

AMENDMENT NO. 317

At the request of Mr. GRAHAM, the names of the Senator from Arkansas (Mr. HUTCHINSON), the Senator from Washington (Mrs. MURRAY), the Senator from New York (Mrs. CLINTON), the Senator from Louisiana (Ms. LANDRIEU), and the Senator from New Mexico (Mr. BINGAMAN) were added as cosponsors of amendment No. 317 proposed to H. Con. Res. 83, a concurrent resolution establishing the congressional budget for the United States Government for fiscal year 2002, revising the congressional budget for the United States Government for fiscal year 2001, and setting forth appropriate budgetary levels for each of fiscal years 2003 through 2011.

AMENDMENT NO. 325

At the request of Mr. DOMENICI, his name was added as a cosponsor of amendment No. 325 proposed to H. Con. Res. 83, a concurrent resolution establishing the congressional budget for the United States Government for fiscal year 2002, revising the congressional budget for the United States Government for fiscal year 2001, and setting forth appropriate budgetary levels for each of fiscal years 2003 through 2011.

At the request of Mr. INOUYE, his name was added as a cosponsor of amendment No. 325 proposed to H. Con. Res. 83, *supra*.

At the request of Mr. CONRAD, his name was added as a cosponsor of amendment No. 325 proposed to H. Con. Res. 83, *supra*.

AMENDMENT NO. 334

At the request of Mr. INHOFE, the names of the Senator from Virginia (Mr. ALLEN), the Senator from Louisiana (Mr. BREAUX), the Senator from Virginia (Mr. WARNER), the Senator from Florida (Mr. GRAHAM), the Senator from Idaho (Mr. CRAIG), the Senator from Idaho (Mr. CRAPO), the Senator from South Dakota (Mr. DASCHLE), the Senator from Illinois (Mr. DURBIN), the Senator from South Dakota (Mr. JOHNSON), the Senator from Nebraska (Mr. HAGEL), the Senator from Wyoming (Mr. ENZI), the Senator from Washington (Mrs. MURRAY), the Senator from California (Mrs. FEINSTEIN), the Senator from Minnesota (Mr. WELLSTONE), the Senator from Nebraska (Mr. NELSON), the Senator from Wyoming (Mr. THOMAS), the Senator from New Mexico (Mr. BINGAMAN), the Senator from Colorado (Mr. CAMPBELL), the Senator from Hawaii (Mr. AKAKA), the Senator from Tennessee (Mr. FRIST), and the Senator from Vermont (Mr. JEFFORDS) were added as cosponsors of amendment No. 334 proposed to H. Con. Res. 83, a concurrent resolution establishing the congressional budget for the United States Government for fiscal year 2002, revising the congressional budget for the United States Government for fiscal year 2001, and setting forth appropriate budgetary levels for each of fiscal years 2003 through 2011.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS—APRIL 5, 2001

By Mr. HATCH (for himself, Mr. HARKIN, Mr. CAMPBELL, Mr. DURBIN, Mr. DASCHLE, Mr. ROBERTS, Mr. DAYTON, Mr. CONRAD, Mr. DORGAN, Mr. JOHNSON, Mr. FEINGOLD, Mr. KOHL, Mr. NELSON of Nebraska, Mr. GRASSLEY, Mr. LUGAR, Mr. BOND, Mr. BROWNBACK, Mrs. FEINSTEIN, Mr. AKAKA, Mr. BINGAMAN, Mr. BAUCUS, Mr. BURNS, Mr. CRAIG, Mr. ENZI, Mr. THOMAS, Mrs. LINCOLN, Mr. EDWARDS, Mr. HOLLINGS, Mr. HELMS, Mrs. CLINTON, Mr. CRAPO, Ms. MIKULSKI, Mr. LEAHY, Mr. FITZGERALD, Mr. WYDEN, Mr. ROCKEFELLER, Mr. ALLARD, and Ms. STABENOW):

