

either indoors or outdoors, unless an administrative official of the school provides notice of the planned application to parents and guardians of children that attend the school not later than 48 hours before the application of the pesticide.

(2) NOTICE.—The notice described in paragraph (1)—

(A) shall include—

(i) a description of the intended area of application; and

(ii) the name of each pesticide to be applied; and

(B) shall indicate whether the pesticide is a known carcinogen, a developmental or reproductive toxin, or a category I or II acute nerve toxin.

(3) INCORPORATION OF NOTICE.—The notice described in paragraph (1) may be incorporated in any notice that is being sent to parents and guardians at the time at which the pesticide notice is required to be sent.

SEC. 506. SENSE OF THE SENATE REGARDING A SAFE LEARNING ENVIRONMENT.

(a) FINDINGS.—Congress finds that:

(1) Every school child in America should have a safe learning environment free from violence and illegal drugs.

(2) Violence and illegal drugs in the schools undermine a safe and secure learning environment.

(3) Any instance of violence or illegal drugs in schools is unacceptable and undermines the efforts of Congress, State and local governments and school boards, and parents to provide American children with the best education possible.

(4) In the last 12 months, there have been at least 50 people killed or injured in school shootings in America.

(5) From 1992 through 1998, the number of referrals made by the Bureau of Alcohol, Tobacco, and Firearms to the Federal Bureau of Investigation for Federal firearms prosecutions fell 44 percent, which resulted in a 40-percent drop in prosecutions and a 31-percent decline in convictions, allowing criminals to remain on the streets preying on our most vulnerable citizens, including our children.

(6) From 1996 to 1998, the Justice Department only prosecuted an average of seven persons per year for illegally transferring a handgun to a juvenile.

(7) Since 1992, the percentage of 8th grade students using marijuana, cocaine, and heroin in the past 30 days has increased 162 percent, 86 percent, and 50 percent, respectively, according to the respected Monitoring the Future survey.

(8) The February 29, 2000, shooting at Buell Elementary School in Mount Morris Township, Michigan, is evidence that gun violence in American schools continues, that the drug culture contributes to youth violence, and that the breakdown of the American family has contributed to the increase in violence among American children.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that the reauthorization of the Safe and Drug-Free Schools program that Congress soon will be considering should target the elimination of illegal drugs and violence in our schools and should encourage local schools to insist on zero-tolerance policies towards violence and illegal drug use.

SEC. 507. REDUCTION IN SCHOOL VIOLENCE.

(a) SHORT TITLE.—This section may be cited as the "School Violence Reduction Act".

(b) FINDINGS.—Congress finds that:

(1) Every school child in America has a right to a safe learning environment free from guns and violence.

(2) The United States Department of Education report on the Implementation of the Gun-Free Schools Act found that 3,930 chil-

dren were expelled for bringing guns to school during the 1997-98 school year.

(3) Nationwide, 57 percent of the expulsions were high school students, 33 percent were in junior high and 10 percent were in elementary school.

(c) GRANTS.—The Secretary of Education shall award grants to elementary and secondary schools (as such terms are defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)) to enable such schools to—

(1) develop and disseminate model programs to reduce violence in schools,

(2) educate students about the dangers associated with guns, and

(3) provide violence prevention information (including information about safe gun storage) to children and their parents.

(d) APPLICATION.—To be eligible to receive a grant under subsection (b), an elementary or secondary school shall prepare and submit to the Secretary of Education an application at such time, in such manner, and containing such information as the Secretary may require.

(e) PUBLIC SERVICE ANNOUNCEMENTS.—The Secretary of Education shall provide for the development and dissemination of public service announcements and other information on ways to reduce violence in our Nation's schools, including safe gun storage and other measures.

(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated funds of up to \$7,000,000 for fiscal year 2001 and such sums as may be necessary for each of the four succeeding fiscal years.

Mr. COVERDELL. I move to reconsider the vote and move to lay that motion on the table.

The motion to lay on the table was agreed to.

TECHNICAL CORRECTIONS TO AMENDMENT NO. 2869

Mr. COVERDELL. Mr. President, I ask unanimous consent that the clerk be authorized to make technical conforming corrections to Roth amendment No. 2869.

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

MORNING BUSINESS

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

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

PATIENTS' BILL OF RIGHTS

Mr. GREGG. Mr. President, we are about to begin the heavy lifting on the Patient Bill of Rights Conference Committee, and I wanted to come to the Floor of the Senate and lay out some of the key concerns and principles that should guide us in the coming month.

First, I want to take a minute and compliment my colleague, Senator NICKLES, for his fine work over, really, the last 3 years. He has been a dedicated leader on this issue.

I am confident that as chair of the conference, he will conduct a fair and orderly process for this conference.

