

EC-7437. A communication from the Chief, Regulations Unit, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "TD 8871: Remedial Amendment Period" (RIN1545-AV22), received February 7, 2000; to the Committee on Finance.

EC-7438. A communication from the Chief, Regulations Unit, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "General Rules for Making and Maintaining Qualified Fund Elections" (RIN1545-AV39), received February 7, 2000; to the Committee on Finance.

EC-7439. A communication from the Chief, Regulations Unit, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "February 2000 Applicable Federal Rates" (Rev. Rul. 2000-9), received February 4, 2000; to the Committee on Finance.

EC-7440. A communication from the Administrator, Agency for International Development, transmitting, pursuant to law, a report relative to the Development Assistance and Child Survival and Disease Programs; to the Committee on Foreign Relations.

EC-7441. A communication from the Under Secretary for Export Administration, Department of Commerce, transmitting, pursuant to law, a report relative to the processing of a satellite export license application; to the Committee on Armed Services.

EC-7442. A communication from the Under Secretary of the Navy transmitting, pursuant to law, a report relative to the study of certain functions performed by military and civilian personnel in the Department of the Navy for possible performance by private contractors; to the Committee on Armed Services.

EC-7443. A communication from the Executive Director, District of Columbia Financial Responsibility and Management Assistance Authority, transmitting, pursuant to law, the General Purpose Financial Statements and Independent Auditor's Report for fiscal year 1999; to the Committee on Governmental Affairs.

EC-7444. A communication from the Executive Vice President and Chief Financial Officer, Potomac Electric Power Company transmitting, pursuant to law, the balance sheet of the Company, as of December 31, 1999; to the Committee on Governmental Affairs.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM-401. a resolution adopted by the House of the legislature of the State of Michigan relative to proposed guidelines for federally funded research using stem cells harvested from human embryos; to the Committee on Health, Education, Labor, and Pensions.

HOUSE RESOLUTION NO. 253

Whereas, the National Institutes of Health (NIH) has published, for public comment, guidelines for federally funded research projects using stem cells destructively harvested from human embryos; and

Whereas, Since 1996, Congress has prohibited federally funded research in which human embryos are harmed or destroyed; and

Whereas, The state of Michigan has a long legal and ethical tradition of respecting life at its earliest stages; and

Whereas, Michigan law prohibits any research that destroys human embryos, so the NIH guidelines, in effect, instruct research-

ers in how to harvest stem cells from embryos in ways that constitute criminal activity in this state; and

Whereas, Michigan has taken the unparalleled step in this country of respecting human life at its earliest stages by prohibiting the use of cloning to create human embryos for research; and

Whereas, Medical ethics historically have rejected justifying research in the name of medical progress when it requires harming or destroying innocent human lives; and

Whereas, Numerous avenues for developing new medical treatments from stem cells that do not require the destruction of human embryos have shown great clinical promise; now, therefore, be it

Resolved by the House of Representatives, That we strongly object to the National Institutes of Health proposed guidelines and policies regarding research on human embryos to ensure full accordance with federal laws that prohibit NIH involvement in destructive embryo research; and be it further

Resolved, That we urge the NIH to withdraw the proposed guidelines and to clarify NIH guidelines and policies regarding research on human embryos to ensure full accordance with federal laws that prohibit NIH involvement in destructive embryo research; and be it further

Resolved, That we urge the National Institutes of Health to direct all proposed funding for stem cell research to projects that do not use stem cells destructively harvested from human embryos; and be it further

Resolved, That copies of this resolution be transmitted to the National Institutes of Health, the Secretary of the United States Department of Health and Human Services, the President of the United States Senate, the Speaker of the United States House of Representatives, the members of the Michigan congressional delegation, and the President of the United States.

POM-402. A resolution adopted by the Council of the City of Cincinnati, Ohio relative to the "Defense of Privacy Act"; to the Committee on Governmental Affairs.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of committees were submitted:

By Mr. WARNER for the Committee on Armed Services:

The following Army National Guard of the United States officers for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., section 12203:

To be major general

Brig. Gen. Robert L. Halverson, 5509.

To be brigadier general

Col. Edmund T. Bequette, 5971.

Col. James J. Bisson, 6236.

Col. Raymond C. Byrne Jr., 5792.

