

North Carolina, as the "Terry Sanford Federal Building."

The Committee on Health, Education, Labor, and Pensions was discharged from the further consideration of the following measure which was referred to the Committee on the Judiciary:

S. 302. A bill for the relief of Kerantha Poole-Christian.

ENROLLED BILL PRESENTED

The Secretary of the Senate reported that on April 15, 1999, he had presented to the President of the United States, the following enrolled bill:

S. 388. An act to authorize the establishment of a disaster mitigation pilot program in the Small Business Administration.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. DURBIN (for himself, Mr. DEWINE, Mr. KENNEDY, and Mr. SCHUMER):

S. 805. A bill to amend title V of the Social Security Act to provide for the establishment and operation of asthma treatment services for children, and for other purposes; to the Committee on Finance.

By Mr. ASHCROFT (for himself, Mrs. HUTCHISON, Mr. INHOFE, and Mr. KYL):

S. 806. A bill to amend the Internal Revenue Code of 1986 to reduce the 15 percent individual income tax rate to 10 percent over 5 years, to provide that married couples may file a combined return under which each spouse is taxed using the rates applicable to unmarried individuals, and for other purposes; to the Committee on Finance.

By Mr. ASHCROFT:

S. 807. A bill to amend the Internal Revenue Code of 1986 to allow a deduction for the old-age, survivors, and disability insurance taxes paid by employees and self-employed individuals, and for other purposes; to the Committee on Finance.

By Mr. JEFFORDS (for himself and Mr. CHAFEE):

S. 808. A bill to amend the Internal Revenue Code of 1986 to provide tax incentives for land sales for conservation purposes; to the Committee on Finance.

By Mr. BURNS (for himself and Mr. WYDEN):

S. 809. A bill to require the Federal Trade Commission to prescribe regulations to protect the privacy of personal information collected from and about private individuals who are not covered by the Children's Online Privacy Protection Act of 1998 on the Internet, to provide greater individual control over the collection and use of that information, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. JEFFORDS (for himself, Mr. DODD, Ms. LANDRIEU, Mr. KENNEDY, and Mr. KOHL):

S. 810. A bill to amend the Internal Revenue Code of 1986 to expand alternatives for families with children, to establish incentives to improve the quality and supply of child care, to increase the availability and affordability of professional development for child care providers, to expand youth development opportunities, to ensure the safety of children placed in child care centers in Fed-

eral facilities, to ensure adequate child care subsidies for low-income working families, and for other purposes; to the Committee on Finance.

By Mr. JEFFORDS (for himself, Ms. LANDRIEU, Mr. DODD, and Mr. KOHL):

S. 811. A bill to amend the Internal Revenue Code of 1986 to expand alternatives for families with children, to establish incentives to improve the quality and supply of child care, and for other purposes; to the Committee on Finance.

By Mr. JEFFORDS (for himself, Mr. DODD, and Ms. LANDRIEU):

S. 812. A bill to provide for the construction and renovation of child care facilities, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. JEFFORDS (for himself, Ms. LANDRIEU, Mr. DODD, Mr. SARBANES, and Mr. KENNEDY):

S. 813. A bill to ensure the safety of children placed in child care centers in Federal facilities, and for other purposes; to the Committee on Governmental Affairs.

By Mr. JEFFORDS (for himself, Mr. DODD, Ms. LANDRIEU, and Mr. KENNEDY):

S. 814. A bill to establish incentives to improve the quality and supply of child care providers, to expand youth development opportunities, to ensure adequate child care subsidies for low-income working families, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. ROTH (for himself, Mr. JEFFORDS, Mr. COVERDELL, Mr. HELMS, Mr. ROBB, Ms. MIKULSKI, Mr. BIDEN, Mr. SESSIONS, Mr. HUTCHINSON, Mr. SARBANES, Mr. LEAHY, Mr. GRAMS, Mr. SHELBY, Mr. MCCONNELL, and Mr. HARKIN):

S. 815. A bill to amend the Internal Revenue Code of 1986 to extend the credit for producing electricity from certain renewable resources; to the Committee on Finance.

