

to 98,000 people per year lose their lives because of a medical error and the annual financial impact that results from these mistakes is believed to be as high as \$29 billion.

As you might imagine, a medical error can be many things, but the Institute defines it as “the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim.” The Institute sites among the problems that commonly occur during the course of providing health care—adverse drug events and improper transfusions, surgical injuries and wrong-site surgery, suicides, restraint-related injuries or death, falls, burns, pressure ulcers and mistaken patient identities. All of these can have tragic endings, but all are preventable.

In developing the solution, we looked to incentives that would prompt hospitals and skilled nursing facilities to utilize technology to identify inaccuracies and prevent medical errors before they happen. Senator GRAHAM and I developed a proposal that provides Federal matching funds to hospitals and skilled nursing facilities that integrate into their medical systems technology that can prevent medical errors. Technology exists, as never before, that can help identify errors before they happen, and save lives. But this technology is rendered useless if it is not being utilized. That is why the Federal Government must step forward and provide the necessary incentives to prompt innovation.

In taking this step, we believe it is imperative that the Federal Government invest time and funding in not just identifying the solution, but to provide the means to implement the solution. It is the role of the Federal Government to lead, and I believe that providing grant funding to hospitals and skilled nursing facilities to integrate technology into their health care delivery systems will in fact provide the necessary leadership to see this idea become a reality.

More specifically, the grants provided by this legislation can be used to purchase or improve computer software and hardware, and provide education and training to staff on computer patient safety programs. They also may be used to improve patient safety at every stage of the medication delivery process through: electronic prescribing systems that can intercept errors at the time medications are ordered; electronic medical records to alert doctors to possible drug interactions and complications related to the patient's medical history; automated pharmacy dispensing to make sure the nurse receives the correct medication in the correct dosage for the correct patient; and bedside verification—using bar codes on patient wristbands and the medications to ensure that the right medication is administered to the right patient at the right time.

Further, we direct the funding to hospitals that serve predominately patients who receive insurance coverage

through Medicare, Medicaid and SCHIP. And to ensure that all hospitals, especially those in rural communities that have smaller operating margins, can afford to utilize this innovative new program, we set aside 20 percent of the funding for rural hospitals. I believe this is an important and necessary step to protect our rural communities and provide families with the highest quality care.

I hope my colleagues will join us in support of this legislation so we soon will be able to reduce the number of Americans who are harmed by medical errors.

By Ms. SNOWE (for herself, Mrs. MURRAY, Mr. BIDEN, and Mrs. FEINSTEIN):

S. 1730. A bill to require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations; to the Committee on Health, Education, Labor, and Pensions.

Ms. SNOWE. Mr. President, I rise today to reintroduce the Women's Health and Cancer Rights Act. I am pleased to be joined by my friends, Senator MURRAY of Washington and Senator BIDEN of Delaware, and Senator FEINSTEIN of California, as original cosponsors of this bill.

This bill has a two-fold purpose. First, it will ensure that appropriate medical care determines how long a woman stays in the hospital after undergoing a mastectomy—not a predetermined amount of time legislated by Congress. This provision says that inpatient coverage with respect to the treatment of mastectomy, lumpectomy, or lymph node dissection—regardless of whether the patient's plan is regulated by ERISA or State regulations—will be provided for a period of time as is determined by the attending physician, in consultation with the patient, to be medically necessary and appropriate. Second, this bill allows any person facing a cancer diagnosis of any type to get a second opinion on their course of treatment.

A diagnosis of breast cancer is something that every woman dreads. But for an estimated 192,020 American women, this is the year their worst fears will be realized. One thousand new cases of breast cancer will be diagnosed among the women in Maine, and 200 women in my home State will die from this tragic disease. The fact is, one in nine women will develop breast cancer during their lifetime, and for women between the ages of 35 and 54, there is no other disease which will claim more lives.

It's not hard to understand why the words “you have breast cancer” are some of the most frightening words in the English language. For the woman who hears them, everything changes from that moment forward. No wonder, then, that it is a diagnosis not only accompanied by fear, but also by uncer-

tainty. What will become of me? What will they have to do to me? What will I have to endure? What's the next step?

For many women, the answer to that last question is a mastectomy or lumpectomy. Despite the medical and scientific advances that have been made, despite the advances in early detection technology that more and more often negate the need for radical surgery, it still remains a fact of life at the beginning of the 21st century these procedures can be the most prudent option in attacking and eradicating cancer found in a woman's breast.

These are the kind of decisions that come with a breast cancer diagnosis. These are the kind of questions women must answer, and they must do so under some of the most stressful and frightening circumstances imaginable. The last question a woman should have to worry about at a time like this is whether or not their health insurance plan will pay for appropriate care after a mastectomy or lumpectomy, or that she won't be able to remain in a doctor's immediate care for as long as she needs to be. A woman diagnosed with breast cancer in many ways already feels as though she has lost control of her life. She should not feel as though she has also lost control of her course of treatment.

