

give when they leave a health plan, and it is a top issue they want Congress to address.

The Republican bill is deficient in this area. Aside from two minor provisions regarding access to OB/GYNs and pediatricians—access that almost all health plans already provide—there is nothing in the Republican bill that guarantees access to specialty care such as that provided by neurologists, pediatric oncologists, rehabilitation physicians, and others.

We need to ensure that people can see specialists outside of their HMO's network at no additional cost if specialists in the plan's network cannot meet their needs. We need to allow a specialist to be the primary care coordinator for patients with disabilities or life-threatening or degenerative conditions. And we need to provide for standing referrals for people who need ongoing specialty care, which enables them to go straight to the specialist instead of jumping through hoops with primary care doctors or insurance companies.

These provisions would not create onerous new burdens on plans. In fact, many plans already allow specialists to be primary care coordinators, and they let people have standing referrals. Most importantly, they address the tragic cases we have heard about that stem from delay or denial of access to specialists.

Finally, helping people get timely access to specialty care is not just smart and compassionate policy; it will also help minimize the need for litigation that results from a failure to have access.

Another amendment I have been working on ensures that each insurance plan has sufficient providers in its network to deliver the care that is promised. Again, this is an area where the Republican bill is, I think, very inadequate. There is no provision in the Republican bill to ensure network adequacy. This is a very important issue in my State of Iowa.

My amendment ensures that every network plan has a sufficient number and mix of providers to deliver the covered services.

It also requires plans to incorporate a primary care physician in their network who is within 30 minutes or 30 driving miles of a patient's home. If the plan cannot include patients within that distance, patients need to be allowed to go "out-of-network" to obtain the care they need. In other words, no one should have to drive more than 30 miles or 30 minutes to see a primary care physician.

It is important to understand what is happening now. Many managed care companies now contract only with urban-based providers. Not only does this require patients to travel considerable distances to receive basic health care, but these urban-based networks also weaken the rural health infrastructure by shutting local doctors and local clinics out of the network. This is wrong and must be stopped.

I have been working also on the genetic issues of this since the early 1990s when I introduced an amendment to the HIPAA that prohibited genetic discrimination by group health plans. As ranking member of the Labor-HHS appropriations subcommittee, I have also been and continue to be a strong supporter of the Human Genome Project. In the HELP Committee, the authorizing committee, I worked with Senators DODD and KENNEDY on a genetic discrimination amendment. I intend to continue working on this issue when and if we get a Patients' Bill of Rights on the floor.

We have all discussed at length the importance of prohibiting discrimination on the basis of all predictive genetic information in all health insurance markets. I am pleased that the Republican bill recognized that we need to prohibit discrimination in the group and in the individual markets, and that we need to prohibit discrimination not only on the basis of genetic tests but on the basis of a person's family history.

Still, the Republican bill failed to address several other equally critical issues in this area. The bottom line is that we must prohibit discrimination by insurers and employers.

To prohibit discrimination in one context only invites discrimination in the other. For example, if we only prohibit discrimination in the insurance context, employers who are worried about future increased medical costs will simply not hire individuals who have a genetic predisposition to a particular disease.

Similarly, we must prohibit health insurance companies from disclosing genetic discrimination to other insurance companies, to industry-wide data banks, and employers. If we really want to prevent discrimination, we should not let genetic information get into the wrong hands in the first place.

Finally, if we really want a prohibition of genetic discrimination to have teeth, we have to have strong remedies and penalties. The \$100-a-day fine against health insurers that my colleagues across the aisle have proposed will do little to prevent health insurers from discriminating, and it does nothing to compensate a victim of such discrimination. We must do better than this.

Mr. President, let me say that we must not pass up this chance to make true and significant reforms to managed care programs. This is the issue that the American people have said they most want the Congress to address. And they are watching us carefully to see if we will enact real reform or a series of meaningless sound bites.

If we take strong action that allows clear-cut access to specialty care, ensures network adequacy, and prohibits genetic discrimination, we will have gone a long way to providing real reform and providing for a meaningful Patients' Bill of Rights.

I yield the floor.

Mr. LEAHY addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. LEAHY. Mr. President, I ask unanimous consent that I be allowed to speak for up to 10 minutes on a subject involving landmines.

