent Colleges
Educational Testing Service
Hispanic Association of Colleges and Universities
Lutheran Educational Conference of North America
NAFSA: Association of International Educators
National Association for Equal Opportunity in Higher Education
National Association for College Admission Counseling
National Association of College and University Attorneys
National Association of College and University Business Officers
National Association of Graduate-Professional Students
National Association of Independent Colleges and Universities
National Association of State Universities and Land-Grant Colleges
National Association of Student Financial Aid Administrators
National Association of Student Personnel Administrators
National Collegiate Athletic Association
National Council of University Research Administrators
NAWE: Advancing Women in Higher Education
National Education Association
The Council on Government Relations
The Council for Opportunity in Education
United States Public Interest Research Group
United States Student Association
University Continuing Education Association
Women's College Coalition

NATIONAL COALITION FOR CANCER RESEARCH,
Washington, DC, October 7, 1999.

Hon. TOM HARKIN,
U.S. Senate,
Washington, DC.

DEAR SENATOR HARKIN: On behalf of the National Coalition for Cancer Research, a coalition of 25 national organizations of cancer researchers, patients, and research advocates dedicated to eradicating cancer through a vigorous publicly and privately-supported research effort; I want to thank you and your colleagues on the Labor-HHS Appropriations Committee for your strong support of the National Institutes of Health (NIH) with regard to the FY 2000 appropriations.

It is very important that the Senate make a strong statement regarding the continued commitment to double the budget of the NIH in order to sustain the momentum of this historic initiative. It is vitally important that the Senate pass this legislation in order to provide the necessary leverage to maintain the Senate's position in conference negotiations and to move this important legislation to the next process. Thank you for your strong support and consideration of this important issue.

Sincerely,

CAROLYN R. ALDIGE,
President.

NATIONAL ALLIANCE FOR EYE AND VISION RESEARCH,
Washington, DC, October 7, 1999.

Hon. TOM HARKIN,
U.S. Senate,
Washington, DC.

DEAR SENATOR HARKIN: Thank you for your continued strong commitment to biomedical research demonstrated by the $2 billion increase provided for the NIH in the Fiscal Year 2000 spending bill moving through the Senate.

On behalf of the National Alliance for Eye and Vision Research (NAEVR), I urge you and your colleagues to hold firm to your commitment through the conclusion of the budget process in order to stay on track towards doubling the NIH budget by 2003. Your efforts have given renewed hope to millions of Americans afflicted with disease and disabling conditions that improved treatments and cures may be close at hand.

It is critical that the Senate pass the Labor-HHS-Education spending bill in order that the nation's commitment to biomedical research is not weakened in the negotiations to determine the final funding outcome for NIH.

Once again, thank you for your strong support and for your consideration of this important issue.

Sincerely,

STEPHEN J. RYAN, MD,
President.

Mr. LOTT addressed the Chair.

The PRESIDING OFFICER. The majority leader.

Mr. LOTT. I will be brief because I know we need to go to final passage.

I must say that, amazingly, in a moment we are going to be voting on final passage of the Labor-HHS appropriations bill. I think this is the first time in 3 years that we have done that. I know we did not have one last year. I cannot recall for sure about 1997. I know we did in 1996. Regardless, this is the 13th and last of the appropriations bills. We are going to get to final passage. I hope it will pass.

I have to extend my congratulations to the chairman of the subcommittee, the Senator from Pennsylvania, and the Senator from Iowa. A lot of people thought we could not get it done, but here we are. I want to say a special thanks to PAUL COVERDELL, who acted as one of my assistants on this matter, working with the whip on our side, and HARRY REID, who did a great job. In fact, I had asked Senator COVERDELL if he would do this every week, and he has respectfully declined.

Having said that, following this bill—the last appropriations bill—there will be no further votes this evening, and no votes will occur on Friday of this week. In addition, the Senate will not be in session on Monday, in light of the Columbus Day holiday.

On Friday, the Senate will begin consideration of the Comprehensive Test Ban Treaty at 9:30 a.m. Obviously, this is a very important treaty, a very important matter, so I urge my colleagues to participate in the debate tomorrow. I think we have somewhere between 10 and 20 speakers who are going to speak on this tomorrow. I hope the Senators will watch it from their offices or review the debate that occurs on Friday.

This evening, the Senate will shortly begin the Agriculture appropriations conference report. Additional debate on that issue will occur this evening. Several votes will occur on Tuesday, October 12, beginning at 5:30. There could be one vote or more. I think it is very possible there could be a couple votes at that time on Tuesday dealing with the Agriculture appropriations conference report and possibly with the Comprehensive Test Ban Treaty.

So I thank all my colleagues for their cooperation. We have had a very successful week. We passed the FAA reauthorization, confirmed two judicial nominations, passed the foreign operations conference report. Now we are hopefully fixed to pass the Labor-HHS appropriations bill, and we will file cloture tonight, since it seems it is necessary, on the Agriculture appropriations conference report.

The bottom line: No further votes tonight; the next vote, 5:30 on Tuesday.

I yield the floor.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. I have a good bit to say, but since colleagues want to get to the airport, I shall say it after the final vote takes place.

I yield the floor.

The PRESIDING OFFICER. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. COVERDELL. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall it pass? The yeas and nays have been ordered. The clerk will call the roll.

The legislative clerk called the roll.

