

(11) Failure to effectively address sub-Saharan Africa's development needs could result in greater conflict and increased poverty, heightening the prospect of humanitarian intervention and potentially threatening a wide range of United States interests in sub-Saharan Africa.

SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) the years 2002 through 2012 should be declared “A Decade of Support for Sub-Saharan Africa”;

(2) not later than 90 days after the date of adoption of this concurrent resolution, the President should submit a report to Congress setting forth a five-year strategy, and a ten-year strategy, to achieve a reversal of current levels of hunger and poverty in sub-Saharan Africa, including a commitment to contribute an appropriate United States share of increased bilateral and multilateral poverty-focused resources for sub-Saharan Africa, with an emphasis on—

(A) health, including efforts to prevent, treat, and control HIV/AIDS, tuberculosis, malaria, and other diseases that contribute to malnutrition and hunger, and to promote maternal health and child survival;

(B) education, with an emphasis on equal access to learning for girls and women;

(C) agriculture, including strengthening subsistence agriculture as well as the ability to compete in global agricultural markets, and investment in infrastructure and rural development;

(D) private sector and free market development, to bring sub-Saharan Africa into the global economy, enable people to purchase food, and make health and education investments sustainable;

(E) democratic institutions and the rule of law, including strengthening civil society and independent judiciaries;

(F) micro-finance development; and

(G) debt relief that provides incentives for sub-Saharan African countries to invest in poverty-focused development, and to expand democratic participation, free markets, trade, and investment;

(3) the President should work with the heads of other donor countries and sub-Saharan African countries, and with United States and sub-Saharan African private and voluntary organizations and other civic organizations, including faith-based organizations, to implement the strategies described in paragraph (2);

(4) Congress should undertake a multi-year commitment to provide the resources to implement those strategies; and

(5) 120 days after the date of adoption of this concurrent resolution, and every year thereafter, the Administrator of the United States Agency for International Development, in consultation with the heads of other appropriate Federal departments and agencies, should submit to Congress a report on the implementation of those strategies, including the action taken under paragraph (3), describing—

(A) the results of the implementation of those strategies as of the date of the report, including the progress made and any setbacks suffered;

(B) impediments to, and opportunities for, future progress;

(C) proposed changes to those strategies, if any; and

(D) the role and extent of cooperation of the governments of sub-Saharan countries and other donors, both public and private, in combating poverty and promoting equitable economic development.

Mr. HAGEL. Mr. President, today I am submitting a resolution that expresses the sense of the Senate that the United States should commit itself to

fighting hunger and poverty in sub-Saharan Africa, and should demonstrate this commitment through increased financial assistance until the continent's current hunger trends are reversed.

Hunger, poverty and disease are widespread in sub-Saharan Africa. Approximately 291 million individuals in the region, nearly half of the total population, live on less than \$1 a day. Thirty-three of the world's 41 heavily indebted poor countries, HIPC's, are in sub-Saharan Africa. The United States and other developed countries can help. We must invest in poverty-focused development, directed towards investments that have proven to be effective in reducing hunger, in the areas of agriculture, health, education, micro-finance, and debt relief. We must support sub-Saharan African countries as they are becoming more democratic and are shaping locally based solutions to hunger and poverty with the participation of civil society and nongovernmental organizations.

The urgency and tragedy of the AIDS pandemic has drawn important attention to the continent of sub-Saharan Africa. As we address the HIV/AIDS pandemic, we must also address hunger. Hunger and health are closely linked: poor people cannot feed themselves adequately, and the resulting malnourishment weakens their bodies' defense against AIDS and other infectious diseases. Poor communities cannot build clinics for AIDS-related education, diagnosis, or treatment, and even if clinics exist, poor and hungry people cannot afford fees for care or medicine. To address HIV/AIDS in sub-Saharan Africa, we must also address the context that promotes this pandemic's spread.

Mr. LEAHY. Mr. President, I am pleased to join with my friend from Nebraska, Senator HAGEL, in submitting this resolution, entitled “Hunger to Harvest: A Decade of Support for sub-Saharan Africa.” The Resolution speaks for itself, but I want to make a couple of brief points.

Sub-Saharan Africa today is a region suffering from immense problems, and none more catastrophic than AIDS. Over 25 million people are infected with the AIDS virus, and almost 4 million more people are infected each year. The disease is destroying whole societies in a region that was already the poorest in the world.

Another million people, mostly in sub-Saharan Africa and mostly children, die from malaria each year. Many of these deaths could be prevented with mosquito bed nets that cost a few dollars a piece.

An estimated 2 million people have died from hunger and disease in the Democratic Republic of the Congo during the civil war there, and hardly anyone noticed. There is similar suffering in southern Sudan.

Hunger and poverty are endemic in sub-Saharan Africa, as are violence and corruption. It is beyond tragic that a region with such great potential has

been so devastated by corrupt leaders who have robbed their countries' wealth, and fought wars for no other reason than to amass riches and power, wars that have spanned decades and wreaked havoc on their own people.

