(Mr. MCCONNELL) and the Senator from North Dakota (Mr. DORGAN) were added as cosponsors of S. Con. Res. 66, a concurrent resolution to express the sense of the Congress that the Public Safety Officer Medal of Valor should be awarded to public safety officers killed in the line of duty in the aftermath of the terrorist attacks of September 11, 2001.

AMENDMENT NO. 1621

At the request of Mr. DAYTON, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of amendment No. 1621 intended to be proposed to S. 1438, a bill to authorize appropriations for fiscal year 2002 for military activities of the Department of Defense, for military constructions, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

AMENDMENT NO. 1636

At the request of Mr. HELMS, the names of the Senator from Alaska (Mr. MURKOWSKI) and the Senator from Utah (Mr. HATCH) were added as cosponsors of amendment No. 1636 intended to be proposed to S. 1438, a bill to authorize appropriations for fiscal year 2002 for military activities of the Department of Defense, for military constructions, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CRAPO (for himself and Mr. CRAIG):

S. 1466. A bill to amend the Consolidated Farm and Rural Development Act to provide grants for special environmental assistance for the regulation of communities and habitat (''SEARCH grants'') to small communities; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. CRAPO. Mr. President, I rise today to introduce legislation to authorize a national environmental grants program called Project SEARCH. Project SEARCH is a simplified, flexible program that targets small communities most in need of assistance in meeting environmental goals.

I am particularly excited about the proposal. I have heard from partners interested in helping with the legislation and from colleagues who recognize the unique challenges small communities face achieving environmental goals. Because of our mutual interest in helping small communities respond to environmental problems, I invite my colleagues to join me in supporting this measure.

The national Project SEARCH, Special Environmental Assistance for the Regulation of Communities and Habitat, concept is based on a pilot program that operated with great success in Idaho in 1999 and 2000. In short, the bill establishes a simplified application process for communities with populations under 2,500 to receive assistance grants for meeting a broad array of Federal, State, or local environmental regulations. Grants would be available for initial feasibility studies, to address unanticipated costs arising during the course of a project, or when a community demonstrates that other sources of funding are unavailable or insufficient.

Some of the major highlights of the program are: a simplified application process—no special grants coordinators required; communities must first have attempted to receive funds from traditional sources; it is open to studies or projects involving any environmental regulation; applications are reviewed and approved by citizens panel of volunteers; the panel chooses the number of recipients and size of grants; the panel consists of volunteers representing all regions of the state; and no local match is required to receive the SEARCH funds.

Over the past several years, it has become increasingly apparent that small communities are having problems complying with environmental rules and regulations due primarily to lack of funding, not a willingness to do so. They, like all of us, want clean water and air and a healthy natural environment. Sometimes, they simply cannot shoulder the financial burden with their limited resources.

In addition, small communities wishing to pursue unique collaborative efforts might be discouraged by grant administrators who prefer conformity. Some run into unexpected costs during a project and have borrowed and bonded to the maximum. Others are in critical habitat locations and any project may have additional costs, which may not be recognized by traditional financial sources. Still others just need help for the initial environmental feasibility study so they can identify the most effective path forward.

With these needs in mind, in 1998, I was able to secure $1.3 million for a grant program for Idaho's small communities. Idaho's program does not replace other funding sources, but serves as a final resort when all other means have been exhausted.

The application process was simplified so that any small town mayor, county commissioner, sewer district chairman, or community leader could manage it without hiring a professional grant writer. An independent citizens committee with statewide representation was established to make the selections and get the funds on the ground as quickly as possible. No bureaucratic or political intrusions were permitted.

Forty-four communities in Idaho ultimately applied, not including two that failed to meet the eligibility requirements. Ultimately, twenty-one communities were awarded grants in several categories, and ranged in size from $9,000 to $319,000. Communities serving Native Americans and migrants, as well as several innovative collaborative efforts were included in the successful applicants. The communities that were not selected are being given assistance in exploring other funding sources and other advice.

The response and feedback from all participants has been overwhelmingly positive. Officials from the state and federal government who witnessed the process have stated that the process worked well and was able to accomplish much on a volunteer basis. There was even extraordinary appreciation from other funding agencies because some communities they were not able to reach were provided funds for feasibility studies.

The conclusion of all participants was that Project SEARCH is a program worthy of being expanded nationally. So many small communities in so many states can benefit from a program that assists underserved and often overlooked communities. This legislation provides us the opportunity to help small communities throughout the United States.

I have been encouraged by statements from regulatory officials at the Federal, State, and local level that have identified small communities as particularly in need of assistance in this area. Environmental organizations have also made favorable remarks about the importance of assisting small communities with the compliance costs of environmental regulations. Finally, I should also note that organizations representing small towns and rural areas recognize this long overlooked problem.

I invite my colleagues to take this opportunity to assist small communities in each of their States. Although the grant program provided for in this bill is not large in comparison to other things the Federal Government funds, these resources could be put to good and effective use, as Idaho has proven. Moreover, I will remind everyone that nowhere does this measure contemplate a change in environmental regulations or standards. This is simply about relief for small communities that would not otherwise be able to serve the public interest or the environment.

By Mr. WELLSTONE (for himself, Mr. HELMS, Mr. KOHL, Mr. AKAKA, Mr. FEINGOLD, Mr. INOUYE, and Mr. REED):

S. 1467. A bill to amend the Hmong Veterans' Naturalization Act of 2000 to extend the deadlines for application and payment of fees; to the Committee on the Judiciary.

Mr. WELLSTONE. Mr. President, today I am introducing the Bruce Vento Hmong Veterans' Naturalization Extension Act. The Act is named after my late colleague and dear friend, Congressman Bruce Vento. Congressman Vento dedicated much of his career to working with the Hmong community

in Minnesota. He worked for a decade to ensure the passage of the Hmong Veterans Naturalization Act. This bill would make it possible for all eligible Hmong veterans and their wives to receive the benefits they are due under this Act by extending the application deadline from November 26, 2001 to May 26, 2003.