S. 708. A bill to provide the citizens of the United States and Congress with a report on coordinated actions by Federal agencies to prevent the introduction of foot and mouth disease and bovine spongiform encephalopathy into the United States and other information to assess the economic and public health impacts associated with the potential threats presented by those diseases; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. HATCH. Mr. President, I rise today to introduce the Animal disease Risk Assessment, Prevention, and Control Act of 2001. I want to thank my friend and colleague, Senator TOM HARKIN, for his partnership in developing this bipartisan bill. I also want to recognize Senator CAMPBELL's exceptional leadership in bringing to the forefront of public discussion the issue of the health of our domestic cattle herds. We are joined in cosponsorship by Senators DURBIN, LUGAR, DASCHLE, and LEAHY, as well as over one-third of the Senate in this bipartisan effort.

Our bill makes clear the Congress' commitment to our livestock industry and to ensuring our public health. Our goal is to make certain that the Congress and the American public are fully informed as to the reliability of our nation's animal health inspection system, its ability to protect our domestic herds and the American public from the potential introduction into the United States of foot and mouth disease and bovine spongiform encephalopathy (BSE), commonly referred to as mad cow disease. The presence of either of these diseases would have staggering economic consequences for our country.

In addition, it is imperative, as this bill directs, that we learn more about the possible public health consequences of BSE so that we can be confident that our nation continues to successfully prevent any potentially negative impacts on human or animal health. Americans from Salt Lake city, Iowa City and across the country need to maintain confidence that the beef products they purchase and consume are safe.

The public has no doubt heard the media reports on the recent cases in Europe of BSE and the outbreak of FMD, and they have heard about the devastating effect these outbreaks have had on the livestock industries in that part of the world. With all this media coverage, misconceptions have arisen which could make matters worse than the situation merits.

The public deserves to know the facts surrounding these animal diseases, their threat to public health, and their potential means of transmission. This is one of the basic goals of our legislation—to help overcome the lack of information associated with these diseases. However, in the unfortunate event that it becomes necessary to fight this disease at home, we must ensure that the government and other officials have the necessary tools to move swiftly and completely to control these diseases in the United States.

We have been successful so far in preventing the return of FMD to the United States. No case of BSE has ever been identified in the United States. This bill is intended to continue that success into the future.

Here is what the bill does in a nutshell. The legislation lays out a series of detailed findings that set forth the current state of knowledge with respect to these two diseases. A key provision of the bill requires the Secretary of Agriculture to submit two reports to Congress. The first report, to be submitted in 30 days of enactment, requires the Administration to identify any immediate needs for additional legislative authority or funding. The second report, to be submitted within 180 days of adoption, requires the submission of a comprehensive analysis of the risks of FMD and BSE to American livestock and beef products, the potential economic consequences if FMD or BSE are found in the United States, and information concerning the potential linkage between BSE and variant Cruetzfeldt-Jacob Disease (vCJD), a condition affecting humans.

The legislation requires the Secretary of Agriculture to consult with the Secretaries of State, Treasury, Defense, Commerce, Health and Human Services, the United States Trade Representative, the Director of the Federal Emergency Management Agency, and other appropriate federal personnel when she develops both the reports mandated by this bill. In addition, in issuing the comprehensive 180 day report, the Secretary of Agriculture must consult with international, State, and local government animal health officials, experts in infectious disease research, prevention and control, livestock experts, representatives of blood collection and distribution entities, and representatives of consumer and patient organizations. A chief goal of that report is to help devise a coordinated plan to prevent the introduction of FMD and BSE into the United States and to help identify the proper corrective steps if FMD and BSE find their way into our country.

Mr. President, let me take this opportunity to comment upon some common myths on this issue. First, the public should know that there is no known etiologic relationship between BSE and FMD. While it is true that these diseases have occurred in the same region within a shared time-frame, the fact is that the two diseases are quite distinct and have occurred independently from one another.

BSE is a transmissible, neuro-degenerative disease in cattle. The disease is believed to have an incubation period of years, but once active in cattle it can quickly become fatal in a matter of a few weeks. It is carried in the brain and spinal cord of the animal, not in the meat products normally consumed by humans.

