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Senate

The Senate met at 9 a.m. and was called to order by the President pro tempore [Mr. THURMOND].

The PRESIDENT pro tempore. Today's prayer will be offered by our guest Chaplain, Dr. Winford L. Hendrix, Vienna Baptist Church, Vienna, VA.

We are pleased to have you with us.

PRAYER

The guest Chaplain, Dr. Winford L. Hendrix, offered the following prayer:

May we pray together, please.

On behalf of this assembly, Lord, thank You for another week of their service in Your kingdom and for our beloved country. And today we pray that You will grant the kind of understanding which will enable this Senate to see beneath the surface and identify the implications, consequences, and benefits of the decisions they shall make. May each Senator sense Your divine leadership in determining what is well founded, fair, and equitable; indeed, what is for the good of all the citizens of this great land. And I pray that You may reward all who respond to Your divine prompting with an inner sense of peace and fulfillment. In Your Holy Name we pray. Amen.

PLEDGE OF ALLEGIANCE

The Honorable PAUL COVERDELL, a Senator from the State of Georgia, led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDENT pro tempore. The able Senator from Pennsylvania is recognized.

Mr. SPECTER. I thank the distinguished President pro tempore.

THE PRESIDENT PRO TEMPORE

Mr. SPECTER. Mr. President, let me comment at the outset what a great pleasure it is to see you opening the Senate again this morning, looking hale and hardy. We keep moving the time earlier and earlier; but no matter how early it is, you are always here first.

The PRESIDENT pro tempore. I thank the Senator very much.

SCHEDULE

Mr. SPECTER. On behalf of the leader, I have been asked to announce that we will now begin 30 minutes of debate on the amendment offered by the distinguished Senator from Maine, Ms. COLLINS, regarding diabetes. Following that debate, the Senate will proceed to a vote on the amendment at approximately 9:30 a.m.

The Senate is expected to continue consideration of the Labor-HHS bill during today's session. Senators who still intend to offer amendments to the bill are encouraged to work with the managers to schedule time for those amendments. Following the Labor-HHS bill today, there will be a period of morning business.

The leader advised me last night that the Senate will be proceeding to other business on Monday and Tuesday and that we will return to the Labor-HHS bill on Wednesday.

There are a great many amendments pending. As the chairman of the full committee announced yesterday, it is his intention, and for that matter, mine, too, to challenge any amendments which violate rule XVI; that is, to offer legislation on an appropriations bill. I encourage all Senators to consult with me or have their staffs consult with committee staff to work out time agreements and sequencing so that when the amendment is called we can move to it as promptly as possible.

The leader called my attention to the fact that following next week's session, we will be on the holiday for Columbus Day, so there may be some motivation for people to want to get the Senate business in order to be concluded as promptly as possible before the start of that 3-day weekend.

I thank the Chair.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. DEWINE). Under the previous order, leadership time is reserved.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

The PRESIDING OFFICER. Also, under the previous order, the Senate will now resume consideration of S. 1650, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 1650) making appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal year ending September 30, 2000, and for other purposes.

The PRESIDING OFFICER. Under the previous order, the Senator from Maine is recognized to offer amendment No. 1824 on which there will be 30 minutes of debate equally divided.

The Senator from Maine.

Ms. COLLINS. I thank the Chair.

AMENDMENT NO. 1824

(Purpose: To express the sense of the Senate that diabetes and its resulting complications have had a devastating impact on Americans of all ages in both human and economic terms, and that increased support for research, education, early detection, and treatment efforts is necessary to take advantage of unprecedented opportunities for progress toward better treatments, prevention, and ultimately a cure)

Mr. President, I do call up amendment No. 1824, which is at the desk, and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Maine [Ms. COLLINS], for herself, Mr. BREAUX, and Mr. GRASSLEY, proposes an amendment numbered 1824.

Ms. COLLINS. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

At the appropriate place in title II, insert the following:

SEC. ——. EXPRESSING THE SENSE OF THE SENATE TO RAISE THE AWARENESS OF THE DEVASTATING IMPACT OF DIABETES AND TO SUPPORT INCREASED FUNDS FOR DIABETES RESEARCH.

(a) FINDINGS.—Congress makes the following findings:

(1) Diabetes is a devastating, lifelong condition that affects people of every age, race, income level, and nationality.

(2) Sixteen million Americans suffer from diabetes, and millions more are at risk of developing the disease.

(3) The number of Americans with diabetes has increased nearly 700 percent in the last 40 years, leading the Centers for Disease Control and Prevention to call it the ''epidemic of our time''.

(4) In 1999, approximately 800,000 people will be diagnosed with diabetes, and diabetes will contribute to almost 200,000 deaths, making diabetes the sixth leading cause of death due to disease in the United States.

(5) Diabetes costs our nation an estimated $105,000,000,000 each year.

(6) More than 1 out of every 10 United States health care dollars, and about 1 out of every 4 Medicare dollars, is spent on the care of people with diabetes.

(7) More than $40,000,000,000 a year in tax dollars are spent treating people with diabetes through Medicare, Medicaid, veterans benefits, Federal employee health benefits, and other Federal health programs.

(8) Diabetes frequently goes undiagnosed, and an estimated 5,400,000 Americans have the disease but do not know it.

(9) Diabetes is the leading cause of kidney failure, blindness in adults, and amputations.

(10) Diabetes is a major risk factor for heart disease, stroke, and birth defects, and shortens average life expectancy by up to 15 years.

(11) An estimated 1,000,000 Americans have Type 1 diabetes, formerly known as juvenile diabetes, and 15,200,000 Americans have Type 2 diabetes, formerly known as adult-onset diabetes.

(12) Of Americans aged 65 years or older, 18.4 percent have diabetes.

(13) Of Americans aged 20 years or older, 8.2 percent have diabetes.

(14) Hispanic, African, Asian, and Native Americans suffer from diabetes at rates much higher than the general population, including children as young as 8 years-old, who are now being diagnosed with Type 2 diabetes, formerly known as adult-onset diabetes.

(15) In 1999, there is no method to prevent or cure diabetes, and available treatments have only limited success in controlling diabetes devastating consequences.

(16) Reducing the tremendous health and human burdens of diabetes and its enormous economic toll depend on identifying the factors responsible for the disease and developing new methods for treatment and prevention.

(17) Improvements in technology and the general growth in scientific knowledge have created unprecedented opportunities for advances that might lead to better treatments, prevention, and ultimately a cure.

(18) After extensive review and deliberations, the congressionally established and National Institutes of Health-selected Diabetes Research Working Group has found that ''many scientific opportunities are not being pursued due to insufficient funding, lack of appropriate mechanisms, and a shortage of trained researchers''.

(19) The Diabetes Research Working Group has developed a comprehensive plan for National Institutes of Health-funded diabetes research, and has recommended a funding level of $827,000,000 for diabetes research at the National Institutes of Health in fiscal year 2000.

(20) The Senate as an institution, and Members of Congress as individuals, are in unique positions to support the fight against diabetes and to raise awareness about the need for increased funding for research and for early diagnosis and treatment.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) the Federal Government has a responsibility to—

(A) endeavor to raise awareness about the importance of the early detection, and proper treatment of, diabetes; and

(B) continue to consider ways to improve access to, and the quality of, health care services for screening and treating diabetes;

(2) the National Institutes of Health, within their existing funding levels, should increase research funding, as recommended by the congressionally established and National Institutes of Health-selected Diabetes Research Working Group, so that the causes of, and improved treatments and cure for, diabetes may be discovered;

(3) all Americans should take an active role to fight diabetes by using all the means available to them, including watching for the symptoms of diabetes, which include frequent urination, unusual thirst, extreme hunger, unusual weight loss, extreme fatigue, and irritability; and

(4) national organizations, community organizations, and health care providers should endeavor to promote awareness of diabetes and its complications, and should encourage early detection of diabetes through regular screenings, education, and by providing information, support, and access to services.