Mr. REID. I announce that the Senator from New York (Mr. SCHUMER) is necessarily absent.

I also announce that the Senator from Connecticut (Mr. DODD) is absent because of family illness.

The PRESIDING OFFICER (Mr. SESSIONS). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 73, nays 25, as follows:

[Rollcall Vote No. 321 Leg.]

YEAS—73

Abraham	Gorton	Mikulski
Akaka	Grassley	Moynihan
Baucus	Gregg	Murkowski
Bennett	Harkin	Murray
Biden	Hatch	Reed
Bingaman	Hollings	Reid
Bond	Hutchinson	Robb
Boxer	Hutchison	Roberts
Breaux	Inouye	Rockefeller
Bryan	Jeffords	Roth
Burns	Johnson	Santorum
Byrd	Kennedy	Sarbanes
Campbell	Kerrey	Shelby
Chafee	Kerry	Smith (OR)
Cleland	Kohl	Snowe
Cochran	Landrieu	Specter
Collins	Lautenberg	Stevens
Coverdell	Leahy	Thompson
Daschle	Levin	Thurmond
DeWine	Lieberman	Torricelli
Domenici	Lincoln	Warner
Dorgan	Lott	Wellstone
Durbin	Lugar	Wyden
Feinstein	Mack	
Frist	McConnell	

NAYS—25

Allard	Brownback	Craig
Ashcroft	Bunning	Crapo
Bayh	Conrad	Edwards
Enzi	Hagel	Sessions
Feingold	Helms	Smith (NH)
Fitzgerald	Inhofe	Thomas
Graham	Kyl	Voinovich
Gramm	McCain	
Grams	Nickles	

NOT VOTING—2

Dodd	Schumer

The bill (S. 1650), as amended, was passed.

The text of the bill will be printed in a future edition of the RECORD.

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

Mr. STEVENS. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. SPECTER. Mr. President, I thank my colleagues on both sides of the aisle.

I ask unanimous consent when the Senate completes all action on S. 1650, it not be engrossed and be held at the desk.

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

Mr. SPECTER. Mr. President, I thank my colleagues on both sides of the aisle for the very strong vote in support of this bill. I thank my distinguished colleague, Senator HARKIN, ranking member, for his cooperation, for his leadership, and for his extraordinary diligence. We have had an extraordinary process in moving through this bill.

It is very difficult to structure funding for the Department of Education, the Department of Health and Human Services, and the Department of Labor which can get concurrence on both sides of this aisle. The bill came in at $91.7 billion. There have been some additions. It is hard to have enough spending for some, and it is hard not to have too much spending for others. I think in its total we have a reasonably good bill to go to conference.

The metaphor that I think is most apt is running through the raindrops in a hurricane. We are only partway through. We are now headed, hopefully, for conference. I urge our colleagues in the House of Representatives to complete action on the counterpart bill so we may go to conference.

We have already started discussions with the executive branch. I had a brief conversation with the President about the bill. He said his priorities were not recognized to the extent he wanted. I remind Senators that the Constitution gives extensive authority to the Congress on the appropriations process. We have to have the President's signature, but we have the constitutional primacy upon establishing the appropriations process at least to work our priorities. I am hopeful we can come to an accommodation with the President.

We have had extraordinarily diligent work done by the staff: Bettilou Taylor, to whom I refer as ''Senator Taylor,'' has done an extraordinary job in shepherding this bill through and taking thousands of letters of requests from Senators; Jim Sourwine has been at her side and at my side; I acknowledge the tremendous help of Dr. Jack Chow, as well as Mary Dietrich, Kevin Johnson, Mark Laisch, and Aura Dunn. On the minority staff, Ellen Murray has been tremendous, as has Jane Daye.

There is a lot more that could be said, but there is a great deal of additional business for the Senate to transact. I thank my colleagues for passing this bill.

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2000—CONFERENCE REPORT

Mr. LOTT. Mr. President, I ask consent that the Senate proceed to the conference report to accompany the Agriculture appropriations bill, the conference report be considered as read, and immediately following the reporting by the clerk and granting of this consent, Senator JEFFORDS be recognized.

Mr. JEFFORDS. I object.

Mr. LOTT. In light of the objection, I now move to proceed to the conference report of the committee of conference on the bill (H.R. 1906) an act making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies for the fiscal year ending September 30, 2000, and for other purposes.

The PRESIDING OFFICER. The report will be stated.

The clerk read as follows:

The committee on conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 1906), have agreed to recommend and do recommend to their respective Houses this report, signed by a majority of the conferees.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

(The conference report is printed in the House proceedings of the RECORD on September, 30, 1999.)

Mr. LOTT. Mr. President, I ask consent following my remarks, Senator JEFFORDS be recognized.

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

Mr. LOTT. I say to the membership, if an agreement cannot be reached for a total time limitation that is reasonable, I will file a motion for cloture on the Agriculture conference report, and that a cloture vote will occur on Tuesday of next week at 5:30 unless a consent can be worked out to conduct the vote at an earlier time or unless something can be worked out to just have the vote on final passage.

I ask the Senator from Vermont if he is in a position to agree to a time limitation for debate at this time on the pending Agriculture conference report?

Mr. JEFFORDS. I believe I can't make that agreement at this time.

Mr. LOTT. I thank my colleague for his frankness. I understand his feeling about it. I know there are Senators on both sides of the aisle who have some