breast cancer patient or her doctor believe that she is not getting the kinds of treatment, she must have the right to be able to go through her HMO and, if necessary, outside the HMO for a timely appeal. Time is of the essence in these situations. Results are needed quickly—quickly.

Let me be clear. I am strongly opposed to drive-through mastectomies. I cosponsored Senator DASCHLE's legislation to end that practice. And I believe strongly that insurance companies that cover mastectomies have an obligation to also cover reconstructive surgery and prostheses when a woman has had to have a mastectomy. I have worked closely with National Breast Cancer Coalition and many others to correct these injustices. But these two proposals address only a small portion of the serious problems faced by women with breast cancer. These are both included in our comprehensive bill, but they are augmented by additional matters that are of enormous continued importance to those same patients.

We are guaranteeing them in our bill access to the kind of specialty care, the critically important clinical trials, and the ability to hold the plan itself accountable. And when you have a process whereby you can hold a plan accountable, where you have the possibility of enforcement, then you have real rights. When you do not have the ability to enforce something, then that right is not meaningful.

That is true across the board. You can pass laws every day about burglary and robbery and other crimes, but unless you are going to have a penalty, those laws are meaningless—they are meaningless. That is what we understand. We want to have those various plans held accountable for the decisions they make.

Mr. President, the HMOs that are providing good quality medicine have nothing to fear. It is understandable because they are living up to these kinds of quality challenges. They are at a competitive disadvantage by those plans that are trying to trim and reduce services, and therefore claim that they are providing the same range of services but doing so on the cheap. The obvious result is a diminution in care for those patients, and in a number of instances even the loss of life for those patients. And that is wrong.

Mr. President, many Americans have seen that movie, ''As Good As It Gets.'' I think people understand this issue very well. Helen Hunt won an Oscar for her role in this movie. In it, she delivers a sharply worded criticism of her son's managed care plan, and audiences across the country erupt in laughter and applause. These hoots and the hollers make it very clear that the American people understand what is happening in too many of these managed care systems.

Everyone loves their managed care system until they get sick. Then we find too many instances where managed care becomes mis-managed care.

So, Mr. President, I am very hopeful that we can come to a full debate and discussion on this issue. It is a matter, as I mentioned, of life and death in many circumstances. Our colleagues on the floor of the Senate have given these examples. And these examples are not going to go away. The problem is not diminishing; the problem is increasing. This is an area that cries out for action, and the American people deserve no less.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. STEVENS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

MEASURE PLACED ON THE CALENDAR

The following measure was read the second time and placed on the calendar:

H.R. 3717. An act to prohibit the expenditure of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. JEFFORDS (for himself, Mr. ROCKEFELLER, Mr. SPECTER, Mr. HOLLINGS, Mr. MURKOWSKI, Mr. LEAHY, and Mr. HAGEL):

S. 2054. A bill to amend title XVIII of the Social Security Act to require the Secretary of Veterans Affairs and the Secretary of Health and Human Services to carry out a model project to provide the Department of Veterans Affairs with medicare reimbursement for medicare health-care services provided to certain medicare-eligible veterans; to the Committee on Finance.

By Mr. REID:

S. 2055. A bill to require medicare providers to disclose publicly staffing and performance data in order to promote improved consumer information and choice, to protect employees of medicare providers who report concerns about the safety and quality of services provided by medicare providers or who report violations of Federal or State law by those providers, and to require review of the impact on public health and safety of proposed mergers and acquisitions of medicare providers; to the Committee on Finance.