Col. Daniel D. Densford, 0210.

Col. Jeffrey L. Gidley, 9702.

Col. Danny H. Hickman, 0335.

Col. James D. Johnson, 9083.

Col. Dennis M. Kenneally, 2586.

Col. Dion P. Lawrence, 1257.

Col. Robert G. Maskiell, 9965.

Col. Daryl K. McCall, 2627.

Col. Terrell T. Reddick, 9266.

Col. Ronald D. Taylor, 4916.

Col. John T. Von Trott, 1310.

Col. William H. Weir, 0308.

Col. Dean A. Youngman, 4722.

Col. Walter E. Zink II, 8489.

(The above nominations were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. SPECTER (for himself, Mr. HARKIN, and Mr. INOUE):

S. 2038. A bill to amend the Public Health Service Act to reduce accidental injury and death resulting from medical mistakes and to reduce medication-related errors, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. HUTCHINSON:

S. 2039. A bill to amend the Consolidated Farm and Rural Development Act to authorize the Secretary of Agriculture to provide emergency loans to poultry producers to rebuild chicken houses destroyed by disasters; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. BUNNING:

S. 2040. A bill to exclude the receipts and disbursements of the Abandoned Mine Reclamation Fund from the budget of the United States Government, and for other purposes; to the Committee on the Budget and the Committee on Governmental Affairs, jointly, pursuant to the order of August 4, 1977, with instructions that if one Committee reports, the other Committee have thirty days to report or be discharged.

By Mrs. LINCOLN:

S. 2041. A bill to amend the Federal Water Pollution Control Act to exempt discharges from certain silvicultural activities from permit requirements of the national pollutant discharge elimination system; to the Committee on Environment and Public Works.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. CAMPBELL:

S. Res. 254. A resolution supporting the goals and ideals of the Olympics; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SPECTER (for himself, Mr. HARKIN, and Mr. INOUE):

S. 2038. A bill to amend the Public Health Service Act to reduce accidental injury and death resulting from medical mistakes and to reduce medication-related errors, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

MEDICAL ERROR REDUCTION ACT OF 2000

Mr. SPECTER. Mr. President, on behalf of Senator HARKIN and myself, I am introducing legislation captioned the Medical Error Reduction Act of 2000. This legislation is introduced in response to a report from the Institute of Medicine which shows a very high death rate as a result of errors in hospitals.

The statistics show that the death rate from errors in hospitals may be as high as 98,000 people. A chart has been prepared demonstrating that at the 98,000 figure, which is the uppermost estimate, medical errors are the fifth

leading cause of death in the United States, problems which certainly need to be addressed.

The legislation we are proposing follows a hearing which our Subcommittee on Labor, Health and Human Services, and Education conducted on December 13, 1999, and also a hearing conducted on January 25, 2000, in conjunction with the Veterans' Affairs Committee. Our legislation has input—not support, but input—taking into account concerns from the American Hospital Association, the American Medical Association, the American Nurses Association, the Institute for Safe Medication Practices, the American Psychological Association, and others.

The core provisions of the bill will provide for 15 competitively awarded research demonstration projects to make a determination of the scope of medical errors and the ways to correct these medical errors systemically. Five of these demonstrations will have a mandatory reporting requirement with confidentiality when there is a medical error. Five of these demonstration projects will have a voluntary reporting program with confidentiality, and five of these demonstration projects will have a mandatory reporting requirement and also a mandate that the patient and/or the family be notified of the error.

This, we think, is fundamental in terms of the professional responsibility of a doctor and the professional responsibility of a hospital to notify the injured party where error has occurred. Parenthetically, a similar obligation, I believe, is incumbent upon professionals generally.

The legislation has further provisions for the studies to be conducted in a way to make a determination as to what is feasible on hand-held prescription pads and on other technical devices which will look to the system's errors which are encapsulated and encompassed in hospitals and medical care.

On November 29, 1999, the Institute of Medicine (IOM) issued a report, "To Err Is Human: Building a Safer Health System." The report concluded that medical mistakes have led to numerous injuries and deaths, affecting an estimated three to four percent of all hospital patients. The IOM report also concluded that health care is a decade or more behind other high-risk industries in its attention to ensuring basic safety.

