CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on S. 1042, an original bill to authorize appropriations for fiscal year 2006 for military activities of the Department of Defense, for military construction, 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.

Bill Frist, John Warner, Michael Enzi, John Cornyn, Jon Kyl, Richard Burr, Kit Bond, Lindsey Graham, John E. Sununu, Chuck Grassley, Mike DeWine, Lamar Alexander, James Talent, Pat Roberts, Johnny Isakson, Conrad Burns, Richard G. Lugar.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the live quorum under rule XXII be waived.

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

Mr. MCCONNELL. For the information of our colleagues, this vote will occur on Tuesday.

Mrs. FEINSTEIN. Mr. President, I am pleased to be able to join with my colleagues, Senator CHUCK GRASSLEY from Iowa, and Senators BOXER and HARKIN in support of an amendment to the FY06 National Defense Authorization Act that would transfer one of our Nation's greatest battleships, the USS *Iowa* to the State of California for permanent donation status.

I understand the affection that many Iowans have for this important ship and that a model of the USS *Iowa* can be viewed in the Rotunda of the Iowa State Capitol. Therefore, I truly appreciate the support of Senators GRASSLEY and HARKIN for helping to ensure that the USS *Iowa* will have a permanent home in California.

I was privileged to have the opportunity to introduce legislation in 1998 and 1999 to assist in transporting the USS *Iowa* from Newport, RI, to Suisun Bay in San Francisco, where it now sits as part of the Navy's Reserve Fleet. Through its transfer from reserve to donation status, any port community in California will have the opportunity to competitively bid for the battleship.

While I am sure a number of communities in California will be interested, I understand that the Port of Stockton has already begun making preparations and raising money to bid on this project.

Having the USS *Iowa* as a permanent floating museum in California will be an honor for my State and a tremendous memorial to the thousands of sailors who served aboard this battleship over the past 6 decades.

The USS *Iowa*, nicknamed the ''big stick,'' was first launched in August 1942 and commissioned in February 1943 under the command of Capt. John L. McCrea. In August 1943 it was mobilized for the first time along the Atlantic coast to protect against the threat of German battleships believed to be operating in Norwegian waters.

In one of the more memorable moments of the battleship's history, the USS *Iowa* carried President. Franklin D. Roosevelt to Casablanca on his way to the Teheran Conference in November 1943, and afterwards provided the President transportation back to the United States. The USS *Iowa* engaged in combat for the first time after it was deployed to the Pacific theater as the flagship of Battleship Division 7.

During the early months of 1943, as part of the battle for the Marshall Islands, the USS *Iowa* supported U.S. aircraft carrier strikes and helped support numerous air strikes near Micronesia and neighboring islands. It was next deployed to assist U.S. forces in combat in the South Pacific near New Guinea and joined the Marianas campaign in June 1943.

During the Battle of the Philippines, the Iowa ably drove back and neutralized a series of air raids attempted by the Japanese middle fleet. Throughout the winter of 1944, the USS *Iowa* continued to engage in action off the Philippine coast until it was directed to return to the U.S. for maintenance in January 1945.

From January 1945 through March 1945, the Battleship *Iowa* received a full overhaul in the Port of San Francisco before steaming off for Okinawa to take part in combat operations near Japan. Arriving in April, the *Iowa* supported U.S. air strikes against Japan and the surrounding islands until the Japanese surrender in August 1945.

The ship was honored to be one of the few American battleships to sail into Tokyo Bay with the occupation forces and take part in the surrender ceremonies. After returning to the West Coast following the war, the USS *Iowa* operated in reserve status until it was decommissioned for the first time in March 1949.

In August 1951, after hostilities broke out in Korea, the USS *Iowa* was recommissioned and mobilized to that region. In March 1952, the battleship was deployed to the war zone as the flagship of VADM Robert Briscoe, the Commander of the 7th Fleet. For the next 7 months, the *Iowa* was fully engaged in support of the U.N. troops, bombarding strategic targets throughout North Korea.

Following the cessation of combat, the USS *Iowa* was sent to Norfolk, VA, to receive an overhaul in October 1952. For the next 5 years, the *Iowa* was engaged in training maneuvers in Northern Europe, including NATO exercises, and in the Mediterranean Sea. In 1958, it was decommissioned for the second time and made part of the Atlantic Reserve Fleet based at Philadelphia.

