

I am proud to be a cosponsor of the amendment by Senator LIEBERMAN which would create a National Commission on Youth Violence. It will bring together religious leaders, educators, Cabinet heads, experts in parenting, in law enforcement, and psychology all focused on a single mission: To understand what factors conspire to create a Littleton and what actions we can take to address the possible causes of youth violence. The task will not be easy and the answers will not be simple. But this amendment is a critically important step in addressing the culture of violence that is pervading every segment of our society.

It is obvious to me that we are in a cultural war in this country for the hearts and minds of our young people. And in anything and everything we can do to help and strengthen our children through safe schools, through smaller classrooms, through greater adult interaction and support, we should absolutely do. This Congress has a role. And one of the things we can—and should do—is to adopt the Lieberman amendment. The national commission will seek answers to the perplexing questions of how we deal with the hearts and minds of our youngsters in this cultural war. And, sadly enough, like real war, there are casualties. Littleton, CO is an example of that. Our hope is that we can take some positive action that mitigates the death and destruction of the Columbine tragedy.

What is at stake is no less than this Nation's most precious resource, our number one asset—our children. As the writer James Agee said, "In every child who is born, under no matter what circumstances, and of no matter what parents, the potentiality of the human race is born again." Mr. President, on behalf of America's children, I am very pleased that the Lieberman amendment has been accepted by both sides and is part of this important legislation.

MORNING BUSINESS

Mr. HATCH. Mr. President, I ask unanimous consent that the Senate now proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Monday, May 17, 1999, the federal debt stood at \$5,587,730,041,115.05 (Five trillion, five hundred eighty-seven billion, seven hundred thirty million, forty-one thousand, one hundred fifteen dollars and five cents).

Five years ago, May 17, 1994, the federal debt stood at \$4,588,709,000,000 (Four trillion, five hundred eighty-eight billion, seven hundred nine million).

Ten years ago, May 17, 1989, the federal debt stood at \$2,781,561,000,000 (Two trillion, seven hundred eighty-one billion, five hundred sixty-one million).

Fifteen years ago, May 17, 1984, the federal debt stood at \$1,486,043,000,000 (One trillion, four hundred eighty-six billion, forty-three million).

Twenty-five years ago, May 17, 1974, the federal debt stood at \$469,577,000,000 (Four hundred sixty-nine billion, five hundred seventy-seven million) which reflects a debt increase of more than \$5 trillion—\$5,118,153,041,115.05 (Five trillion, one hundred eighteen billion, one hundred fifty-three million, forty-one thousand, one hundred fifteen dollars and five cents) during the past 25 years.

BUDGET SCOREKEEPING REPORT

Mr. DOMENICI. Mr. President, I hereby submit to the Senate the budget scorekeeping report prepared by the Congressional Budget Office under Section 308(b) and in aid of Section 311 of the Congressional Budget Act of 1974, as amended. This report meets the requirements for Senate scorekeeping of Section 5 of S. Con. Res. 32, the First Concurrent Resolution on the Budget for 1986.

This report, my first for fiscal year 1999, shows the effects of congressional action on the budget through May 7, 1999. The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of S. Res. 209, a resolution to provide budget levels in the Senate for purposes of fiscal year 1999, as amended by S. Res. 312. The estimates show that current level spending is above the budget resolution by \$0.6 billion in budget authority and above the budget resolution by \$0.2 billion in outlays. Current level is \$0.2 billion above the revenue floor in 1999. The current estimate of the deficit for purposes of calculating the maximum deficit amount is \$52.4 billion, less than \$50 million above the maximum deficit amount for 1999 of \$52.4 billion.

I ask unanimous consent that the report and transmittal letter dated May 12, 1999, be printed in the RECORD.

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

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 12, 1999.

Hon. PETE V. DOMENICI,
Chairman, Committee on the Budget,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed report, my first for fiscal year 1999, shows the effects of Congressional action on the 1999 budget and is current through May 7, 1999. The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of S. Res. 209, a resolution to provide budget levels in the Senate for purposes of fiscal year 1999, as amended by S. Res. 312. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

Sincerely,

DAN L. CRIPPEN,
Director.

Enclosures.

TABLE 1.—FISCAL YEAR 1999 SENATE CURRENT LEVEL REPORT, AS OF CLOSE OF BUSINESS, MAY 7, 1999
(In billions of dollars)

	Budget resolution S. Res. 312	Current level	Current level over/under resolution
ON-BUDGET			
Budget Authority	1,452.5	1,453.1	0.6
Outlays	1,411.3	1,411.5	0.2
Revenues:			
1999	1,358.9	1,359.1	0.2
1999-2003	7,187.0	7,187.7	0.7
Deficit	52.4	52.4	(¹)
Debt Subject to Limit	(²)	5,620.2	NA
OFF-BUDGET			
Social Security Outlays:			
1999	321.3	321.3	0.0
1999-2003	1,720.7	1,720.7	0.0
Social Security Revenues:			
1999	441.7	441.7	(¹)
1999-2003	2,395.6	2,395.5	-0.1

¹ Less than \$50 million.

