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Senate

The Senate met at 9:30 a.m., and was called to order by the President pro tempore [Mr. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Gracious Father, so often we begin the work of the Senate by praying for unity. Today we search deeper into our own hearts to discover why we ask for unity and then find it difficult to accept Your gift. Today we humble ourselves and confess our profound need for Your help. Crucial issues separate Senators ideologically. Both sides in debate assume they are right. Sometimes pride fires the flames of the competitive will to win. Other times physical tiredness causes loss of control, and words may be used to demean or shame with blame. In the quiet of this moment we ask You to imbue the Senators with the controlling conviction of their accountability to You for what is said and done. We ask You to give the leaders of both parties the initiative to take the first step to break deadlocks and move toward creative compromises and achieve agreements.

Lord God, we need Your healing. Make us all as willing to receive as You are to give. Without You, we are powerless; with You, nothing is impossible. Amen.

PLEDGE OF ALLEGIANCE

The Honorable LINCOLN CHAFEE, a Senator from the State of Rhode Island, 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 PRESIDING OFFICER (Mr. L. CHAFEE). The Senator from Pennsylvania.

SCHEDULE

Mr. SPECTER. Mr. President, on behalf of the distinguished majority leader, Senator LOTT, I have been asked to announce that we will proceed with further consideration of the appropriations bill for the Departments of Labor, Health and Human Services, and Education. We have an amendment to be presented in a moment or two by the distinguished Senator from Missouri, Mr. BOND. We urge all Senators who have amendments to come to the floor to offer those amendments. Any rollcall votes will be considered sometime early next week under the schedule announced by the majority leader.

We are trying to move ahead with this bill. There are quite a few Senators who have stated their intention to offer amendments. Staff and I have canvassed a good many of the Members in an effort to have them come to the floor to take up their amendments. That would help in the disposition of this bill. We are going to be in session until at least close to noon today. We do know that in the early stages of bills, there is time for discussion, for debate, and later the time becomes very crowded, time is limited, and Senators may be allotted only a few minutes under time agreements. So now is the time to come to take up the issues.

The majority leader has also asked me to announce that the Senate may turn to the Department of Defense authorization bill on Monday.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS, 2001

The PRESIDING OFFICER. Under the previous order, the Senate will now

resume consideration of H.R. 4577, which the clerk will report.

The legislative clerk read as follows:
A bill (H.R. 4577) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

Pending:

McCain amendment No. 3610, to enhance protection of children using the Internet.

Mr. SPECTER. Mr. President, the Labor, Health and Human Services, and Education bill before the Senate today contains a program level of \$104.5 billion, an increase of \$7.9 billion or 8.2 percent over the fiscal year 2000 program level. This program level was achieved by savings in the following areas: The temporary assistance to needy families, supplemental security income, and the State children's health insurance programs. Further, savings were also achieved by advance funding an additional \$2.3 billion of education dollars into fiscal year 2002, while keeping the same overall level of advances as last year. The actual budget authority in the bill is \$97.35 billion, the full amount of the subcommittee's allocation under section 302(b) of the Budget Act.

Given the subcommittee's allocation there were inadequate resources to sufficiently fund important health, education and training programs. Therefore savings needed to be found in order to expand these high priority discretionary programs. For example, savings were achieved by shifting \$1.9 billion in unspent fiscal year 1998 State Children's Health Insurance Program (SCHIP) funds into fiscal year 2003. Currently 38 States and the District of Columbia have not spent their SCHIP funds which are due to expire on September 30, 2000. By reappropriating funds, these 38 States and the District of Columbia will have an opportunity to spend these dollars in future years.

The recommendations made in the bill both keeps faith with the budget agreement and addresses the health,

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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education, employment and training priorities of the Senate.

While consistent with the budget agreement, many tough choices had to be made. Senator HARKIN and I received over 1,800 requests from Members for expanded funding for programs within the subcommittee's jurisdiction. In order to stay within the allocation and balance the priorities established in the budget agreement and expressed in Member requests, we had to take a critical look at all of the programs within the bill. I want to take this opportunity to thank the distinguished Senator from Iowa, Mr. HARKIN, for his hard work and support in bringing this bill through the committee and on to the floor for full consideration by all Senators.

The programs funded within the subcommittee's jurisdiction provide resources to improve the public health and strengthen biomedical research, assure a quality education for America's children, and offer opportunities for individuals seeking to improve job skills. I'd like to mention several important accomplishments of this bill.

Nothing is more important than a person's health and few things are feared more than ill health. Medical research into understanding, preventing, and treating the disorders that afflict men and women in our society is the best means we have for protecting our health and combating disease.

Since January of 2000, the Labor-HHS Subcommittee has held nine hearings on medical research issues.

We have heard testimony from NIH Institute Directors, medical experts from across the United States, patients, family members, and advocates asking for increased biomedical research funding to find the causes and cures for diseases Alzheimer's and Parkinson's disease, ALS, AIDS, cancer, diabetes, heart disease, and many other serious health disorders. We have also heard from advocates on both sides of the stem cell debate. The bill before the Senate contains \$20.5 billion for the National Institutes of Health, the crown jewel of the Federal government. The \$2.7 billion increase over the fiscal year 2000 appropriation will support medical research that is being conducted at institutions throughout the country. This increase will continue the effort to double NIH by fiscal year 2003. These funds will be critical in catalyzing scientific discoveries that will lead to new treatments and cures for a whole host of diseases.