According to the IOM, at least 44,000 Americans die each year as a result of medical errors, and the number may be as high as 98,000. We must put this statistic into perspective, as noted in this chart: at 98,000 deaths per year, medical errors are catapulted into the ranking of fifth leading cause of death nationwide. This total outnumbers deaths from motor vehicle accidents, breast cancer, and AIDS. Further, medical errors resulting in injury are estimated to cost the nation between \$17

billion and \$29 billion, including additional health care costs, lost income, lost household production, and disability costs.

The IOM findings are startling and beg for national attention to determine ways to reduce the number of medical errors. We have all heard and read media reports detailing the case of Betsy Lehman, a health reporter for the Boston Globe, who died from a chemotherapy overdose; or the tragedy of Willie King, who had the wrong leg amputated in a Florida hospital. Unfortunately, these are not isolated cases.

On December 13, 1999, I chaired a hearing of the Labor-HHS-Education Appropriations Subcommittee to hear details of IOM's report findings. On January 25, 2000, I chaired a joint Labor-HHS-Education Appropriations Subcommittee/Veterans' Affairs Committee hearing to consider mandatory and voluntary reporting requirements and to begin to determine ways to reduce medical errors. Today, Senator HARKIN and I are introducing legislation that seeks to find solutions to the problem of medical errors. This legislation was developed based on our hearings and with input from many health groups and experts in the field, including the American Hospital Association; American Medical Association; American Nurses Association; Institute for Safe Medication Practices; American Psychological Association; Federation of Behavioral, Psychological, and Cognitive Sciences; American Osteopathic Association; Association of American Medical Colleges; American Association of Health Plans; Hospital and Healthsystem Association of Pennsylvania; and Iowa Hospital Association. It is our hope that we can continue to work together to reduce the number of injuries and deaths related to medical mistakes.

Let me review the key provisions of this bill. It would:

Make grants available to states so they can establish their own error reporting systems and collect data to provide to Federal researchers. The compilation of such data will help researchers understand trends in errors and determine ways to reduce them.

Require the Agency for Healthcare Research and Quality, in conjunction with the Health Care Financing Administration, to establish 15 competitively-awarded research demonstration projects throughout the nation, in geographically diverse areas, to assess the causes of medical errors and determine ways to reduce those errors.

Facilities participating in these demonstrations will be required to employ appropriate technologies to reduce the probability of future errors. Such technologies might include hand-held electronic prescription pads, training simulators for medical education, and bar-coding of prescription drugs and patient bracelets.

Facilities participating in the demonstrations will also provide staff training to reduce the number of er-

rors, and encourage prompt review of errors to determine ways to prevent them from recurring.

Of the 15 facilities who choose to participate in the demonstrations, 5 will have a mandatory reporting requirement of all medical errors to HHS, 5 will have a voluntary reporting requirement to HHS, and 5 will have a mandatory reporting requirement to HHS as well as to the patient and/or his family.

Require the Secretary of HHS to provide information to all patients who participate in Federally-funded health care programs, educating them on ways to reduce medical errors. Require the Secretary to develop patient education programs to encourage all patients to take a more active role in their healthcare.

Make grants available to health professional associations and other organizations to provide training and continuing education in order to reduce medical errors.

Require the Secretary to report to the Congress within 180 days of enactment on the costs of implementing a program that identifies factors that reduce medical errors, including computerized health care systems. Require the Secretary to report on the results of the fifteen health system demonstration projects, focusing on best practices and costs/benefits of applying these practices nationally.

Mr. President, patients must have confidence that when they seek medical treatment, they will receive the highest quality health care in the world. They should not be fearful of injuries or even death due to medical mistakes. The Institute of Medicine panel projected that with current knowledge and with implementation of medical error reduction methods that are proven to work, we can achieve no less than a 50 percent reduction in medical errors over the next five years. I believe that the research efforts authorized by this legislation will allow us to far exceed this goal, and immeasurably improve patient safety. I think my colleagues will agree that America has zero tolerance for preventable medical mistakes, and that we should act immediately to prevent further deaths and injuries.

I yield to my distinguished colleague from Iowa.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I am pleased to join my colleague, Senator SPECTER, in the introduction of the Medical Errors Reduction Act of 2000. Senator SPECTER just outlined the major provisions of the bill. I will not go back over that; only suffice to say our bill addresses a critical problem facing America's health care system, a problem that places millions of Americans at risk of serious injury or death every time they seek medical attention.