² Not included in S. Res. 312.

NA = Not applicable.

Note.—Current level numbers are the estimated revenue and direct spending effects of all legislation that the Congress has enacted or sent to the President for his approval. In addition, full-year funding estimates under current law are included for entitlement and mandatory programs requiring annual appropriations even if the appropriations have not been made. The current level of debt subject to limit reflects the latest information from the U.S. Treasury.

Source: Congressional Budget Office.

TABLE 2.—SUPPORTING DETAIL FOR THE FISCAL YEAR 1999 ON-BUDGET SENATE CURRENT LEVEL REPORT, AS OF CLOSE OF BUSINESS, MAY 7, 1999
(In millions of dollars)

	Budget authority	Outlays	Revenues
Enacted in Previous Sessions:			
Revenues			1,359,099
Permanents and other spending legislation	919,197	880,664	
Appropriation legislation	820,578	813,989	
Offsetting receipts	-296,825	-296,827	
Total previously enacted	1,442,950	1,397,826	1,359,099
Entitlements and Mandatories:			
Budget resolution baseline estimates of appropriated entitlements and other mandatory programs not yet enacted	10,143	13,661	
Totals:			
Total Current Level	1,453,093	1,411,487	1,359,099
Total Budget Resolution	1,452,512	1,411,334	1,358,919
Amount remaining:			
Under Budget Resolution			
Over Budget Resolution	581	153	180

Source: Congressional Budget Office.

DAIRY POLICY REFORM

Mr. LUGAR. Mr. President, Secretary of Agriculture Glickman recently announced reforms for the Federal milk marketing order system. These reforms were authorized by the 1996 farm bill in an effort to modernize and streamline an out-dated and arcane structure for pricing the nation's milk. As was the case with other commodities, the farm bill intended that Federal dairy policy be more modern and market-oriented to reflect innovations in the milk industry and to position the United States to become a major trader in world markets. In announcing the reforms, Secretary Glickman said, "These reforms will help make sure that America's dairy farmers receive a fair price and that American consumers continue to enjoy an abundant, affordable supply of milk. Our changes will also simplify the wholesale milk pricing system, making it more market-oriented and more equitable." The changes are positive

steps toward accomplishing the goals stated by the secretary. The new structure is more market-oriented, more beneficial to consumers and more equitable to farmers across the Nation.

During consideration of the 1996 farm bill, Congress could not agree on a policy to modernize milk marketing orders. The task of designing a consumer-friendly and market-oriented program was turned over to the Department of Agriculture. The Secretary was given until 1999 to design this new policy. In the interim between 1996 and 1999, Congress allowed the northeast region of the country to set up a dairy compact in which producers could receive a higher price for their milk. Authority for the compact was scheduled to end with the implementation of the new milk marketing order policy.

On January 2, 1998, as Secretary Glickman prepared to consider changes to federal dairy policy, I wrote to him suggesting several ways to make dairy policy more consumer friendly and market oriented. Included in my recommendations was an overhaul of Class I differentials which set the prices that farmers receive for fluid milk. Shortly thereafter, USDA released its proposed rule for milk marketing order reform. The proposed rule contained seven different options for pricing structures and noted Secretary Glickman's preference for the more market-oriented "Option 1B" for pricing Class I milk. On February 25, 1998, I again wrote to Secretary Glickman in support of his commitment to a more market-oriented approach and made recommendations for other changes that modernize federal dairy policy.

The contents of the final rule were highly controversial. No one interested in dairy policy—producers, processors or consumers—was satisfied. Contradictory bills to amend portions of the final rule were introduced in both chambers of Congress. If I had written the final rule, I would have made some changes also.

However, we should reflect on the entire rule and the process that led to its promulgation. Because of the complexity of, and controversies surrounding, dairy policy, Congress, in the 1996 farm bill, gave USDA the responsibility to draw upon its expertise, consult with the public and design a thoughtful milk marketing reform policy. USDA spent three years formulating the reforms contained in the final rule. During this process, the department received more than 8,000 comments from interested parties. The final rule, though not perfect, is more equitable to all the nation's dairy farmers and pro-consumer. It is a good first step toward a policy that places the nation's dairy industry in a position to better meet the challenges of the global markets of the new century.

When we begin deliberations on the next farm bill, we will have an opportunity to review and develop additional market-oriented reforms for dairy policy. But, I am convinced that the Con-

gress cannot improve upon the department's good-faith, balanced effort either in committee or on the Senate floor. If dairy farmers approve the new policy in referenda in their order areas, we should allow the final rule to be implemented on October 1, as scheduled, without intervening legislation and I will work toward that end.

PARTICIPATION IN CLINICAL TRIALS—A BASIC HEALTH CARE RIGHT

Mr. KENNEDY. Mr. President, a recent article in the New York Times demonstrates the importance of clinical trials in treating cancer and the serious problems that patients and researchers are now facing because of the lack of adequate enrollment in these trials.

Clinical trials are the primary means of testing new therapies for serious diseases. In fact, these trials may be the only available treatment for patients whose conditions have failed to respond to conventional therapies.

The survey by the American Society of Clinical Oncologists discussed in the article found that less than five percent of cancer patients in the country are enrolled in clinical trials—although 20 percent are eligible to participate and would often receive better quality care if they did. As the article points out, "Patients who participate receive at least state-of-the-art treatment and often get to take advantage of otherwise unavailable approaches."

Several barriers exist to enrolling patients in clinical trials. But a critical element is the increasing reluctance of HMOs and other managed care plans to allow their enrollees to participate in such trials or to pay the routine hospital costs of their participation is a critical element. Until recently, health insurance routinely paid for the doctor and hospital costs associated with clinical trials. But managed care is reducing that commitment. Today, managed care plans often will not permit their patients to enroll in clinical trials, and they will not pay for their participation when they choose to do so on their own.

The American Association of Health Plans—the HMO trade association—has recognized that plans should encourage patients to participate in clinical trials, where medically appropriate. But, too often, there is little or no participation.

The decision to enter a clinical trial should be made by the treating physician and the patient. Yet the survey showed that only about half of eligible patients are even told such trials are available.

S. 6, the Patients' Bill of Rights, and its companion bill, HR 358, require health insurance plans to allow their enrollees to participate in quality clinical trials sponsored by the NIH, the Department of Defense, and the Veterans Administration. The lack of access highlighted by the article clearly

demonstrates the need for passage of the Patients' Bill of Rights. Without the protections in that bill, patients will not be guaranteed the right to participate in these life-saving trials. Virtually every major cancer group in the nation has endorsed the Patients' Bill of Rights, and highlighted the clinical trials provision as a major reason for enactment.

Patients are dying and cures of the future are being delayed. Patients deserve this opportunity for life. The rights guaranteed in the Patients' Bill of Rights are essential for patients with cancer, congestive heart failure, lupus, Alzheimer's Disease, Parkinson's Disease, diabetes, and many other deadly illnesses. Every day we delay more patients suffer. Congress has an obligation to act.

I ask unanimous consent that the article from the New York Times may be printed in the RECORD.

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

[From the New York Times, May 16, 1999]
FEW TAKE PART IN CANCER TESTS, SLOWING RESEARCH, SURVEY FINDS

ATLANTA, May 15 (AP).—Fewer than 5 percent of cancer patients in the nation take part in experiments to test new treatments, a figure at least four times lower than ideal if the most pressing cancer questions are to be answered quickly, according to a survey released today.

"We need clinical trials to know what works and what doesn't," said Dr. Allen Lichter, president of the American Society of Clinical Oncology.

Cancer experts almost universally endorse the need for patients to participate in formal studies, but data on how many do so have been scarce. So the oncology society, the nation's largest group of cancer practitioners, commissioned a survey of about 7,000 of its members and released the results at its annual meeting here.

The survey found that about 40,000 Americans—3 percent to 5 percent of those found to have cancer each year—are enrolled in studies of the disease. Far more patients could take part in the experiments, which doctors call clinical trials, the study found.

The survey estimated that about 20 percent of cancer patients would be eligible to participate in the studies taking place of their kinds of conditions.

Dr. Ezekiel Emmanuel of the National Institutes of Health, the study's primary author, said doctors should try to enroll the entire 20 percent.

The experiments typically test new medicines or combinations of drugs to see whether they work better than standard approaches. Patients who participate receive at least state-of-the-art treatment and often get to take advantage of otherwise unavailable approaches.

Only about half of eligible patients are told the studies are available. And only 20 percent of cancer specialists have time set aside to do this kind of cancer research.

The survey found that a doctor's cost of enrolling and keeping a single patient in a clinical trial averages \$2,000.

The National Cancer Institute, the single largest sponsor of these studies, pays doctors \$750 a patient for this work, while pharmaceutical companies' average payment is about \$2,500.