With less than 3 months remaining before the deadline passes for most of those covered under the Act, only 25 percent of all eligible applicants have filed for citizenship. Advocates for the Hmong believe it will be impossible for all those eligible to file by the deadline. The Hmong community has faced many challenges in getting veterans and their wives filed. The Department of Justice did not release its guidelines for 2½ months and many INS regional offices were unfamiliar with the guidelines for a period of time after that, resulting in eligible Hmong applicants being turned away. The language barrier that created the need for the Hmong Veteran Naturalization Act in the first place has meant that many Hmong needed assistance from Hmong community advocates to understand the citizenship process and to fill out the citizenship application. These advocacy organizations are vastly underresourced and are overwhelmed by the demand for help from Hmong applicants.

I want to make it clear. This bill would not increase the number of eligible applicants. It in no way would change the other requirements of the law. It simply would provide a necessary extension for existing eligible applicants.

As the Senator from Minnesota, I am proud to represent one of the largest Hmong populations in America. My experience as a Senator has become much richer as a result of coming to know the history and culture of the Hmong people in Minnesota. I deeply respect their extraordinary efforts in support of the American people. I urge my colleagues' strong support of this legislation. The original Act was passed because of Hmong veterans' tremendous sacrifice on behalf of the United States during the Vietnam War and because of the unique literacy challenges the Hmong community faces. It would be wrong to deny the benefits of the Act to eligible veterans for reasons that are beyond their control. Let us fulfill the intent of the Act we passed last year and ensure that these veterans and their families receive the benefits they are due.

By Mr. KYL:

S. 1468. A bill for the relief of Ilko Vasilev Ivanov, Anelia Marinova Peneva, Marina Ilkova Ivanova, and Julia Ilkova Ivanova; to the Committee on the Judiciary.

Mr. KYL. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1468

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PERMANENT RESIDENCE.

In the administration of the Immigration and Nationality Act (8 U.S.C. 1101 et seq.), Ilko Vasilev Ivanov, Anelia Marinova Peneva, Marina Ilkova Ivanova, and Julia Ilkova Ivanova shall be held and considered to have been lawfully admitted to the United States for permanent residence as of the date of the enactment of this Act upon payment of the required visa fees.

SEC. 2. REDUCTION OF NUMBER OF AVAILABLE VISAS.

Upon the granting of permanent residence to Ilko Vasilev Ivanov, Anelia Marinova Peneva, Marina Ilkova Ivanova, and Julia Ilkova Ivanova as provided in this Act, the Secretary of State shall instruct the proper officer to reduce by the appropriate number during the current fiscal year the total number of immigrant visas available to natives of the country of the aliens' birth under subsection (a) of section 203 of the Immigration and Nationality Act (8 U.S.C. 1153).

By Mr. REED (for himself, Mr. TORRICELLI, Mrs. CARNAHAN, Mr. DURBIN, Mr. LIEBERMAN, Mr. WELLSTONE, and Mrs. CLINTON):

S. 1469. A bill to amend the Head Start and Early Head Start programs to ensure that children eligible to participate in those programs are identified and treated for lead poisoning, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, I rise today along with my colleague, Senator TORRICELLI of New Jersey, to introduce two pieces of legislation we believe are absolutely critical to our ongoing effort to combat childhood lead poisoning. These two bills, the Early Childhood Lead Poisoning Prevention Act and the Children's Lead SAFE Act, are intended to improve our ability to detect and treat children at high risk of lead poisoning, as well as expand our network of Federal program sites where children at increased risk of lead poisoning can be screened.

The Early Childhood Lead Poisoning Prevention Act requires WIC and Head Start/Early Head Start programs with children under age 3 to assess whether a child participant has been screened for lead, and provide and track referrals for any child who has not been appropriately screened. The bill also calls upon WIC and Head Start/Early Head Start grantees to ensure that all enrolled children are screened for lead poisoning and grants these entities the authority to perform or arrange blood lead screening for program participants. Lastly, the bill allows WIC clinics and Head Start/Early Head Start grantees to seek reimbursement through Medicaid or the State Children's Heath Insurance Program, CHIP, for eligible children who have received a lead screening test in accordance with CDC recommendations or Medicaid policy.

The Children's Lead Screening Accountability for Early Intervention Act, or the Children's Lead SAFE Act, would require Medicaid contractors to comply with existing requirements to provide screening, treatment and any necessary follow-up services for Medicaid-eligible children who test positive for lead poisoning. To be clear, this is not imposing any new mandate on State Medicaid contractors. It is simply trying to make current law more effective by explicitly requiring health care providers to comply with Federal lead screening requirements that have been in existence since 1992.

This new, stronger mandate has become necessary because 82 percent of children ages one through five have never been screened for lead poisoning, even though they were receiving health care benefits or services through Medicaid, WIC, or the Health Centers program, according to a recent report from the General Accounting Office, GAO, despite long standing Federal requirements. This means that of the estimated 890,000 children in the U.S. with elevated blood lead levels, over 400,000 have never been identified or treated. Even more disconcerting is that 50 percent of our States do not have screening policies that are consistent with Federal requirements.

The reason why our two bills specifically focus on specific Federal programs stems from the GAO report, which indicated that 77 percent of U.S. children with high levels of lead in their blood are enrolled in Federal programs, highlighting the viral role of these programs in helping to eliminate the preventable tragedy of childhood lead poisoning. Better involvement by Federal programs in promoting screening and treatment is also critical to reducing the significant health care and special education costs associated with the irreversible effects of lead poisoning, which include the impairment of mental and physical development.

We need to find the will and the resources to eradicate lead hazards for millions of at-risk children. We also need to make more Americans aware of the dangers of lead poisoning. I am committed to addressing this crisis, and I hope my colleagues will join us in supporting these bills and other lead poisoning prevention efforts.

I ask consent that the text of the Early Childhood Lead Poisoning Prevention Act be printed in the RECORD.

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

S. 1469

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Early Childhood Lead Poisoning Prevention Act of 2001''.

SEC. 2. LEAD POISONING SCREENING FOR THE HEAD START AND EARLY HEAD START PROGRAMS.