S. 2056. A bill to amend title XVIII of the Social Security Act and title 38, United States Code, to require hospitals to use only hollow-bore needle devices that minimize the risk of needlestick injury to health care workers; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Ms. SNOWE (for herself, Mr. MCCAIN, Mr. HOLLINGS, Mr. KERRY, Mr. AKAKA, Mr. WYDEN, Mr. GORTON, Mr. SMITH of New Hampshire, Mr. ABRAHAM, Mr. JEFFORDS, Mrs. MURRAY, Mr. GREGG, Mr. D'AMATO, Mr. CHAFEE, and Mr. TORRICELLI):

S. Res. 226. A resolution expressing the sense of the Senate regarding the policy of the United States at the 50th Annual Meeting of the International Whaling Commission; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. JEFFORDS (for himself, Mr. ROCKEFELLER, Mr. SPECTER, Mr. HOLLINGS, Mr. MURKOWSKI, Mr. LEAHY, and Mr. HAGEL):

S. 2054. A bill to amend title XVIII of the Social Security Act to require the Secretary of Veterans Affairs and the Secretary of Health and Human Services to carry out a model project to provide the Department of Veterans Affairs with medicare reimbursement for medicare health-care services provided to certain medicare-eligible veterans; to the Committee on Finance.

THE VETERANS' EQUALITY FOR TREATMENT AND SERVICES ACT OF 1998

Mr. JEFFORDS. Mr. President, I am proud to rise with my colleagues, Senator ROCKEFELLER, Senator SPECTER, Senator HOLLINGS, Senator MURKOWSKI, and my friend from Vermont, Senator LEAHY, to introduce the Veterans' Equality for Treatment and Services Act, or VETS Act, of 1998. This bill will give our Nation's veterans greater freedom to choose where they receive their medical care.

Also known as ''Medicare Subvention,'' the VETS Act will authorize the Department of Veterans Affairs to set up 12 pilot sites around the country for Medicare-eligible veterans who are either barred from getting care at VA facilities, or cannot afford costly VA copayments.

As members of the Senate Finance Committee, Senator ROCKEFELLER and I worked successfully last summer to pass this exact piece of legislation through the Senate Finance Committee. We were disappointed that before final passage of the 1997 Balanced Budget Act our legislation was replaced with a requirement to simply study the matter and issue a report.

Well, we have studied the issue and it is now time to act. The Veterans Health Administration under the able leadership of Ken Kizer has devised Medicare Subvention payment methods and I have recently spoken with Secretary Togo West about our mutual commitment to the passage of Medicare Subvention in this Congress.

Under current law, the VA will not generally treat a non-service connected Medicare-eligible veteran because they have no way to recover the full cost of doing so. Under the VETS Act, this same veteran could go to their VA for care and Medicare would reimbursement the VA at the normal Medicare rate. Total Medicare reimbursements

would be limited to $50 million annually. The reimbursement level would be reduced if the VA treats fewer Medicare eligible veterans than in the prior fiscal year. The General Accounting Office would also monitor the operation of the sites and report on any increase in costs to Medicare. If the Demonstration Project increases Medicare's costs, the Veterans Affairs would reimburse Medicare for any increased costs and take action to suspend or terminate the program. Therefore, numerous safeguards and limitations in the bill ensure that Medicare Subvention does not drain the Medicare Trust Fund.

Mr. President, we should give our veterans the ability to make the choice of where they will receive their medical care. Although last year's enactment of the Department of Defense Medicare Subvention program alleviated what veterans call a ''lockout'' from the military health care system, we need to finish the job by allowing all veterans access to the VA health care facility of their choice.

In closing, the Veterans' Service Organizations strongly support the VETS Act. I look forward to working with them, Secretary West and the administration, and my colleagues here in the Senate and in the House to get this legislation signed into law this year.

● Mr. ROCKEFELLER. Mr. President, I am pleased to offer my support to the Veterans' Equality for Treatment and Services Act of 1998. This bill will authorize a demonstration project to allow VA to bill Medicare for health care services provided to certain dual beneficiaries. The legislation is known as VA subvention, which is a concept that has been discussed over the years by those of us in Congress, by veterans service organizations, and by advisory bodies studying the VA health care system. I join my colleagues Senators JEFFORDS, HOLLINGS, and SPECTER in this initiative.

Due to budget constraints, many VA hospitals and clinics have been forced to turn away middle income, Medicare-eligible veterans who seek VA care. To truly understand the need for VA subvention, I ask my colleagues to couple these difficulties in accessing the system, with VA's frozen FY 99 budget. The frozen medical care budget obviously cannot cover even salary adjustments required by law, let alone allow for any growth and expansion within the VA health care system.