Yet despite this terrible legacy there are signs of hope. Some countries have emerged from chaos and are beginning to recover. Nigeria is an example. Namibia is another. Still others, like the Democratic Republic of the Congo, are showing tentative but encouraging signs. It is also noteworthy that American companies are increasingly investing in sub-Saharan Africa, investments which today total some \$12.8 billion.

These are positive changes that deserve our support, but United States assistance to sub-Saharan Africa is a mere \$2 per person per year. We cannot solve Africa's problems, but Bread for the World Institute calculates that great progress could be made in reducing hunger and poverty in Africa with relatively modest increases in international assistance.

This Resolution seeks to focus attention on the urgent needs in sub-Saharan Africa. But it goes further, by requesting the Administration to develop five and ten year strategies for helping to address those needs, in health, education and agriculture, and for promoting free market economies, trade and investment, democracy and the rule of law. With clear strategies, specific goals, the resources to implement them, and benchmarks for measuring results, we can make a difference. We also request the Administration to report on progress in implementing these strategies.

It is my hope that this resolution will lead to a new U.S. approach toward sub-Saharan Africa. As the world's richest, most powerful Nation I believe we can and should do far more to assist the world's poor. But the leaders of the sub-Saharan countries also have a responsibility to support policies that benefit and provide incentives to their people. Those who do, deserve our support.

Finally, I want to thank Bread for the World for its help on the Resolution, and for its life-saving work in sub-Saharan Africa and around the world.

AMENDMENTS SUBMITTED AND PROPOSED

SA 807. Mr. HUTCHINSON (for himself, Mr. BOND, Ms. COLLINS, Mr. ALLEN, Mr. NICKLES, Mr. BURNS, and Mr. SMITH, of New Hampshire) proposed an amendment to the bill S. 1052, to amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974 to protect consumers in managed care plans and other health coverage.

SA 808. Mrs. FEINSTEIN submitted an amendment intended to be proposed by her to the bill S. 1052, *supra*; which was ordered to lie on the table.

SA 809. Mr. McCAIN proposed an amendment to the bill S. 1052, *supra*.

TEXT OF AMENDMENTS

SA 807. Mr. HUTCHINSON (for himself, Mr. BOND, Ms. COLLINS, Mr. ALLEN, Mr. NICKLES, Mr. BURNS, and Mr. SMITH of New Hampshire) proposed an amendment to the bill S. 1052, to amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974 to protect consumers in managed care plans and other health coverage; as follows:

At the end, add the following:

SEC. . DEDUCTION FOR 100 PERCENT OF HEALTH INSURANCE COSTS OF SELF-EMPLOYED INDIVIDUALS.

(a) IN GENERAL.—Paragraph (1) of section 162(1) of the Internal Revenue Code of 1986 is amended to read as follows:

“(1) ALLOWANCE OF DEDUCTION.—In the case of an individual who is an employee within the meaning of section 401(c)(1), there shall be allowed as a deduction under this section an amount equal to 100 percent of the amount paid during the taxable year for insurance which constitutes medical care for the taxpayer and the taxpayer's spouse and dependents.”.

(b) CLARIFICATION OF LIMITATIONS ON OTHER COVERAGE.—The first sentence of section 162(1)(2)(B) of the Internal Revenue Code of 1986 is amended to read as follows: “Paragraph (1) shall not apply to any taxpayer for any calendar month for which the taxpayer participates in any subsidized health plan maintained by any employer (other than an employer described in section 401(c)(4)) of the taxpayer or the spouse of the taxpayer.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2001.

SA 808. Mrs. FEINSTEIN submitted an amendment intended to be proposed by her to the bill S. 1052, to amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974 to protect consumers in managed care plans and other health coverage; which was ordered to lie on the table; as follows:

On page 97, between lines 13 and 14, add the following:

SEC. . PROMOTING GOOD MEDICAL PRACTICE.

(a) PROHIBITING ARBITRARY LIMITATIONS OR CONDITIONS FOR THE PROVISION OF SERVICES.—

(1) IN GENERAL.—A group health plan, or a health insurance issuer that is providing health insurance coverage, may not arbitrarily interfere with or alter the decision of the treating physician regarding the manner or setting in which particular services are delivered if the services are medically necessary or appropriate for treatment or diagnosis to the extent that such treatment or diagnosis is otherwise a covered benefit.

(2) CONSTRUCTION.—Paragraph (1) shall not be construed as prohibiting a plan or issuer from limiting the delivery of services to one or more health care providers within a network of such providers.

(3) MANNER OR SETTING DEFINED.—In paragraph (1), the term “manner or setting” means the location of treatment, such as whether treatment is provided on an inpatient or outpatient basis, and the duration of treatment, such as the number of days in a hospital. Such term does not include the coverage of a particular service or treatment.