Again, I thank my distinguished chairman, Senator SPECTER, for putting this bill together in such a timely

fashion. This is something we have to address, and we have to focus on this immediately.

Many of my colleagues are aware of the recently released Institute of Medicine report which describes a health care industry plagued with systems errors and provider mistakes. If you are familiar with the report, then you have discovered something I do not think a lot of people are aware of and of which I was not aware, and that is, we are more likely to die from a medical mistake than diabetes, breast cancer, or a traffic accident.

The report found that deaths due to medical errors are the fifth leading cause of death in this country. This chart is from the Centers for Disease Control and Prevention, National Center for Health Statistics. It shows medical errors as the fifth leading cause of death. Some say it is the eighth leading cause of death. More people die from medical errors than pneumonia, diabetes, accidents, or kidney disease.

Whether it is the fifth or eighth, we have been given a wake-up call. The cost to our health care system and national economy from medical errors is enormous.

The total cost, we are told by the Institute of Medicine, of injuries due to medical errors is \$17 billion to \$29 billion annually. This estimate cannot accurately reflect the true personal cost to patients and their families when a diagnostic test is misread, a drug that is known to cause an allergic reaction is prescribed, or a surgery goes awry.

One does not have to look too far for stories. I know some personally in my own family. Another came from one of my staff members who told me about the disastrous outcome of a conventional gall bladder procedure performed on her father in 1991.

It seems he went in for a laparoscopy and came out with a severed bile duct. The gall bladder was removed surgically, and the patient was sent home to recuperate. Within days, he experienced great abdominal pain, could not eat, and began to lose weight. His wife is a nutritionist and could tell something was very wrong. They kept going back to the doctors who performed the surgery only to be told they could not find anything wrong and that his problems were probably psychological.

Finally, in great frustration, the man and his wife turned to a neighbor, an old-fashioned country doctor who sent them to a surgeon friend of his. Sure enough, this doctor discovered the problem and it was corrected, but only after several months of pain and frustration.

Deaths from medication errors total more than 7,000 annually. These errors erode the trust Americans have in their health care system.

Let me be clear, most medical errors that occur in our health care system are not the fault of any one individual or institution. We have the best trained, most sophisticated health care workforce in the world. Thousands of

highly skilled and conscientious doctors, nurses, pharmacists, and other medical professionals operate under tremendous pressure and time constraints.

It is a complex problem which must be addressed with comprehensive solutions and rigorous changes that will help providers better perform their jobs and prevent medical errors from happening in the future. It is a problem that is systemic, not personal.

Again, we must work together, in a bipartisan way, because all Americans enjoy the right to be free from accidental injury, accidental death, and medication-related errors when they need care.

Again, I thank my distinguished chairman for his leadership on this issue, for putting this bill together. I am proud to be his chief cosponsor.

In closing, this Congress now has an opportunity to join together to address a problem that has the potential to impact the life of every citizen who seeks health care. I hope all of my colleagues on both sides of the aisle will join Senator SPECTER and me in supporting this important legislation.

I yield the floor to my distinguished chairman.

Mr. SPECTER. I thank my distinguished colleague, Senator HARKIN, for his cosponsorship and his work on this very important piece of legislation, coming principally out of the subcommittee which Senator HARKIN is the ranking Democrat and which I chair.

There are other Senators who are working on legislation arising out of the Institute of Medicine report. There is no doubt that it is a problem of enormous magnitude. It is a life-and-death matter. We have taken the lead early to bring this legislation to the floor in the hopes that this will stimulate other ideas, other legislative proposals, so we may address this very serious issue.

By Mr. HUTCHINSON:

S. 2039. A bill to amend the Consolidated Farm and Rural Development Act to authorize the Secretary of Agriculture to provide emergency loans to poultry producers to rebuild chicken houses destroyed by disasters; to the Committee on Agriculture, Nutrition, and Forestry.