For veterans, enactment of the Veterans Equality for Treatment and Services Act of 1998 would mean the infusion of new revenue and thus, improved access to care. For the Health Care Financing Administration (HCFA), a VA subvention demonstration project will provide the opportunity to assess the effects of coordination on improving efficiency, access, and quality of care for dual-eligible beneficiaries in a selected number of sites. Finally, Congress would receive the results of this feasibility study, which, once and for all, would give us the necessary data to make rational policy decisions in the future about Medicare and VA's involvement.

The four VA medical centers in my own State of West Virginia spent $4.2 million caring for nearly a thousand Medicare-eligible veterans with middle incomes in 1995. Though this is telling information, I cannot provide my colleagues with the truly crucial piece of the story, that is, the number of these Medicare-eligible veterans who were turned away from the facilities created to serve them because of lack of resources. This demonstration project would encourage these eligible veterans who have not previously received care from the Huntington, Beckley, Martinsburg, and Clarksburg VAMCs to do so.

The Veterans Equality for Treatment and Services Act is designed to be budget neutral. To that end, the VA would be required to maintain its current level of services to Medicare-eligible veterans already being served and would be effectively limited to reimbursement for additional care provided to new users. Payments from Medicare would be at a reduced rate and would exclude Disproportionate Share Hospital adjustments, Graduate Medical Education payments, and a large percentage of capital-related costs. In effect, the VA would be providing health care to Medicare-eligible veterans at a deeply discounted rate. HHS and VA would have the ability to adjust payment rates, or to shrink or terminate the program if Medicare's costs increase. In the event that these safeguards included in the proposal fail—an event which the VA has declared unlikely—this proposal caps all Medicare payments to the VA at $50 million.

A HCFA representative testified before Congress and stated that this proposal will provide quality service to certain dual-eligible beneficiaries and, ''at the same time, preserve and protect the Medicare Trust Fund for all Americans.'' Although the VA subvention proposal is a small effort compared to the other recent changes made to the Medicare program and the changes to come, it is enormously important to our veterans and the health care system they depend upon.

Last year, Senator JEFFORDS and I successfully offered a similar VA/Medicare proposal at a Finance Committee markup because we saw it as a way to provide quality health care to veterans who are also eligible for Medicare, while at the same time preserving and protecting the Medicare Trust Fund. The Senate later passed the provision, which was included in the Balanced Budget Act of 1997. However, rather than enacting a modest VA demonstration project which would yield the information we need to make rational decisions in the future, budget conferees only approved a Department of Defense subvention plan. To put it bluntly, veterans got shortchanged.

Since that time, VA and HCFA have entered into a Memorandum of Agreement which closely outlines the terms by which Medicare will pay for certain veterans receiving care at participating sites in the same manner as other fee-for-service providers and health maintenance organizations.

I had hoped that the House of Representatives would have acted by now to approve a VA subvention proposal. Unfortunately, this has not occurred. Mr. President, veterans deserve the opportunity to come to VA facilities for their care and bring their Medicare coverage with them. I look forward to working with my colleagues on the Committees on Finance and Veterans' Affairs to make this long sought-after proposal a reality.●

By Mr. REID:

S. 2055. A bill to require Medicare providers to disclose publicly staffing and performance data in order to promote improved consumer information and choice, to protect employees of Medicare providers who report concerns about the safety and quality of services provided by Medicare providers or who report violations of Federal or State law by those providers, and to require review of the impact on public health and safety of proposed mergers and acquisitions of Medicare providers; to the Committee on Finance.

THE PATIENT SAFETY ACT OF 1998

Mr. REID. Mr. President, today I am introducing the Patient Safety Act of 1998. This legislation focuses on the major safety, quality, and workforce issues for nurses employed by health care institutions and the patients who receive care in these facilities. The Patient Safety Act establishes guidelines for hospital participation in Medicare in order to protect both health care consumers and workers.

