

By Ms. SNOWE:

S. 1956. A bill to amend title 38, United States Code, to enhance the assurance of efficiency, quality, and patient satisfaction in the furnishing of health care to veterans by the Department of Veterans Affairs, and for other purposes; to the Committee on Veterans Affairs.

By Mr. SCHUMER (for himself, Mr. ROBB, and Ms. MIKULSKI):

S. 1957. A bill to provide for the payment of compensation to the families of the Federal employees who were killed in the crash of a United States Air Force CT-43A aircraft on April 3, 1996, near Dubrovnik, Croatia, carrying Secretary of Commerce Ronald H. Brown and 34 others; to the Committee on Armed Services.

By Mr. KOHL:

S. 1958. A bill to amend the Child Nutrition Act of 1966 to authorize the Secretary of Agriculture to make grants for startup costs of school breakfast programs; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. HARKIN:

S. 1959. A bill to provide for the fiscal responsibility of the Federal Government; to the Committee on Finance.

By Mr. KOHL (for himself and Mr. FEINGOLD):

S. 1960. A bill to provide for the appointment of 1 additional Federal district judge for the eastern district of Wisconsin, and for other purposes; to the Committee on the Judiciary.

By Mr. JOHNSON (for himself, Mr. KERREY, and Mr. WELLSTONE):

S. 1961. A bill to amend the Food Security Act of 1985 to expand the number of acres authorized for inclusion in the conservation reserve; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. ASHCROFT:

S. 1962. A bill to amend the Congressional Budget Act of 1974 to protect Social Security and Medicare surpluses through strengthened budgetary enforcement mechanisms; to the Committee on the Budget and the Committee on Governmental Affairs, jointly, pursuant to the order of August 4, 1977, with instructions that if one Committee reports, the other Committee have thirty days to report or be discharged.

By Mr. MCCAIN:

S. 1963. A bill to authorize a study of alternatives to the current management of certain Federal lands in Arizona; to the Committee on Energy and Natural Resources.

By Mrs. FEINSTEIN (for herself and Mrs. BOXER):

S. 1964. A bill to designate the United States Post Office located at 14071 Peyton Drive in Chino Hills, California, as the Joseph Iletto Post Office; to the Committee on Governmental Affairs.

By Mr. DOMENICI (for himself and Mr. BINGAMAN):

S. 1965. A bill to direct the Secretary of the Interior, the Bureau of Reclamation, to conduct a feasibility study on the Jicarilla Apache Reservation in the State of New Mexico, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. HAGEL (for himself and Mr. ROBERTS):

S. 1966. A bill to provide for the immediate review by the Immigration and Naturalization Service of new employees hired by employers subject to Operation Vanguard or similar programs, and for other purposes; to the Committee on the Judiciary.

By Mr. COCHRAN (for himself and Mr. LOTT):

S. 1967. A bill to make technical corrections to the status of certain land held in trust for the Mississippi Band of Choctaw Indians, to take certain land into trust for that

Band, and for other purposes; to the Committee on Indian Affairs.

By Mr. DORGAN:

S. 1968. A bill to amend the Federal securities laws to enhance oversight over certain derivatives dealers and hedge funds, reduce the potential for such entities to increase systemic risk in the financial markets, enhance investor protections, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. CRAIG (for himself, Mr. MURKOWSKI, and Mr. THOMAS):

S. 1969. A bill to provide for improved management of, and increases accountability for, outfitted activities by which the public gains access to and occupancy and use of Federal land, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. SPECTER:

S. 1970. A bill to amend chapter 171 of title 28, United States Code, with respect to the liability of the United States for claims of military personnel for damages for certain injuries; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BAUCUS (for himself and Mr. BURNS):

S. Res. 233. A resolution expressing the sense of the Senate regarding the urgent need for the department of Agriculture to resolve certain Montana civil rights discrimination cases; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. LEAHY (for himself, Mr. KENNEDY, Mrs. FEINSTEIN, Mr. JEFFORDS, Mr. TORRICELLI, Mrs. MURRAY, Mr. DURBIN, Mr. WELLSTONE, Mr. FEINGOLD, Mr. HARKIN, Mr. KERRY, Ms. MIKULSKI, and Mrs. BOXER):

S. Con. Res. 76. A concurrent resolution expressing the sense of Congress regarding a peaceful resolution of the conflict in the state of Chiapas, Mexico and for other purposes; to the Committee on Foreign Relations.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DASCHLE (for himself, Mr. HARKIN, Mr. INOUE, Mr. REID, and Mr. JOHNSON):

S. 1955. A bill to allow patients access to drugs and medical devices recommended and provided by health care practitioners that are not approved by the Food and Drug Administration, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

ACCESS TO MEDICAL TREATMENT ACT

Mr. DASCHLE. Mr. President, today I am introducing the Access to Medical Treatment Act. I am pleased to be joined by Senators HARKIN, REID, INOUE and JOHNSON in this effort to increase individuals' freedom of choice in health care.

At the outset, I want to extend my thanks to my friend Berkley Bedell, who formerly represented the 6th District of Iowa, for first bringing this issue to my attention and for his assistance in developing this bill. Berkley Bedell has experienced first-hand

the life-saving potential of alternative treatments. His story underscores the need for the legislation I am introducing today and the importance of a national debate on ways to promote consumer choice and expand access to promising new medical treatments.

American consumers have already voted for expanded access to alternative treatments with their feet and their pocket-books. The Journal of the American Medical Association recently published a study by David Eisenberg and others that found that Americans spent nearly \$27 billion on alternative therapies in 1997. Americans made more visits to alternative practitioners—a total of 629 million—than to primary care doctors. Expenditures for alternative medicine professional services increased 45.2 percent between 1990 and 1997 to \$21.2 billion. Some type of alternative therapy is used by 46.3 percent of the American population.

Alternative therapies are also being incorporated into mainstream medical programs and practice. The curriculum of at least 22 of the nation's 125 medical schools include courses on alternative medicine. The National Institutes of Health now has a Center for Complementary and Alternative Medicine where work is underway to expand our knowledge of alternative therapies and their safe and effective use.

Despite the growing reliance on many types of alternative medicine, other alternative therapies remain unavailable because they do not fit the categories already carved out by Congress for exemption from the requirement to gain FDA approval. My bill would increase access to treatments that would normally be regulated by the FDA, but have not yet undergone the expensive and lengthy process currently required to gain FDA approval.

Given the popularity of alternative medicine among the American public and its growing acceptance among traditional medical practitioners, it would seem logical to remove some of the access barriers that consumers face when seeking certain alternative therapies. The time and expense currently required to gain FDA approval both discourages the exploration of innovative, life-saving treatments by individual practitioners, scientists and smaller companies and limits patient access to low-cost treatments.

Mr. President, the Access to Medical Treatment Act proposes one way to expand freedom of choice for medical consumers under carefully controlled situations. It asserts that individuals—especially those who face life-threatening afflictions for which conventional treatments have proven ineffective—should have the option of trying an alternative treatment, so long as they have been fully informed of the nature of the treatment, potential side effects, and given any other information necessary to meet carefully-crafted informed consent requirements. This is a choice that is rightly made by the consumer, and not dictated by the