The PRESIDING OFFICER. The Senator from Maine is recognized.

Ms. COLLINS. Mr. President, I ask unanimous consent that the Senator from Michigan, Mr. ABRAHAM, be added as a cosponsor of this amendment.

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

Ms. COLLINS. I thank the Chair.

Mr. President, I am pleased to join my co-chair of the Senate Diabetes Caucus, Senator BREAUX, as well as the chairman of the Senate Special Committee on Aging, Senator GRASSLEY, and the distinguished Senator from Michigan, Mr. ABRAHAM, in introducing a sense-of-the-Senate resolution to help address the devastating impact of diabetes and its resulting complications on Americans of all ages.

This resolution calls for increased support for diabetes research, education, early detection, and treatment. Diabetes research has been underfunded in recent years. It is imperative that we increase our commitment in order to take full advantage of the unprecedented and exciting scientific opportunities that we have as the millennium approaches for advances leading to better detection, treatment, prevention, and ultimately a cure for this devastating disease.

Diabetes is a very serious condition that affects people of every age, race, and nationality. Here in America, 16 million people suffer from diabetes, and about 800,000 new cases are diagnosed each year.

Moreover, diabetes frequently goes undiagnosed. Of the 16 million Americans with diabetes, it is estimated that 5.4 million do not realize they have this very serious condition.

Diabetes is one of our Nation's most costly diseases, both in human and economic terms. It is the sixth deadliest disease in the United States and kills almost 200,000 Americans annually. It is the leading cause of kidney failure, of blindness in adults, and amputations. It is a significant risk factor for heart disease, stroke, and birth defects. The disease shortens the average life expectancy by up to 15 years

Moreover, it is very costly in financial terms as well. Diabetes costs the Nation in excess of $105 billion annually in health-related expenditures. At present, more than 1 out of every 10 dollars that we spend on health care is related to treating people with diabetes. About 1 out of 4 Medicare dollars are used to treat people with diabetes. Indeed, more than 40 billion in tax dollars is spent each year treating people with diabetes through Medicare, Medicaid, veterans' health, and Federal employees' programs.

Unfortunately, there currently is no way to prevent or to cure diabetes. Available treatments have had only limited success in controlling the devastating consequences of this disease. This problem is made all the more complex by the fact that diabetes is not a single disease, but rather it occurs in several forms and the complications affect virtually every system of the body.

Children with type I diabetes face a lifetime of multiple daily finger pricks to check their blood sugar levels, daily insulin injections, and the possibility of lifelong complications, including kidney failure and blindness, which can be deadly, can be disabling.

Older Americans with diabetes also can be disabled by the multiple complications of the disease.

Every year, the Juvenile Diabetes Foundation hosts a children's congress in Washington, DC. They bring children from all over this Nation to put a human face on the consequences of type I diabetes.

Recently, I had the opportunity to meet a courageous 8-year-old boy from North Yarmouth, ME. Nathan Reynolds is an active young boy. He loves school, biking, swimming, and baseball, and he particularly likes collecting old coins. He is also suffering from type I diabetes. He was diagnosed about 2 years ago, and it has completely changed his life and the life of his family.

He has had to learn how to check his blood. In fact, his 4-year-old brother reminds him to do it before each meal.

He has to give himself an insulin shot or get his teacher or the school nurse or his parents to help him do so. Nathan can never take a day off from his disease. It does not matter whether it is Christmas or his birthday, he still has to prick his finger and check his blood sugar. He still has to inject himself with insulin in order to keep relatively healthy.

I will never forget the story a teacher told me of all the children in her class making a wish for Christmas. Some of them wished for a new toy, one wished for a pony, another wished to go to Disney World. But one little boy who had juvenile diabetes made the wish that he could just have Christmas without having to give himself ''yucky'' shots.