In a practice banned in the U.S., cattle in Great Britain were fed protein products derived from other animal products, which may have carried BSE. Scientists believe that this practice led to the spread of BSE in Great Britain and Europe. I want to emphasize that the importation into the U.S. of grazing animals from BSE-prevalent countries has been forbidden since 1997. I also want to point out that U.S. law also prohibits the feeding of most animal proteins to grazing animals.

As for foot and mouth disease, it is a highly contagious virus affecting cloven hooved animals, including cattle, swine, sheep, goats, deer, and others. Although this disease was eradicated in the U.S. in 1929, it could be reintroduced by a single infected animal or animal product from another country, or by a person or conveyance that carries the virus from another country. It can then spread quickly among our domestic herds by animal contact or through the aerosol transmission. We cannot afford to allow that to happen.

The disease can be carried by the wind from one animal to another. Animals infected by FMD can be cured by injections, however, the infected animal will continue to spread the disease during recovery. For that reason, the preferred remedy is to slaughter the animal before it can spread the disease further. To be safe, the entire herd will often be killed even if only one or two animals are found to be infected. This is why our bill also contains a provision to determine whether adequate compensation would be available under existing programs for producers suffering losses from destruction of affected herds.

Mr. President, another concern held by some is that there is a strong risk of humans being infected by these diseases, either by eating meat or through some other means of transmission.

Let me first discuss BSE. There are, in fact, human spongiform encephalopathies. An example of such a disease is the recently discovered variant of Cruetzfeldt-Jacob Disease. Scientists have not determined that a definitive causal link exists between BSE and variant Cruetzfeldt-Jacob Disease or other spongiform encephalopathies

found in humans. The Centers for Disease Control and Prevention (CDC) has stated: "Although there is strong evidence that the agent responsible for these human cases is the same agent responsible for the BSE outbreaks in cattle, the specific foods that may be associated with the transmission of this agent from cattle to humans are unknown." Scientists are currently studying the issue further and the Animal Health Risk Assessment, Prevention, and Control Act of 2001 encourages such research.

While these studies are ongoing, the Food and Drug Administration (FDA) has acted to minimize the spread of human spongiform encephalopathies in the United States by disqualifying any individual who lived in the United Kingdom for more than six months since 1980 from donating blood while in the U.S.

With respect to foot and mouth disease, it is principally an animal disease and is not thought to be threatening to human health. Humans can, however, spread the disease to animals.

I am concerned that based on the outbreak of these diseases in Europe and the potential for spread into the U.S., consumers might question the safety and wholesomeness of animal products sold in this country. Because of our vigilance in the past our nation has a very safe and wholesome meat supply, and we should be proud of that. In fact, other nations have been seeking out American meat products, because they know that our animals health system is strong and has successfully kept these diseases out of our domestic livestock herds.

Mr. President, the Animal Health Risk Assessment, Prevention, and Control Act of 2001, will help the United States to maintain the safety of our food supply and will help our nation to evaluate the sufficiency of the steps taken, or planned, to protect our citizens from any potential untoward impacts if these animal diseases enter into the United States.

Mr. HARKIN. Mr. President, today I am pleased to join Senator HATCH and thirty-seven other Senators in introducing the Animal Disease Risk Assessment, Prevention, and Control Act of 2001. This legislation helps make sure that our country is on a solid footing to protect our country's public and economy from the astounding losses that could come from an animal disease such as Food and Mouth Disease, FMD, or Bovine Spongiform Encephalopathy, BSE, arriving on our shores.

As we know all too well from observing the experience of the EU, either of these diseases could potentially wreak tens of billions of dollars in lost livestock and markets if they were ever found in the U.S. BSE, with its suspected linkages to New Variant Creutzfeld-Jacob Disease, could cause some Americans to suffer its cruel, fatal effects.

Fortunately, we have an animal and public health system that has success-

fully prevented either of these diseases from entering our country. This is testimony to the men and women who work each day to protect our nation from foreign animal diseases. But the price of this success is unremitting vigilance. We must ensure there are no gaps in our defenses. The sheer volume of travel and commerce between the United States and the European Union is placing unprecedented strain on our animals health system.