Section 645A of the Head Start Act (42 U.S.C 9840a) is amended—

(1) in the first sentence of subsection (d), by inserting before the period the following: ''and shall comply with subsection (h)''; and

(2) by adding at the end the following:

''(h) LEAD POISONING SCREENING.—

''(1) IN GENERAL.—An entity shall—

''(A) determine whether a child eligible to participate in the program described in subsection (a)(1) has received a blood lead screening test using a test that is appropriate for age and risk factors upon the enrollment of the child in the program; and

''(B) in the case of a child who has not received a blood lead screening test, ensure that each enrolled child receives such a test either by referral or by performing the test (under contract or otherwise).

''(2) SCREENINGS BY ENTITIES.—

''(A) IN GENERAL.—An entity may (under contract or otherwise) perform a blood lead screening test that is appropriate for age and risk factors on a child who seeks to participate in the program.

''(B) REIMBURSEMENT.—

''(i) CHILDREN ENROLLED IN OR ELIGIBLE FOR MEDICAID.—On the request of an entity that performs or arranges for the provision of a blood lead screening test under subparagraph (A) of a child that is eligible for or receiving medical assistance under a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), the Secretary of Health and Human Services, notwithstanding any other provision of, or limitation under, title XIX of the Social Security Act, shall reimburse the entity, from funds that are made available under that title, for the Federal medical assistance percentage (as defined in section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) of the cost of the test and data reporting. Such costs shall include, if determined to be desirable by the State agency, the costs of providing screening through clinical laboratories certified under section 353 of the Public Health Service Act (42 U.S.C. 263a), or purchasing, for use at sites providing services under this section, blood lead testing instruments and associated supplies approved for sale by the Food and Drug Administration and used in compliance with such section 353.

''(ii) CHILDREN ENROLLED IN OR ELIGIBLE FOR SCHIP.—In the case of a blood lead screening test performed under subparagraph (A) (by the entity or under contract with the entity) on a child who is eligible for or receiving medical assistance under a State plan under title XXI of the Social Security Act, the Secretary of Health and Human Services, notwithstanding any other provision of, or limitation under, such title XXI, shall reimburse the entity, from funds that are made available under that title, for the enhanced FMAP (as defined in section 2105(b) of the Social Security Act (42 U.S.C. 1397ee(b)) of the cost of the test and data reporting. Such costs shall include the costs described in the second sentence of clause (i).

''(3) AUTHORIZATION FOR EARLY HEAD START.—There is authorized to be appropriated such sums as may be necessary to carry out this subsection with respect to blood lead screening tests performed under this subsection on an infant or child, and any data reporting with respect to such infant or child, who is not eligible for coverage under title XIX or XXI of the Social Security Act, or is not otherwise covered under a health insurance plan.

''(4) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as requiring a child eligible to participate in the program described in subsection (a)(1) to undergo a blood lead screening test if the child's parent or guardian objects to the test on the ground that the test is inconsistent with the parent's or guardian's religious beliefs.

''(5) HEAD START.—The provisions of this subsection shall apply to head start programs that include coverage, directly or indirectly, for infants and toddlers under the age of 3 years.''.

SEC. 3. LEAD POISONING SCREENING FOR SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN.

Section 17(d) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(d)) is amended by adding at the end the following:

''(4) LEAD POISONING SCREENING.—

''(A) IN GENERAL.—A State agency shall—

''(i) determine whether an infant or child eligible to participate in the program under this section has received a blood lead screening test using a test that is appropriate for age and risk factors upon the enrollment of the infant or child in the program; and

''(ii) in the case of an infant or child who has not received a blood lead screening test—

''(I) refer the infant or child for receipt of the test; and

''(II) determine whether the infant or child receives the test during a routine visit with a health care provider.

''(B) SCREENINGS BY STATE AGENCIES.—

''(i) IN GENERAL.—A State agency may (under contract or otherwise) perform a blood lead screening test that is appropriate for age and risk factors on an infant or child who seeks to participate in the program.

''(ii) REIMBURSEMENT.—

''(I) CHILDREN ENROLLED IN OR ELIGIBLE FOR MEDICAID.—On the request of a State agency that performs or arranges for the provision of a blood lead screening test under clause (i) of an infant or child that is eligible for or receiving medical assistance under a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), the Secretary of Health and Human Services, notwithstanding any other provision of, or limitation under, title XIX of the Social Security Act, shall reimburse the State agency, from funds that are made available under that title, for the Federal medical assistance percentage (as defined in section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) of the cost of the test and data reporting. Such costs shall include, if determined to be desirable by the State agency, the costs of providing screening through clinical laboratories certified under section 353 of the Public Health Service Act (42 U.S.C. 263a), or purchasing, for use at sites providing services under this section, blood lead testing instruments and associated supplies approved for sale by the Food and Drug Administration and used in compliance with such section 353.

''(II) CHILDREN ENROLLED IN OR ELIGIBLE FOR SCHIP.—In the case of a blood lead screening test performed under clause (i) (by the State agency or under contract with the State agency) on an infant or child who is eligible for or receiving medical assistance under a State plan under title XXI of the Social Security Act, the Secretary of Health and Human Services, notwithstanding any other provision of, or limitation under, such title XXI, shall reimburse the State agency, from funds that are made available under that title, for the enhanced FMAP (as defined in section 2105(b) of the Social Security Act (42 U.S.C. 1397ee(b)) of the cost of the test and data reporting. Such costs shall include the costs described in the second sentence of subclause (I).

''(C) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this paragraph with respect to blood lead screening tests performed under this paragraph on an infant or child, and any data reporting with respect to such infant or child, who is not eligible for coverage under title XIX or XXI of the Social Security Act, or is not otherwise covered under a health insurance plan.

''(D) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as requiring a child eligible to participate in the program under this section to undergo a blood lead screening test if the child's parent or guardian objects to the test on the ground that the test is inconsistent with the parent's or guardian's religious beliefs.''.

SEC. 4. EFFECTIVE DATE.

(a) IN GENERAL.—Except as provided in subsection (b), the amendments made by this Act take effect on the date that is 18 months after the date of enactment of this Act.