That story touched me deeply, and it hit home with the fact that this is a lifelong condition for children who are diagnosed with type I diabetes.

I will also never forget the anguish on a young mother's face who told me her 5-year-old son had just been diagnosed with diabetes. ''How do I tell him?'' she said. ''How do I tell him he is going to have to have shots every day, that he is going to have to constantly prick his finger to check his blood sugar levels? How do I tell him what this means for him and for all of us who love him?''

There is also some good news. Exciting research is underway that should lead to medical breakthroughs for Nathan, for other children, and for adults who have type I and type II diabetes. Reducing the tremendous health and human burdens of diabetes and its enormous economic toll depends upon identifying the factors responsible for the disease and developing new methods for treatment, prevention, and ultimately a cure.

The next decade holds tremendous potential and promise for diabetes research. Improvements in technology and the general growth in scientific knowledge have created unprecedented opportunities for advancements that might lead to better treatments, prevention, and a cure.

Earlier this year, the congressionally mandated diabetes research working group, an independent panel composed of 12 scientific experts of diabetes and 4 representatives of the lay diabetes communities, issued an important report. It is called ''Conquering Diabetes: A Strategic Plan for the 21st Century.'' This important report details the magnitude of the problem, and it lays out a comprehensive plan for research conducted by the National Institutes of Health on diabetes.

In this report, the diabetes working group found, ''Many scientific opportunities are not being pursued due to insufficient funding, lack of appropriate mechanisms and a shortage of trained researchers.''

The report also concluded that the current level of funding, the level of effort, and the scope of diabetes research falls far short of what is needed to capitalize on these promising opportunities. The funding level, the report found, is so far short of what is required to make progress on this complex and difficult problem.

The report goes on to recommend a funding level of $827 million for diabetes research at NIH in fiscal year 2000, and, indeed, many of our colleagues signed a letter to the Appropriations Committee requesting an appropriation of just that level to be included to advance the goals of this legislation.

I am a strong supporter of increased research and of efforts to double our investment in biomedical research over the next few years. There is simply no investment that would yield greater returns for the American taxpayers, and the commitment of the bill before us of an additional $2 billion in funding for NIH, which represents nearly a 13-percent increase, will bring us so much closer to that goal. This strategy is particularly important as we move into the next century when our public health and disability programs will be under increasing strains due to the aging of our population.

I am also very pleased and commend the chairman of the subcommittee, Senator SPECTER, and the ranking minority member, Senator HARKIN, for including very strong language in the report accompanying this bill which recognizes that diabetes research has been underfunded in the past and directs that funding for diabetes be increased at the National Institute for Diabetes and Digestive and Kidney Disease and other NIH institutes. Again, the chairman of the Appropriations Committee, Senator STEVENS, and the chairman and ranking member of the subcommittee, Senator SPECTER and Senator HARKIN, have all been tremendous advocates for people with diabetes and are to be commended for their strong leadership in this effort.

The amendment I am offering today does not earmark a particular funding level for diabetes research. Rather, it is intended to heighten awareness of the devastating impact of this disease, and it is intended to affirm that diabetes research is a high priority. Most of all, the amendment expresses the clear intent of the Senate that the National Institutes of Health should substantially increase its investment in the fight against diabetes along the lines recommended in this landmark report, the $827 million recommendation.

We must ensure that sufficient resources are available to take full advantage of the extraordinary and unprecedented scientific opportunities identified by the diabetes working group. If we do so, we can better understand and ultimately conquer this devastating disease.

I thank the Chair for his attention. I hope all of my colleagues will join us in supporting this resolution to send a clear signal that we are committed to conquering diabetes.

I reserve any remaining time I may have left.