This legislation will give Congress a clearer picture of where the potential risks to animal and human health may lie, and what must be done to prevent them. It will provide Congress and the public with a blueprint for what is currently being done, and what must be done in the future.

The health of our animals is inextricably linked with the health of our populace and economy. It is crucial to continuing to provide a safe, abundant supply of food. I hope this legislation will be passed quickly, to send a clear message that Congress stands ready to do what it takes to ensure that our success in protecting our shores from FMD and BSE remains unbroken.

Mr. DASCHLE. Mr. President, the outbreak of Foot and Mouth Disease, FMD, and Bovine Spongiform Encephalopathy, BSE, among some of our closest trading partners is cause for heightened attention to our ability to prevent the spread of these diseases to the United States. Although the U.S. has not had an outbreak of Foot and Mouth Disease since 1929, and has had no known cases of BSE, their recent spread in Europe and other countries has raised serious concerns domestically. Given the extremely contagious nature of FMD, an outbreak in the U.S. could be catastrophic to the domestic farm economy, and would have serious ramifications for other economic sectors as well. BSE is not as contagious as FMD, but it causes a disease in humans that is fatal. Overall, BSE is much less well understood than FMD, which is itself a risk factor.

I appreciate the significant work of USDA and other agencies to control the threat that FMD and BSE may pose to human health, in the case of BSE, and the health of domestic livestock and wildlife. However, we must do more, and we must do it quickly. I believe that the Administration's efforts would benefit from greater coordination among federal agencies, and increased attention to the availability of public information. Additionally, Congress needs data relevant to the development of longer-term disease prevention and management strategies, and guidance as to whether the Administration will require increased statutory or funding to respond to this situation appropriately and expeditiously.

In an effort to contain the spread of FMD, South Dakota has instituted restrictions on individuals traveling from

countries with confirmed cases. However, American embassies in the European Union, and possibly other countries, are not aware of these restrictions related to its containment. Additionally, airport and airline personnel appear to be inadequately informed about the need for travelers re-entering this country to take appropriate measures to avoid introducing the disease to U.S. livestock or wildlife.

A constituent of mine recently reported that a visitor coming to South Dakota from France contacted the American Embassy there to inquire about potential restrictions prior to his trip, but was told they knew of none. In fact, the state of South Dakota has banned visits to farms, sale barns and a list of other facilities for five days prior to travel, and contact with livestock or wildlife for five days after arrival in the U.S. In another incident, two producers who were part of a tour group returning from Ireland through Chicago O'Hare International Airport independently sought out disinfectant for their shoes and other belongings before returning to the state, after realizing that no airport or airline personnel were requiring travelers to take any such precautions.

This week I have worked with my colleagues on both sides of the aisle to draft a bill to address these needs. Today, I join Senators HARKIN and HATCH, and over 40 of our colleagues, to introduce The Animal Disease Risk Assessment Prevention and Control Act of 2001. The bill would require USDA, in consultation with other relevant federal agencies, to submit what I think will be very valuable information to Congress, in the shortest time feasible.

First, the bill would require USDA to provide information about the Administration's FMD and BSE prevention and control plan, including: 1. how federal agencies are coordinating their activities on FMD and BSE; 2. how federal agencies are communicating information on FMD and BSE to the public; and 3. whether the Administration needs additional legislative authority or funding to most appropriately manage the threat that FMD, BSE, or related diseases may pose to human health, livestock, or wildlife.

Second, the bill would require USDA to provide information relevant to a longer-term disease prevention and management strategy for reducing risks in the future, including: 1. The economic impacts associated with the potential introduction of FMD, BSE, or related diseases into the United States; 2. The potential risks to public and animal health from FMD, BSE, and related diseases; and 3. recommendations to protect the health of our animal herds and our citizens from these risks, including, if necessary, recommendation for additional legislative authority or funding.