(b) WIC AND EARLY HEAD START WAIVERS.—

(1) IN GENERAL.—A State agency or contractor administering the program of assistance under the special supplemental nutrition program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), or an entity carrying out activities under section 645A of the Head Start Act (42 U.S.C 9840a) may be awarded a waiver from the amendments made by sections 2 and 3 (as applicable) if the State where the agency, contractor, or entity is located establishes to the satisfaction of the Secretary of Health and Human Services, in accordance with requirements and procedures recommended in accordance with paragraph (2) to the Secretary by the Director of the Centers for Disease Control and Prevention, in consultation with the Centers for Disease Control and Prevention Advisory Committee on Childhood Lead Poisoning Prevention, a plan for increasing the number of blood lead screening tests of children enrolled in the WIC and the Early Head Start programs in the State.

(2) DEVELOPMENT OF WAIVER PROCEDURES AND REQUIREMENTS.—Not later than 12 months after the date of enactment of this Act, the Director of the Centers for Disease Control and Prevention, in consultation with the Centers for Disease Control and Prevention Advisory Committee on Childhood Lead Poisoning Prevention, shall develop and recommend to the Secretary of Health and Human Services criteria and procedures (including a timetable for the submission of the State plan described in paragraph (1)) for the award of waivers under that paragraph.

By Mr. SMITH of Oregon:

S. 1470. A bill to establish a demonstration program for school dropout prevention; to the Committee on Health, Education, Labor, and Pensions.

Mr. SMITH of Oregon. Mr. President, I rise today to introduce the Dropout Reduction Outreach Program Act of 2001 known as DROP. I have been deeply concerned about the high number of students dropping out of school in Oregon and around the country. We all know that for children at risk, having a relationship with a caring adult in school is often the only reason students choose to stay in school. But many of our schools, facing tight budgets, have had to cut guidance counselors, the very people whose top priority is helping our kids manage the difficult terrain of middle and high school academies and social life.

This bill will provide funds to demonstrate what we know by instinct: that these guidance counselors can make a significant difference in reducing our dropout rates. Funding will help districts with particularly high dropout rates hire more counselors, and train teachers and administrators in the most effective methods for working with at-risk students.

We have spent many hours in this chamber this year debating the way ahead for education in this country. We discussed and provided funding for many programs that should allow every child in this country the opportunity to receive a high quality education. And yet, recent numbers from my State project that nearly one in five children in Oregon will drop out of school before graduation.

If you think this statistic is sobering, consider that the dropout rate for minority students is higher still. Dropout rates among Hispanic, Native American, and African American children in Oregon are all in double digits for each year of high school.

We know some of the warning signs for dropping out: getting behind in coursework, working more than 15 hours each week, dysfunctional home life, substance abuse, pregnancy, and lack of parental support for education, but spotting these indicators and keeping students in school are not the same.

With the economy increasingly dependent on highly trained technical workers, a high school diploma is now a minimum credential for success in American society. Keeping students in school is one way we can help America's young people achieve success in their lives, while maintaining our status as a world leader.

The DROP Act will establish a multistate demonstration program that will fund school counselor positions in middle and high schools with high dropout rates. it will also offer specialized training to guidance counselors and teachers who work with ''at risk'' students. The effects of these demonstration projects will be carefully monitored, and evaluations reported back to the Secretary of Education, who will then share them with Congress, states, and educators who wish to address this problem.

While the DROP Act requires only a small financial commitment, it has the potential to have far-reaching implications as our society gears up to lead the world into the 21st century. I encourage my colleagues to support this legislation as a way to help all our nation's children achieve their highest potential.

By Mr. TORRICELLI (for himself, Mr. REED, Mrs. CLINTON, Mr. WELLSTONE, Mr. DURBIN, Mrs. CARNAHAN, and Mr. LIEBERMAN):

S. 1471. A bill to amend titles XIX and XXI of the Social Security Act to ensure that Children enrolled in the Medicaid and State children's health insurance program are identified and treated for lead poisoning; to the committee on Finance.

Mr. TORRICELLI. Mr. President, I rise today along with my colleague, Senator REED of Rhode Island, to introduce the Children's Lead Screening Accountability for Early-Intervention Act of 2001 and the Early Childhood Lead Poisoning Prevention Act of 2001.

Lead poisoning is one of the dangerous environmental health hazards for young children. It is estimated that 890,000 children nationally suffer from elevated blood lead levels. Lead poisoning causes damage to the brain and nervous system, loss in IQ, impaired physical development and behavioral problems. High levels of exposure to lead can result in comas, convulsions and death. Poor and minority children are most at-risk of lead poisoning because of inadequate diets and exposure to environmental hazards such as old housing.

In an effort to alleviate this problem, in 1992, Congress instructed the Health Care Financing Administration to require States to lead screen Medicaid children under the age of two. The screening would have enabled the highest-risk children to be tested and treated before lead poisoning impaired their development. Despite the Federal law, however, a study from the General Accounting Office indicates that currently two-thirds of all Medicaid children remain unscreened and that only half the States have screening policies consistent with the law. In New Jersey, only 30% of children covered by Medicaid are tested.

The Children's Lead Screening Accountability for Early-Intervention Act or Children's Lead SAFE Act will create a lead screening safety net that will, though the Medicaid and State Children's Health Insurance, SCHIP, programs, ensure that children enrolled in these programs receive blood lead screenings and appropriate follow-up care. Specifically, this legislation will require state Medicaid contracts to explicitly require health management organizations to comply with federal rules related to lead screening and treatment. The bill will expand Medicaid coverage to include lead treatment services and environmental investigations to determine the source of the poisoning.

The Early Childhood Lead Poisoning Prevention Act of 2001 requires the Head Start, Early Head Start and Women, Infants and Children, WIC, programs to determine if enrolled children under age three have received a blood lead screening test appropriate for their age and risk factors. This legislation also requires that these programs provide and track referrals for any child who has not been screened for lead poisoning. Importantly, this legislation authorizes WIC, Head Start and Early Head Start programs to seek reimbursement through Medicaid or the SCHIP program for eligible children who have received a lead screening test.

The health and safety of our children would be greatly enhanced with the passage of these important measures. Childhood lead poisoning is easily preventable and I hope my colleagues will join us in support of this legislation.

At this time, I ask that the text of the Children's Lead Screening Accountability for Early-Intervention Act of 2001 be printed in the RECORD.

