The yeas and nays are mandatory. The clerk will call the roll.

The bill clerk called the roll.

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

The result was announced—yeas 56, nays 44, as follows:

[Rollcall Vote No. 291 Leg.]

YEAS—56

Abraham	Gorton	McConnell
Allard	Gramm	Murkowski
Ashcroft	Grams	Nickles
Bennett	Grassley	Roberts
Bond	Gregg	Roth
Brownback	Hagel	Santorum
Burns	Hatch	Sessions
Campbell	Helms	Shelby
Coats	Hutchinson	Smith (NH)
Cochran	Hutchison	Smith (OR)
Collins	Inhofe	Snowe
Coverdell	Jeffords	Specter
Craig	Kempthorne	Stevens
D'Amato	Kyl	Thomas
DeWine	Lieberman	Thompson
Domenici	Lott	Thurmond
Enzi	Lugar	Torricelli
Faircloth	Mack	Warner
Frist	McCain	

NAYS—44

Akaka	Durbin	Lautenberg
Baucus	Feingold	Leahy
Biden	Feinstein	Levin
Bingaman	Ford	Mikulski
Boxer	Glenn	Moseley-Braun
Breaux	Graham	Moynihan
Bryan	Harkin	Murray
Bumpers	Hollings	Reed
Byrd	Inouye	Reid
Chafee	Johnson	Robb
Cleland	Kennedy	Rockefeller
Conrad	Kerrey	Sarbanes
Daschle	Kerry	Wellstone
Dodd	Kohl	Wyden
Dorgan	Landrieu	

The PRESIDING OFFICER. On this vote the yeas are 56, the nays are 44. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

Mr. LOTT. Mr. President, I move to reconsider the vote and I move to table the motion.

The motion to lay on the table was agreed to.

MORNING BUSINESS

Mr. LOTT. Mr. President, I ask unanimous consent that there now be a period for morning business until the hour of 12:30 p.m., with Senators permitted to speak for up to 10 minutes each, with the time equally divided between the two leaders or their designees.

Following morning business, the Senate would then stand in recess under the previous order until 2:30 p.m.

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

Mr. LOTT. Therefore, the next rollcall vote would occur at 2:30 p.m. That vote would be on the cloture motion with respect to the motion to proceed to the fast-track legislation.

I yield the floor.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Maine.

ADVANCE PLANNING AND COMPASSIONATE CARE ACT

Ms. COLLINS. Mr. President, last week I was pleased to join with my colleague from West Virginia, Senator ROCKEFELLER, in introducing S. 1345, the Advance Planning and Compassionate Care Act which is intended to improve the way we care for people at the end of their lives.

Noted health economist Uwe Reinhardt once observed that ''Americans are the only people on earth who believe that death is negotiable.'' Advancements in medicine, public health, and technology have enabled more and more of us to live longer and healthier lives. However, when medical treatment can no longer promise a continuation of life, patients and their families should not have to fear that the process of dying will be marked by preventable pain, avoidable distress, or care that is inconsistent with their values or wishes.

The fact is, dying is a universal experience, and it is time to reexamine how we approach death and dying and how we care for people at the end of their lives. Clearly there is more that we can do to relieve suffering, respect personal choice and dignity, and provide opportunities for people to find meaning and comfort at life's conclusion.

Unfortunately, most Medicare patients and their physicians do not currently discuss death or routinely make advance plans for end-of-life care. As a result, about one-fourth of Medicare funds are now spent on care at the end of life that is geared toward expensive, high-technology interventions, and rescue care. While four out of five Americans say they would prefer to die at home, studies show that almost 80 percent die in institutions where they may be in pain, and where they are subjected to high-technology treatments that merely prolong suffering.

Moreover, according to a Dartmouth study released earlier this month, where a patient lives has a direct impact on how that patient dies. The study found that the amount of medical treatment Americans receive in their final months varies tremendously in the different parts of the country, and it concluded that the determination of whether or not an older patient dies in the hospital probably has more to do with the supply of hospital beds than the patient's needs or preference.