POULTRY FARMER DISASTER RELIEF ACT OF 2000

Mr. HUTCHINSON. Mr. President, last month we had a very serious, severe snow and ice storm in Arkansas. It brought life in Arkansas to a halt. Schools and businesses closed, airports, including the Little Rock Airport, were snowed in, and highways were littered with hundreds of stranded motorists. It was not too unlike the situation we had in the Nation's Capital, except it blanketed the entire State of Arkansas. Fortunately, there were very few human fatalities that were reported, but Arkansas's poultry farmers and the poultry industry suffered very heavy losses. Snow and ice built up on poul-

try houses across the State, and the sheer weight caused the roofs on almost 800 poultry houses to collapse, killing an estimated 10.5 million chickens.

Dennis Richie, a poultry farmer in Nashville, AR, had six poultry houses the morning of Thursday, January 27. By Friday evening, half of his houses were destroyed, along with the income he needs to provide for his family.

Hubert Hardin, another poultry farmer near Nashville, AR, and a single parent, lost all of his poultry houses in the storm. That means fewer options for him in supporting his family, his children.

The poultry industry is a pillar of Arkansas's agricultural industry and one of my State's leading employers. These losses represent a very real danger to my constituents and to Arkansas's economy. That is why, today, I am introducing the Poultry Farmer Disaster Relief Act of 2000.

This bill would amend the Consolidated Farm and Rural Development Act to allow a loosening of the restrictions currently in place for emergency loans through FSA. It would allow active poultry producers who were previously ineligible for insurance to apply for emergency loans through FSA. The current law prohibits growers whose structures were uninsured from receiving these low-interest loans. If the individuals did not seek insurance and chose to risk not insuring their structures, they would not qualify.

Under the bill I am introducing, these folks, who tried to get insurance, tried to do the responsible thing, tried to do the right thing and were unable to get insurance, would be allowed to qualify for these low-interest loans. This act will also allow growers whose structures were insured to apply for the same low-interest loans to cover the difference between what the houses were insured for and the cost of rebuilding their structures to current industry standards. It is very important for them to be able to do that. The need for upgrading poultry houses comes from the new regulations within the industry. Many poultry producers must increase the size of their houses and improve the safety of their facilities to meet these new regulations.

Without the availability of these new low-interest loans to cover the difference, FSA officials in Arkansas estimate almost half of the growers who lost houses will not be able to rebuild, that is, half of the poultry growers would be out of the business and unable to rebuild unless we pass this legislation. Currently, the FSA requires those seeking these emergency loans to prove they are unable to obtain sufficient credit elsewhere before the loans are approved.

Due to the severity of the destruction and the impact it could have on poultry producers throughout Arkansas, this bill waives that requirement, should there be a disaster designation

from the President. This would allow the victims of this storm to apply for and receive aid in the most expeditious manner possible. Finally, this bill would require farmers who receive these FSA loans to insure the new structures.

Poultry farmers in Arkansas are critical to the survival of the State's agricultural economy. Losses such as those suffered last month not only create financial hardships for the growers, but dramatic disruptions for poultry processors.

I ask my colleagues to look favorably upon this relief bill. The poultry processors and growers in Arkansas and across this country deserve that. It certainly is in an area where we had a natural disaster that has affected literally thousands of individuals now in the State. This is a compassionate act and something I trust we will act upon in an expeditious manner.

ADDITIONAL COSPONSORS

S. 119

At the request of Ms. SNOWE, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 119, a bill to establish a Northern Border States-Canada Trade Council, and for other purposes.

S. 159

At the request of Mr. MOYNIHAN, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 159, a bill to amend chapter 121 of title 28, United States Code, to increase fees paid to Federal jurors, and for other purposes.

S. 758

At the request of Mr. ASHCROFT, the name of the Senator from New Mexico (Mr. DOMENICI) was added as a cosponsor of S. 758, a bill to establish legal standards and procedures for the fair, prompt, inexpensive, and efficient resolution of personal injury claims arising out of asbestos exposure, and for other purposes.

S. 1028

At the request of Mr. HATCH, the name of the Senator from Idaho (Mr. CRAIG) was added as a cosponsor of S. 1028, a bill to simplify and expedite access to the Federal courts for injured parties whose rights and privileges, secured by the United States Constitution, have been deprived by final actions of Federal agencies, or other government officials or entities acting under color of State law, and for other purposes.

