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|-----------|-------------|------------|
| Levin     | Nelson (FL) | Stabenow   |
| Lieberman | Nelson (NE) | Stevens    |
| Lincoln   | Nickles     | Thomas     |
| Lott      | Reed        | Thompson   |
| Lugar     | Reid        | Thurmond   |
| McCain    | Rockefeller | Torricelli |
| McConnell | Santorum    | Voinovich  |
| Mikulski  | Sarbanes    | Warner     |
| Miller    | Schumer     | Wellstone  |
| Murkowski | Shelby      | Wyden      |
| Murray    | Specter     |            |

## NAYS—15

|           |          |            |
|-----------|----------|------------|
| Allard    | Collins  | Hutchinson |
| Baucus    | Edwards  | Roberts    |
| Bayh      | Ensign   | Smith (NH) |
| Brownback | Feingold | Smith (OR) |
| Bunning   | Helms    | Snowe      |

## NOT VOTING—2

|       |          |
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| Hagel | Sessions |
|-------|----------|

The conference report was agreed to. Mr. HARKIN. I move to reconsider the vote and move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Iowa.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2002—Continued

## AMENDMENT NO. 2072, AS MODIFIED

Mr. HARKIN. Madam President, I ask unanimous consent that amendment No. 2072, previously agreed to, be modified with the technical corrections I now send to the desk.

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

The amendment (No. 2072), as modified, is as follows:

On page 54, between lines 15 and 16, insert the following:

SEC. 224. It is the sense of the Senate that the Secretary of Health and Human Services should establish a program to improve the blood lead screening rates of States for children under the age of 3 enrolled in the medicaid program under which, using State-specific blood lead screening data, the Secretary would annually pay a State an amount to be determined.

(1) For each 2-year-old child enrolled in the medicaid program in the State who has received the minimum required (for that age) screening blood lead level tests (capillary or venous samples) to determine the presence of elevated blood lead levels, as established by the Centers for Disease Control and Prevention.

(2) For each such child who has received such minimum required tests.

## SAFE MOTHERHOOD

Mr. KENNEDY. Madam President, I thank the Chairman for his ongoing leadership on women's health and would like him to join me in congratulating the Centers for Disease Control and Prevention for its ground-breaking National Summit on Safe Motherhood. The summit succeeded in expanding our understanding of safe motherhood as a critical woman's health issue and identified the troubling lack of research and data on pregnancy-related issues that impact the short and long-term health of women.

Mr. HARKIN. I am pleased to join the Senator in recognizing the summit. I,

too, am increasingly concerned that despite major advances in public health and obstetrics, a safe and healthy pregnancy is still not the experience for all women. More than 2,000 women each day have a major medical complication during pregnancy, such as severe bleeding, ectopic pregnancy, postpartum depression or infection. Some groups, including African American, Hispanic, and older women, have a significantly increased risk of illness or death. For example, African-American women are four more times likely to die from pregnancy-related complications as white women; Hispanic, Asian and American Indian women are twice as likely to die from pregnancy-related complications as their non-Hispanic, non-Asian, and non-American Indian counterparts; and women aged 35-39 are 2 to 3 times as likely to experience a pregnancy-related death compared to women aged 20-24.

Mr. KENNEDY. As the chairman knows, if we are to eliminate these racial and ethnic disparities, we must gain a greater understanding of what causes pregnancy-related illness and death. I find it very troubling that even though more women in the United States are getting prenatal care now than ever before, the number of maternal deaths and preterm deliveries has not declined in the past 25 years.

Mr. HARKIN. The lack of progress in reducing maternal morbidity and mortality is unacceptable. This committee strongly supports the goals identified at the summit, including expanding the CDC's safe motherhood initiatives. We must look at the public health importance of pregnancy to women's health in the 21st century, the magnitude and impact of short-term and long-term pregnancy-related complications, and national strategies to close the gaps in research, data collection and quality care. CDC has taken an important lead in this area.

In addition, I look forward to working with the Senator and the General Accounting Office to document the existing state of research and knowledge about the impact of pregnancy on women's health so that we can have a blueprint for closing the gaps in women's health.

## HEALTHY START PROGRAM

Mr. McCONNELL. Madam President, I commend the chairman and Senator SPECTER for drafting the fiscal year 2002 Labor, Health and Human Services, Education Appropriations bill. Assembling this legislation, with important priorities such as the National Institutes of Health, the Centers for Disease Control and Prevention, and the Department of Education, is a daunting task and one for which you should be commended.

As the chairman knows, the Healthy Start initiative was started in 1991 to reduce the rate of infant mortality in expectant mothers. The legislation we are now considering provides nearly \$90 million for Healthy Start. While this is a generous allocation, it has come to

my attention that at this funding level, several Healthy Start programs which have been approved by the Department will no longer receive their Federal funding. I know of one such program that stands to lose funding, Voices of Appalachia (VOA) Healthy Start. VOA in Whitley County, KY has done a remarkable job of reducing the infant mortality rate and continues to provide invaluable services to the families of Southeastern Kentucky.

I understand that the House of Representatives has appropriated \$102 million for the Healthy Start Program. Keeping in mind that resources are scarce, I would inquire of the chairman whether he would be willing to agree in conference to the level appropriated by the House.

Mr. HARKIN. As the Senator mentioned, this is a very tightly drafted bill and there are many important areas in which the Senate bill provides greater resources than the House. Like you, I realize the importance of the Healthy Start Program, and while I cannot make any promises, I will work with Senator SPECTER and the House to provide sufficient resources for this worthwhile program.

Mr. SPECTER. I echo the comments of Chairman HARKIN. Programs such as VOA deserve the full support of Congress, and I am committed to working with Chairman HARKIN to provide adequate funding for Healthy Start programs.

## HISPANIC SERVING INSTITUTIONS GRANTS PROGRAM

Mrs. HUTCHISON. Madam President, my colleague, Senator BINGAMAN, and I would like to clarify with our colleague, the distinguished chairman of the Labor, HHS, and Education Appropriations Subcommittee, his intent with respect to fiscal year 2002 funding of the Title V Hispanic-serving Institutions Grants program.

As the chairman is well aware, this program provides critical funding to generally smaller, community-oriented four- and two-year institutions of higher education that serve at least 25 percent Hispanic students. These approximately 200 institutions are an increasingly important avenue to success for this important and growing segment of our nation, and the HSI program is integral to the ability of these institutions to open the doors of higher education to Hispanics.

Mr. BINGAMAN. Will the Senator yield?

Mrs. HUTCHISON. I am happy to yield to my distinguished colleague from New Mexico.

Mr. BINGAMAN. I thank my colleague and fellow chair of the Senate Hispanic-serving Institutions Coalition for her leadership on this important issue. As she knows, Hispanics, and particularly Hispanic youth, are the fastest growing group of Americans. Yet despite the fact that Hispanic Americans represent 13 percent of the population aged 18 to 24, they comprise