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

KOSOVO'S MINEFIELDS

Mr. LEAHY. Mr. President, as thousands of Kosovar Albanians flood across the Macedonian and Albanian borders, we are getting the first reports of refugee landmine victims. Last week, two refugees were killed and another seriously injured as they hurried to return to their homes in Kosovo.

Just put this in perspective. Some 25 people have been injured or killed by mines in Kosovo since the refugees began returning. It is a senseless loss of life and it is tragic, but it is predictable. It is predictable because tens of thousands of landmines were left behind by Serb forces. Others were put there by the KLA. They litter fields, roads, and bridges, and they have even been left in houses. They have been left in booby traps. As sad as anything, there are mass graves marking the atrocities that have occurred there. And as family members go back to try to find out if their loved ones are in those graves, even some of the graves have been booby-trapped by landmines.

These landmines are the greatest threat to people on the ground, including NATO forces, and the number of innocent victims—children playing, farmers plowing their fields, women walking along the roads—will continue to rise.

It is one thing to conduct an air war with the latest laser-guided technology and, thankfully, there were no NATO casualties, but it is another thing to face an invisible enemy on the ground. In Bosnia, most U.S. casualties were from landmines. In Kosovo, too, mines are the invisible enemy. They can't distinguish between friend or foe, soldier or civilian, adult or child.

A June 15 article in the Los Angeles Times entitled, "A Strategy on Land Mines is Needed Now," described the problems mines pose in Kosovo, and they called on the international community to develop a comprehensive strategy for clearing the mines and aiding the victims.

Such a strategy is critical to promoting peace and moving forward with reconstruction and economic development. The United States, as the leader of NATO, will play a key role in designing and financing that strategy.

But the article neglects to address another key part of the problem—the continued use of mines. It is a bit similar to trying to keep garbage out of a river. You can clean up the garbage, but if people keep dumping it into the river, you haven't solved the problem. You need to stop garbage from being dumped. We need to stigmatize antipersonnel mines so they are

not put into the ground in the first place by anybody, by any country, by any combatant, by anyone anywhere.

That is what most countries are trying to do. Now, 135 countries have signed the Ottawa Convention that bans the use of antipersonnel mines, and 81 countries have ratified it. That convention sets a new international norm outlawing a weapon that has caused enormous suffering of innocent people in some 70 countries.

Like booby traps, which are also outlawed, mines are triggered by the victim. They are inherently indiscriminate and the casualties are usually noncombatants.

Unfortunately, the most powerful Nation on earth, the United States, has not joined the convention. So despite the leading role the United States has taken in demining and helping victims, we, like Russia, China, and some other countries that manufacture mines, are standing in the way of the effort to outlaw this weapon.

Ironically, every member of NATO, except the United States and Turkey, has signed the Ottawa Convention. We not only weaken the convention by our absence, we also complicate joint military operations with our NATO allies.

Now, the United States can send deminers, those who remove the mines. We can give millions of dollars in aid to mine victims. The Leahy War Victims Fund does that every year in the sum of many millions of dollars. We can sit down with other nations to rebuild as many countries as there are conflicts. But the truth is, the only effective strategy to stop the carnage caused by landmines has three parts: Demining, victims assistance, and most importantly, banning their use today, tomorrow, and forever. That is what the Ottawa Convention does. Unless countries such as the United States, Russia, Pakistan, India, and China join, they invite others to keep using mines. It is in Kosovo today but somewhere else tomorrow.

The United States is not causing the landmine problem, but the United States is blocking a total solution because, without us, there is no solution.

I ask unanimous consent that the text of the Los Angeles Times article be printed in the RECORD.

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

[From the Los Angeles Times, June 15, 1999]

A STRATEGY ON LAND MINES IS NEEDED NOW

(By Robert Oakley, Lori Helene Gronich, Ted Sahlin)

Tens of thousands of land mines will be left behind as Serb forces withdraw from Kosovo, and nobody has a long-term plan for removing them. The international community must begin work together now to develop an integrated approach or prospects for peace and economic recovery in Kosovo will be thwarted.

Knowledge about the relationship between land mine problems, peace settlements and rebuilding shattered communities is scarce. Operation Provide Comfort in Iraq and the stabilization of affairs in Bosnia are experi-

ences that can help shape effective planning for Kosovo. In northern Iraq, there were recognizable phases to the refugee operation. First, the military entered and secured the area. Mines were removed from refugee reception zones and core transportation routes. Then, international relief organizations came forward and restarted their local operations.

But the next step—taking these mines out of the ground—did not take place. Despite the valuable mine location information provided by area residents and some international relief workers, land mines were treated as an acceptable, if pernicious, danger to the population. Wise planners will include the accounts of local residents and international aid workers in Kosovo.

Large-scale mine removal normally occurs when the threat of violence has receded, armed forces have departed, and local governance has been restored. National and international organizations then work with local leaders to develop long-term aid plans and mine-removal programs.

In Bosnia, soldiers and civilians alike were aware of the land mine threat. Allied military forces, after several fatalities and traumatic injuries, made land mine awareness among the troops a high priority. These troops, however, primarily removed mines when it was necessary for force protection. International companies, local contractors and local forces tackled the larger mine problem, and they are still at work today. Not only do they compete for funding, they influence priorities as well. This is not a comprehensive master plan.

All five components of mine action—awareness; surveying, mapping and marking; removal; destruction; and victim assistance—should be an integral part of any comprehensive international operation. First, all minefield information must be given immediately to allied leaders. Should any of the combatants have only incomplete or inaccurate mine records, their soldiers should show the entering forces just where the mines have been placed. This will save lives. It was not done in Bosnia, and it exacted a high price. Human suffering remains, and economic output is still less than half of what it was in 1990.

In the initial phase of the Kosovo peace, international military forces will clear mines to protect themselves and allow for the necessary freedom of movement to accomplish their mission. This mine-clearing effort should also support the rapid return of refugees and the swift resumption of local commerce. Military mine-clearing and mine-awareness training should be supplemented by mine-awareness education for refugees and internally displaced persons. Assuring adequate medical supplies and attention for mine casualties should be a high priority.

Once the initial phase of a Kosovo deployment is completed, the international protection force is likely to limit and then stop its mine-clearance work. Civilian groups must then take over. International experts often are brought in to help training local residents in mine safety and removal. Local security forces can also be trained and equipped to participate. Despite the widespread belief that mine clearance is an integral part of post-conflict peace-building, economic revitalization and sustainable development, there is no agreed model for addressing or even coordinating these different needs and roles.

If the work in Kosovo is to be effective, international planners must develop a comprehensive strategy now. Otherwise, the fighting may cease, but the casualties will go on.

Mr. LEAHY. Mr. President, I will close with this, as I have many other

times. In the use of any weapons, there always will be questions as to who is right and who is wrong. But I have to think the use of landmines raises beyond a strategic question, raises the real moral question, and because the victims of landmines are so disproportionately civilian, we do get into moral questions. As the most powerful Nation on earth, and also the Nation most blessed with resources and advantages of any nation in history, I think we fail a moral duty if we don't do more to ban the use of antipersonnel landmines.

It is a child walking to school. It is a mother going to a stream to get water. It is a parent tilling what little fields they have. It is somebody trying to help out with medical care. It is a missionary. It is so many others—all on peaceful, proper pursuits of their lives. They are the ones who step on these landmines and are killed or maimed. The child who sees a shiny toy in the field and loses his arm and his face. It is the person who tries to save the child who steps on the mine itself. It is the refugee family trying to go back to the country that they were expelled from who are dying from them. We have to do more.

I wish there would be a day when there would never be another war. There will not be. We can't stop that. But we can take steps to stop the day that landmines will ever be used again.

I yield the floor.

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

The PRESIDING OFFICER. The Senate will now resume consideration of the agriculture appropriations bill, S. 1233, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 1233) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2000, and for other purposes.

Pending:

Dorgan (for Daschle) amendment No. 702, to amend the Public Health Services Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage.

Lott amendment No. 703 (to Amendment No. 702), to improve the access and choice of patients to quality, affordable health care.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, what is the business before the Senate at this time?

The PRESIDING OFFICER. The Senate is currently considering S. 1233, the agriculture appropriations bill and the pending amendment is amendment No. 703.

Mr. KENNEDY. Mr. President, now we are back to where we were yesterday just about 24 hours ago. At the request of the Democratic leader, the