Mr. GRASSLEY. Mr. President, I rise today in support of the sense-of-the-Senate resolution regarding diabetes. I thank my colleagues from Maine for sponsoring this resolution. Senator COLLINS and I were among the original co-founders of the Senate Diabetes Caucus and have worked together to raise awareness of the disease and the need for a cure.

Diabetes is a devastating illness that affects people of every age, race, and nationality. More than sixteen million Americans suffer from diabetes and 800,000 new cases are diagnosed each year. Diabetes is also a leading chronic illness affecting children, a special population with which it places an especially heavy burden.

Although many people with diabetes are able to survive with multiple daily injections of insulin, it is not a cure for this dreaded disease. Despite the availability of insulin, diabetes continues to cause serious health complications, including kidney failure and blindness, and it is the cause of nearly 200,000 deaths per year.

Diabetes costs our nation nearly $100 billion each year in direct and indirect costs. In fact, more than forty billion tax dollars are spent each year in treating people with diabetes through Medicare, Medicaid, veterans and federal employees health benefits.

Past investments in diabetes research at the National Institutes for Health (NIH) are beginning to show real promise for a cure and the number of research opportunities in the field continue to expand. We now stand at a pivotal juncture in the fight to cure diabetes and its complications.

A report released in February by the congressionally mandated Diabetes Research Working Group (DRWG) called upon NIH to substantially expand its support for diabetes research and has identified specific research recommendations as part of a new national plan to find a cure.

On April 26, 1999, a letter signed by myself, Senator COLLINS, and 37 of our colleagues was sent to Chairman SPECTER and Ranking Member HARKIN in requesting increased funding for diabetes research within NIH in accordance with the DRWG report. And, it is clear from the work of the Senate Appropriations Committee that diabetes has not been neglected. Therefore, in an effort to bolster the work of the committee, and I believe rightly so, this resolution is being introduced today to send a clear signal to all Americans that diabetes is a serious concern of the United States Senate.

We have not yet found a cure for diabetes. But, I am confident that in time and with sufficient support, a cure will be found and we will be able to declare victory over this debilitating disease.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I congratulate the distinguished Senator from Maine, Ms. COLLINS, for offering this amendment. I agree with her that the amendment will appropriately

focus attention on the problems of diabetes, especially among the young people in America.

I thank Senator COLLINS for noting the work of the subcommittee and the full committee in moving ahead with funding on this important ailment and, as she noted, with the very strong language that is present in the bill encouraging the National Institutes of Health to move forward.

I think it appropriate to note for the record that on June 22 of this year we had a special hearing on diabetes. At that time, we had testimony from officials at the National Institutes of Health, the Director, Dr. Harold Varmus; Dr. Phillip Gorton, the Director of the Institute of Diabetes and Digestive and Kidney Diseases; as well as a number of others.

It is very important to put a human face on the issue, as Senator COLLINS did with the specific reference in her speech to the youngsters. At that time, we had coming forward the celebrity, Mary Tyler Moore, a juvenile diabetic; Mr. Tony Bennett, the famous singer, the grandfather of a child with diabetes; Mr. Alan Silvestri, a composer and father of a child with diabetes; and also our distinguished colleague, Senator STROM THURMOND, who has a daughter with diabetes.

It is a curious factor, but a fact of life nonetheless, that when people of celebrated stature come and testify, there is more public understanding of the ailment and more willingness to face up to it in the appropriations process.

In order to carry forward on what this sense-of-the-Senate resolution requests—and I feel confident in predicting it will pass 90-something to nothing; the only open question is how many Senators will be present to vote for it; I think it will be a unanimous vote, but our ability to carry that forward depends upon what we appropriate.

In the bill currently pending, we have an increase in NIH funding of $2 billion. That is a tremendous sum of money. We have a bill which is $4 billion higher than last year's bill, with the funding coming largely for education, where we have an increase of $2.3 billion. In assessing the priorities in education, we have put in more than $500 million more than the President's request. We have in excess of $35 billion for education.