Head Start: To enable all children to develop and function at their highest potential, the bill includes \$6.2 billion for the Head Start program, an increase of \$1 billion over last year's appropriation. This increase will provide services to an additional 60,000 children bringing the total amount of kids served in fiscal year 2001 to 936,000. This increase will put us on track to enroll one million children in Head Start by the year 2002.

Community health centers: To help provide primary health care services to

the medically indigent and underserved populations in rural and urban areas, the bill contains \$1.1 billion for community health centers. This amount represents an increase of \$100 million over the fiscal year 2000 appropriation. These centers will provide health care to nearly 11 million low-income patients, 4.5 million of whom are uninsured.

Youth Violence Initiative: The bill includes \$1.2 billion for programs to assist communities in preventing youth violence. This initiative, begun in fiscal year 2000, will continue to address youth violence in a comprehensive way by coordinating programs throughout the Federal government to improve research, prevention, education and treatment strategies to identify and combat youth violence.

Drug demand initiative: To curb the effects of drug abuse, the bill includes \$3.7 billion for programs to help reduce the demand for drugs in this country. Funds have been increased for drug education in this Nation's schools; youth offender drug counseling, education and employment programs; and substance abuse research and prevention.

Women's health: Again this year, the committee has placed a very high priority on women's health. The bill before the Senate provides \$4.1 billion for programs specifically addressing the health needs of women. Included in this amount is \$27.4 million for the Public Health Service, Office of Women's Health, an increase of \$6.1 million over last year's funding level to continue and expand programs to develop model health care services for women, provide monies for a comprehensive review of the impact of heart disease on women, and to launch an osteoporosis public education campaign aimed at teenagers. Also included is \$253.9 million for family planning programs; \$169 million to support the programs that provide assistance to women who have been victims of abuse and to initiate and expand domestic violence prevention programs to begin; \$149.9 million for sexually transmitted diseases; \$177.5 million for breast and cervical cancer screening; and \$2.7 billion for research directed at women at the National Institutes of Health.

Medical error reduction: The Labor-HHS Subcommittee held several hearings to explore the factors leading to medical errors and received testimony from family members and patients detailing their experiences with medical mistakes. The Institute of Medicine also gave testimony and outlined findings from their recent report which indicated that 98,000 deaths occur each year because of medical errors. The bill before the Senate contains \$50 million to determine ways to reduce medical errors and also recommends that guidelines be developed to collect data related to patient safety, best practices to reduce error rates and ways to improve provider training.

LIHEAP: The bill maintains \$1.1 billion for the Low Income Home Energy

Assistance Program (LIHEAP). The bill also provides an additional \$300 million in emergency appropriations. LIHEAP is a key program for low income families in Pennsylvania and cold weather states throughout the nation. Funding supports grants to states to deliver critical assistance to low income households to help meet higher energy costs.

Aging programs: For programs serving the elderly, the bill before the Senate recommends \$2.4 billion, an increase of \$133 million over the fiscal year 2000 appropriation. Included is: \$440.2 million for the community service employment program which provides part-time employment opportunities for low-income elderly; \$325.1 million for supportive services and senior centers; \$521.4 million for congregate and home-delivered nutrition services; and \$187.3 million for the National Senior Volunteer Corps. Also, the bill provides increased funds for research into the causes and cures of Alzheimer's disease and other aging related disorders; funds to continue geriatric education centers; and the Medicare insurance counseling program.

AIDS: The bill includes \$2.5 billion for AIDS research, prevention and services. Included in this amount is \$1.6 billion for Ryan White programs, an increase of \$55.4 million; \$762.1 million for AIDS prevention programs at the Centers for Disease Control; \$60 million for global and minority AIDS activities within the Public Health and Social Services Funds; and \$85 million for benefit payments authorized by the Ricky Ray Hemophilia Trust Fund Act.

Education: To enhance this Nation's investment in education, the bill before the Senate contains \$40.2 billion in discretionary education funds, an increase of \$4.6 billion over last year's funding level, and \$100 million more than the President's budget request.

Education for disadvantaged children: For programs to educate disadvantaged children, the bill recommends \$8.9 billion, an increase of \$177.8 million over last year's level. These funds will provide services to approximately 13 million school children. The bill also includes \$185 million for the Even Start program, an increase of \$35 million over the 2000 appropriation. Even Start provides education services to low-income children and their families.

Title VI block grant: For the Innovative education program strategies State grant program, the bill contains \$3.1 billion, an increase of \$2.7 billion over fiscal year 2000. Within this amount, \$2.7 billion is to be used to assist local educational agencies, as part of their locally developed strategies, to improve academic achievement of students. Funds may be used to address the shortage of highly qualified teachers, reduce class size, particularly in the early grades, or for renovation and construction of school facilities. How the funds shall be spent is at the sole discretion of the local educational agency.