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

S. 1471

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Children's Lead Screening Accountability For Early-Intervention Act of 2001'' or the ''Children's Lead SAFE Act''.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress finds that—

(1) lead poisoning remains a serious environmental risk, especially to the health of young children;

(2) childhood lead poisoning can cause reductions in IQ, attention span, reading, and learning disabilities, and other growth and behavior problems;

(3) children under the age of 6 are at the greatest risk of suffering the effects of lead poisoning because of the sensitivity of their developing brains and nervous systems, while children under the age of 3 are especially at risk due to their stage of development and hand-to-mouth activities;

(4) poor children and minority children are at substantially higher risk of lead poisoning;

(5) three-fourths of all children ages 1 through 5 found to have an elevated blood lead level in a Centers for Disease Control and Prevention nationally representative sample were enrolled in or targeted by Federal health care programs, specifically the medicaid program, the special supplemental nutrition program for women, infants, and children (WIC), and the community health centers programs under section 330 of the Public Health Service Act, equating to an estimated 688,000 children nationwide;

(6) the General Accounting Office estimates that ⅔ of the 688,000 children who have elevated blood lead levels and are enrolled in or targeted by Federal health care programs have never been screened for lead;

(7) although the Health Care Financing Administration has required mandatory blood lead screenings for children enrolled in the medicaid program who are not less than 1 nor more than 5 years of age, less than 20 percent of these children have received such screenings;

(8) the Health Care Financing Administration mandatory screening policy has not been effective, or sufficient, to properly identify and screen children enrolled in the medicaid program who are at risk;

(9) only about ½ of State programs have screening policies consistent with Federal policy; and

(10) adequate treatment services are not uniformly available for children with elevated blood lead levels.

(b) PURPOSE.—The purpose of this Act is to create a lead screening safety net that will, through the medicaid and State children's health insurance program, ensure that children enrolled in those programs receive blood lead screenings and appropriate followup care.

SEC. 3. INCREASED LEAD POISONING SCREENINGS AND TREATMENTS UNDER THE MEDICAID PROGRAM.

(a) REPORTING REQUIREMENT.—Section 1902(a)(43)(D) of the Social Security Act (42 U.S.C. 1396a(a)(43)(D)) is amended—

(1) in clause (iii), by striking ''and'' at the end;

(2) in clause (iv), by striking the semicolon and inserting '', and''; and

(3) by adding at the end the following new clause:

''(v) the number of children who are under the age of 3 and enrolled in the State plan

under this title and the number of those children who have received a blood lead screening test;''.

(b) MANDATORY SCREENING REQUIREMENTS.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (64), by striking ''and'' at the end;

(2) in paragraph (65), by striking the period and inserting ''; and''; and

(3) by inserting after paragraph (65) the following new paragraph:

''(66) provide that each contract entered into between the State and an entity (including a health insuring organization and a medicaid managed care organization) that is responsible for the provision (directly or through arrangements with providers of services) of medical assistance under the State plan shall provide for—

''(A) compliance with mandatory blood lead screening requirements that are consistent with prevailing guidelines of the Centers for Disease Control and Prevention for such screening; and

''(B) coverage of qualified lead treatment services described in section 1905(x) including diagnosis, treatment, and follow-up furnished for children with elevated blood lead levels in accordance with prevailing guidelines of the Centers for Disease Control and Prevention.''.

(c) REIMBURSEMENT FOR TREATMENT OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (a)—

(A) in paragraph (26), by striking ''and'' at the end;

(B) by redesignating paragraph (27) as paragraph (28); and

(C) by inserting after paragraph (26) the following new paragraph:

''(27) qualified lead treatment services (as defined in subsection (x)); and''; and

(2) by adding at the end the following new subsection:

''(x)(1) In this subsection:

''(A) The term 'qualified lead treatment services' means the following:

''(i) Lead-related medical management, as defined in subparagraph (B).

''(ii) Lead-related case management, as defined in subparagraph (C), for a child described in paragraph (2).

''(iii) Lead-related anticipatory guidance, as defined in subparagraph (D), provided as part of—

''(I) prenatal services;

''(II) early and periodic screening, diagnostic, and treatment services (EPSDT) described in subsection (r) and available under subsection (a)(4)(B) (including as described and available under implementing regulations and guidelines) to individuals enrolled in the State plan under this title who have not attained age 21; and

''(III) routine pediatric preventive services.

''(B) The term 'lead-related medical management' means the provision and coordination of the diagnostic, treatment, and follow-up services provided for a child diagnosed with an elevated blood lead level (EBLL) that includes—

''(i) a clinical assessment, including a physical examination and medically indicated tests (in addition to diagnostic blood lead level tests) and other diagnostic procedures to determine the child's developmental, neurological, nutritional, and hearing status, and the extent, duration, and possible source of the child's exposure to lead;

''(ii) repeat blood lead level tests furnished when medically indicated for purposes of monitoring the blood lead concentrations in the child;

''(iii) pharmaceutical services, including chelation agents and other drugs, vitamins, and minerals prescribed for treatment of an EBLL;

''(iv) medically indicated inpatient services including pediatric intensive care and emergency services;

''(v) medical nutrition therapy when medically indicated by a nutritional assessment, that shall be furnished by a dietitian or other nutrition specialist who is authorized to provide such services under State law;

''(vi) referral—

''(I) when indicated by a nutritional assessment, to the State agency or contractor administering the program of assistance under the special supplemental nutrition program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) and coordination of clinical management with that program; and

''(II) when indicated by a clinical or developmental assessment, to the State agency responsible for early intervention and special education programs under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.); and

''(vii) environmental investigation, as defined in subparagraph (E).

''(C) The term 'lead-related case management' means the coordination, provision, and oversight of the nonmedical services for a child with an EBLL necessary to achieve reductions in the child's blood lead levels, improve the child's nutrition, and secure needed resources and services to protect the child by a case manager trained to develop and oversee a multi-disciplinary plan for a child with an EBLL or by a childhood lead poisoning prevention program, as defined by the Secretary. Such services include—

''(i) assessing the child's environmental, nutritional, housing, family, and insurance status and identifying the family's immediate needs to reduce lead exposure through an initial home visit;

''(ii) developing a multidisciplinary case management plan of action that addresses the provision and coordination of each of the following items as appropriate—

''(I) determination of whether or not such services are covered under the State plan under this title;

''(II) lead-related medical management of an EBLL (including environmental investigation);

''(III) nutrition services;

''(IV) family lead education;

''(V) housing;

''(VI) early intervention services;

''(VII) social services; and

''(VIII) other services or programs that are indicated by the child's clinical status and environmental, social, educational, housing, and other needs;

''(iii) assisting the child (and the child's family) in gaining access to covered and noncovered services in the case management plan developed under clause (ii);

''(iv) providing technical assistance to the provider that is furnishing lead-related medical management for the child; and

''(v) implementation and coordination of the case management plan developed under clause (ii) through home visits, family lead education, and referrals.