(b) NO CHANGE IN COVERAGE.—Subsection (a) shall not be construed as requiring coverage of particular services the coverage of which is otherwise not covered under the terms of the plan or coverage or from con-

ducting utilization review activities consistent with this subsection.

(c) MEDICAL NECESSITY OR APPROPRIATENESS DEFINED.—In subsection (a), the term “medically necessary or appropriate” means, with respect to a service or benefit, a service or benefit which is consistent with generally accepted principles of professional medical practice.

(d) APPLICATION OF SECTION.—This section shall supersede any other provision of this title that conflicts with a provision of this section.

(e) REVIEW.—Failure to meet the requirements of this section shall constitute an appealable decision under subtitle A and a cause of action relating to such shall be deemed to arise by reason of a medically reviewable decision for purposes of section 514(d) of the Employee Retirement Income Security Act of 1974 (as added by section 302(b)).

SA 809. Mr. MCCAIN proposed an amendment to the bill S. 1052, to amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974 to protect consumers in managed care plans and other health coverage; as follows:

At the appropriate place, insert the following:

SEC. . SENSE OF SENATE WITH RESPECT TO PARTICIPATION IN CLINICAL TRIALS AND ACCESS TO SPECIALTY CARE.

(a) FINDINGS.—The Senate finds the following:

(1) Breast cancer is the most common form of cancer among women, excluding skin cancers.

(2) During 2001, 182,800 new cases of female invasive breast cancer will be diagnosed, and 40,800 women will die from the disease.

(3) In addition, 1,400 male breast cancer cases are projected to be diagnosed, and 400 men will die from the disease.

(4) Breast cancer is the second leading cause of cancer death among all women and the leading cause of cancer death among women between ages 40 and 55.

(5) This year 8,600 children are expected to be diagnosed with cancer.

(6) 1,500 children are expected to die from cancer this year.

(7) There are approximately 333,000 people diagnosed with multiple sclerosis in the United States and 200 more cases are diagnosed each week.

(8) Parkinson's disease is a progressive disorder of the central nervous system affecting 1,000,000 in the United States.

(9) An estimated 198,100 men will be diagnosed with prostate cancer this year.

(10) 31,500 men will die from prostate cancer this year. It is the second leading cause of cancer in men.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) men and women battling life-threatening, deadly diseases, including advanced breast or ovarian cancer, should have the opportunity to participate in a Federally approved or funded clinical trial recommended by their physician;

(2) an individual should have the opportunity to participate in a Federally approved or funded clinical trial recommended by their physician if—

(A) that individual—

(i) has a life-threatening or serious illness for which no standard treatment is effective;

(ii) is eligible to participate in a Federally approved or funded clinical trial according to the trial protocol with respect to treatment of the illness;

(B) that individual's participation in the trial offers meaningful potential for significant clinical benefit for the individual; and

(C) either—

(i) the referring physician is a participating health care professional and has concluded that the individual's participation in the trial would be appropriate, based upon the individual meeting the conditions described in subparagraph (A); or

(ii) the participant, beneficiary, or enrollee provides medical and scientific information establishing that the individual's participation in the trial would be appropriate, based upon the individual meeting the conditions described in subparagraph (A);

(3) a child with a life-threatening illness, including cancer, should be allowed to participate in a Federally approved or funded clinical trial if that participation meets the requirement of paragraph 2;

(4) a child with a rare cancer should be allowed to go to a cancer center capable of providing high quality care for that disease; and

(5) a health maintenance organization's decision that an in-network physician without the necessary expertise can provide care for a seriously ill patient, including a woman battling cancer, should be appealable to an independent, impartial body, and that this same right should be available to all Americans in need of access to high quality specialty care.

NOTICES OF HEARINGS

COMMITTEE ON AGRICULTURE, NUTRITION AND FORESTRY

Mr. HARKIN. Mr. President, I would like to announce that the Committee on Agriculture, Nutrition, and Forestry will meet on June 28, 2001, in SD-106 at 9 a.m. The purpose of this hearing will be to discuss the next Federal farm bill.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that the Committee on Energy and Natural Resources has scheduled a hearing to receive testimony on proposed amendments to the Price-Anderson Act (Subtitle A of Title IV of S. 388; Subtitle A of Title I of S. 472; Title IX of S. 597) and nuclear energy production and efficiency incentives (Subtitle C of Title IV of S. 388; and Section 124 of S. 472).

The hearing will take place on Tuesday, June 26, at 9:30 a.m. in Room 366 of the Dirksen Senate Office Building.

Those wishing to submit written statements on the legislation should address them to the Committee on Energy and Natural Resources, United States Senate, Washington, D.C. 20510.

For further information, please call Sam Fowler at 202/224-7571.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that the Committee on Energy and Natural Resources has scheduled a hearing on science and technology studies on climate change.

The hearing will take place on Tuesday, June 26, at 9:30 a.m. in Room 366 of the Dirksen Senate Office Building.

Those wishing to submit written statements on the legislation should