The evidence for the need for this bill—especially when it comes to so-called “drive through mastectomies”, is more than just allegorical. Indeed, the facts speak for themselves—between 1986 and 1995, the average length of stay for a mastectomy dropped from about six days to about two to three days. Thousands of women across the country are undergoing radical mastectomies on an outpatient basis and are being forced out of the hospital before either they or their doctor think it's reasonable or prudent.

This decision must be returned to physicians and their patients, and all Americans who face the possibility of a cancer diagnosis must be able to make informed decisions about appropriate and necessary medical care.

I urge my colleagues to join me in supporting this bill and work towards passing it this year.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1828. Mr. COCHRAN (for himself, Mr. CRAPO, Mr. DOMENICI, Mrs. LINCOLN, Mr. CRAIG, Mr. WYDEN, Mrs. FEINSTEIN, Mr. MCCAIN, Mr. BAUCUS, Ms. MURKOWSKI, Mr. THOMAS, Mr. DASCHLE, Mr. BURNS, and Mr. JOHNSON) submitted an amendment intended to be proposed by him to the bill H.R. 1904, to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to plan and conduct hazardous fuels reduction projects on National Forest System lands and Bureau of Land Management lands aimed at protecting communities, watersheds, and certain other at-risk lands from catastrophic wildfire, to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and for other purposes; which was ordered to lie on the table.

SA 1829. Mrs. LINCOLN submitted an amendment intended to be proposed by her to the bill S. 1689, making emergency supplemental appropriations for Iraq and Afghanistan security and reconstruction for the fiscal year ending September 30, 2004, and for other purposes; which was ordered to lie on the table.

SA 1830. Mr. BINGAMAN (for himself, Mr. LUGAR, Mr. LIEBERMAN, Mr. BAYH, Mrs. CLINTON, Mr. DURBIN, Ms. LANDRIEU, Mrs. LINCOLN, Mr. SMITH, Mr. REID, Mr. CORZINE, Mr. CONRAD, Mr. BYRD, Mr. LEAHY, and Mr. JEFFORDS) proposed an amendment to the bill S. 1689, *supra*.

SA 1831. Mr. BAUCUS submitted an amendment intended to be proposed by him to the bill S. 1689, *supra*; which was ordered to lie on the table.

SA 1832. Mr. FEINGOLD submitted an amendment intended to be proposed by him to the bill S. 1689, *supra*; which was ordered to lie on the table.

SA 1833. Mr. LEAHY submitted an amendment intended to be proposed by him to the bill S. 1689, *supra*; which was ordered to lie on the table.

SA 1834. Mr. REED (for himself, Mr. HAGEL, and Mr. LEVIN) submitted an amendment intended to be proposed by him to the bill S. 1689, *supra*.

SA 1835. Mr. REID (for himself and Mrs. LINCOLN) proposed an amendment to the bill S. 1689, *supra*.

SA 1836. Mr. REID proposed an amendment to the bill S. 1689, *supra*.

SA 1837. Mr. DURBIN (for himself, Ms. MUKULSKI, and Mr. CORZINE) proposed an amendment to the bill S. 1689, *supra*.

TEXT OF AMENDMENTS

SA 1828. Mr. COCHRAN (for himself, Mr. CRAPO, Mr. DOMENICI, Mrs. LINCOLN, Mr. CRAIG, Mr. WYDEN, Mrs. FEINSTEIN, Mr. MCCAIN, Mr. BAUCUS, Ms. MURKOWSKI, Mr. THOMAS, Mr. DASCHLE, Mr. BURNS, and Mr. JOHNSON) submitted an amendment intended to be proposed by him to the bill H.R. 1904, to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to plan and conduct hazardous fuels reduction projects on National Forest System lands and Bureau of Land Management lands aimed at protecting communities, watersheds, and certain other at-risk lands from catastrophic wildfire, to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and for other purposes; which was ordered to lie on the table; as follows:

Strike section 1 through title I and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Healthy Forests Restoration Act of 2003”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Purposes.
- Sec. 3. Definitions.

TITLE I—HAZARDOUS FUEL REDUCTION ON FEDERAL LAND

- Sec. 101. Definitions.
- Sec. 102. Authorized hazardous fuel reduction projects.
- Sec. 103. Prioritization.
- Sec. 104. Environmental analysis.

Sec. 105. Special administrative review process.

Sec. 106. Judicial review in United States district courts.

Sec. 107. Effect of title.

Sec. 108. Authorization of appropriations.

TITLE II—BIOMASS

Sec. 201. Findings.

Sec. 202. Definitions.

Sec. 203. Grants to improve commercial value of forest biomass for electric energy, useful heat, transportation fuels, compost, value-added products, and petroleum-based product substitutes.

Sec. 204. Reporting requirement.

Sec. 205. Improved biomass use research program.