Health care consumers need access to information about health care institutions in order to make informed decisions about where they receive care. This legislation would require health care institutions to publicly disclose specified information on staffing levels, mix and patient outcomes. At minimum, health care institutions would have to make public: the number of registered nurses providing direct care; numbers of unlicensed personnel utilized to provide direct patient care; average number of patients per registered nurse providing direct patient care; patient mortality rate; incidence of adverse patient care incidents; and methods used for determining and adjusting staffing levels and patient care needs.

Nurses should be able to voice their concerns about dangerous patient care conditions without the fear of retribution from their employers. The Patient Safety Act of 1998 would add whistleblower protections to Medicare law. A violation of this provision would make an institution ineligible for Medicare participation.

Finally, the Patient Safety Act of 1998 would direct the Department of Health and Human Services to review mergers and acquisitions of hospitals

to determine their long-term effects on the well-being of patients, the community and employees.

The Patient Safety Act of 1998 is a valuable information resource for consumers. This legislation will ensure that the public has the data necessary to make informed decisions about their health care providers.

By Mr. REID:

S. 2056. A bill to amend title XVIII of the Social Security Act and title 38, United States Code, to require hospitals to use only hollow-bore needle devices that minimize the risk of needlestick injury to health care workers; to the Committee on Finance.

THE HEALTH CARE WORKER PROTECTION ACT OF 1998

Mr. REID. Mr. President, today I am introducing the Health Care Worker Protection Act of 1998. This legislation would reduce the number of health care workers who are accidentally exposed to potentially contaminated, infectious blood via a needle stick injury.

The Health Care Worker Protection Act of 1998 would make the use of safe needle devices, as determined by the Food and Drug Administration (FDA), a condition of participation for Medicare. The bill would call for the FDA to create an Advisory Council to establish safety standards for hollow bore devices. The Advisory Council would be composed of consumers, health care providers and technical experts. Finally, the Department of Health and Human Services would be authorized $5 million to establish education and training programs for the use of the safe devices identified by the FDA.

Approximately eighty percent of all reported occupational exposures result from needle stick injuries, making this the most common cause of health care worker-related exposure to blood borne pathogens. More than twenty pathogens can be transmitted through small amounts of blood including HIV, syphilis, Rocky Mountain spotted fever, varicella-zoster, malaria, Hepatitis B and C, along with other forms of hepatitis. According to the Centers for Disease Control and Prevention, American health care workers report more than 800,000 needle sticks and sharps injuries each year.

The Health Worker Protection Act of 1998 is designed to reduce the risks to health care workers from these accidents. This legislation will ensure that the necessary tools—better information and better medical devices—are made available to front-line health care workers in order to reduce the injury and death that have resulted from needle sticks.

ADDITIONAL COSPONSORS

S. 554

At the request of Mr. HARKIN, the name of the Senator from South Carolina [Mr. HOLLINGS] was added as a cosponsor of S. 554, a bill to inform and empower consumers in the United States through a voluntary labeling system for wearing apparel or sporting goods made without abusive and exploitative child labor, and for other purposes.

S. 897

At the request of Mr. WYDEN, the name of the Senator from Maine [Ms. SNOWE] was added as a cosponsor of S. 897, a bill to make permanent certain authority relating to self-employment assistance programs.

S. 1525

At the request of Mr. SPECTER, the name of the Senator from Massachusetts [Mr. KENNEDY] was added as a cosponsor of S. 1525, a bill to provide financial assistance for higher education to the dependents of Federal, State, and local public safety officers who are killed or permanently and totally disabled as the result of a traumatic injury sustained in the line of duty.

S. 2010

At the request of Mr. CAMPBELL, the names of the Senator from Hawaii [Mr. INOUYE], and the Senator from Minnesota [Mr. WELLSTONE] were added as cosponsors of S. 2010, a bill to provide for business development and trade promotion for Native Americans, and for other purposes.