Impact aid: For impact aid programs, the bill includes \$1.030 billion, an increase of \$123.5 million over the 2000 appropriation. Included in the recommendation is: \$50 million for payments for children with disabilities; \$818 million for basic support payments, an increase of \$80.8 million; \$82 million for heavily impacted districts; \$25 million for construction and \$47 million for payments for Federal property.

Bilingual education: The bill provides \$443 million to assist in the education of immigrant and limited-English proficient students. This recommendation is an increase of \$37 million over the 2000 appropriation and will provide instructional services to approximately 1.3 million children.

Special education: One of the largest increases recommended in this bill is the \$1.3 billion for special education programs. The \$7.1 billion provided will help local educational agencies meet the requirement that all children with disabilities have access to a free, appropriate public education, and all infants and toddlers with disabilities have access to early intervention services. These funds will serve an estimated 6.4 million children age 3-21, at a cost of \$984 per child. While also supporting 580,500 preschoolers at a cost of \$672 per child.

TRIO: To improve post-secondary education opportunities for low-income first-generation college students, the committee recommendation provides \$736.5 million for the TRIO program, a \$91.5 million increase over the 2000 appropriation. These additional funds will assist in more intensive outreach and support services for low income youth.

Student aid: For student aid programs, the bill provides \$10.6 billion, an increase of \$1.3 billion over last year's amount. Pell grants, the cornerstone of student financial aid, have been increased by \$350 for a maximum grant of \$3,650. The supplemental educational opportunity grants program has also been increased by \$70 million, the work study program was increased by \$77 million and the Perkins loans programs is increased by \$30 million.

21st Century Community Learning Centers: For the 21st Century After School program, the bill provides \$600 million, an increase of \$146.6 million over last year's level. This program supports rural and inner-city public elementary and secondary schools that provide extended learning opportunities and offer recreational, health, and other social services programs. The bill also includes language to permit funds to be provided to community-based organizations.

Job training: In this Nation, we know all too well that unemployment wastes valuable human talent and potential, and ultimately weakens our economy. The bill before us today provides \$5.4 billion for job training programs, \$16.7 million over the 2000 level. Also included is \$652.4 million, an increase of

\$19.2 million for Job Corps operations; \$950 million for Adult training; and \$1.6 billion for retraining dislocated workers. Also included is \$20 million for a new program to upgrade worker skills. These funds will help improve job skills and readjustment services for disadvantaged youth and adults.

Workplace safety: The bill provides \$1.3 billion for worker protection programs, an increase of \$90 million above the 2000 appropriation. While progress has been made in this area, there are still far too many work-related injuries and illnesses. The funds provided will continue the programs that inspect business and industry, assist employers in weeding out occupational hazards and protect workers' pay and pensions.

There are many other notable accomplishments in this bill, but for the sake of time, I mentioned just several of the key highlights, so that the Nation may grasp the scope and importance of this bill.

In closing, Mr. President, I again want to thank Senator HARKIN and his staff and the other Senators on the subcommittee for their cooperation in a very tough budget year.

The PRESIDING OFFICER. Under the previous order, the Senator from Missouri, Mr. BOND, is recognized to call up an amendment regarding community health centers.

Mr. BOND. Mr. President, there is another pending amendment; is that correct?

The PRESIDING OFFICER. The Senator is correct.

Mr. BOND. I ask unanimous consent that the amendment be set aside.

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

AMENDMENT NO. 3602

(Purpose: To increase funding for the consolidated health centers)

Mr. BOND. Mr. President, amendment No. 3602 is at the desk. I ask that it be called up for immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Missouri [Mr. BOND], for himself, Mr. HOLLINGS, Mr. COCHRAN, Mr. DASCHLE, Mr. HUTCHINSON, Mr. KENNEDY, Mr. DEWINE, Mrs. LINCOLN, Mr. ABRAHAM, Mr. AKAKA, Mr. ASHCROFT, Mr. BAUCUS, Mr. BINGAMAN, Mrs. BOXER, Mr. BREAUX, Mr. BRYAN, Mr. BURNS, Mr. CAMPBELL, Mr. L. CHAFEE, Mr. CLELAND, Ms. COLLINS, Mr. CRAIG, Mr. CRAPO, Mr. DODD, Mr. DORGAN, Mr. DURBIN, Mr. EDWARDS, Mr. ENZI, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. FRIST, Mr. GRAMS, Mr. INOUE, Mr. JEFFORDS, Mr. JOHNSON, Mr. KERRY, Mr. KOHL, Ms. LANDRIEU, Mr. LEAHY, Mr. LEVIN, Mr. LUGAR, Mr. MURKOWSKI, Mrs. MURRAY, Mr. ROBB, Mr. ROCKEFELLER, Mr. SANTORUM, Mr. SMITH of Oregon, Ms. SNOWE, Mr. WARNER, Mr. WELLSTONE, Mr. WYDEN, Mr. SCHUMER, Mr. LAUTENBERG, Mr. BAYH, Mr. GRASSLEY, Mr. SARBANES, Mr. ROTH, Mr. HATCH, and Mr. CONRAD, proposes an amendment numbered 3602.

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

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

The amendment is as follows:

On page 23, line 23, strike "4,522,424,000" and replace with "4,572,424,000".

On page 92, between lines 4 and 5, insert the following:

SEC. . Amounts made available under this Act for the administrative and related expenses for departmental management for the Department of Labor, the Department of Health and Human Services, and the Department of Education shall be reduced on a pro rata basis by \$50,000,000.

Mr. BOND. Mr. President, I rise to offer what I think is a very important amendment to increase the funding this bill provides for a vital piece of our Nation's health care system—our community health centers.

This amendment, which I am very pleased to offer in conjunction with my colleague, Senator HOLLINGS of South Carolina, who has been a long-time supporter of community health centers—as was the late Senator from Rhode Island, the father of the distinguished occupant of the chair, who was a great champion of community health centers—along with a total of 58 cosponsors, would increase funding for community health centers by a total of \$50 million for this coming year. That is a \$50 million increase over that which is already included. The offset we use to fund this health center increase is a reduction in the departmental management fund for the Departments of Labor, Health and Human Services, and Education.

The managers of this bill, Senators SPECTER and HARKIN, clearly had a very difficult task in crafting this bill. There is a lot of money in it, but there are even more demands and requests for good things that this bill does. And they have to compete for the funds that, although they are significant, are still limited.

Despite the competing demands, the underlying bill has a \$100 million increase for community health centers. I sincerely commend the chairman and the ranking member for their efforts to include this very needed increase in the funding for the CHCs. At the same time, I believe very strongly that adding an additional \$50 million for health center funding is crucial to ensure that these vital health care providers have sufficient resources behind them to do everything they can to provide for the uninsured and medically underserved Americans.

All of us who have talked about health care know that the lack of access to care is perhaps the largest single health care problem that faces our Nation today.

Part of this problem is a lack of health insurance. About 44 million Americans are not covered by any type of health plan. But an equally serious part of the problem is that many people are simply unable to get access to a health care provider. Even if they have insurance, a young couple with a sick child is out of luck if they can't get in to see a pediatrician or other health care provider. In too many urban and rural communities around

the country, there just are not enough doctors to go around.

I urge my colleagues, if they have not done what I have done—and that is, to visit community health centers in their States—that they do so. You will be amazed and you will be very uplifted to see the work that is going on each and every day in these community health centers.

Community health centers in a center city, in the poorest neighborhoods, are reaching out and helping everyone—from the very young to the teenage mother perhaps with a child, or a teenager who is expecting a child, to the very elderly, who have difficulty getting around.

We see the same thing in rural areas, in some of the communities that are the hardest to access in our State. There are community health centers with dedicated physicians and nurses and health care professionals who are there to answer the health care needs of people who would have no chance of getting service were it not for the health centers.

These community health centers are truly the safety net of our health care system. For all of my colleagues, I trust they do know about these centers, but for other concerned citizens who may be watching, I suggest they find out about the community health centers in their area. What are they doing; are they serving people in need? I can tell my colleagues, based on the experience in my State, they are delivering the service to people who otherwise would not be served, were it not for these CHCs.

We all know there are problems with access to health care. There are many good ideas on additional steps we need to take. Some people want nationalized health care. Other people want new tax credits, subsidized health insurance. Others want to expand governmental health programs. Some people want to enhance insurance pooling arrangements. All of these have been proposed in an effort to make sure people have the health coverage and can get the care they need. As different and as diverse and as creative as many of these ideas are, they all have one thing in common: They are not going to be passed into law this year. All these wonderful ideas are going to come together. They are going to clash. We will look at them and talk about them, and we are going to refine them and argue about them and go down different roads. They are not going to pass this year. The breadth of the disagreement over these policy issues and the political complications of an election year make it totally unlikely that Congress will bring any of these new ideas to reality.

There is one thing we can still do this year, something we can pass into law that will make a big difference for many people who lack access to health care. What we can do is dramatically increase funding for community health centers and help them reach out to

even more uninsured and underserved Americans.

Just for the technical background, health centers are private not-for-profit clinics that provide primary care, preventive health care services in thousands of medically underserved urban and rural communities around the country. Partially with the help of Federal grants, health care centers provide basic care for about 11 million people every year, 4 million of whom are uninsured. Health centers provide care for 7 million people who are minorities, 600,000 farm workers, close to 1 out of every 20 Americans, 1 out of every 12 rural residents, 1 out of every 6 low-income children, and 1 out of every 5 babies born to low-income families.

Despite this great work, there are millions of Americans who still cannot get access to health care. The demand for the type of care these centers provide simply exceeds the resources available. Today we can help change this. There are as many as 44 million who are not covered by a health plan. We are covering about 11 million. We need to do something to make sure we serve those additional people. We are building on a program that has proven itself to be effective.

This is probably the best health care bargain we can get because these not-for-profit centers leverage the Federal dollars that go into them. They collect insurance from those who are insured. They can collect Medicare or Medicaid. They are a vehicle for providing the service. The average cost per patient served by a community health center in my State is something like \$350 a year. That is how much it costs them because of the other reimbursements and because of the efficiencies and economies of scale. That is less than \$1 a day. Not too many plans can provide so much bang for the buck, so much important delivery of health care service. This is probably the first priority of all the health care problems we are facing, and there are many. We can do something that will have a real impact on access to care and the uninsured. It is the best thing we can do to expand that safety net and pursue the search for better health care.

There are a couple of key reasons why community health centers are so important. No. 1, these dollars build on an existing program that produces results. Unlike many other health care proposals that suggest radically new and untested ideas, health centers are known entities. They do an outstanding job. They are known, respected, and trusted in their communities.

Numerous independent studies, in addition to the observations of those of us who have traveled around to visit them, confirm that community health centers provide high quality care in an efficient and cost-effective manner. Health centers truly target the health care access problem. By definition, health centers must be located in

medically underserved communities, which means places where people have serious problems getting access to health care. So health centers attack the problem right at its source—in the communities where those people live. Health centers are relatively cheap. Health centers can provide primary and preventive care for one person for less than \$1 a day, \$350 a year. That has to be one of the best health care bargains around.

This proposal is not a Government takeover of health care. Admittedly, this amendment calls for more Government spending, but unlike most other health care proposals, this funding would not go to create or expand a huge health care bureaucracy. This amendment would invest additional funds into private organizations which have consistently proven themselves to be efficient, high quality, cost-effective health care providers.

If this amendment succeeds, it will mean an overall increase in health center funding of \$150 million. That level of increase will put us on a path to double health center funding over 5 years. As my colleagues know, this same goal, doubling funding over 5 years, is what we challenge ourselves to provide to the National Institutes of Health. Through these increased funds to health centers, we continue our support for the good work that goes on in health centers. As in NIH, we have increased funding for biomedical research that produces medical innovations and develops ways to save, improve, and prolong people's lives. I have supported those efforts. In fact, the underlying bill contains funding increases for NIH that will keep us on the track for doubling NIH funding over 5 years for this, the third straight year.

But as we expand the envelope for what is possible in the world of health care, we must also ensure that more Americans have access to the most basic level of primary care services, including regular checkups, immunizations, and prenatal care. If we are not reaching some Americans, it doesn't matter how much we put into health care research. It doesn't matter how many innovations we come up with. It doesn't matter how many new drugs or new procedures or new techniques we develop. If they don't have access to the basic health care system, it is not going to help them at all.

That is why I believe it is so important to set the same noble goal we have set for research, doubling funding over 5 years, and adopt it for community health centers as well. There is widespread bipartisan support for both this 5-year plan as well as for the first-year installment. Nineteen of my Senate colleagues cosponsored what I called the REACH initiative—a resolution calling on Congress to double health center funding over 5 years.

This resolution has since been made part of the congressional budget resolution that establishes our tax and

spending goals and priorities. Sixty-seven Senators joined in my initial request for the 1-year funding increase of \$150 million. This amendment, which makes this 1-year increase a reality, has 57 cosponsors.

I am pleased to say that Gov. George W. Bush has publicly announced his support for funding increases for community health centers comparable to what this amendment would provide.

I thank my colleagues who have joined in these efforts for their support. I urge all of my Senate colleagues to support this amendment. A dramatic increase in community health center funding is one of the first and most important things Congress can do this year to truly help the uninsured and medically underserved Americans. Let us not waste the opportunity to make it happen.

I express my thanks to the chairman and ranking member of the committee.

The PRESIDING OFFICER (Mr. GORTON). The Senator from Pennsylvania is recognized.

Mr. SPECTER. Mr. President, I compliment our distinguished colleague from Missouri for offering this amendment and for his steadfast support over the years. I compliment my distinguished colleague, Senator BOND, for his continued support for community health centers. This has been a matter he has taken a special interest in and he has organized enormous support, with a letter having 67 signatories, 58 cosponsors, and reflecting a very broad consensus as to the importance of this program.

The program would add in the current fiscal year \$1.187 billion for community health centers. The Appropriations Committee has increased funding by \$100 million over fiscal year 2000. Senator BOND now wants an additional \$50 million, with an offset from administrative expenses pro rata among the three Departments.

We are prepared to accept Senator BOND's amendment. This is always a matter of finding enough money and adjusting the priorities. There is no one among the 100 Senators who knows that better than Senator BOND, because he chairs the Appropriations Subcommittee on VA, HUD, and Independent Agencies. I think his subcommittee and this subcommittee have the toughest job in funding matters. But we agree there ought to be more money in community health centers to serve people in both rural and urban areas who are disadvantaged and do not have access to primary health care.

There is nothing more important than health, so we are going to accept the amendment. When we come to conference, we may have to modify the offset as to the administrative cost, but we will do our very best to maintain the funding in this important item.

One other comment. I commented yesterday that the President had issued a veto threat after the subcommittee reported out a bill, and Senator HARKIN had some words for the

President, which I thought came better from the ranking member in the same party as the President. I made the point yesterday—and I think it is worth repeating today—about the priorities established by Members of Congress. We have contacts that the President does not have. There are 535 of us who fan out across America. Most of the Senators have fanned out already today, going back to their States to assess local needs.

The Constitution gives the Senate the authority for appropriations. Bills have to be signed by the President. But what Senator BOND has done is a good illustration of getting a broad consensus. That makes an impact upon the subcommittee when we look at our priorities. If 67 Senators sign a letter and 58 sign on as cosponsors, you wonder what happened to the other 9 in the interim. That is a very strong showing, and we intend to make that point when we do our best to honor the full \$150 million increase and as we move down to have an assessment of our priorities versus the President's priorities.