When it comes to health care, Senator HARKIN and I have taken the lead in adding $2 billion, as we did last year. When we have assessed those priorities, it has made it necessary to reduce funding on some other proposals. I found myself in a very unique position in managing this bill. I have voted against amendments I never voted against before. I voted against an amendment to add $200 million on class size, which I would like to have supported. The bill continues the funding at $1.2 billion. If we added the $200 million on class size, in addition to the $1.2 billion, there would not be room for funding for NIH, for programs such as diabetes.

Then we had an amendment come up on afterschool programs, again, a request for $200 million more. There is $200 million in the current budget, and Senator HARKIN and I took the lead of adding $200 million to bring it to $400 million. I would like to have more for afterschool programs, but I had to vote against that amendment, because if we add $200 million more to afterschool programs, it has to come from some place. And NIH is a big target out there. The amendment adding the $200 million for afterschool programs was offered by the Senator from California, Mrs. BOXER.

Then Senator DODD offered an amendment to add about $900 million more to day care. I have always supported. But again, when you have a bill of $91.7 billion, which is at the breaking point as to what this body will pass—and I think there is a question as to whether we will have 51 votes for that because it is a lot of money, although staying within the caps—again with great reluctance, I could not support Senator DODD's amendment on day care.

Then we had a very important social service block grant, again where it is a matter of priorities. When it comes to health, I believe there is no higher priority. I have said with some frequency that the National Institutes of Health is the crown jewel of the Federal Government—perhaps the only jewel of the Federal Government.

In my position as chairman of the subcommittee, which has the baseline responsibility to fund the National Institutes of Health—and Senator HARKIN has the same consideration—we receive requests constantly from people who have Parkinson's—we had a hearing this week on Parkinson's disease. We had a hearing on prostate cancer, a special concern on breast cancer, heart ailments, a very large number of unknown diseases.

I said on the floor yesterday that Senator HARKIN is very frequently lobbied when he gets on the plane between Washington and Des Moines. I find a lot of people with unique ailments on the Metroliner between Washington and Philadelphia.

As Senator COLLINS has brought forward the issue this morning, I think it is a very profound message. But to accomplish what Senator COLLINS seeks, we have to appropriate the increase of $2 billion. Even then, if there are 10 doors with research projects behind them, 7 of those doors will not be opened, even with funding NIH at a level of $17.6 billion.

So again, I thank my colleague from Maine—carrying on the great tradition of Maine Senators.

I yield the floor, leaving her the remainder of the time before 9:30 to close.

Ms. COLLINS addressed the Chair.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. I again salute the Senator from Pennsylvania for his tremendous commitment to medical research. Without his leadership, we would not see the kinds of advancements that are being made. I thank him for his support.

Mr. President, I ask unanimous consent the Senator from Ohio, Mr. DEWINE, and the Senator from Arkansas, Mr. HUTCHINSON, be added as cosponsors to my sense-of-the-Senate amendment.

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

Ms. COLLINS. Mr. President, we are on the edge of an exciting breakthrough in the treatment and ultimately the prevention and cure of diabetes. That is why I am so excited by the possibility of a significant increase in research in this area.

As the chairman of the Senate Diabetes Caucus, I have had the opportunity to visit some of the leading-edge research labs that are doing work on diabetes. I have visited Jackson Labs in Bar Harbor, MA, where very exciting research is ongoing into the causes of both type I and type II diabetes. I am very proud of the contributions made by these distinguished scientists in my home State.

In addition, I have had the pleasure of visiting the JDF Foundation Center at Harvard Medical School, where there is also tremendous research underway. I am convinced, with the kind of increased commitment called for by my resolution, and indicated in the Appropriations Committee's report, that we can in fact break through and reach a cure for this devastating disease.

Mr. President, I do not know whether there is any other request for time. It is my understanding the vote is scheduled for 9:30. We have reached that hour.