We are ready. Many of us have worked on most of these provisions for

several years. I and my Republican Senate conferees, for one, have worked over the last several months to educate ourselves on the House bill.

Let me be clear. We want a substantive conference. As I have said, we have already rolled up our sleeves, and I think we can work through this complex bill and meet the deadline of completing this bill by the end of March. That is our goal and with the cooperation of every Senator and House Member on this committee, I believe we can meet this goal.

The stakes are high. I don't think it is an exaggeration to say that the very future of medical care in this country hinges on what we do in this next month.

From the very basic and practical question of who a patient calls for help when there is a concern about coverage or some aspect of their health plan—to the delivery of that care by doctors or other health professionals—to who regulates these fundamental health insurance issues—all of these issues will be greatly affected by this bill.

First, do no harm. This is the doctor's oath. I believe we serve Americans badly if at the end of the day we do not adhere to that same rule.

That is why we cannot enact a bill that unreasonably increase the cost of insurance. We cannot leave American families with no choice but to drop their insurance altogether.

Even in our strong economy—the strongest economy that this country has seen since WWII—the number of uninsured Americans has increased by about another 1 million. The latest census numbers available show that 44.3 million Americans were without coverage in 1998. That is one American in six.

And employers are facing increases in health care costs this year of as much as 7.3 percent. Small businesses are struggling with even much higher cost increases. Costs are rising for American employers who want to continue providing coverage to their employees.

For better or worse, managed care has been the main instrument in this country for making health care more affordable for a vast number of Americans. If we price these products out of the market, with regulations, mandates and lawsuits, the effect will be crippling.

We recently heard from some fairly large employers who said that if the House-passed bill were enacted, they would stop offering employees health insurance altogether—resulting in more uninsured.

These aren't just some unrecognizable companies with a few employees. Companies like Wal Mart, which employs 800,000 employees, have indicated they would drop health coverage.

The Chamber of Commerce announced they would have no choice but to recommend to their member companies to drop health insurance if the House-passed bill were enacted into law in its current form.

Overall, I believe about 36 percent of the employers in this country have said they'd stop offering coverage. This Congress must not allow that to happen.

Will these bills hike the costs for families and their employers? Both bills will, even though Senate Republicans believe we have come up with a better bill that addresses the complexities of the health care system and gives patients the care they need without unreasonably raising their costs.

The CBO has said, in February, that the House-passed bill would cancel coverage for over a million Americans, increasing costs of private health insurance premiums by an average of 4.1 percent above inflation. This driving up of the costs of medicine does little to improve the quality of care.

Equally important as costs, is the issue of expanding lawsuits, or the liability debate. I fought to prevent the Senate bill from including an expanded right to sue last summer, and 52 of my colleague agreed with me.

They recognized that consumers don't get much from these lawsuits. They don't get greater care. They don't get much money for their troubles either, because the lawyers take most of any settlement or award.

If the truth be known, lawsuits have never been a friend of the patient.

Nothing confirms this fact better than a recent IOM report, *To Err is Human: Building a Safer Health System*, that finds unreported medical reports are killing alarming numbers of patients every year.

This report, based on the hard work of experts at the National Institute of Medicine, concluded that the threat of lawsuits actually prevents hospitals, doctors, and other health care professional from reporting mistakes and errors that they have made.

We are not just talking about a few cases, but the report concluded that as many as 98,000 people are killed each year because of such things as:

Poor handwriting by doctors, which often causes pharmacists to misread drug prescriptions and issue the wrong drug and/or dosage.

Unfamiliarity of doctors, and health professionals with the rapidly changing and emerging technologies that are being introduced in health care today. These technologies pose new hazards for patients, and professionals simply do not have competency and are not continually retrained.

The recommendations suggest that these errors are hidden for fear of malpractice lawsuits.

More importantly, the report suggests that doctors, hospitals and other health care providers will never report errors without protection from the threat of litigation.

So what is the answer to the horrible fact that thousands of Americans are dying each year because of unreported medical mistakes?

The IOM report calls for a national effort, and I agree that we have to

work with every aspect of health care in this country to turn those numbers of deaths around. We need our public agencies responsible for the public health, like HHS, HRSA and the Agency for Health Care Policy Research and Quality involved. We need state agencies and public health institutions involved.

All of these folks need to engage the entire health care industry in a broad range of quality and safety issues. This is absolutely the direction we must go to prevent medical mistakes.

The report suggests that all these folks should work together to develop standards for safety and define minimum levels of performance for every health care organizations. All these efforts should focus public attention on patient safety. We know how to prevent many of these medical mistakes, and real reductions in errors are achievable if we focus on patient safety.

President Clinton also wants to require every state to create mandatory reporting systems to collect information on medical errors. However, I haven't really heard very many folks say they support a mandatory system; most don't believe it will solve the problem.