Speaking for the majority, we are prepared to accept the amendment.

Mr. BOND. Mr. President, I thank my distinguished friend from Pennsylvania, the chairman of the committee. If he really wants us to get the rest of the 67, we will be happy to go about it. But I found the chairman and the ranking member so responsive to my persuasive arguments that I didn't think they needed any more weight on this. I sincerely appreciate the willingness of the chairman to accept this.

Mr. DEWINE. Mr. President, I rise today to express my support for increased funding for Community Health Centers. These health centers offer much-needed primary and preventative health care services to hundreds of medically underserved urban and rural communities across our country.

Currently, the Labor, Health and Education Appropriations bill before us would provide \$100 million in Budget Year 2001 for these health centers. The amendment I have cosponsored with Senator BOND and Senator HOLLINGS would provide an additional \$50 million, bringing the total investment to \$150 million. This amendment, Mr. President, is very important. It deserves the Senate's support. There are millions of Americans who rely on Community Health Centers for their health care needs. We have an obligation to ensure that those necessary services are not interrupted due to a lack of sufficient federal funds.

The value of the services provided by these health centers becomes quite apparent when you consider that right now there are at least 44 million uninsured people in our nation; and of those 44 million people, Mr. President, 4 million of them receive health services from Community Health Centers. When you combine the uninsured with the under-insured, that total rises to 10 million—yes, Mr. President—10 million patients who look to these centers for health care.

In my own home state of Ohio, the Third Street Community Clinic in Mansfield and the Neighborhood Family Practice in Cleveland, for example, are just two of the 69 Community Health Centers that serve more than 200,000 Ohioans each year. In just the first three months of this year, Ohio's Community Health Centers medically treated more than 29,000 uninsured people, of whom more than 31 percent—nearly one-third—were children under 18 years of age.

These health centers provide critical health services to those who would otherwise not have access to health care providers. The centers offer prenatal care to uninsured or under-insured pregnant moms, and by doing so, are working to prevent undue adverse risks to the health of unborn babies. The health centers also provide immunizations so that young children can continue to be healthy, even those that live in medically underserved urban or rural areas.

And, in practical terms, by providing these and other types of primary and preventive care, Community Health Centers save Medicare and Medicaid dollars, because these services significantly reduce the need for hospital stays and emergency room visits.

The value of Community Health Centers should not be underestimated—nor should they be underfunded. The challenge we face today is that we have to make sure funding keeps pace with the growing numbers of Americans who will be in need of the health care services provided by these centers. To keep pace with this rapid growth, the overall budget for Community Health Centers will need to increase from \$1 billion to \$2 billion by Fiscal Year 2005. This \$1 billion increase would enable the health centers to provide care to an additional six to ten million people.

Because of the pressing need to increase funding, I am also a cosponsor of Senator BOND's REACH Initiative, which is the "Resolution to Expand Access to Community Health Care." This important Initiative would double the federal contribution for Community Health Centers over the next five years. And, the Bond/Hollings amendment to the Labor, Health, and Education Appropriations bill before us now would keep us on track of meeting this five-year plan by increasing this year's \$100 million allocation to \$150 million.

I commend my colleagues from Missouri and South Carolina for their amendment and for their tireless commitment to Community Health Centers. I urge the rest of my colleagues to support this important amendment.

Mr. HOLLINGS. Mr. President, It has been over 30 years since I set off on my hunger tour of South Carolina, where I observed first-hand the shocking condition of health care and nutritional habits in rural parts of my state. The good news is, we have come a long way since then. The bad news is, there is still much work to be done. Like the "hunger myopia" I described in my book

The Case Against Hunger, we suffer today from a sort of "health care myopia", a condition in which a booming economy and low unemployment rates mask a reality—that many Americans eke out a living in society's margins, and most of them lack health insurance. Ironically, as the stock market soars, so do the numbers of uninsured in our country, at a rate of more than 100,000 each month; 53 million Americans are expected to be uninsured by 2007.

The health care debate swirls around us, reaching fever pitch in Congress, where I have faith that we will soon reach an agreement on expanding coverage and other important issues. However, I see a need to immediately address the health care concerns of these left-behind and sometimes forgotten citizens. They cannot and should not have to wait for Congress to hammer out health care reform in order to receive the medical care so many of us take for granted. That's why I am sponsoring, along with Senator BOND, this amendment to provide an additional \$50 million for health centers in this bill. Fifty-seven cosponsors have joined us in working toward our objective. I would like to thank subcommittee chairman Sen. SPECTER and ranking member Sen. HARKIN for their advocacy on behalf of community health centers. I look forward to working with them as the bill moves to conference so that we may ensure health centers across the nation receive the support they deserve.

While ideas about health care have changed dramatically, community health centers have remained steadfast in their mission, quietly serving their communities and doing a tremendous job. Last year, community health centers served 11 million Americans in decrepit inner-city neighborhoods as well as remote rural areas, 4.5 million of which were uninsured. It's no wonder these centers have won across-the-board, bipartisan support. They have a proven track record of providing no-nonsense, preventive and primary medical services at rock-bottom costs. They're the value retailers of the health care industry, if you will, treating a patient at a cost of less than \$1.00 per day, or about \$350 annually.

Let me emphasize that this measure is a cost-saving investment, not an increase in spending. Not only are these centers providing care at low costs, but they are saving precious health care dollars. An increased investment in health centers will mean fewer uninsured patients are forced to make costly emergency room visits to receive basic care and fewer will utilize hospitals' specialty and inpatient care resources. As a consequence, a major financial burden is lifted from traditional hospitals and government and private health plans. Every federal grant dollar invested in health centers saves \$7 for Medicare, Medicaid and private insurance: \$6 from lower use of specialty and inpatient care and \$1 from reduced emergency room visits.

The value of community health centers can be measured in two other significant ways. First of all, the centers' focus on wellness and prevention, services largely unavailable to uninsured people, will lead to savings in treatment down the road. And secondly, health centers foster growth and development in their communities, shoring up the very people they serve. They generate over \$14 billion in annual economic activity in some of the nation's most economically-depressed areas, employing 50,000 people and training thousands of health professionals and volunteers.

It should also be noted that community health centers are just that—community-based. They are not cookie-cutter programs spun from the federal government wheel, but area-specific, locally-managed centers tailored to the unique needs of a community. They are governed by consumer boards composed of patients who utilize the center's services, as well as local business, civic and community leaders. In fact, it is stipulated that center clients make up at least 51% of board membership. This set-up not only ensures accountability to the local community and taxpayers, but keeps a constant check on each center's effectiveness in addressing community needs.

In South Carolina, community health centers have a long history of meeting the care requirements of the areas they serve. The Beaufort-Jasper Comprehensive Health Center in Ridgeland, the Franklin C. Fetter Family Health Center in Charleston, and Family Health Centers, Inc. in Orangeburg were among the first community health centers established in the nation. The Beaufort-Jasper Center was very innovative for its day, in the late 1960s, tackling not only health care needs, but related needs for clean water, indoor toilets and other sanitary services. Today, the number of South Carolina health centers has grown to 15. They currently provide more than 167,000 people, 38% of which are uninsured, with a wide range of primary care services. Yet despite the success story, a need to throw a wider net is obvious. Of the 3.8 million South Carolinians, nearly 600,000 have no form of health insurance. That means roughly 15% of the state population is uninsured. Another 600,000 residents are "underinsured," meaning that they do not receive comprehensive health care coverage from their insurance plans and must pay out-of-pocket for a number of specialty services, procedures, tests and medications.

South Carolina's statistics are mirrored nationwide. The swelling ranks of the uninsured are outgrowing our present network of community health centers. Adopting this amendment will ensure the reach of community health centers expands to meet increasing demand. It is our responsibility to continue providing our neediest citizens with a basic health care safety net. What better way to do that than by

building on a program with a record of positive, fiscally responsible results? Everyone can benefit and take pride in such a worthwhile investment.

Mr. KENNEDY. Mr. President, it is a privilege to be a sponsor of this important amendment to increase funding for community health centers. Each year, these centers provide quality health care to 11 million Americans in 3,000 rural and inner-city communities in all 50 states, including 4.5 million people who are uninsured. As the number of uninsured Americans across the country continues to grow, the need for the services is especially great.

Community health centers recently touched Juan Ramon Centeno's life in Worcester, Massachusetts. Mr. Centeno was 54 years old when a bilingual nurse working with Great Brook Valley Health Center arrived at the public housing project where he lived to conduct health screenings. Mr. Centeno felt ill, but because he did not have insurance or resources for medical care, he had not sought care. The nurse found that his blood pressure was high, he had risk factors for diabetes, and had not received preventive health care for many years.

Health center physicians promptly examined Mr. Centeno and found him at high risk for a cardiovascular accident. This timely intervention enabled Mr. Centeno to receive good health care and to be placed on medication through the health center pharmacy, which enables patients to obtain prescription drugs at the reduced prices available under Medicaid.

Day in and day out, community health centers are providing life-saving services like these. Yet too often, the centers are struggling to obtain the resources they need. In Massachusetts, over a dozen community health centers currently face severe financial difficulties. Congress cut Medicare reimbursement rates for the centers in 1997, in spite of the fact that the number of people eligible for their services continues to rise. The result for many health centers has been bankruptcy, low morale among the health care professionals who are dedicated to serving the poor, and great concern in the communities that this needed access to health care will be lost. It is unacceptable for Congress to permit health centers that have proved so effective for so many years to suffer such severe financial difficulties, particularly in this time of prosperity.

The Senate made a wise commitment to double the funding over the next five years for medical research at the National Institutes of Health, and it has kept that commitment. By making a similar commitment to double the funding for community health centers—ten percent of the cost of the commitment we made to medical research—we can ensure that the benefits of modern medicine will remain available to millions of low-income working families. The Senate is at its best when it approves amendments like this one

on a bipartisan basis. I intend to do all I can to see that this year's final appropriations bill, and future appropriations bills, maintain our commitment to the extraordinary work of the nation's community health centers.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, this side has no objection to the amendment. In fact, we wholeheartedly support the amendment. I compliment the Senator from Missouri for his leadership, and I also compliment Senator HOLLINGS on this issue.