One of the most important steps we can take to prevent the introduction of FMD and BSE to the U.S. is also one of

the simplest: improved access to information. In addition to the actions USDA, FDA and other agencies are taking to control the diseases, it is imperative that the State Department, the Department of Treasury, the Department of Transportation, the Department of Defense, and other agencies act immediately to provide the best possible information to travelers, the military, and others, including news of sanitation, travel restrictions, and other precautions.

Again, I commend the actions USDA and other agencies to prevent the incidence of these diseases abroad from creating a crisis in the U.S. I think we all appreciate the sensitivity of this issue, and that no one gains from exaggerating or misrepresenting potential risks in a situation such as this. Neither would the U.S. benefit in the long run by limiting trade with other countries for reasons other than those that are purely health and safety-related, and can be scientifically substantiated. At the same time, we have every right to protect the health of our domestic livestock industry in a pro-active and comprehensive manner. To that end, I look forward to passing this legislation quickly, so we can ensure that the Administration has the information and resources it needs to respond to this situation and to ensure that the public is fully aware of the steps being taken on their behalf.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS—APRIL 6, 2001

By Mr. BOND (for himself and Mr. BREAUX):

S. 724. A bill to amend title XXI of the Social Security Act to provide for coverage of pregnancy-related assistance for targeted low-income pregnant women; to the Committee on Finance.

Mr. BOND. Mr. President, I rise today to introduce a bill that I believe is vitally important to the health care of children and pregnancy women in America. The goal of this legislation is simply, to make sure more pregnancy women and more children are covered by health insurance so they have access to the health care services they need to be healthy.

The need is great, on any given day, approximately 11 million children and close to half a million pregnant women do not have health insurance coverage. For many of these women and children, they or their family simply can't afford insurance, and lack of insurance often means inability to pay for care. The further tragedy is that quite a few are actually eligible for a public program like Medicaid or the State Children's Health Insurance Program, but many of those don't know they are eligible and are not signed up.

Lack of health insurance can lead to numerous health problems, both for children and for pregnant women. A child without health coverage is much less likely to receive the health care

services that are needed to ensure the child is healthy, happy, and fully able to learn and grow. An uninsured pregnant woman is much less likely to get critical prenatal care that reduces the risk of health problems for both the woman and the child. Babies whose mothers receive no prenatal care or late prenatal care are at-risk for many health problems, including birth defects, premature births, and low birth-weight.

The bill I am introducing deals with this insurance problem in two ways.

First, it allows states to provide prenatal care for low-income pregnant women under the State Children's Health Insurance Program—also known as SCHIP—if the state chooses.

Through the joint federal-state SCHIP program, states are currently expanding the availability of health insurance for low-income children. However, federal law prevents states from using SCHIP funds to provide prenatal care to low-income pregnant women over age 19, even though babies born to many low-income women become eligible for SCHIP as soon as they are born.

Approximately 41,000 additional women could be covered for prenatal care. There are literally billions of dollars of SCHIP funds that states have not used yet, so I would hope that most states would choose this option. This provision will not impact federal SCHIP expenditures because it does not change the existing federal spending caps for SCHIP. Babies born to pregnant women covered by a state's SCHIP program would be automatically enrolled and receive immediate coverage under SCHIP themselves.

It is foolish to deny prenatal care to a pregnant mother and then, only after the baby is born, provide the child with coverage under SCHIP. Prenatal care can be just as important to a newborn baby as postnatal care, and the prenatal care is of course important for the mother as well.

We know that states will be interested. Two states have already gone through the difficult Health Care Financing Administration waiver process to get permission to cover pregnant women through their SCHIP programs. But you shouldn't have to get a waiver to do something that makes so much sense. This bill will make it an automatic option that any state can do without the need of a waiver.

Second, the bill will help states reach out to women and children who are eligible for, but are not enrolled in, Medicaid or SCHIP. Approximately 340,000 pregnant women and several million children are estimated to be eligible for but not enrolled in Medicaid. Millions of additional children are eligible for but not yet enrolled in SCHIP. We must reach out to these people to make sure they know they have options which they are not using.

When Congress passed the welfare reform bill back in 1996, we created a \$500 million fund that states could tap into to make sure that all Medicaid-eligible