S. 1375

At the request of Mr. LEAHY, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 1375, a bill to amend the Immigration and Nationality Act to provide that aliens who commit acts of torture abroad are inadmissible and removable and to establish within the Criminal Division of the Department of Justice an Office of Special Investigations having responsibilities under that

Act with respect to all alien participants in acts of genocide and torture abroad.

S. 1446

At the request of Mr. LOTT, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 1446, a bill to amend the Internal Revenue Code of 1986 to allow an additional advance refunding of bonds originally issued to finance governmental facilities used for essential governmental functions.

S. 1638

At the request of Mr. ASHCROFT, the name of the Senator from Delaware (Mr. BIDEN) was added as a cosponsor of S. 1638, a bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to extend the retroactive eligibility dates for financial assistance for higher education for spouses and dependent children of Federal, State, and local law enforcement officers who are killed in the line of duty.

S. 1762

At the request of Mr. COVERDELL, the names of the Senator from Indiana (Mr. LUGAR) and the Senator from North Dakota (Mr. CONRAD) were added as cosponsors of S. 1762, a bill to amend the Watershed Protection and Flood Prevention Act to authorize the Secretary of Agriculture to provide cost share assistance for the rehabilitation of structural measures constructed as part of water resources projects previously funded by the Secretary under such Act or related laws.

S. 1825

At the request of Mr. ROCKEFELLER, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 1825, a bill to empower telephone consumers, and for other purposes.

S. 1833

At the request of Mr. DASCHLE, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 1833, a bill to amend the Internal Revenue Code of 1986 to provide tax incentives to encourage the production and use of efficient energy sources, and for other purposes.

S. 1882

At the request of Mrs. HUTCHISON, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. 1882, a bill to expand child support enforcement through means other than programs financed at Federal expense.

S. 1917

At the request of Mr. FEINGOLD, the name of the Senator from Michigan (Mr. LEVIN) was added as a cosponsor of S. 1917, a bill to abolish the death penalty under Federal law.

S. 1941

At the request of Mr. DODD, the name of the Senator from South Carolina (Mr. HOLLINGS) was added as a cosponsor of S. 1941, a bill to amend the Federal Fire Prevention and Control Act of 1974 to authorize the Director of the Federal Emergency Management Agen-

cy to provide assistance to fire departments and fire prevention organizations for the purpose of protecting the public and firefighting personnel against fire and fire-related hazards.

S. 1946

At the request of Mr. INHOFE, the names of the Senator from Rhode Island (Mr. REED) and the Senator from Rhode Island (Mr. L. CHAFEE) were added as cosponsors of S. 1946, a bill to amend the National Environmental Education Act to redesignate that Act as the "John H. Chafee Environmental Education Act," to establish the John H. Chafee Memorial Fellowship Program, to extend the programs under that Act, and for other purposes.

S. 1951

At the request of Mr. SCHUMER, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 1951, a bill to provide the Secretary of Energy with authority to draw down the Strategic Petroleum Reserve when oil and gas prices in the United States rise sharply because of anticompetitive activity, and to require the President, through the Secretary of Energy, to consult with Congress regarding the sale of oil from the Strategic Petroleum Reserve.

S. 2003

At the request of Mr. JOHNSON, the name of the Senator from Kentucky (Mr. MCCONNELL) was added as a cosponsor of S. 2003, a bill to restore health care coverage to retired members of the uniformed services.

S. 2017

At the request of Mr. BUNNING, the name of the Senator from Virginia (Mr. ROBB) was added as a cosponsor of S. 2017, a bill to amend the Internal Revenue Code of 1986 to exclude from gross income payments made to tobacco growers pursuant to Phase I or II of the Master Settlement Agreement between a State and tobacco product manufacturers.

S. 2026

At the request of Mrs. BOXER, the names of the Senator from Michigan (Mr. LEVIN) and the Senator from Vermont (Mr. LEAHY) were added as cosponsors of S. 2026, a bill to amend the Foreign Assistance Act of 1961 to authorize appropriations for HIV/AIDS efforts.

S. 2029

At the request of Mr. FRIST, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 2029, a bill to amend the Communications Act of 1934 to prohibit telemarketers from interfering with the caller identification service of any person to whom a telephone solicitation is made, and for other purposes.

S. 2035

At the request of Mr. SPECTER, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 2035, a bill to amend title 49, United States Code, to clarify the application of the Act popularly known