Mr. TASCHNER. Mr. President, I rise today in support of Mr. Jeff Merrifield to the position of U.S. Nuclear Regulatory Commissioner.

Merrifield was born in Westerly, Rhode Island and spent most of his childhood in Antrim, New Hampshire. In 1965, Jeff graduated Magna Cum Laude with his B.A. from Tufts University. In 1986, he joined Senator Gordon Humphrey’s staff and handled energy and environmental matters. In 1989, he became the lead staffer in developing regulations on Superfund, which received co-sponsorship from 49 Senators, including myself.

Jeff Merrifield has also been extensively involved with all aspects of contracts law until 1995. I was pleased to have Jeff returned to my staff in 1990 and I was fortunate that Jeff was one of several staffs who carried over from Senator Humphrey’s staff to mine.

While working for Senator Humphrey and me, Jeff put himself through Georgetown Law School. He graduated in 1992 after which he began work for the Washington D.C. based law firm of McKenna and Cuneo. There, he practiced environmental and government contracts law until 1995. I was very pleased to have Jeff returned to my staff in 1995 to be my counsel for the Senate Subcommittee on Superfund, Waste Control and Risk Assessment.

Mr. SMITH of New Hampshire. Mr. President, I rise today in support of Mr. Jeff Merrifield to the position of U.S. Nuclear Regulatory Commissioner.

Mr. FRIEST. Mr. President, I rise today to express my continued support for S. 2208, the Healthcare Quality Enhancement Act, which seeks to reform and improve the Agency for Healthcare Policy and Research (AHCPR).

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Mr. FRIEST. Mr. President, I rise today to express my continued support for S. 2208, the Healthcare Quality Enhancement Act, which seeks to reform and improve the Agency for Healthcare Policy and Research (AHCPR).

Studies show that health care quality is dictated more by where you live than by scientific evidence or what is the best practice in medicine. Today, we have more scientific medical research results than ever before, yet we are falling short in our success to disseminate our findings and to influence practice behavior. In 1843, Dr. Holmes published his famous article on hand washing for the prevention of puerperal fever in the New England Quarterly Journal of Medicine and Surgery. While it is an accepted and expected practice today, it took several decades before his recommendations became a universally accepted practice.

The landmark Early Treatment Diabetic Retinopathy Study was published in 1985. Then, three years later, the American Diabetes Association published its guidelines for patients with diabetes. Unfortunately, however, today the national rates for annual diabetic eye exam is still only 38.4 percent. Clearly, the practical application of scientifically sound diabetic eye care recommendations has not fared much better than the highly beneficial and very important hand washing theory. While there are more scientific discoveries than ever before, the practical introduction of these new scientific discoveries does not appear to be much faster today than it was more than 100 years ago.

Through S. 2208, I am seeking to close the gap between what we know and what we do in health care. The expired statute of AHCPR represented an outdated approach to health care quality improvement. S. 2208 would establish the Agency for Healthcare Quality Research (AHQR), whose mission is the overall improvement in health care quality.

Built upon the current AHQR, the Agency for Healthcare Quality Research is refocused and enhanced to become both the hub and driving force of federal efforts to improve quality of health care in all practice environments. The Agency will assist, not burden physicians in four specific ways. First, it will aggressively support state-of-the-art information systems for health care quality. Improved computer systems will advance quality scoring and evidence-based decision making in patient care. Next, it will support research in areas of primary care delivery, priority populations and access in under served areas. The Agency’s authority is expanded to support health care improvement in all types of office practice—both solo practitioners and managed care. In addition, it will promote data collection that makes sense. Physicians want information on quality to help them achieve their outcomes with their peers. Statistically accurate, sample-based national surveys based on existing structures will efficiently provide reliable and affordable data. And finally, the Agency will promote quality by sharing information with doctors, not the federal government. While proven medical advances are made daily, patients wait too long to benefit from these discoveries. We must get the science to the people who use it—physicians.

I would like to point out that S. 2208 does not create a new bureaucracy, nor does it expand the federal government. Rather, it refocuses an existing agency, the AHQR, on a research mission that can better serve the health and health care of all Americans. The reauthorization of the AHQR and the creation of the Agency for Healthcare Quality Research enjoys broad-based support. By providing leadership in supporting research on health care quality improvement, eight Senators, including myself, are co-sponsoring this bill. They are Senators Collins, Fairecloth, Jeffords, Inouye, Mack, Breaux, and Lieberman. In addition, S. 2208 was later incorporated in another bill which received co-sponsorship from 49 Senators. Also, I am pleased to report that 44 leading organizations, consisting of health care professionals, patient advocates, major health care organizations and health services researchers, have also lent their support for this measure.

Americans want and deserve better health care. For this compelling reason, I will reintroduce S. 2208 in the 106th Congress. I urge my colleagues to support health care quality improvement and to refocus the federal government’s role in this vitally important area of research.