By Mr. DORGAN:

S. 816. A bill to amend section 3681 of title 18, United States Code, relating to the special forfeiture of collateral profits of a crime; to the Committee on the Judiciary.

By Mrs. BOXER:

S. 817. A bill to improve academic and social outcomes for students and reduce both juvenile crime and the risk that youth will become victims of crime by providing productive activities during after school hours; to the Committee on Health, Education, Labor, and Pensions.

By Mr. DEWINE (for himself and Mr. REID):

S. 818. A bill to require the Secretary of Health and Human Services to conduct a study of the mortality and adverse outcome rates of medicare patients related to the provision of anesthesia services; to the Committee on Finance.

By Mr. GRAHAM (for himself and Mr. REID):

S. 819. A bill to provide funding for the National Park System from outer Continental Shelf revenues; to the Committee on Energy and Natural Resources.

By Mr. CHAFEE (for himself, Mr. BREAU, and Mr. JEFFORDS):

S. 820. A bill to amend the Internal Revenue Code of 1986 to repeal the 4.3-cent motor fuel excise taxes on railroads and inland waterway transportation which remain in the general fund of the Treasury; to the Committee on Finance.

By Mr. LAUTENBERG (for himself, Mr. FEINGOLD, Mr. KENNEDY, and Mr. TORRICELLI):

S. 821. A bill to provide for the collection of data on traffick stops; to the Committee on the Judiciary.

By Mr. SPECTER:

S. 822. A bill to amend the Internal Revenue Code of 1986 to impose a flat tax only on individual taxable earned income and business taxable income, and for other purposes; to the Committee on Finance.

By Mr. HARKIN (for himself and Mr. DURBIN):

S. 823. A bill to establish a program to assure the safety of processed produce intended for human consumption, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. KERRY (for himself, Mr. SMITH of Oregon, Mr. CHAFEE, Mr. CLELAND, Ms. SNOWE, Mr. BAYH, Ms. COLLINS, Mr. KENNEDY, Mr. LEVIN, Mr. EDWARDS, Mrs. MURRAY, and Mr. BRYAN):

S. 824. A bill to improve educational systems and facilities to better educate students throughout the United States; to the Committee on Health, Education, Labor, and Pensions.

By Mr. DURBIN (for himself and Mr. SCHUMER):

S. 825. A bill to amend the Internal Revenue Code of 1986 to allow small business employers a credit against income tax for employee health insurance expenses paid or incurred by the employer; to the Committee on Finance.

By Mr. ROTH (for himself, Mr. BIDEN, Mr. HELMS, Mr. STEVENS, Mr. SPECTER, Mr. THURMOND, Mr. ENZI, Mr. COCHRAN, Mr. MURKOWSKI, Mr. ABRAHAM, Mr. CRAIG, Mr. DOMENICI, Mr. DURBIN, Mr. KENNEDY, Mr. KERRY, Mr. KYL, Mr. HOLLINGS, Mr. SMITH of New Hampshire, Ms. COLLINS, Ms. LANDRIEU, Mr. VOINOVICH, and Mr. DEWINE):

S.J. Res. 19. A joint resolution requesting the President to advance the late Rear Admiral Husband E. Kimmel on the retired list of the Navy to the highest grade held as Commander in Chief, United States Fleet, during World War II, and to advance the late Major General Walter C. Short on the retired list of the Army to the highest grade held as Commanding General, Hawaiian Department, during World War II, as was done under the Officer Personnel Act of 1947 for all other senior officers who served in positions of command during World War II, and for other purposes; to the Committee on Armed Services.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. DODD (for himself and Mr. LIEBERMAN):

S. Res. 77. A resolution commending and congratulating the University of Connecticut Huskies for winning the 1999 NCAA Men's Basketball Championship; considered and agreed to.

By Mr. LOTT (for himself and Mr. DASCHLE):

S. Res. 78. A resolution to authorize representation of members and officers of the Senate in the case of *Jim Russell v. Albert Gore, et al.*

By Mr. LOTT:

S. Res. 79. A resolution designating the Chairman of the Joint Economic Committee for the 106th Congress; considered and agreed to.

By Mr. COVERDELL (for himself and Mr. CLELAND):

S. Res. 80. A resolution congratulating Boyd Clines, Larry Rogers, and Matt Moseley for their bravery and courage in the

April 12, 1999, rescue mission of Mr. Ivers Sims; considered and agreed to.

By Mr. ASHCROFT:

S. Con. Res. 26. A concurrent resolution expressing the sense of the Congress that the current Federal income tax deduction for interest paid on debt secured by a first or second home should not be further restricted; to the Committee on Finance.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Mr. DEWINE, Mr. KENNEDY, and Mr. SCHUMER):

S. 805. A bill to amend title V of the Social Security Act to provide for the establishment and operation of asthma treatment services for children, and for other purposes; to the Committee on Finance.

THE CHILDREN'S ASTHMA RELIEF ACT OF 1999

Mr. DURBIN. Mr. President, I rise today to make a few remarks concerning a bill that Senator DEWINE and I are introducing today that we hope will improve the lives of many of the nation's asthmatic children.

Asthma is one of the most common chronic conditions in the U.S., affecting an estimated 14.9 million people, causing over 1.5 million emergency department visits and over 5,500 deaths in 1995, and estimated to cost over \$14.5 billion by the year 2000. Asthma deaths have tripled over the past two decades despite improvements in clinical treatment.

Asthma is considered the worst chronic health problem affecting children. Childhood asthma has dramatically increased by over 160 percent since 1980. Currently, 7 percent of the nation's children suffer from asthma. It is particularly prevalent among the urban poor because of the lack of accessible health care and the high number of allergens in the environment. Research supported by the National Institutes of Health demonstrated that the combination of cockroach allergen, house dust mites, molds, tobacco smoke, and feathers are important causes of asthma-related illness and hospitalization among the children in inner-city areas of the United States.

To combat asthma, innovative community-based programs have been developed in some areas to fight this growing public health problem. For example, in Los Angeles the Asthma and Allergy Foundation has set up two "breathmobiles." The converted motor homes, staffed by doctors and nurses, visit schools to test, treat, and educate at-risk children. Since the program began two years ago, there has been a 17 percent decline in the number of children visiting emergency rooms for asthma.

Today, I am introducing with Senator DEWINE "The Childhood Asthma Initiative" to help more communities create childhood asthma programs tailored to meet their local needs. This bill funds grants for state and community-based organizations to support a variety of treatment, educational, or

preventive programs. The funds are targeted to areas where childhood asthma and asthma-associated mortality rates are high. This will enable those areas with the most need to provide services that reduce emergency room visits, create healthier environments, reduce mortality rates from asthma, and provide overall improved quality of life. The bill also helps enroll eligible asthmatic children in Medicaid or State Children's Health Insurance Programs (S-CHIP). Furthermore, the bill provides additional funding for S-CHIP to incorporate asthma screening, treatment, and education in to their programs.

The bill coordinates Federal asthma activities through the National Asthma Education Prevention Program Coordinating Committee, and increases data collection by the CDC on prevalence and mortality associated with asthma. These efforts will help link patients to effective treatments and disseminate new breakthroughs in asthma treatment.

This bill has been endorsed by the National Association of Children's Hospitals and Research Institutions, the American Lung Association, the American Academy of Pediatrics, and the Association of Maternal and Child Health Programs.

I hope that many of my colleagues will join me in supporting this bill. Nobody should die from asthma. Treatments are available. Let us make sure that every child in America that suffers from asthma has access to those treatments.

I ask unanimous consent that a copy of the bill be inserted in the RECORD.

There being no objection, the bill was ordered to be printed, in the RECORD, as follows:

S. 805

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Children's Asthma Relief Act of 1999".

SEC. 2. FINDINGS.

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

(1) Asthma is one of the Nation's most common and costly diseases. It affects an estimated 14,000,000 to 15,000,000 individuals in the United States, including almost 5,000,000 children.

(2) Asthma is often a chronic illness that is treatable with ambulatory care, but over 43 percent of its economic impact comes from use of emergency rooms, hospitalization, and death.

(3) In Illinois, the mortality rate for blacks from asthma is the highest in the nation with 60.8 deaths per every 1,000,000 population. In Ohio, the mortality rate for blacks from asthma is 32.2 per 1,000,000 population and the mortality rate for whites from asthma is 11.7 per 1,000,000.

(4) In 1995, there were more than 1,800,000 emergency room visits made for asthma-related attacks and among these, the rate for emergency room visits was 48.8 per 10,000 visits among whites and 228.9 per 10,000 visits among blacks.

(5) Hospitalization rates were highest for individuals 4 years old and younger, and

were 10.9 per 10,000 visits for whites and 35.5 per 10,000 visits for blacks.

(6) From 1979 to 1992, the hospitalization rates among children due to asthma increased 74 percent.

(7) It is estimated that more than 7 percent of children now have asthma.

(8) Although asthma can occur at any age, about 80 percent of the children who will develop asthma do so before starting school.

(9) From 1980 to 1994, the most substantial prevalence rate increase for asthma occurred among children aged 0-4 years (160 percent) and persons aged 5-14 years (74 percent).

(10) Asthma is the most common chronic illness in childhood, afflicting nearly 5,000,000 children under age 18, and costing an estimated \$1,900,000,000 to treat those children. The death rate for children age 19 and younger increased by 78 percent between 1980 and 1993.

(11) Children aged 0 to 5 years who are exposed to maternal smoking are 201 times more likely to develop asthma compared with those free from exposure.

(12) Morbidity and mortality related to childhood asthma are disproportionately high in urban areas.

(13) Minority children living in urban areas are especially vulnerable to asthma. In 1988, national prevalence rates were 26 percent higher for black children than for white children.

(14) Certain pests known to create public health problems occur and proliferate at higher rates in urban areas. These pests may spread infectious disease and contribute to the worsening of chronic respiratory illnesses, including asthma.

(15) Research supported by the National Institutes of Health demonstrated that the combination of cockroach allergen, house dust mites, molds, tobacco smoke, and feathers are important causes of asthma-related illness and hospitalization among children in inner-city areas of the United States.

(16) Cities outside the United States have developed and implemented effective systems of cockroach management.

(17) Integrated pest management is a cost-effective approach to pest control that emphasizes prevention and uses a range of techniques, including property maintenance and cleaning, and pesticides as a means of last resort.

(18) Reducing exposure to cockroach allergen, as part of an integrated approach to asthma management, may be a cost-effective way of reducing the social and economic costs of the disease.

(19) No current Federal funding exists specifically to assist cities in developing and implementing integrated strategies to reduce cockroach infestation.

(20) Asthma is the most common cause of school absenteeism due to chronic illness with 10,100,000 days missed from school per year in the United States.

(21) According to a 1995 National Institute of Health workshop report, missed school days accounted for an estimated cost of lost productivity for parents of children with asthma of almost \$1,000,000,000 per year.

(22) According to data from the 1988 National Health Interview Survey (NHIS), which surveyed children for their health experiences over a 12-month period, 25 percent of those children reported experiencing a great deal of pain or discomfort due to asthma either often or all the time during the previous 12 months.

(23) Managing asthma requires a long-term, multifaceted approach, including patient education, behavior changes, avoidance of asthma triggers, pharmacologic therapy, and frequent medical follow-up.