''(D) The term 'lead-related anticipatory guidance' means education and information for families of children and pregnant women enrolled in the State plan under this title about prevention of childhood lead poisoning that addresses the following topics:

''(i) The importance of lead screening tests and where and how to obtain such tests.

''(ii) Identifying lead hazards in the home.

''(iii) Specialized cleaning, home maintenance, nutritional, and other measures to minimize the risk of childhood lead poisoning.

''(iv) The rights of families under the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851 et seq.).

''(E) The term 'environmental investigation' means the process of determining the source of a child's exposure to lead by an individual that is certified or registered to perform such investigations under State or local law, including the collection and analysis of information and environmental samples from a child's living environment. For purposes of this subparagraph, a child's living environment includes the child's residence or residences, residences of frequently visited caretakers, relatives, and playmates, and the child's day care site. Such investigations shall be conducted in accordance with the standards of the Department of Housing and Urban Development for the evaluation and control of lead-based paint hazards in housing and in compliance with State and local health agency standards for environmental investigation and reporting.

''(2) For purposes of paragraph (1)(A)(ii), a child described in this paragraph is a child who—

''(A) has attained 6 months but has not attained 6 years of age; and

''(B) has been identified as having a blood lead level that equals or exceeds 20 micrograms per deciliter (or after 2 consecutive tests, equals or exceeds 15 micrograms per deciliter, or the applicable number of micrograms designated for such tests under prevailing guidelines of the Centers for Disease Control and Prevention).''.

(d) ENHANCED MATCH FOR DATA COMMUNICATIONS SYSTEM.—Section 1903(a)(3) of the Social Security Act (42 U.S.C. 1396b(a)(3)) is amended—

(1) in subparagraph (D), by striking ''plus'' at the end and inserting ''and''; and

(2) by inserting after subparagraph (D), the following new subparagraph:

''(E)(i) 90 percent of so much of the sums expended during such quarter as are attributable to the design, development, or installation of an information retrieval system that may be easily accessed and used by other federally-funded means-tested public benefit programs to determine whether a child is enrolled in the State plan under this title and whether an enrolled child has received mandatory early and periodic screening, diagnostic, and treatment services, as described in section 1905(r); and

''(ii) 75 percent of so much of the sums expended during such quarter as are attributable to the operation of a system (whether such system is operated directly by the State or by another person under a contract with the State) of the type described in clause (i); plus''.

(e) REPORT.—The Secretary of Health and Human Services, acting through the Administrator of the Health Care Financing Administration, annually shall report to Congress on the number of children enrolled in the medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) who have received a blood lead screening test during the prior fiscal year, noting the percentage that such children represent as compared to all children enrolled in that program.

(f) EMERGENCY MEASURES.—

(1) IN GENERAL.—Subject to paragraph (2), the Secretary of Health and Human Services or the State agency administering the State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) shall use funds provided under title XIX of that Act to reimburse a State or entity for expenditures for medically necessary activities in the home of a lead-poisoned child with an EBLL of at least 20, or a pregnant woman with an EBLL of at least 20, to prevent additional exposure to lead, including specialized cleaning of

lead-contaminated dust, emergency relocation, safe repair of peeling paint, dust control, and other activities that reduce lead exposure. Such reimbursement, when provided by the State agency administering the State plan under title XIX of the Social Security Act, shall be considered medical assistance for purposes of section 1903(a) of such Act.

(2) LIMITATION.—Not more than $1,000 in expenditures for the emergency measures described in paragraph (1) may be incurred on behalf of a child or pregnant woman to which that paragraph applies.

(g) RULE OF CONSTRUCTION.—Nothing in this Act or any amendment made by this Act shall be construed as requiring a child enrolled in the State medicaid program under title XIX of the Social Security Act to undergo a lead blood screening test if the child's parent or guardian objects to the test on the ground that the test is inconsistent with the parent's or guardian's religious beliefs.

SEC. 4. BONUS PROGRAM FOR IMPROVEMENT OF CHILDHOOD LEAD SCREENING RATES.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') may establish a program to improve the blood lead screening rates of States for children under the age of 3 enrolled in the medicaid program.

(b) PAYMENTS.—If the Secretary establishes a program under subsection (a), the Secretary, using State-specific blood lead screening data, shall, subject to the availability of appropriations, annually pay a State an amount determined as follows:

(1) $25 per 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, if the State rate for such screenings exceeds 65 but does not exceed 75 percent of all 2 year-old children in the State.

(2) $50 per each such child who has received such minimum required tests if the State rate for such screenings exceeds 75 but does not exceed 85 percent of all 2 year-old children in the State.

(3) $75 per each such child who has received such minimum required tests if the State rate for such screenings exceeds 85 percent of all 2 year-old children in the State.

(c) USE OF BONUS FUNDS.—Funds awarded to a State under subsection (b) shall only be used—

(1) by the State department of health in the case of a child with an elevated blood lead level who is enrolled in medicaid or another Federal means-tested program designed to reduce the source of the child's exposure to lead; or

(2) in accordance with guidelines for the use of such funds developed by the Secretary in collaboration with the Secretary of Housing and Urban Development.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $30,000,000 for each of fiscal years 2002 through 2006.

SEC. 5. AUTHORIZATION TO USE SCHIP FUNDS FOR BLOOD LEAD SCREENING.

(a) OPTIONAL APPLICATION TO SCHIP.—

(1) IN GENERAL.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended by adding at the end the following new subparagraph:

''(E) At State option, section 1902(a)(66) (relating to blood lead screening and coverage of qualified lead treatment services defined in section 1905(x)).''.