Even the Administration official who presented the plan to the Health and Education Committee several weeks ago, acknowledged that a mandatory system of reporting may not be the best approach. Dr. John Eisenburg, director of the Agency for Health Care Research and Quality, admitted that some of the criticism of the proposal was "on target."

He said, "Do we know if these programs [mandatory reporting programs] work? No, we don't. We don't know how well they work, and when they work best."

The Health and Education Committee has had four hearing on this issue, and we have heard one thing time and time again: as long as there is the fear that reported data—whether it is supposed to be confidential or not—will be ferreted out and used by an aggressive trial bar, we will never be able to reduce medical error rates. Unless we do something about liability, there will never be a real and substantial effort made to report medical mistakes.

The American Hospital Association had this to day, "Our concern is around the protection of the information that's contained in those reports. Any enterprising malpractice attorney is going to be able to track back to the caregivers." So, the fear of blame and lawsuits is too great.

When the American Medical Association testified at this hearing, they opposed mandatory reporting, saying that, "The president has the cart before the horse. He'd put in place mandatory reporting, then study it and do something different if it doesn't improve patient safety"

My colleague, Senator HAGEL, also specifically asked Dr. Dickey what she

thought of the IMM's conclusion that there be some liability protections vis-a-vis this important issue—patient bill of rights.

You know what she said? She basically said that they wanted the flawed liability legal remedies and failed legal system that has harmed the doctor's practice of medicine for so many years applied to HMOs, and then and only then should we fix the mess for everyone.

Where is the logic in that? That does not sound like the answer to me. Shouldn't we acknowledge that, yes, this system that has caused defensive medicine and cost society in terms of quality health care for decades, and killed people according to the IOM, should be fixed before we expand its breadth to anyone else?

So, Mr. President, I say that liability has never been a friend to patients and the unfortunate findings about annual deaths in the IOM report are the best evidence of that fact. This IOM report is very important in our deliberations, and none of us should lose sight of this fact.

I also believe that my constituents back in New Hampshire should not have to deal with a greatly complicated regulatory bureaucracy. You know, a patient that has a question about his coverage or some other aspect of his health plan wants a straight answer to a question.

I want to highlight this fact: The consumer wants a straight answer. Ultimately, he should be able to call his health plan and receive reliable information.

If the answer he gets is not the answer he wants, the patient should have a means of redress. Under the Senate passed bill, we have set a system that lets doctors take a look at what doctors are deciding for patients.

Under the Senate passed bill, concerns are addressed by a doctor specializing in the patient's type of problem. The doctor is independent, and makes that decision.

There are several levels of independent medical review where a patient can go outside the insurance plan and have another doctor who specializes in the same type of problem look again at the patient's needs and decide if the patient should or should not have the requested service or treatment.

This is an approach designed to get the patient care, and get the patient good care.

The House-passed bill also has an appeals process, but I am very concerned its design is more about creating more lawsuits, and putting more money in attorneys' pockets.

What will patient's get out of this? They won't get the care they need. So we think we have come up with a better idea.

In conclusion, let me say that patients really want and need to be put back into the health care equation, and I think that has been acknowledged on both sides.

That is why many of the provisions in both bills are very similar. I think the provisions on plan information in both bills are similar and there is common ground from which we can work.

We both give Americans expanded new rights to go to an emergency room and get the care they need without worrying about having to fight with their insurer over who will pay for this care.

We both greatly expand access to specialists. Both bills allow direct access to a pediatrician for children, and for women seeking primary and preventative ob/gyn care.

So, we are close on very many of the issues that are important to most Americans. These are major issues that I believe we can come to an agreement on.

Other issues will be difficult to resolve, but I am committed to sitting down with colleagues on the other side of the aisle to discuss these issues, and will promise to negotiate in good faith.

We may not agree yet, but I am hopeful. I think Democrats and Republicans share a goal of wanting to ensure individuals have access to safe and appropriate health coverage. So I am positive about this conference.

DEATH OF KAYLA ROLLAND

Mr. ABRAHAM. Mr. President, I rise, with sadness and a heavy heart today. On Tuesday, Kayla Rolland, a 6-year-old first grader was shot and killed by a classmate at Theo J. Buell Elementary School in Mount Morris Township, MI.

As Kayla's family mourns their lost, I am certain in my heart that Kayla's spirit is in a better place.

It is my hope that in this difficult time Kayla's family will find comfort in one another, in their community, in their faith and in the knowledge that across America their fellow citizens feel their grief.

Such a violent death is a great tragedy. But for someone so young, to have her hopes and dreams cut short by gunfire—stretches the limits of our power to understand and to accept.

As the father of two daughters, also in the first grade, I can't get out of my mind the pictures of Buell Elementary School, as so many frightened young children facing a terror few of us would want to know firsthand, rushed into the arms of their parents.