Community health centers are really the last sort of backstop for so many people in this country who don't have health insurance—44 million people in America don't have health insurance. Mainly, these are the ones who, right now, for their health needs really need the community health centers. We have about seven in our State of Iowa. We are opening another one this summer. About 66,000 people are served per year in the State of Iowa by our community health centers.

The really good thing—and the Senator from Missouri knows it—about community health centers is they are engaged in preventive health care, keeping people healthy in the first place, not just coming in when they are sick. They do a lot of outreach work with low-income people. They help with their diets, lifestyles, and with the medicines they need to keep them healthy. That is one of the great services they provide.

We increased the funding for community health centers over last year by \$100 million. This would add another \$50 million on to it. The need is actually even more than that, but as the Senator from Missouri knows, we have all these things we need to balance in the bill. This is a welcome addition to our community health centers.

Again, I compliment the Senator from Missouri for his leadership. We happily accept the amendment.

The PRESIDING OFFICER. Is there further debate on the amendment?

The question is on agreeing to the amendment.

The amendment (No. 3602) was agreed to.

Mr. BOND. Mr. President, I move to reconsider the vote.

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

The motion to lay on the table was agreed to.

Mr. HARKIN. Mr. President, I will soon suggest the absence of a quorum. I want Senators to know that we are open for business and for taking amendments. Senator SPECTER and I are willing to sit here and take amendments this morning. If Senators have amendments and they are around, please come. As you can see, the floor is wide open. You won't have a waiting line and you can speak for as long as you want. This is the time to come and offer amendments on this bill.

With that, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. L. CHAFEE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. L. CHAFEE. Mr. President, I ask unanimous consent to speak as in morning business.

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

THE MEDICARE OUTPATIENT DRUG ACT

Mr. L. CHAFEE. Mr. President, as many of you know, I joined Senators GRAHAM, ROBB, BRYAN, and others in introducing S. 2758, the Medicare Outpatient Drug Act of 2000 this past Tuesday.

While I strongly support S. 2758 and urge my colleagues to support it, I was very troubled by the process in this Chamber last night. We talk a good game about wanting to pass legislation on a bipartisan basis. In fact, at a Centrist Coalition meeting earlier this week, many Senators from both sides of the aisle—led by the minority leader—were talking about how the two parties should be working together to produce a prescription drug bill for our Nation's seniors.

However, the prescription drug amendment that we debated and voted on last night proved otherwise. It suggested that all the talk about bipartisanship is merely a facade. It was clear from the procedural wrangling that led to the vote on the Robb amendment that there is no intention by the Democratic leadership to work together to fashion a bipartisan compromise on a Medicare prescription drug bill.

In fact, it is my understanding that minority leader told others not to let me—one of the author's of this bill—know about this motion ahead of time. That doesn't sound very bipartisan to me.

Sadly, the amendment last night really undermines our ability to work toward a compromise to add a prescription drug benefit to Medicare. If we were really interested in producing a bipartisan bill that could be signed into law, we would be working together on a proposal rather than filing motions such as the one last night, which was destined to go down to partisan defeat.

I had high hopes when I stood with Senators GRAHAM, ROBB, BRYAN, and others on Tuesday and we announced the introduction of our Medicare Outpatient Drug Act. I had hopes that we would be able to work this bill through the legislative process, give this bill an airing at the Finance Committee, and work with Republicans and Democrats alike to fine-tune it into a product that the President could sign into law.

I think most of us here would agree it is time to update the Medicare pro-

gram to include a prescription drug benefit. I hear about this issue back in Rhode Island more than any other issue. The senior population in Rhode Island is the second largest in the Nation—second only to Florida. The seniors in my State constantly approach me about the high cost of their prescription drug bills. I expect most of us hear more about this issue from our constituents than any other.

However, filing procedural motions that are doomed to failure is not the way to achieve this important goal. I am afraid that some on the opposite side of the aisle aren't really interested in passing a Medicare prescription drug bill this year—they would rather that we do nothing and use this issue to try to defeat some of us in the fall.

Let's not hold the 39 million Medicare recipients in this country hostage to partisan politics.

I believe the legislation I introduced with Senators GRAHAM, ROBB, BRYAN, and others is one of the most responsible and comprehensive drug bills in Congress. And, more important, it would help relieve seniors of the growing burden of high prescription drug bills.

However, while I support this legislation and regretfully voted in support of the Robb amendment last night because I am committed to passing a good prescription drug bill to help our Nation's seniors, I do not believe the exercise last night was constructive. Sadly, it was quite the opposite.

I thank the Chair.

Mr. DORGAN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. HARKIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

THE DEPARTMENTS OF LABOR, HEALTH, AND HUMAN SERVICES AND RELATED AGENCIES APPROPRIATIONS, 2001—Continued

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, I am going to be offering an amendment to the pending appropriations bill that I want to talk about this morning.

I commend the chairman, Senator SPECTER, and the ranking member, Senator HARKIN, for their work to increase funding for the National Institutes of Health. As all of us know, Congress is on track toward doubling the funding for important health research and investigation through the NIH. That is critically important to this country.

I am one of those who has been supportive of doubling the funding for the National Institutes of Health. The NIH is trying to unlock the mystery of many of the diseases that ravage the