The Advance Planning and Compassionate Care Act is intended to help us improve the way our health care system serves patients at the end of their lives. Among other provisions, the bill makes a number of changes to the Patient Self-Determination Act of 1990 to facilitate appropriate discussions and individual autonomy in making difficult discussions about end-of-life care. For instance, the legislation requires that every Medicare beneficiary receiving care in a hospital or nursing facility be given the opportunity to discuss end-of-life care and the preparation of an advanced directive with an appropriately trained professional within the institution. The legislation also requires that if a patient has an advanced directive, it must be displayed in a prominent place in the medical record so that all the doctors and nurses can clearly see it.

The legislation will expand access to effective and appropriate pain medications for Medicare beneficiaries at the end of their lives. Severe pain, including breakthrough pain that defies usual methods of pain control, is one of the most debilitating aspects of terminal illness. However, the only pain medication currently covered by Medicare in an outpatient setting is that which is administered by a portable pump.

It is widely recognized among physicians treating patients with cancer and other life-threatening diseases that self-administered pain medications, including oral drugs and transdermal patches, offer alternatives that are equally effective in controlling pain, more comfortable for the patient, and much less costly than the pump. Therefore, the Advance Planning and Compassionate Care Act would expand Medicare to cover self-administered pain medications prescribed for the relief of chronic pain in life-threatening diseases or conditions.

In addition, the legislation authorizes the Department of Health and Human Services to study end-of-life issues for Medicare and Medicaid patients and also to develop demonstration projects to develop models for end-of-life care for Medicare beneficiaries who do not qualify for the hospice benefit, but who still have chronic debilitating and ultimately fatal illnesses. Currently, in order for a Medicare beneficiary to qualify for the hospice benefit, a physician must document that the person has a life expectancy of 6 months or less. With some conditions—like congestive heart failure—it is difficult to project life expectancy with any certainty. However, these patients still need hospice-like services, including advance planning, support services, symptom management, and other services that are not currently available.

Finally, the legislation establishes a telephone hotline to provide consumer information and advice concerning advance directives, end-of-life issues and medical decision making and directs the Agency for Health Care Policy and Research to develop a research agenda for the development of quality measures for end-of-life care.

The legislation we are introducing today is particularly important in light of the current debate on physician-assisted suicide. As the Bangor Daily News pointed out in an editorial published earlier this year, the desire for assisted suicide is generally driven by concerns about the quality of care for the terminally ill; by the fear of prolonged pain, loss of dignity and emotional strain on family members. Such worries would recede and support for assisted suicide would evaporate if

better palliative care and more effective pain management were widely available. I ask unanimous consent that this editorial be printed in the RECORD at the conclusion of my remarks.

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

(See exhibit 1.)

Ms. COLLINS. Mr. President, patients and their families should be able to trust that the care they receive at the end of their lives is not only of high quality, but also that it respects their desires for peace, autonomy, and dignity. The Advanced Planning and Compassionate Care Act that Senator ROCKEFELLER and I have introduced will give us some of the tools that we need to improve care of the dying in this country, and I urge my colleagues to join us in this effort.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

EXPLOITATIVE CHILD LABOR

Mr. HARKIN. Mr. President, I want to speak for a few minutes about a very troubling shortcoming in the legislation to grant the President fast-track authority, and that is its failure to adequately address the issue of abusive and exploitative child labor.

First, let me discuss what I mean by exploitative child labor. It is a term well known in international relations. We are not talking about children who work part time after school or on weekends. There is nothing wrong with that. I worked in my youth. I bet the occupant of the Chair worked in his youth. There is nothing wrong with young people working. That is not the issue.

Exploitative child labor involves children under the age of 15, forced to work, many times in hazardous conditions, many under slave-like conditions, who sweat long hours for little or no pay. They are denied an education or the opportunity to grow and develop. It is the kind of work that endangers a child's physical and emotional well-being and growth. The International Labor Organization estimates that there are some 250 million children worldwide engaged in this sort of economic activity.

These are the kind of kids we are talking about. We are talking about this young Mexican girl, harvesting vegetables in the fields of Hidalgo State. They are out there working long hours, all day long. They are not in school. You know, my farmers in Iowa can compete with anybody around the world. That is why we have always believed in free trade. But we believe in a level playing field. My farmers cannot compete with this slave. That is what she is. You can dress it up in all kinds of fancy words and cover it up, but that girl out in that field is working under slave-like conditions because she has no other choice. And isn't that the definition of slavery?

She is not alone. It is in Pakistan and India, Bolivia, Southeast Asia, all around the world—children working under these kinds of conditions. I am not talking about after school. I am talking about kids who are denied an education, forced to work in fields and factories under hazardous conditions for little or no pay.

I have been working on this issue for a long time. In 1992 I introduced the Child Labor Deterrence Act, to try to end abusive and exploitative child labor. It would have banned the importation of all goods into the United States made by abusive and exploitative child labor.

Some have said this is revolutionary, but I don't believe so. I believe it is written in the most conservative of all ideas that this country stands for; that international trade cannot ignore international values.

Would the President of the United States ever send a bill to Congress dealing with free trade or opening up trade with a country that employed slave labor? Of course not; he would be laughed off the floor. But what about this young girl? What about the millions more like her around the world? They are as good as slaves because they don't have any other choice and they are forced to do this under the guise of free trade.

We, as a nation, cannot ignore, this. In 1993, this Senate put itself on record in opposition to the exploitation of children by passing a sense-of-the-Senate resolution that I submitted.

In 1994, as chairman of the Labor, Health and Human Services Appropriations Subcommittee, I requested the Department of Labor to begin a series of reports on child labor. Those reports, now three in number, represent the most thorough documentation ever assembled by the U.S. Government on this issue. They published three reports; the fourth will be completed shortly.

Earlier this year, I introduced a bill called the Child Labor Free Consumer Information Act, which would give consumers the power to decide through a voluntary labeling system whether they want to buy an article made by child labor or not. Every time you buy a shirt, it says on the shirt where it was made. It tells you how much cotton, how much polyester and how much nylon, et cetera, is in that shirt. It has a price tag on it and tells you how much it cost to buy. But it won't tell you what it may have cost a child to make that shirt or that pair of shoes or that glassware or that brass object or that soccer ball or any number of items, including the vegetables that this girl is harvesting in Mexico.

So we said, let's have a voluntary labeling system, and if a company wanted to import items into the United States, they could affix a label saying it was child labor free. In exchange for that label, they would have to agree to allow surprise inspections of their plants to ensure that no children were ever employed there.

To me, this puts the power in the hands of consumers. It gives us the information that we need to know. I still think this is the direction in which we ought to go, a labeling system, and we have experience in that.

Right now ''RUGMARK'' is being affixed to labels on rugs coming out of India and Nepal that verifies that rug was not made with child labor, and it is working. It is working well, because now the people authorized to use the ''RUGMARK'' label have to open up their plants for people to come in and make sure no children are employed there, and they get the label ''RUGMARK,'' which certifies it was not made with child labor. The ''RUGMARK'' program also provides funds to build schools and provides teachers to educate these children so that they are not displaced. So if I, as a consumer, want to buy a nice hand-knotted rug, if I see that ''RUGMARK'' label, I know it was not made by child labor. More and more importers are importing ''RUGMARK'' rugs into this country. It has worked well in Europe, and now it is in the United States.

In October of this year, Congress passed into law another provision that I had worked on with Congressman SANDERS in the House. It is regarding section 307 of the Tariff Act of 1930, which makes it clear that goods made with forced or indentured labor are to be barred from entry into the United States. Section 307 of the tariff law of 1930 banned articles made by prison labor and forced labor from coming into this country. That has been on the books since 1930. What Congress passed was a clarification of that law or an explanation of that law to say that it also covers goods made by forced or indentured child labor. Congress passed it as part of the Treasury-Postal appropriations bill.

So you might say, Well, if you have done that, then there is nothing else to do. But that is only an appropriations bill, and it is only good for 1 year. We are now working with Customs officials to try to decide how they find those articles made by exploitative child labor. Again, it is only good for 1 year. Will we be able to put this into permanent law next year? I don't know. And that still does not address the issue of children who don't make goods bound for the U.S. market.

Right now, Mr. President, it is estimated somewhere in the neighborhood of 12.5 million kids around the world are involved in this kind of exploitative child labor, making goods that go into foreign trade that come into this country; 12.5 million kids, a large number being exploited for the economic gain of others.

Make no mistake about it, their economic gain is an economic loss for this child and their country and for the United States. Every child lost to the workplace in this manner is a child who will not learn a valuable skill to help their country develop economically or becoming a more active participant in the global markets.