I thank God each day that my kids return home safe, away from the dangers of this world and from the senseless violence that haunts our communities.

But, as our Nation tries to address the questions and issues that surrounded this tragic event, I hope that, for the next few days, we focus on Kayla's family.

A family lost a child this week, and that we must not forget.

There is a time and a place to address the circumstances surrounding Kayla's death and the public policy issues in-

volved, and I look forward to those discussions.

But, I hope that we will not allow the policy debates and the media rush to examine this tragic event cause us to forget the immediate needs of a family in mourning.

Above all, I hope that we will keep the Rolland family and Kayla in our thoughts and prayers.

In closing, Mr. President, on behalf of my wife Jane and myself, I would like to express our family's deepest sympathies to the Rolland family.

SAVE OUR SURPLUS

Mr. GRAMS. Mr. President, I rise to speak about a very important bill I introduced yesterday. My Save Our Surplus, or S.O.S. legislation would lock in every penny of the \$23 billion non-Social Security surplus which materialized in FY 2000 and return it to working Americans in the form of debt reduction, tax relief and structural Social Security and Medicare reform.

The reason for this legislation is simple: Last year the Congress adopted my amendment in the budget resolution to set up a reserve fund for any non-Social Security surplus for tax relief.

Unfortunately, this provision in the budget resolution was completely ignored in the appropriation process. As a result, we ended up spending every penny of the project \$14 billion on-budget surplus.

The Congressional Budget Office estimated early this year that, Thanks to our strong economy, we would have an even higher \$23 billion on-budget surplus in the current fiscal year despite that spending spree.

Mr. President, this \$23 billion non-Social Security surplus does not fall from the sky. It is working Americans who generated the surplus—not Congress, not the President, but Americans' hard work.

In fact, hard working Americans have created a strong economy that has turned the ink in Washington's accounting book black for the first time in 40 years. The budget surplus above and beyond Social Security will top \$1.9 trillion over the next 10 years.

Clearly, the reason we have a surplus is the result of the hard work of working men and women of this country. Washington should not be the first in the line to spend this surplus.

Mr. President, the budget surplus above and beyond the Social Security surplus is tax overpayments and should be returned to taxpayers in the form of tax relief, debt reduction and Social Security reform.

If we don't return the tax overcharges to the taxpayers in these ways, Washington will spend it all, leaving nothing for tax relief, debt reduction or the vitally important task of preserving Social Security. Last year's appropriations spending has proven my fears are well founded.

President Clinton has already proposed spending nearly all of this sur-

plus, and both Chambers of the Congress are preparing to add even more to the President's request in this year's supplemental spending bill.

This is not right. Last year's discretionary spending was already increased by over 5 percent, twice the rate of inflation. If Congress spends this additional \$23 billion surplus, discretionary spending will increase by over 9 percent. If there is a Supplemental, it should be fully offset by spending reduction.

President Clinton also proposes to "correct the gimmicks" in the FY 2000 Appropriations bills by shifting payment dates from FY 2001 back to FY 2000, lifting restrictions on obligations, and reversing advance funding.

Mr. President, I was the one that spoke repeatedly on the Senate floor last year in strong opposition to budget gimmickry. However, changing the gimmicks now would have the effect of increasing discretionary and mandatory spending in FY 2000 by \$10 billion while also allowing for spending to increase in FY 2001 by a corresponding amount.

Mr. President, two wrongs don't make a right. Let's leave FY 2000 spending the way it is and pledge to stop the gimmicks this year.

The last thing we should do is to spend tax overpayments to enlarge the government. If we cannot give working Americans a tax refund this year due to President Clinton's veto of our tax relief bill, we at least should dedicate this on-budget surplus to reduction of the national debt.

It is true that our short-term fiscal situation has improved greatly due to the continued growth of our economy. However, our long-term financial imbalance still poses a major threat to the health of our future economic security.

We must also recall that Americans have long been overtaxed, and millions of middle-class families cannot even make ends meet due to the growing tax burden. They still call for major relief. That's why we passed nearly \$800 billion in tax relief for them. But President Clinton denied them the tax refund they deserve.

FY 2000's spending is the worst example of fiscal irresponsibility. Washington spent far more than it should have. But what concerns me is that if we continue this dangerous trend by spending this \$23 billion additional surplus for FY 2000, we will push the spending baseline even higher, leaving an even smaller on-budget surplus for our 5-year or 10-years tax relief or for debt reduction.

I understand that we do have emergency spending needs each year. I support true emergency spending, such as disaster relief or agricultural crisis relief. But I believe we should, and can, meet these challenges by prioritizing and streamlining government programs to offset this new spending while maintaining fiscal discipline.

Again, my point is, Mr. President, that this non-Social Security surplus is