Despite being decommissioned twice, the USS *Iowa* was renovated and upgraded in April 1984, and was recommissioned for the third time as part of President Reagan's plan to expand the Navy to 600 ships. Throughout the 1980s, the battleship spent the majority of its deployment in the waters off the European coast while also taking tours of the Indian Ocean and Arabian Sea.

Despite surviving two wars and numerous combat engagements over its long history, the USS *Iowa* suffered its worst catastrophe in April 1989 when one of its 16-inch gun turrets blew up, causing the death of 47 sailors. The source of the explosion was never conclusively identified, in spite of a thorough investigation of the incident by the Navy. Even with its damaged turret, the *Iowa* went on to further assignments in the Atlantic and Mediterranean Sea until it was decommissioned for the final time at Norfolk, VA, on October 26, 1990.

In early 1998, I was contacted by city officials in San Francisco requesting help with bringing the USS *Iowa* out to the west coast. Together with Senator BOXER, we introduced legislation in October 1998, as part of the FY99 Defense Authorization Act, to provide for the transfer of the USS *Iowa* to San Francisco.

The next year I worked with colleagues in the California congressional delegation to secure $3 million to pay for the transport of the battleship from Rhode Island to California. On April 20, 2001, the USS *Iowa* finally arrived in San Francisco and has been berthed at Suisun Bay since that time.

This amendment ensures that this amazing battleship, which earned nine battle stars for its World War II service and two battle stars in the Korean war, will be memorialized permanently as a floating museum in California.

Once again, I thank Senators GRASSLEY, BOXER, and HARKIN for their support on this important provision.

I ask unanimous consent that this statement be placed in the RECORD next to the relevant amendment.

PROTECTION OF LAWFUL COMMERCE IN ARMS ACT—MOTION TO PROCEED

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I move to proceed to Calendar No. 15, S. 397, which is the Protection of Lawful Commerce in Arms Act, and I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the motion to proceed to Calendar No. 15, S. 397: A bill to prohibit civil liability actions from being brought or continued against manufacturers, distributors, dealers, or importers of

firearms or ammunition for damages, injunctive or other relief resulting from the misuse of their products by others.

BILL FRIST, GEORGE ALLEN, LARRY E. CRAIG, CRAIG THOMAS, MICHAEL B. ENZI, JEFF SESSIONS, CHRISTOPHER BOND, LAMAR ALEXANDER, MITCH MCCONNELL, SAM BROWNBACK, TOM COBURN, RICHARD BURR, JOHN MCCAIN, RICHARD SHELBY, SAXBY CHAMBLISS, JOHN ENSIGN, CHUCK HAGEL.

Mr. MCCONNELL. Mr. President, I ask that the live quorum under rule XXII be waived.

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

Mr. MCCONNELL. Mr. President, I now withdraw the motion to proceed.

The PRESIDING OFFICER. The motion is withdrawn.

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent there now be a period for morning business with Senators permitted to speak therein for up to 10 minutes each.

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

PATIENT SAFETY AND QUALITY IMPROVEMENT ACT OF 2005

Mr. ENZI. Mr. President, as chairman of the Health, Eduation, Labor, and Pensions Committee, I would like to take the opportunity to comment on a very important piece of legislation the Senate passed this week—a managers' substitute for S. 544, the Patient Safety and Quality Improvement Act of 2005, offered by myself, Senators JEFFORDS, GREGG, KENNEDY, FRIST, MURRAY, and BINGAMAN.

More than 5 years in the making, this legislation is an important step toward building a culture of safety and quality in our health care system.

The language of this bill reflects a carefully negotiated bipartisan, bicameral agreement between the chairmen and ranking members of the Senate Health, Education, Labor, and Pensions Committee and the House Energy and Commerce Committee. I want to thank my colleagues Senator KENNEDY, Chairman BARTON, and Representative DINGELL for their hard work in bringing this agreement to fruition.

Tremendous credit also goes to the HELP Committee's previous Chairman, Senator GREGG, whose tireless work on this issue was invaluable in bringing us to where we are today, and to Senator JEFFORDS, sponsor of the original legislation upon which this agreement builds.

The Patient Safety and Quality Improvement Act will create a framework through which hospitals, doctors, and other health care providers can work to improve health care quality in a protected legal environment.