SENATE CONCURRENT RESOLUTION 88

At the request of Mr. ASHCROFT, the names of the Senator from Rhode Island [Mr. REED], and the Senator from Montana [Mr. BAUCUS] were added as cosponsors of Senate Concurrent Resolution 88, a concurrent resolution calling on Japan to establish and maintain an open, competitive market for consumer photographic film and paper and other sectors facing market access barriers in Japan.

SENATE RESOLUTION 216

At the request of Mr. LIEBERMAN, the names of the Senator from Louisiana [Mr. BREAUX], the Senator from Maine [Ms. COLLINS], the Senator from Illinois [Mr. DURBIN], the Senator from California [Mrs. FEINSTEIN], the Senator from Nebraska [Mr. KERREY], and the Senator from Alaska [Mr. MURKOWSKI] were added as cosponsors of Senate Resolution 216, a resolution expressing the sense of the Senate regarding Japan's difficult economic condition.

SENATE RESOLUTION 226—EXPRESSING THE SENSE OF THE SENATE REGARDING THE POLICY OF THE UNITED STATES AT THE 50TH ANNUAL MEETING OF THE INTERNATIONAL WHALING COMMISSION

Ms. SNOWE (for herself, Mr. MCCAIN, Mr. HOLLINGS, Mr. KERRY, Mr. AKAKA, Mr. WYDEN, Mr. GORTON, Mr. SMITH of New Hampshire, Mr. ABRAHAM, Mr. JEFFORDS, Mrs. MURRAY, Mr. GREGG, Mr. D'AMATO, Mr. CHAFEE, and Mr. TORRICELLI) submitted the following resolution; which was considered and agreed to:

S. RES. 226

Whereas whales have very low reproductive rates, making whale populations extremely vulnerable to pressure from commercial whaling;

Whereas whales migrate throughout the world's oceans and international cooperation is required to successfully conserve and protect whale stocks;

Whereas in 1946 the nations of the world adopted the International Convention for the Regulation of Whaling, which established the International Whaling Commission to provide for the proper conservation of the whale stocks;

Whereas the Commission adopted a moratorium on commercial whaling in 1982 in order to conserve and promote the recovery of the whale stocks;

Whereas the Commission has designated the Indian Ocean and the ocean waters around Antarctica as whale sanctuaries to further enhance the recovery of whale stocks;

Whereas many nations of the world have designated waters under their jurisdiction as whale sanctuaries where commercial whaling is prohibited, and additional regional whale sanctuaries have been proposed by nations that are members of the Commission;

Whereas 2 member nations of the Commission have taken reservations to the Commission moratorium on commercial whaling and 1 has recently resumed commercial whaling operations in spite of the moratorium and the protests of other nations;

Whereas another member nation of the Commission has taken a reservation to the Commission's Southern Ocean Sanctuary and continues to conduct lethal scientific whaling in the waters of that sanctuary;

Whereas the Commission's Scientific Committee has repeatedly expressed serious concerns about the scientific need for such lethal whaling;

Whereas the lethal take of whales under reservations to the Commissions policies have been increasing annually;

Whereas there continue to be indications that whale meat is being traded on the international market despite a ban on such trade under the Convention on International Trade in Endangered Species (CITIES), and that meat may be originating in one of the member nations of the Commission;

Whereas 1998 is the International Year of the Ocean and the Commission plays a leading role in global efforts to improve the state of the world's oceans: Now, therefore, be it

Resolved, That is the sense of the Senate that—

(1) at the 50th Annual Meeting of the International Whaling Commission in Oman the United States should—

(A) remain firmly opposed to commercial whaling;

(B) initiate and support efforts to ensure that all activities conducted under reservations to the Commission's moratorium or sanctuaries are ceased;

(C) oppose the lethal taking of whales for scientific purposes unless such lethal taking is specifically authorized by the Scientific Committee of the Commission;

(D) seek the Commission's support for specific efforts by member nations to end illegal trade in whale meat; and

(E) support the permanent protection of whale populations through the establishment of whale sanctuaries in which commercial whaling is prohibited; and

(2) make full use of all appropriate diplomatic mechanisms, relevant international laws and agreements, and other appropriate mechanisms to implement the goals set forth in paragraph (1).