Sec. 206. Rural revitalization through forestry.

TITLE III—WATERSHED FORESTRY ASSISTANCE

Sec. 301. Findings and purposes.

Sec. 302. Watershed forestry assistance program.

Sec. 303. Tribal watershed forestry assistance.

TITLE IV—INSECT INFESTATIONS AND RELATED DISEASES

Sec. 401. Findings and purpose.

Sec. 402. Definitions.

Sec. 403. Accelerated information gathering regarding forest-damaging insects.

Sec. 404. Applied silvicultural assessments.

Sec. 405. Relation to other laws.

Sec. 406. Authorization of appropriations.

TITLE V—HEALTHY FORESTS RESERVE PROGRAM

Sec. 501. Establishment of healthy forests reserve program.

Sec. 502. Eligibility and enrollment of lands in program.

Sec. 503. Restoration plans.

Sec. 504. Financial assistance.

Sec. 505. Technical assistance.

Sec. 506. Protections and measures

Sec. 507. Involvement by other agencies and organizations.

Sec. 508. Authorization of appropriations.

TITLE VI—PUBLIC LAND CORPS

Sec. 601. Purposes.

Sec. 602. Definitions.

Sec. 603. Public Land Corps.

Sec. 604. Nondisplacement.

Sec. 605. Authorization of appropriations.

TITLE VII—RURAL COMMUNITY FORESTRY ENTERPRISE PROGRAM

Sec. 701. Purpose

Sec. 702. Definitions.

Sec. 703. Rural community forestry enterprise program.

TITLE VIII—MISCELLANEOUS PROVISIONS

Sec. 801. Forest inventory and management.

Sec. 802. Program for emergency treatment and reduction of nonnative invasive plants.

Sec. 803. USDA National Agroforestry Center.

Sec. 804. Upland Hardwoods Research Center.

Sec. 805. Sense of Congress regarding enhanced community fire protection.

SEC. 2. PURPOSES.

The purposes of this Act are—

(1) to reduce wildfire risk to communities, municipal water supplies, and other at-risk Federal land through a collaborative process of planning, prioritizing, and implementing hazardous fuel reduction projects;

(2) to authorize grant programs to improve the commercial value of forest biomass (that

otherwise contributes to the risk of catastrophic fire or insect or disease infestation) for producing electric energy, useful heat, transportation fuel, and petroleum-based product substitutes, and for other commercial purposes;

(3) to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape;

(4) to promote systematic gathering of information to address the impact of insect and disease infestations and other damaging agents on forest and rangeland health;

(5) to improve the capacity to detect insect and disease infestations at an early stage, particularly with respect to hardwood forests; and

(6) to protect, restore, and enhance forest ecosystem components—

(A) to promote the recovery of threatened and endangered species;

(B) to improve biological diversity; and

(C) to enhance productivity and carbon sequestration.

SEC. 3. DEFINITIONS.

In this Act:

(1) **FEDERAL LAND.**—The term “Federal land” means—

(A) land of the National Forest System (as defined in section 11(a) of the Forest and Rangeland Renewable Resources Planning Act of 1974 (16 U.S.C. 1609(a))) administered by the Secretary of Agriculture, acting through the Chief of the Forest Service; and

(B) public lands (as defined in section 103 of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1702)), the surface of which is administered by the Secretary of the Interior, acting through the Director of the Bureau of Land Management.

(2) **INDIAN TRIBE.**—The term “Indian tribe” has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

TITLE I—HAZARDOUS FUEL REDUCTION ON FEDERAL LAND

SEC. 101. DEFINITIONS.

In this title:

(1) **AT-RISK COMMUNITY.**—The term “at-risk community” means an area—

(A) that is comprised of—

(i) an interface community as defined in the notice entitled “Urban Wildlife Interface Communities Within the Vicinity of Federal Lands That Are at High Risk From Wildfire” issued by the Secretary of Agriculture and the Secretary of the Interior in accordance with title IV of the Department of the Interior and Related Agencies Appropriations Act, 2001 (114 Stat. 1009) (66 Fed. Reg. 753, January 4, 2001); or

(ii) a group of homes and other structures with basic infrastructure and services (such as utilities and collectively maintained transportation routes) within or adjacent to Federal land;

(B) in which conditions are conducive to a large-scale wildland fire disturbance event; and

(C) for which a significant threat to human life or property exists as a result of a wildland fire disturbance event.

(2) **AUTHORIZED HAZARDOUS FUEL REDUCTION PROJECT.**—The term “authorized hazardous fuel reduction project” means the measures and methods described in the definition of “appropriate tools” contained in the glossary of the Implementation Plan, on Federal land described in section 102(a) and conducted under sections 103 and 104.

(3) **COMMUNITY WILDFIRE PROTECTION PLAN.**—The term “community wildfire protection plan” means a plan for an at-risk community that—

(A) is developed within the context of the collaborative agreements and the guidance