More specifically, the bill will extend crucial legal privilege and confidentiality protections to health care providers to allow them to report health care errors and ''near misses'' to specially designated patient safety organizations. In turn, these patient safety organizations, some of which exist in limited form today, will be able to collect and analyze patient safety data in a confidential manner.

After conducting this analysis, patient safety organizations will report back to providers on trends in health care errors and will offer guidance to them on how to eliminate or minimize these errors. Some of this takes place today, but much more information could be collected and analyzed if providers felt confident that reporting such errors would not increase the likelihood that they could be sued.

It is not the intent of this legislation to establish a legal shield for information that is already currently collected or maintained separate from the new patient safety process, such as a patient's medical record. That is, information which is currently available to plaintiffs' attorneys or others will remain available just as it is today. Rather, what this legislation does is create a new zone of protection to assure that the assembly, deliberation, analysis, and reporting by providers to patient safety organizations of what we are calling ''Patient Safety Work Product'' will be treated as confidential and will be legally privileged.

Errors in medical treatment take place far too often. Unfortunately, however, providers live in fear of our unpredictable medical litigation system. This fear, in turn, inhibits efforts to thoroughly analyze medical errors and their causes. Without appropriate protections for the collection and analysis of patient safety data, providers are understandably loath to participate in medical error reporting systems.

I am pleased that the negotiated final version of this bill reflects and upholds several of the key priorities of the bill the HELP Committee marked up earlier this year, and which was also passed out of the Senate last year.

For example, this agreement makes very clear that, in addition to strong legal privilege provisions, patient safety work product will also be subject to a clear and affirmative duty of confidentiality. That is, not only will patient safety work product be subject to a privilege in legal and related proceedings, but the bill will also impose penalties of up to $10,000 per violation should such patient safety work product be disclosed.

It was a key priority of the Senate bill that such information not only be privileged in a legal proceeding, but also that serious consequences will ensue if patient safety organizations, providers, or anyone else divulges it in ways not permitted under the bill. I am very pleased that the compromise agreement we are passing this week upholds this commitment to an affirmative duty of confidentiality.

Also, we believed very strongly that the definition of patient safety work product—that is, exactly what kind of information is to be protected—be drawn broadly enough to assure that providers will feel safe and secure in participating in a patient safety system—and that they not be chilled from participating by fear that their efforts to assemble, analyze, deliberate on, or report patient safety information to patient safety organizations would somehow fall outside of a too-narrow statutory definition of patient safety work product.

With this in mind, we negotiated a definition in the agreement which takes great care to make clear to providers that the assembly of data, its analysis, deliberations about it, and its reporting to a patient safety organization will be firmly protected. We also clarified that information that is collected, maintained, or developed separately from the patient safety system will continue to be treated the same as it is under current law.

Before I close, I want to take just a minute to thank the many Senate staff members who worked very hard to bring this legislation to where it is today. Among those who deserve special recognition and thanks are Andrew Patzman and Stephen Northrup of my HELP Committee professional staff, David Bowen of Senator KENNEDY's Committee staff, Peggy Binzer with Senator GREGG, Dean Rosen of Senator FRIST's Leadership staff, and Sean Donohue with Senator JEFFORDS. Much credit also goes to the hard work of the staff of the House Energy and Commerce Committee, as well as to the expert and very capable legislative staff at the Department of Health and Human Services.

I ask unanimous consent that a section-by-section summary of the legislation be printed in the RECORD.

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

SECTION-BY-SECTION SUMMARY

''PATIENT SAFETY AND QUALITY IMPROVEMENT ACT OF 2005''

MANAGERS SUBSTITUTE AMENDMENT

[July 2005]

SECTION 1. SHORT TITLE

The Patient Safety and Quality Improvement Act of 2005.

SECTION 2. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT

Creates a new Part C of Title IX of the Public Health Service Act, Entitled ''Patient Safety Improvement''

SECTION 921. DEFINITIONS

''Patient Safety Activities'' describes activities involving providers and certified patient safety organizations (see Sec. 924, below) which include the following: (1) efforts to improve patient safety and the quality of health care delivery, (2) collection and analysis of patient safety work product, (3) development and dissemination of information with respect to improving patient safety, such as recommendations, protocols, or information regarding best practices, (4) utilization of patient safety work product for the purposes of encouraging a culture of safety and of providing feedback and assistance to effectively minimize patient risk, (5) maintenance of procedures to preserve confidentiality with respect to patient safety