(2) CONFORMING AMENDMENT.—Section 2110(a) of the Social Security Act (42 U.S.C. 1397jj(a)) is amended—

(A) by redesignating paragraph (28) as paragraph (29); and

(B) by inserting after paragraph (27) the following new paragraph:

''(28) qualified lead treatment services (as defined in section 1905(x)), but only if the State has elected under section 2107(e)(1)(E) to apply section 1902(a)(66) to the State child health plan under this title.''.

(b) INCLUSION IN MEDICAID REPORTING REQUIREMENT.—

(1) IN GENERAL.—Section 1902(a)(43)(D)(v) of the Social Security Act (42 U.S.C. 1396a(a)(43)(D)(v)), as added by section 3(a)(3), is amended by inserting ''or, if the State has elected under section 2107(e)(1)(E) to apply paragraph (66) to the State child health plan under title XXI, in the State plan under title XXI,'' after ''this title''.

(2) REPORT TO CONGRESS.—Section 3(e) of this Act is amended—

(A) by inserting ''or in the State children's health insurance program under title XXI of that Act (42 U.S.C 1397aa et seq.)'' after ''(42 U.S.C. 1396 et seq.)''; and

(B) by striking ''that program'' and inserting ''those programs''.

SEC. 6. EFFECTIVE DATE.

This Act and the amendments made by this Act take effect on the date that is 18 months after the date of enactment of this Act.

By Mr. HARKIN (for himself and Mr. LUGAR):

S. 1474. A bill to amend the Federal Insecticide, Fungicide, and Rodenticide Act to extend and improve the collection of maintenance fees, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. HARKIN. Mr. President, I rise today to introduce the Pesticide Maintenance Fees Reauthorization Act of 2001 on behalf of myself and my friend, Senator LUGAR. This legislation reauthorizes several existing legislative provisions addressing pesticide fees.

As Senator LUGAR and my colleagues know, the legal authorization for the collection of so-called maintenance fees for the reregistration of pesticides expires at the end of this month. This expiration means that EPA will face a significant funding shortfall as it continues its implementation of FQPA.

This legislation has been negotiated between the Senate and House Agriculture Committees and representatives of the environmental and agrichemical industry. It would require industry to pay $20 million a year to reevaluate pesticides approved by EPA prior to 1984. In return, a controversial proposal by the Environmental Protection Agency to more than quadruple the amount of fees paid by the pesticide industry will be shelved.

The $20 million per year represents an increase over the previous fee schedule that had ranged from $14 to $17.6 million a year. $20 million reflects the amount of money that EPA says is necessary to pay the salaries and expenses of the 200 employees that review older pesticides.

If this reauthorization were not provided, EPA would have to make up the money from elsewhere in its budget or layoff some of those employees. If that were to happen there is widespread concern that EPA's review of pesticides would slow down significantly. EPA has been charged with reviewing all pesticides to make sure they are safe for the environment and safe for kids. The last we need is for EPA to lose the workers vital to accomplishing that.

I hope that the Senate will be able to move quickly on this legislation, and I thank Senator LUGAR for working with me to get it introduced.

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

S. 1475. A bill to amend the Internal Revenue Code of 1986 to provide an appropriate and permanent tax structure for investments in the Commonwealth of Puerto Rico and the possessions of the United States, and for other purposes; to the Committee on Finance.

Mr. BREAUX. Mr. President, I am proud to be an original co-sponsor of the Economic Revitalization Tax Act of 2001. This legislation is designed to revitalize one of America's most important economic partners. As we discuss economic stimulus measures for our Nation during these difficult times, it is important the we do not leave behind the 3.9 million U.S. citizens of the Commonwealth of Puerto Rico.

Puerto Rico purchases over $16 billion a year in goods and services from the rest of the United States. This is more than much larger nations such as Russia, China, Italy and Brazil. A strong economy in Puerto Rico helps generate over 320,000 jobs in the U.S. mainland. It is important that we maintain this economic partnership as strong as ever.

The economy of Puerto Rico was weak even before the current national crisis. Since the beginning of the year, plant closures have been announced affecting over 7 percent of the manufacturing workforce. Since Congress repealed tax incentives for investment in Puerto Rico in October 1996, manufacturing employment has declined by over 15 percent—more than any state in the U.S. mainland. Employment in other sectors of the economy has not increased enough to offset the loss in manufacturing jobs. Consequently, total employment in Puerto Rico has declined over the last five years. By contrast, during the same period, jobs increased by over 10 percent in the average state, and no state experienced a net job loss.

The negative economic impacts of the current state of national alert will be felt most in those regions of the country that are dependent on tourism and air transportation. As a small island, Puerto Rico is four times more dependent on external trade as a share of GDP than the U.S. mainland, and 45 percent of Puerto Rico's trade is transported by air, compared to only 5 percent for the U.S. American Airlines which employs thousands at its major hub in Puerto Rico will be dramatically affected by the reduction in air travel.

Tourist expenditures are an essential component of Puerto Rico's economy.

Occupancy rates at Puerto Rico hotels have already been cut in half, with more losses expected as convention cancellations mount. Absent a turnaround, a significant portion of Puerto Rico's economy is directly at risk, with ripple effects beyond the tourism sector.

Puerto Rico's economy is closely linked to the U.S. economy. When the United States goes into recession, the impact is immediately felt on the Island where the rate of unemployment currently is running at about 13 percent. Retail sales are down over 30 percent since the terrorist acts.

It is essential to adopt measures to help Puerto Rico, like the rest of the country, recover economically and financially. Proposed national economic recovery legislation will not, without special provisions, help Puerto Rico. For example, because Puerto Rico is considered a separate taxing jurisdiction, investment tax credits and other business incentives do not apply to investments in Puerto Rico.

''The Economic Revitalization Tax Act of 2001,'' will materially assist in mitigating the impact of the expected economic losses in Puerto Rico as a result of the tragic recent events, as well as halt the continuing loss of manufacturing jobs due to the 1996 repeal of U.S. tax incentives. This legislation would provide a new tax regime to encourage American companies to retain their Puerto Rico operations and to reinvest profits earned in Puerto Rico and the U.S. possessions in the United States on a tax preferred basis. This will not only help Puerto Rico directly, but it will also help the American economy by returning profits to the U.S. where they can be invested in other job creating activities.