Mr. President, seeing no one seeking further time to speak, I ask for the yeas and nays on the pending amendment.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. Is all time yielded back? Does the Senator from Pennsylvania yield back the remaining time?

Mr. SPECTER. I do, Mr. President. The hour is 9:30. I think we are set for the vote.

The PRESIDING OFFICER. All time having expired, the question is on agreeing to the Collins amendment No. 1824. The yeas and nays have been ordered. The clerk will call the roll.

The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Indiana (Mr. LUGAR), the Senator from Florida (Mr. MACK), the Senator from Arizona (Mr. MCCAIN), and the Senator from Wyoming (Mr. THOMAS), are necessarily absent

Mr. REID. I announce that the Senator from California (Mrs. BOXER) and the Senator from Oregon (Mr. WYDEN) are necessarily absent.

I also announce that the Senator from Michigan (Mr. LEVIN) is absent because of a death in the family.

I further announce that, if present and voting, the Senator from Michigan (Mr. LEVIN) would vote ''no.''

The result was announced—yeas 93, nays 0, as follows:

[Rollcall Vote No. 305 Leg.]

YEAS—93

Abraham	Edwards	Lieberman
Akaka	Enzi	Lincoln
Allard	Feingold	Lott
Ashcroft	Feinstein	McConnell
Baucus	Fitzgerald	Mikulski
Bayh	Frist	Moynihan
Bennett	Gorton	Murkowski
Biden	Graham	Murray
Bingaman	Gramm	Nickles
Bond	Grams	Reed
Breaux	Grassley	Reid
Brownback	Gregg	Robb
Bryan	Hagel	Roberts
Bunning	Harkin	Rockefeller
Burns	Hatch	Roth
Byrd	Helms	Santorum
Campbell	Hollings	Sarbanes
Chafee	Hutchinson	Schumer
Cleland	Hutchison	Sessions
Cochran	Inhofe	Shelby
Collins	Inouye	Smith (NH)
Conrad	Jeffords	Smith (OR)
Coverdell	Johnson	Snowe
Craig	Kennedy	Specter
Crapo	Kerrey	Stevens
Daschle	Kerry	Thompson
DeWine	Kohl	Thurmond
Dodd	Kyl	Torricelli
Domenici	Landrieu	Voinovich
Dorgan	Lautenberg	Warner
Durbin	Leahy	Wellstone

NOT VOTING—7

Boxer	Mack	Wyden
Levin	McCain	
Lugar	Thomas	

The amendment (No. 1824) was agreed to.

Mr. COVERDELL. I move to reconsider the vote.

Mr. HATCH. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. DASCHLE. Mr. President, I ask to proceed as in morning business.

The PRESIDING OFFICER (Mr. GORTON). Without objection, it is so ordered

MEDICARE BENEFICIARY ACCESS TO CARE ACT OF 1999

Mr. DASCHLE. Mr. President, 2 years ago, we passed the Balanced Budget Act. It was a monumental example of what Congress can achieve when we work together.

Not only did we end 30 years of deficit spending with the Balanced Budget Act, we also extended the life of the Medicare Part A Trust Fund by 13 years. And we added important new preventive benefits, including mammograms and Pap smears, for Medicare beneficiaries.

We made many changes that achieved a lot of good.

We also know now that we made some miscalculations.

Frankly, that is to be expected. Very often, when you make a lot of changes, you don't get everything right the first time.

But the miscalculations we made about Medicare in the Balanced Budget Act are causing real hardships for some of our most vulnerable citizens—hardships that cannot be justified on either financial or medical grounds. We did not anticipate these consequences when we passed the Balanced Budget Act. But now that we know about them, we have a responsibility to address them.

Today I am introducing the Medicare Beneficiary Access to Care Act of 1999.

This bill is not a comprehensive Medicare reform plan. Nor is it a wholesale revision of the Balanced Budget Act. Instead, it is a reasonable, targeted solution to certain specific problems with Medicare that Congress created inadvertently as part of the Balanced Budget Act.

Before I outline the specific remedies in my bill, I want to tell you about the real-life consequences of one of the changes we made to Medicare under the Balanced Budget Act.

Two years ago, Congress decided to limit how much Medicare would pay for rehabilitation therapy. The new limits are $1,500 a year per patient for physical and speech therapy combined, and another $1,500 for occupational therapy.

For some Medicare patients who need rehabilitation therapy, the new limits on payments are not a problem. But for Ruth Irwin, they are a nightmare.

A while back, Mrs. Irwin had to have one of her legs amputated because of complications of diabetes. With an incredible amount of effort and the help of regular physical therapy, Mrs. Irwin was learning how to walk with a prosthetic leg and two canes.

Her goal was to learn to walk with one cane, so she would have one hand free. She was on the verge of reaching that goal—when she hit the $1,500 physical-therapy limit. She couldn't afford to pay out-of-pocket, so she stopped seeing her physical therapist. Her condition deteriorated. A few months later, she tripped on a curb and broke three ribs. Ruth Irwin is not alone.

It is estimated that 1 in 7 Medicare recipients who need physical therapy—about 200,000 Americans—will hit the caps this year. These are mostly patients who are recuperating from amputations, strokes, and head trauma, and people who suffer from serious degenerative diseases such as multiple sclerosis, Alzheimer's, and Parkinson's disease.

Mr. President, between 1990 and 1996, Medicare spending on rehabilitation therapy grew 18 percent a year, to $1 billion. We had good reason to try to curb that growth. But we now know, we chose the wrong way to accomplish our goal. It's wrong to force stroke victims in nursing homes to decide whether they want to learn how to walk or talk. The Medicare Beneficiary Access to Care Act repeals the current, arbitrary caps rehabilitation therapy and replaces it with limits based on individual patients' specific needs.

It also makes a number of other, targeted adjustments.

First: It adjusts the new payment system for nursing homes and skilled nursing facilities to better reflect the increased costs of caring for very sick patients.

Second: It postpones additional cuts in home health care payments for two years and addresses the more serious problems that have come to light while the current ''interim payment system'' has been in place.

Third: It protects hospitals from crippling losses they might otherwise suffer as the result of a new Medicare payment system for outpatient medical services.

This protection is especially important for people who depend on rural hospitals—like Mobridge Hospital, in Mobridge, South Dakota. Mobridge Hospital is the only source of inpatient hospital care for 100 miles. If it were forced to drastically reduce its services, or close, that would have a devastating impact on scores of communities. Because they serve a population that is generally older and less wealthy than average, America's rural hospitals operate on lower profit margins, and they have virtually no margin for error. They need the relief that is in this bill.

A fourth area addressed by the bill are the deep cuts made by the BBA in payments to teaching hospitals. Major teaching hospitals represent only 6% of all hospitals. But they account for 70% of the burn units in America, more than half of the pediatric intensive care units, and they provide 44% of the indigent care in this country. The bill moderates these cuts.

When you combine other BBA cuts in payments with reductions in payments for indirect medical education, nearly half of America's major teaching hospitals are projected to lose money during the next few years. We cannot sacrifice the high-quality care, teaching, and research activities these hospitals provide. We must make this fix, and keep these hospitals whole. This bill does it.

Fifth, Mr. President, the Medicare Beneficiary Access to Care Act provides new protections for seniors enrolled in Medicare+Choice, when their plan pulls out of their community.

Finally, the bill includes additional provisions to protect access to rural hospitals, hospice care, community health centers, and rural health clinics.

As I said, this is not a comprehensive solution to Medicare. There are still many questions we must work together to answer. How can we add the prescription drug plan both our parties—and the vast majority of Americans—say we support? How can we make sure Medicare remains solvent when the Baby Boomers retire—and beyond?

These are questions that must be answered. They are important and must be addressed in legislation that falls outside the purview of the bill we introduce today. But make no mistake,