

proudly say that we tried to do something, as we read increasing stories of forced sex trafficking worldwide. We can say we didn't look away by passing this bill.

Everybody is not going to like everything in these bills. But these two lead issues are so critical and important, and time is so short for us to get these through. Let's not wait until next session as increasingly more and more girls are being tricked into this practice of forced sex trafficking.

The United States can step up awareness and advocacy, and as we do, governments around the world will do the same. The U.S. has to speak first, however, and this is the bill to do the speaking. Let's do it now.

As we vote on this tomorrow morning, I ask my colleagues to vote yes on these very important pieces of legislation to help children, to help women. These are vital pieces of legislation of which we can all be proud.

Mr. President, I understand there may be some more items, so I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWNBACK. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

#### MAKING TECHNICAL CORRECTIONS TO TITLE X OF THE ENERGY POLICY ACT OF 1992

Mr. BROWNBACK. Mr. President, I ask unanimous consent the Senate now proceed to the consideration of H.R. 2641, which is at the desk.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 2641) to make technical corrections to title X of the Energy Policy Act of 1992.

Without objection, the Senate proceeded to consider the bill.

Mr. BROWNBACK. I ask unanimous consent the bill be read the third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

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

The bill (H.R. 2641) was read the third time and passed.

#### RYAN WHITE CARE ACT AMENDMENTS OF 2000

Mr. BROWNBACK. Mr. President, I ask unanimous consent the Chair lay before the Senate a message from the House of Representatives to accompany S. 2311.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

*Resolved*, That the bill from the Senate (S. 2311) entitled "An Act to revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and the quality of care under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for other purposes", do pass with amendments.

Mr. BROWNBACK. I ask unanimous consent the Senate agree to the amendments of the House of Representatives.

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

Mr. JEFFORDS. Mr. President, it gives me great pleasure that the Senate is moving to pass the Ryan White Comprehensive AIDS Resources and Emergency Act Amendments of 2000, a measure that will reauthorize a national program providing primary health care services to people living with HIV and AIDS. I especially want to commend Senators HATCH and KENNEDY for the leadership they have provided since the inauguration of the legislation establishing the Ryan White programs over a decade ago. I also want to commend Senator FRIST whose medical expertise played a critical role in key provisions of the bill and continues to be an invaluable resource to our efforts on the range of health issues that come before the Senate. I want to recognize Senator DODD for his unwavering support for this legislation and people living with HIV and AIDS. Finally, I want to acknowledge Senator ENZI's recognition of the growing burden that AIDS and HIV have placed on rural communities throughout the country and the need to address those gaps in services.

It is also important that we recognize the dedicated efforts of our colleagues in the House of Representatives. Chairman BLILEY supported this bill through its passage and provided critical guidance through the negotiations. Representatives BILIRAKIS, COBURN, and WAXMAN have demonstrated time and time again their commitment to people living with AIDS and each has worked diligently to find a compromise to ensure the continued services for people with HIV/AIDS. Representatives BROWN and DINGELL have also played important roles in shepherding this bill through the legislative process.

Since its inception in 1990, the Ryan White program has enjoyed broad bipartisan support. During the last reauthorization of the Ryan White CARE Act in 1996, the measure garnered a vote of 97 to 3 on its final passage. As evidence that strong bipartisan support continues, I am happy to report that this reauthorization bill was passed unanimously by this Chamber in June of this year. The bipartisan support for this important legislation underlines the critical need for the assistance this Act provides across the Nation.

With this reauthorization, we mark the ten years through which the Ryan White CARE Act has provided needed

health care and support services to HIV positive people around the country. Titles I and II have provided much needed relief to cities and states hardest hit by this disease, while Titles III and IV have had a direct role in providing healthcare services to underserved communities. Ryan White program dollars provide the foundation of care so necessary in fighting this epidemic and have allowed States and communities around the country to successfully address the needs of people affected by HIV disease.

In recent months a number General Accounting Office studies have shown that the CARE Act is providing services and support to people with HIV who are most in need and most deserving of our help. The GAO found that CARE Act funds are reaching the infected groups that have typically been underserved, including the poor, the uninsured, women, and ethnic minorities. These groups form a majority of CARE Act clients and are being served by the CARE Act in higher proportions than their representation in the AIDS population. The GAO also found that CARE Act funds support a wide array of primary care and support services, including the provision of powerful therapeutic regimens for people with HIV/AIDS that have dramatically reduced AIDS diagnoses and deaths.

Previous efforts to improve this legislation have led to incredible reductions in the number of HIV infected babies being born each year and, equally important, to increased outreach, counseling, voluntary testing, and treatment services being provided to women with HIV infection. Between 1993 and 1998, perinatal-acquired AIDS cases declined 74 percent in the U.S. In this bill, I have continued to support efforts to reach women in need of care for their HIV disease and have included provisions to ensure that women, infants and children receive resources in accordance with the prevalence of the infection among them.

The AIDS Drug Assistance Program has been another critical success. This program has provided people with HIV and AIDS access to newly developed, highly effective therapeutics. Because of these drugs, people are maintaining their health and living longer. The AIDS death rate and the number of new AIDS cases have been dramatically reduced. From 1996 to 1998, deaths from AIDS dropped 54 percent while new AIDS cases have been reduced by 27 percent. In this reauthorization bill we have improved access for underserved and poor communities and increased support for services that help maximize the impact of these therapies.

Despite our great success, the Ryan White program remains as vital to the public health of this Nation as it was in 1990 and in 1996. While the rate of decline in new AIDS cases and deaths is leveling off, HIV infection rates continue to rise in many areas; becoming increasingly prevalent in rural and underserved urban areas; and also among