Puerto Rico is a vital partner in the American family. The new administration of Governor Sila Maria Calderón, is bringing a renewed vision of a prosperous Puerto Rico and is implementing a coherent development plan that will make that vision a reality. Governor Calderón understands that reform of the Commonwealth government and its economic development policies are necessary for Puerto Rico's economic development. She is doing this in close collaboration with business and community leaders in Puerto Rico.

This proposal is a win-win situation for Puerto Rico and for the American worker and taxpayer. We help create jobs in Puerto Rico, and those jobs will help create jobs in the U.S. mainland.

Please join me in supporting this legislation.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1691. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill S. 1438, to authorize appropriations for fiscal year 2002 for military activities of the Department of Defense, for military constructions, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes; which was ordered to lie on the table.

SA 1692. Mrs. FEINSTEIN (for herself and Mrs. HUTCHISON) submitted an amendment intended to be proposed by her to the bill H.R. 2904, making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2002, and for other purposes.

SA 1693. Mrs. HUTCHISON (for Mr. HUTCHINSON) proposed an amendment to the bill H.R. 2904, supra.

SA 1694. Mr. LEVIN (for Mr. KERRY) proposed an amendment to the bill S. 1438, to authorize appropriations for fiscal year 2002 for military activities of the Department of Defense, for military constructions, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

SA 1695. Mr. WARNER (for Mr. BOND) proposed an amendment to the bill S. 1438, supra.

SA 1696. Mr. LEVIN (for Mr. DAYTON) proposed an amendment to the bill S. 1438, supra.

SA 1697. Mr. WARNER proposed an amendment to the bill S. 1438, supra.

SA 1698. Mr. LEVIN (for Mr. BYRD (for himself and Mr. GRASSLEY)) proposed an amendment to the bill S. 1438, supra.

SA 1699. Mr. WARNER (for Mr. BUNNING) proposed an amendment to the bill S. 1438, supra.

SA 1700. Mr. LEVIN (for Mrs. CARNAHAN) proposed an amendment to the bill S. 1438, supra.

SA 1701. Mr. WARNER (for Mr. ALLARD) proposed an amendment to the bill S. 1438, supra.

SA 1702. Mr. LEVIN (for Mr. CLELAND) proposed an amendment to the bill S. 1438, supra.

SA 1703. Mr. WARNER (for Mr. ALLARD (for himself and Mr. SMITH, of New Hampshire)) proposed an amendment to the bill S. 1438, supra.

SA 1704. Mr. WARNER (for Mr. LUGAR (for himself, Mr. LEVIN, Ms. LANDRIEU, Mr. BINGAMAN, Mr. DOMENICI, and Mr. HAGEL)) proposed an amendment to the bill S. 1438, supra.

SA 1705. Mr. LEVIN (for Mr. FEINGOLD) proposed an amendment to the bill S. 1438, supra.

SA 1706. Mr. WARNER (for Ms. COLLINS) proposed an amendment to the bill S. 1438, supra.

SA 1707. Mr. LEVIN (for Mrs. MURRAY) proposed an amendment to the bill S. 1438, supra.

SA 1708. Mr. WARNER (for Mr. INHOFE) proposed an amendment to the bill S. 1438, supra.

SA 1709. Mr. LEVIN (for Mrs. LINCOLN (for himself and Mr. HUTCHINSON)) proposed an amendment to the bill S. 1438, supra.

SA 1710. Mr. WARNER (for Mr. INHOFE) proposed an amendment to the bill S. 1438, supra.

SA 1711. Mr. LEVIN (for Mr. HOLLINGS) proposed an amendment to the bill S. 1438, supra.

SA 1712. Mr. WARNER (for Mr. STEVENS) proposed an amendment to the bill S. 1438, supra.

SA 1713. Mr. LEVIN (for Mr. HARKIN) proposed an amendment to the bill S. 1438, supra.

SA 1714. Mr. WARNER (for Mr. SHELBY) proposed an amendment to the bill S. 1438, supra.

SA 1715. Mr. WARNER (for Mr. VOINOVICH (for himself and Mr. DEWINE)) proposed an amendment to the bill S. 1438, supra.

SA 1716. Mr. LEVIN (for Mr. REID) proposed an amendment to the bill S. 1438, supra.

SA 1717. Mr. WARNER (for Mr. SANTORUM) proposed an amendment to the bill S. 1438, supra.

SA 1718. Mr. LEVIN (for Mr. CONRAD) proposed an amendment to the bill S. 1438, supra.

SA 1719. Mr. WARNER (for himself and Mr. ALLEN) submitted an amendment intended to be proposed by him to the bill S. 1438, supra; which was ordered to lie on the table.

SA 1720. Mr. WARNER (for himself and Mr. ALLEN) submitted an amendment intended to be proposed by him to the bill S. 1438, supra; which was ordered to lie on the table.

SA 1721. Mr. SMITH, of New Hampshire submitted an amendment intended to be proposed by him to the bill S. 1438, supra; which was ordered to lie on the table.

SA 1722. Mr. NELSON, of Florida submitted an amendment intended to be proposed by him to the bill S. 1438, supra; which was ordered to lie on the table.

SA 1723. Mr. REID (for Mr. WELLSTONE) proposed an amendment to the bill S. Res. 147, to designate the month of September of 2001, as ''National Alcohol and Drug Addiction Recovery Month''.

SA 1724. Mr. HELMS (for himself, Mr. MILLER, Mr. ALLEN, Mr. BOND, Mr. HATCH, and Mr. MURKOWSKI) submitted an amendment intended to be proposed by him to the bill S. 1438, to authorize appropriations for fiscal year 2002 for military activities of the Department of Defense, for military constructions, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes; which was ordered to lie on the table.

SA 1725. Mr. CRAIG submitted an amendment intended to be proposed to amendment SA 1724 submitted by Mr. HELMS and intended to be proposed to the bill (S. 1438) supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 1691. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill S. 1438, to authorize appropriations for fiscal year 2002 for military activities of the Department of Defense, for military constructions, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes, which was ordered to lie on the table; as follows:

At the end of bill insert the following:

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Securing America's Future Energy Act of 2001'' or the ''SAFE Act of 2001''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows: