CONSOLIDATED REPORT OF EXPENDITURE OF FOREIGN CURRENCIES AND APPROPRIATED FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), FOR TRAVEL AUTHORIZED BY DEMOCRATIC LEADER FROM AUG. 13, TO AUG. 15, 1999

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Senator Tom Daschle:									
Cuba	Dollar		500.00						500.00
Senator Byron Dorgan:									
Cuba	Dollar		500.00						500.00
Bradley Van Dam:									
Cuba	Dollar		285.00						285.00
Howard Walgren:									
Cuba	Dollar		300.00						300.00
Sally Walsh:									
Cuba	Dollar		278.00						278.00
Delegation expenses:									
Cuba	Dollar						1,560.58		1,560.58
Total			1,863.00				1,560.58		3,423.58

[1] Delegation expenses include direct payments and reimbursements to the Department of State and to the Department of Defense under authority of Sec. 502(b) of the Mutual Security Act of 1954, as amended by Sec. 22 of P.L. 95–384, and S. Res. 179 agreed to May 25, 1977.

TOM DASCHLE,
Democratic Leader, Sept. 15, 1999.

HEALTHCARE RESEARCH AND QUALITY ACT OF 1999

Mr. GRAMM. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. 580, and the Senate then proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 580) to amend title IX of the Public Health Service Act to revise and extend the Agency for Healthcare Policy and Research.

There being no objection, the Senate proceeded to consider the bill.

AMENDMENT NO. 2506

(Purpose: To provide for a complete substitute)

Mr. GRAMM. Mr. President, there is a substitute amendment at the desk submitted by Senators FRIST, JEFFORDS, and KENNEDY. I ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Texas [Mr. GRAMM], for Mr. FRIST, for himself, Mr. JEFFORDS, and Mr. KENNEDY, proposes an amendment numbered 2506.

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. KENNEDY. Mr. President, ten years ago, Congress created the Agency for Health Care Policy and Research to help us deal more effectively with critical national priorities in health care and research. I introduced the legislation with Senator HATCH, and it passed as part of the Omnibus Budget Reconciliation Act of 1989. It was based on a precursor organization—the National Center for Health Services Research—that was created by President Lyndon Johnson. The Agency's focus is primarily on health services research and other cutting edge methods to improve clinical practice. In its first decade, the Agency has proven its worth time and again by providing valuable information to Congress, health professionals, patients, businesses, and many others.

This reauthorization begins a new chapter for the Agency. New responsibilities come with its new name, the Agency for Healthcare Research and Quality. While the Agency's intramural and extramural research will remain focused on general outcomes research and assessments of the how well the nation is doing with respect to coverage and provision of health care, there will also be increased activity on research to monitor and improve the quality of care.

The Agency will serve an increasingly important role in the nation's effort to measure and improve the quality of health care, and to expand access to health insurance and health care. Research supported by the Agency provides critical information about the use, cost and quality of health services. As the health care market evolves, these data are necessary for informed decisions to help patients, providers, employers, government administrators, and policymakers. While the Agency is not directly involved in making policy, its research and expertise provide informed guidance to those who are. This legislation will help the Agency maintain and expand its efforts to encourage public-private partnerships at every level of the health care system.

The American people deserve to know that their hard-earned dollars are buying high-quality care. They want to know, as they are voluntarily or involuntarily enrolled in managed care plans, that the quality of care they receive is improving, not declining. Employers deserve to know that their investments in health benefits lead to healthier employees. As a result of the Agency's work, more and more Americans will be able to make the right decisions about their health care.

The Agency also provides an important link between advances in medical research and technology, and adoption of these practices by the public and private sectors. The research conducted and supported by the Agency helps identify erroneous denials of treatment, and informs the nation about treatments that are the most effective or have the highest quality. While the Agency is not in the business of developing or promoting practice guidelines, its recommendations and research findings lead to significant savings for patients, providers, health plans, and taxpayers, while simultaneously improving the quality of care.

For example, if the Agency's recommendations were applied to even 20 percent of patients, the nation could save hundreds of millions of dollars annually—ranging from $8.5 million for enhanced prenatal care for diabetic women to $130 million for therapies that prevent stroke. We should do all we can to see that decision-making on health care is guided by the best available scientific information. The Agency for Healthcare Research and Quality will to help us achieve that goal.

The reauthorization of the Agency also provides an opportunity to expand research on health care for those with special needs. Our success in treating these patients is an important measure of the overall effectiveness of the nation's health care system. More needs to be done to evaluate how well our system treats those who need the most, and often the most complex, services. Persons with disabilities are often underrepresented in health services research. Assessing how well our fragmented system cares for a person with mental retardation or spina bifida or parapalegia or a person nearing the end-of-life will enable us to assess where better care can lead to both a higher quality of life and significant savings.

Reliable information about medical technology is an essential component of providing high quality health care to all Americans at a reasonable cost. It is especially important for Congress to be able to compare and understand the effectiveness of different technologies. For this reason, I was a strong supporter of the Congressional Office of Technology Assessment, which evaluated technologies in a wide range of

scientific disciplines and provided a great deal of useful information to Congress before its funding was cut off in 1995. Fortunately, the Agency is fulfilling this essential role in the area of health care, and its mission is now more important than ever.

The ongoing biomedical revolution is bringing extraordinary benefits to our society. The next century may well be the century of life sciences. Every day, we hear about new medical procedures and technologies. To fulfill their promise, the quality and effectiveness of new procedures and technologies must be carefully evaluated. The Agency is uniquely qualified to meet this challenge, and to provide important information about the value and effectiveness of existing procedures and therapies.

The assessment reports prepared by the Agency are based on sound scientific data. Expanding access to the Agency's findings is an important step toward improving the overall quality of health care for the nation. We need to do all we can to see that the extraordinary discoveries being made in biomedical research are brought as quickly as possible to the bedside of the patient.

This reauthorization puts a new face on the Agency and refocuses and refines its functions. Adequate funding for the Agency is essential, and I look forward to working with the Appropriations Committees and the Administration to achieve these needed and wise investments in better health care for all.

Mr. FRIST. Mr. President, I am pleased that we are witnessing today the passage of legislation that is critical to improving the quality of health care in this country. The ''Healthcare Research and Quality Act of 1999,'' which I introduced on March 10, 1999, will significantly increase our federal investment in health care research and science-based evidence to improve the quality of patient care.

The health care system is a dramatically different system today than a decade ago when the Congress established the Agency for Health Care Policy and Research. The financing and delivery of health care has changed as we have moved to more complex systems such as managed care. At the same time, there has been an explosion of new medical information stemming from our biomedical research advances. As a result, patients and providers face increased difficulty in tracking and understanding the latest scientific findings.

As we have seen in the debate on the Patients' Bill of Rights Act, issues regarding the quality and appropriate use of health care services is a significant public policy concern. Thus, I felt it was important to include S. 580 in the Patients' Bill of Rights Act that passed the Health, Education, Labor, and Pensions Committee on March 18, 1999, and subsequently passed the Senate on July 15, 1999. As one of the conferees on the Patients' Bill of Rights, I look forward to working with my colleagues in an effort to improve the quality of health care delivered in this country by passing strong patient protection legislation next year. However, as we have been working on the legislation regarding AHCPR for quite some time—I introduced the first version of the bill, S. 2208, on June 23, 1998—I felt strongly that we pass the legislation reauthorizing the agency this year.

S. 580 reauthorizes the Agency for Health Care Policy and Research for fiscal years 2000–2005, renames the agency the ''Agency for Healthcare Research and Quality,'' and refocuses the agency's mission to become the focal point for supporting federal health care research and quality improvement activities.

The new Agency for Healthcare Research and Quality will: promote quality by sharing information regarding medical advances; build public-private partnerships to advance and share true quality measures; report annually on the state of quality, and cost, of the nation's healthcare; aggressively support improved information systems for health quality; support primary care research, and address issues of access in underserved areas and among priority populations; facilitate innovation in patient care with streamlined evaluation and assessment of new technologies; and coordinate quality improvement efforts of the federal government to avoid disjointed, uncoordinated, or duplicative efforts.

AHCPR fills a vital federal role by investing in health services research to ensure we reap the full rewards of our investment in basic and biomedical research. AHCPR takes these medical advances and helps us understand how to best utilize these advances in daily clinical practice. The Agency has demonstrated their ability to close this gap between basic research and clinical practice.

I believe the Agency can truly make a difference in improving health care quality in this country. The work of the Agency fills a crucial need by translating advances in medicine into what works for me, as a physician, in my daily practice. I think these answers will help us address some of the critical issues raised in the patient protection or quality health care debate. I also believe the work of the Agency is essential for improving the long term stability of the Medicare program and improving the health care system in general by providing the tools we need to assess and improve health care quality.

I would also like to point out that the legislation we are passing today builds upon the good work of our House companion bill, H.R. 2506, introduced and passed by my colleagues Representatives BILIRAKIS, BLILEY, DINGELL, and BROWN. The bill we are considering today, S. 580, has been modified to reflect agreement between the authorizing committees on the House and Senate passed versions of the bill. I will not list all of the changes we have made, but I would like to highlight a few.

First, I am pleased that our bill has an increased emphasis on research regarding the delivery of health care in inner city and rural areas and of health care issues for priority populations including low-income groups, minority groups, women, children, the elderly, and individuals with special health care needs including individuals with disabilities and individuals who need chronic care or end-of-life health care. The legislation will ensure that individuals with special health care needs will be addressed throughout the research portfolio of the Agency.

A second provision included in the bill which I believe is extremely important for improving the health of our nation's children is the authorization to provide support for payments to children's hospitals for graduate medical education programs. The bill will provide funding to the 59 freestanding children's hospital across the country that do not receive any GME funds today. These 59 hospitals represent over 20% of the total number of children's hospitals in the U.S. and they train nearly 30% of the nation's pediatricians, about 50% of all pediatric specialists, and over 65% of all pediatric specialists. I believe this is a strong addition to our bill which will ensure the training of pediatric physicians to improve the quality of health care for our children.

Mr. President, this legislation would not have come to fruition without the contributions of many individuals. I would like to take this moment to express my gratitude to Senator NICKLES and the entire Health Care Quality Task Force for making this bill a legislative priority. I would also like to thank Senator JEFFORDS, Senator KENNEDY, and all the members of the Health, Education, Labor, and Pensions committee who helped develop the legislation. The Administration and the Agency have been enormously helpful in providing their technical expertise as we rewrote the current statute, and I would especially like to thank Dr. John Eisenberg and Larry Patton for their tremendous contributions. Finally, I would like to thank my staff for their work on the bill, Andrew Balas, Susan Ramthun, and Anne Phelps. I look forward to working with my House colleagues and President Clinton to witness the enactment of S. 580 into law this year which will greatly improve the quality of health care for all Americans.

Mr. KENNEDY. Mr. President, today marks an important landmark in our efforts to improve children's health. We are taking the first step toward ensuring that the nation's children's hospitals have the support they need to continue to train physicians to care for children.

Less than one percent of the nation's hospitals are independent children's hospitals. Yet these hospitals train 30 percent of all pediatricians. These freestanding children's hospitals also train more than half of the country's pediatric specialists—the physicians who care for children with cancer, asthma, diabetes and many other chronic diseases and special needs.

In addition to their teaching responsibilities, they care for uninsured children, conduct pediatric research, and provide state-of-the-art specialty care for children in all parts of the nation. The services they provide and the activities they conduct are indispensable. When a child has a rare disease or complicated condition, children's hospitals are the hospitals of choice.

In Massachusetts, Boston Children's Hospital provides excellent care and conducts needed pediatric research and training. It provides the highest quality of care for sick or disabled children from Massachusetts, New England and the world. It is a national resource. The primary care and specialist physicians it trains serve in countless communities in Massachusetts and throughout the country. Boston Children's Hospital has been recognized as a world-class institution. Researchers at the hospital continue to offer new hope for children and adults, as they break new ground in battles to fight pediatric diseases. For example, Dr. Judah Folkman has developed two powerful agents that show great promise in the war on cancer. These agents—angiostatin and endostatin—have been shown to shrink cancerous tumors in animals. Clinical trials are now underway to test the effectiveness of bladder tissue grown in a laboratory, and to treat high-risk heart patients with a tiny device that can close holes in the heart without invasive surgery.

These advances are the result of the teaching hospital environment that is the heart of the mission of Boston Children's Hospital. Senior clinicians and scientists work with new doctors in training. The interns, residents and fellows who train at Boston Children's Hospital and other children's hospitals are the pediatricians, pediatric specialists and pediatric researchers of tomorrow. The federal government should invest in their training, just as we have invested in the training of physicians who care for adults. The benefits to the nation are immeasurable.

In general, graduate medical education activities are supported through Medicare. However, because children's hospitals treat very few Medicare patients, they receive almost no federal support to train physicians. In fact, they receive less than 1/200th per resident compared to other teaching hospitals. The lack of federal support makes no sense. It unintentionally penalizes children's hospitals, and we need to correct this problem as soon as possible.

The legislation accompanying the reauthorization of the Agency for Health Care Policy and Research authorizes a new discretionary program to provide support for pediatric graduate medical education. It authorizes the funding necessary to provide adequate support—$280 million in FY 2000 and $285 million in FY 2001. But this authorization is just a beginning. We need to continue to work together this year and next year to ensure that adequate funds are appropriated for this important new program to succeed.

Adequate and stable funding for pediatric GME activities can best be achieved by a permanent mandatory program. The Senate Finance Committee has agreed to hold a hearing on this important issue next year, and I hope action will quickly follow. Senator BOB KERREY and I have introduced legislation that will create a mandatory program. It has broad bipartisan support in the Senate. Forty senators, evenly divided among Democrats and Republicans, favor this approach, and I am confident that we will prevail in the end.

However, this year we have an opportunity to begin to address this important children's health issue. Today's authorization lays the groundwork for a downpayment in the appropriations for FY2000. The President's budget proposed $40 million for pediatric graduate medical education. The Labor, Health and Human Services Appropriations conference bill includes $20 million for this program. Congress should follow the President's lead and provide at least $40 million for next year, while Congress pursues full funding through a long-term solution.

It is an honor to support Boston Children's Hospital and other children's hospitals across the country as they strive to meet the health needs of the nation's children. I look forward to working with my colleagues in the House and Senate on this important issue in the coming year.

Mr. GRAMM. I ask unanimous consent the substitute amendment be agreed to, the bill be read a third time and passed as amended, 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 substitute amendment (No. 2506) was agreed to.

The bill (S. 580), as amended, was read the third time and passed.

[The bill was not available for printing. It will appear in a future edition of the RECORD.]

YOUTH DRUG AND MENTAL HEALTH SERVICES ACT

Mr. GRAMM. Mr. President, I ask unanimous consent the Senate now proceed to the consideration of Calendar No. 332, S. 976.

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

The legislative clerk read as follows:

A bill (S. 976) to amend title V of the Public Health Service Act to focus the authority of the Substance Abuse and Mental Health Services Administration on community-based services for children and adolescents, to enhance flexibility and accountability, to establish programs for youth treatment, and to respond to crises, especially those related to children and violence.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Youth Drug and Mental Health Services Act''.

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

TITLE I—PROVISIONS RELATING TO SERVICES FOR CHILDREN AND ADOLESCENTS

SEC. 101. CHILDREN AND VIOLENCE.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following: