Recently, Senator REED and I held a hearing in Rhode Island to address the impact exposure to lead paint can have on children's health and development, and to explore ways to improve our efforts to prevent and eventually eliminate lead poisoning in children.

Great strides have been made in the last 20 years to reduce the threat lead poses to human health. Most notably, lead has been banned from many products including residential paint, food cans and gasoline. These commendable steps have significantly reduced the incidence of lead poisoning. But the threat remains, and continues to imperil, the health and welfare of our nation's children.

In fact, lead poisoning is the most significant and prevalent environmental health threat to children in the U.S. today. Even low levels of lead exposure can have serious developmental consequences including reductions in IQ and attention span, reading and learning disabilities, hyperactivity and behavioral problems. The Centers for Disease Control and Prevention currently estimates that 890,000 children aged 1–5 have blood levels of lead that are high enough to affect their ability to learn.

Today, the major lead poisoning threat to children in found in interior paint that has deteriorated. Unfortunately, it is all too common for older homes to contain lead-based paint. In fact, more than half the entire housing stock—and three quarters of the stock built prior to 1978—contain some lead-based paint. Paint manufactured prior to the residential lead paint ban often remains safely contained and unexposed for decades, but over time, often through the remodeling process or through normal wear and tear, the paint can become exposed, contaminating the home with dangerous lead dust.

Because of the prevalence of older homes in the Northeast, lead poisoning exposure is a significant problem in our region. In Maine, 42 percent of our homes were built prior to 1950. Although screening rates nationally and in my state are considered to be too low, the sampling that has been done in my state shows that in some areas of the state 7–15 percent of children tested have high blood lead levels. In some areas of our country, the percentage is even higher.

Next month, I will hold a hearing in Maine to address the lead-based paint threat in our homes, and what parents can do to protect their children from the risks associated with lead exposure.

Once childhood development is impaired by exposure to lead, the effect is largely irreversible. However, if the presence of lead is detected prior to exposure, then remedial steps can be taken, such as lead containment or abatement, to prevent children from ever being harmed by lead's presence in the home.

We are not helpless to stop this insidious threat. By raising awareness of the prevalence of lead paint in homes, and the steps that can be taken to prevent poisoning, we can stop the life-impairing effects of childhood lead poisoning. I urge my colleagues to support me in raising awareness about childhood lead poisoning by co-sponsoring Childhood Lead Paint Poisoning Prevention Week.●

AMENDMENTS SUBMITTED

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT 2000

BOND (AND OTHERS) AMENDMENT NO. 2270

Mr. BOND (for himself, Mr. NICKLES and Mr. HUTCHINSON) proposed an amendment to amendment No. 1825 proposed by Mr. BOND to the bill (S. 1650) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2000, and for other purposes; as follows:

On page 1 of the amendment, strike all after the first word and insert the following: ____. (a) FINDINGS.—Congress makes the following findings:

(1) The Department of Labor, through the Occupational Safety and Health Administration (referred to in this section as ''OSHA'') plans to propose regulations during 1999 to regulate ergonomics in the workplace. A draft of OSHA's ergonomics regulation became available on February 19, 1999.

(2) A July 1997 report by the National Institute for Occupational Safety and Health that reviewed epidemiological studies that have been conducted of ''work related musculoskeletal disorders of the neck, upper extremity, and low back'' showed that there is insufficient evidence to assess the level of risk to workers from repetitive motions. Such evidence would be necessary for OSHA and the administration to write an efficient and effective regulation.

(3) An August 1998 workshop on ''work related musculoskeletal injuries'' held by the National Academy of Sciences reviewed existing research on musculoskeletal disorders. The workshop showed that there is insufficient evidence to assess the level of risk to workers from repetitive motions.

(4) In October 1998, Congress and the President agreed that the National Academy of Sciences should conduct a comprehensive study of the medical and scientific evidence regarding musculoskeletal disorders. The study is intended to evaluate the basic questions about diagnosis and causes of such disorders.

(5) To complete that study, Public Law 105-277 appropriated $890,000 for the National Academy of Sciences to complete a peer-reviewed scientific study of the available evidence examining a cause and effect relationship between repetitive tasks in the workplace and musculoskeletal disorders or repetitive stress injuries.

(6) The National Academy of Sciences currently estimates that this study will be completed late in 2000 or early in 2001.

(7) Given the uncertainty and dispute about these basic questions, and Congress' intention that they be addressed in a comprehensive study by the National Academy of Sciences, it is premature for OSHA to propose a regulation on ergonomics as being necessary or appropriate to improve workers' health and safety until such study is completed.

(b) PROHIBITION.—None of the funds made available in this Act may be used by the Secretary of Labor or the Occupational Safety and Health Administration to promulgate or issue, or to continue the rulemaking process of promulgating or issuing, any standard, regulation, or guideline regarding ergonomics prior to September 30, 2000.

WELLSTONE AMENDMENT NO. 2271

Mr. WELLSTONE proposed an amendment to amendment No. 1880 proposed by Mr. WELLSTONE to the bill, S. 2271, supra; as follows:

Beginning on page 1 of the amendment, strike ''$70,000,000'' and all that follows and insert the following: ''$358,816,000 shall be made available to carry out the mental health services block grant under subpart I of part B of title XIX of the Public Health Service Act ($48,816,000 of which shall become available on October 1, 2000 and remain available through September 30, 2001), and''.

BINGAMAN (AND OTHERS AMENDMENT NO. 2272

Mr. BINGAMAN (for himself, Mr. DOMENICI, and Mr. FEINGOLD) proposed an amendment to the bill, S. 1650, supra; as follows:

At the end of title II, add the following:

SEC. 216. STUDY AND REPORT ON THE GEOGRAPHIC ADJUSTMENT FACTORS UNDER THE MEDICARE PROGRAM.

(a) STUDY.—The Secretary of Health and Human Services shall conduct a study on—

(1) the reasons why, and the appropriateness of the fact that, the geographic adjustment factor (determined under paragraph (2) of section 1848(e) (42 U.S.C. 1395w–4(e)) used in determining the amount of payment for physicians' services under the medicare program is less for physicians' services provided in New Mexico than for physicians' services provided in Arizona, Colorado, and Texas; and

(2) the effect that the level of the geographic cost-of-practice adjustment factor (determined under paragraph (3) of such section) has on the recruitment and retention of physicians in small rural states, including New Mexico, Iowa, Louisiana, and Arkansas.

(b) REPORT.—Not later than 3 months after the date of enactment of this Act, the Secretary of Health and Human Services shall submit a report to Congress on the study conducted under subsection (a), together with any recommendations for legislation that the Secretary determines to be appropriate as a result of such study.

BINGAMAN AMENDMENT NO. 2273

Mr. HARKIN (for Mr. BINGAMAN) proposed an amendment to the bill, S. 1650 supra; as follows:

At the appropriate place in the bill add the following:

SEC. . CONFOUNDING BIOLOGICAL AND PHYSIOLOGICAL INFLUENCES ON POLYGRAPHY.

(a) FINDINGS.—The Senate finds that—

(1) The use of polygraph tests as a screening tool for federal employees and contractor personnel is increasing.

(2) A 1983 study by the Office of Technology Assessment found little scientific evidence to support the validity of polygraph tests in such screening applications.

(3) The 1983 study further found that little or no scientific study had been undertaken on the effects of prescription and non-prescription drugs on the validity of polygraph tests, as well as differential responses to polygraph tests according to biological and physiological factors that may vary according to age, gender, or ethnic backgrounds, or other factors relating to natural variability in human populations.

(4) A scientific evaluation of these important influences on the potential validity of polygraph tests should be studied by a neutral agency with biomedical and physiological expertise in order to evaluate the further expansion of the use of polygraph tests on federal employees and contractor personnel.

(b) SENSE OF THE SENATE.—It is the Sense of the Senate that the Director of the National Institutes of Health should enter into appropriate arrangements with the National Academy of Sciences to conduct a comprehensive study and investigation into the scientific validity of polygraphy as a screening tool for federal and federal contractor personnel, with particular reference to the validity of polygraph tests being proposed for use in proposed rules published at 64 Fed. Reg. 45062 (August 18, 1999).

BINGAMAN (AND FEINGOLD) AMENDMENT NO. 2274

Mr. HARKIN (for Mr. BINGAMAN (for himself and Mr. FEINGOLD)) proposed an amendment to the bill, S. 1650, supra; as follows:

At the end of title II, add the following:

DENTAL SEALANT DEMONSTRATION PROGRAM

SEC. . From amounts appropriated under this title for the Health Resources and Services Administration, sufficient funds are available to the Maternal Child Health Bureau for the establishment of a multi-State preventive dentistry demonstration program to improve the oral health of low-income children and increase the access of children to dental sealants through community- and school-based activities.

BOND (AND OTHERS) AMENDMENT NO. 2275

Mr. SPECTER (for Mr. BOND (for himself, Mr. HARKIN, Mr. ASHCROFT, Mr. GRASSLEY, Mr. CHAFEE, Mr. BIDEN, Mr. WELLSTONE, and Mr. SMITH of Oregon)) proposed an amendment to the bill, S. 1650, supra; as follows:

At the end of title II, add the following:

WITHHOLDING OF SUBSTANCE ABUSE FUNDS

SEC. . (a) IN GENERAL.—None of the funds appropriated by this Act may be used to withhold substance abuse funding from a State pursuant to section 1926 of the Public Health Service Act (42 U.S.C. 300x–26) if such State certifies to the Secretary of Health and Human Services that the State will commit additional State funds, in accordance with subsection (b), to ensure compliance with State laws prohibiting the sale of tobacco products to individuals under 18 years of age.

(b) AMOUNT OF STATE FUNDS.—The amount of funds to be committed by a State under subsection (a) shall be equal to one percent of such State's substance abuse block grant allocation for each percentage point by which the State misses the retailer compliance rate goal established by the Secretary of Health and Human Services under section 1926 of such Act, except that the Secretary may agree to a smaller commitment of additional funds by the State.

(c) SUPPLEMENT NOT SUPPLANT.—Amounts expended by a State pursuant to a certification under subsection (a) shall be used to supplement and not supplant State funds used for tobacco prevention programs and for compliance activities described in such subsection in the fiscal year preceding the fiscal year to which this section applies.

(d) The Secretary shall exercise discretion in enforcing the timing of the State expenditure required by the certification described in subsection (a) as late as July 31, 2000.

BOXER AMENDMENT NO. 2276

Mr. HARKIN (for Mrs. BOXER) proposed an amendment to the bill, S. 1650, supra; as follows:

At the appropriate place add the following:

SEC. ___. (a) FINDINGS.—Congress makes the following findings:

(1) In 1999, prostate cancer is expected to kill more than 37,000 men in the United States and be diagnosed in over 180,000 new cases.

(2) Prostate cancer is the most diagnosed nonskin cancer in the United States.

(3) African Americans have the highest incidence of prostate cancer in the world.

(4) Considering the devastating impact of the disease among men and their families, prostate cancer research remains underfunded.

(5) More resources devoted to clinical and translational research at the National Institutes of Health will be highly determinative of whether rapid advances can be attained in treatment and ultimately a cure for prostate cancer.

(6) The Congressionally Directed Department of Defense Prostate Cancer Research Program is making important strides in innovative prostate cancer research, and this Program presented to Congress in April of 1998 a full investment strategy for prostate cancer research at the Department of Defense.

(7) The Senate expressed itself unanimously in 1998 that the Federal commitment to biomedical research should be doubled over the next 5 years.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) finding treatment breakthroughs and a cure for prostate cancer should be made a national health priority;

(2) significant increases in prostate cancer research funding, commensurate with the impact of the disease, should be made available at the National Institutes of Health and to the Department of Defense Prostate Cancer Research Program; and

(3) these agencies should prioritize prostate cancer research that is directed toward innovative clinical and translational research projects in order that treatment breakthroughs can be more rapidly offered to patients.

DEWINE AMENDMENT NO. 2277

Mr. SPECTER (for Mr. DEWINE) proposed an amendment to the bill, S. 1650 supra; as follows:

On page 59, line 25, strike ''$1,404,631,000'' and insert ''$1,406,631,000'' in lieu thereof.

On page 60, before the period on line 10, insert the following: '': *Provided further,* That $2,000,000 shall be for carrying out Part C of title VIII of the Higher Education Amendments of 1998.''

On page 62, line 23, decrease the figure by $2,000,000.

HUTCHISON (AND BINGAMAN) AMENDMENT NO. 2278

Mr. SPECTER (for Mrs. HUTCHISON (for herself and Mr. BINGAMAN)) proposed an amendment to the bill, S. 1650, supra; as follows:

At the appropriate place, insert the following:

SEC. . The United States-Mexico Border Health Commission Act (22 U.S.C. 290n *et seq.*) is amended—

(1) by striking section 2 and inserting the following:

''SEC. 2. APPOINTMENT OF MEMBERS OF BORDER HEALTH COMMISSION.

''Not later than 30 days after the date of enactment of this section, the President shall appoint the United States members of the United States-Mexico Border-Health Commission, and shall attempt to conclude an agreement with Mexico providing for the establishment of such Commission.''; and

(2) in section 3—

(A) in paragraph (1), by striking the semicolon and inserting ''; and'';

(B) in paragraph (2)(B), by striking ''; and'' and inserting a period; and

(C) by striking paragraph (3).

SPECTER AMENDMENTS NOS. 2279–2280

Mr. SPECTER proposed two amendments to the bill, S. 1650, supra; as follows:

AMENDMENT NO. 2279

On page 50, line 17, strike ''$459,500,000'' and insert in lieu thereof ''$494,000,000''.

AMENDMENT NO. 2280

On page 66, line 24, strike all after the colon up to the period on line 18 of page 67.

COCHRAN AMENDMENT NO. 2281

Mr. SPECTER (for Mr. COCHRAN) proposed an amendment to the bill, S. 1650 supra; as follows:

On page 42, before the period on line 8 insert the following: '': *Provided further,* That sufficient funds shall be available from the Office on Women's Health to support biological, chemical and botanical studies to assist in the development of the clinical evaluation of phytomedicines in women's health''.

WYDEN (AND OTHERS) AMENDMENT NO. 2282

Mr. HARKIN (for Mr. WYDEN (for himself, Mr. GRAHAM, and Mr. SMITH of Oregon)) proposed an amendment to the bill, S. 1650, supra; as follows:

On page 19, line 6, insert before the period the following: '': *Provided further,* That funds made available under this heading shall be used to report to Congress, pursuant to section 9 of the Act entitled 'An Act to create a Department of Labor' approved March 4, 1913 (29 U.S.C. 560), with options that will promote a legal domestic work force in the agricultural sector, and provide for improved compensation, longer and more consistent work periods, improved benefits, improved living conditions and better housing quality, and transportation assistance between agricultural jobs for agricultural workers, and address other issues related to agricultural labor that the Secretary of Labor determines to be necessary''.

MURRAY (AND OTHERS) AMENDMENT NO. 2283

Mr. HARKIN (for Mrs. MURRAY (for herself, Ms. MIKULSKI, Mr. ROBB, Mrs.

LINCOLN, and Mr. REID)) proposed an amendment to the bill, S. 1650, supra; as follows:

Beginning on page 1 of the amendment, strike all after the first word and insert the following:

___. SENSE OF THE SENATE ON WOMEN'S ACCESS TO OBSTETRICAND GYNECOLOGICAL SERVICES.

(a) FINDINGS.—Congress makes the following findings:

(1) In the 1st session of the 106th Congress, 23 bills have been introduced to allow women direct access to their ob-gyn provider for obstetric and gynecologic services covered by their health plans.

(2) Direct access to ob-gyn care is a protection that has been established by Executive Order for enrollees in medicare, medicaid, and Federal Employee Health Benefit Programs.

(3) American women overwhelmingly support passage of federal legislation requiring health plans to allow women to see their ob-gyn providers without first having to obtain a referral. A 1998 survey by the Kaiser FamilyFoundation and Harvard University found that 82 percent of Americans support passage of a direct access law.

(4) While 39 States have acted to promote residents' access to ob- gyn providers, patients in other State- or in Federally-governed health plans are not protected from access restrictions or limitations.

(5) In May of 1999 the Commonwealth Fund issued a survey on women's health, determining that 1 of 4 women (23 percent) need to first receive permission from their primary care physician before they can go and see their ob-gyn provider for covered obstetric or gynecologic care.

(6) Sixty percent of all office visits to ob-gyn providers are for preventive care.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that Congress should enact legislation that requires health plans to provide women with direct access to a participating health provider who specializes in obstetrics and gynecological services, and that such direct access should be provided for all obstetric and gynecologic care covered by their health plans, without first having to obtain a referral from a primary care provider or the health plan.

REED AMENDMENT NO. 2284

Mr. HARKIN (for Mr. REED) proposed an amendment to the bill, S. 1650, supra; as follows:

At the appropriate place, insert the following:

SEC. . The applicable time limitations with respect to the giving of notice of injury and the filing of a claim for compensation for disability or death by an individual under the Federal Employees' Compensation Act, as amended, for injuries sustained as a result of the person's exposure to a nitrogen or sulfur mustard agent in the performance of official duties as an employee at the Department of the Army's Edgewood Arsenal before March 20, 1944, shall not begin to run until the date of enactment of this Act.

STEVENS AMENDMENT NO. 2285

Mr. SPECTER (for Mr. STEVENS) proposed an amendment to the bill, S. 1650, supra; as follows:

At the appropriate place in Title V—GENERAL PROVISIONS of the bill insert the following new section—

SEC. 5 . Section 169(d)(2)(B) of P.L. 105–220, the Workforce Investment Act of 1998, is amended by striking ''or Alaska Native villages or Native groups (as such terms are defined in section 3 of the Alaska Native Claims Settlement Act (43 U.S.C. 1602)).'', and inserting in lieu thereof, ''or Alaska Natives.''

DURBIN (AND OTHERS) AMENDMENT NO. 2286

Mr. HARKIN (for Mr. DURBIN (for himself, Mr. DEWINE, Mr. ABRAHAM, and Mr. SPECTER)) proposed an amendment to the bill, S. 1650, supra; as follows:

At the end of title II, add the following:

CHILDHOOD ASTHMA

SEC. . In addition to amounts otherwise appropriated under this title for the Centers for Disease Control and Prevention, 8.7 in addition to the $*** already provided for asthma prevention programs which shall become available on October 1, 2000 and shall remain available through September 30, 2001, and be utilized to provide grants to local communities for screening, treatment and education relating to childhood asthma.

INOUYE AMENDMENTS NOS. 2287–2288

Mr. HARKIN (for Mr. INOUYE) proposed two amendments to the bill, S. 1650, supra; as follows:

AMENDMENT NO. 2287

At the appropriate place, insert the following:

SEC. (a) The Centers for Disease Control and Prevention shall hereafter be known and designated as the ''Thomas R. Harkin Centers for Disease Control and Prevention''.

(b) Effective upon the date of enactment of this Act, any reference in a law, document, record, or other paper of the United States to the ''Centers for Disease Control and Prevention'' shall be deemed to be a reference to the ''Thomas R. Harkin Centers for Disease Control and Prevention''.

(c) Nothing in this section shall be construed as prohibiting the Director of the Thomas R. Harkin Centers for Disease Control and Prevention from utilizing for official purposes the term ''CDC'' as an acronym for such Centers.

AMENDMENT NO. 2288

At the appropriate place, insert the following:

SEC. ___. DESIGNATION OF ARLEN SPECTER DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(a) IN GENERAL.—The National Library of Medicine building (building 38) at 8600 Rockville Pike, in Bethesda, Maryland, shall be known and designated as the ''Arlen Specter National Library of Medicine''.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the building referred to in subsection (a) shall be deemed to be a reference to the Arlen Specter National Library of Medicine.

HARKIN AMENDMENT NO. 2289

Mr. HARKIN proposed an amendment to the bill, S. 1650, supra; as follows:

On page 39, line 8, strike ''$6,682,635,000'' and insert ''$6,684,635,000''.

On page 40, line 20, strike ''$928,055,000'' and insert ''$942,355,000''.

On page 41, line 14, reduce the figure by $10,300,000.

On page 62, line 23, strike ''$378,184,000'' and insert ''$372,184,000''.

NOTICES OF HEARINGS

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. MURKOWSKI. Mr. President, I would like to announce that a Full Committee hearing has been scheduled before the Committee on Energy and Natural Resources. The hearing will take place Thursday, October 14, 1999, at 9:30 a.m., in room SD–366 of the Dirksen Senate Office Building in Washington, D.C.

The purpose of this hearing is to receive testimony on S. 1683, a bill to make technical changes to the Alaska National Interest Lands Conservation Act, and for other purposes; S. 1686, to provide for the conveyances of land interests to Chugach Alaska Corporation to fulfill the intent, purpose, and promise of the Alaska Native Claims Settlement Act, and for other purposes; S. 1702, a bill to amend the Alaska Native Claims Settlement Act to allow shareholder common stock to be transferred to adopted Alaska Native Children and their descendants, and for other purposes; H.R. 2841, to amend the Revised Organic Act of the Virgin Islands to provide for greater fiscal autonomy consistent with other United States jurisdictions, and for other purposes; and H.R. 2368, the Bikini Resettlement and Relocation Act of 1999. There will be testimony from the Administration, and other interested parties.

Those who wish to testify or to submit written testimony should write to the Committee on Energy and Natural Resources, U.S. Senate, Washington, D.C. 20510. Presentation of oral testimony is by Committee invitation only. For further information, please contact Jo Meuse or Brian Malnak at (202) 224–6730.

PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

Ms. COLLINS. Mr. President, I would like to announce for the information of the Senate and the public that the Permanent Subcommittee on Investigations of the Committee on Governmental Affairs, will hold a hearing entitled ''Conquering Diabetes: Are We Taking Full Advantage of the Scientific Opportunities For Research?'' This Subcommittee hearing will examine the devastating impact that diabetes and its resulting complications have had on Americans of all ages in both human and economic terms. Additionally, we will review the recent recommendations of the Congressionally-established Diabetes Research Working Group and will look at the current Federal commitment to diabetes research to determine if sufficient funding has been provided to take advantage of the unprecedented opportunities to ultimately conquer this disease and its complications.

The hearing will take place on Thursday, October 14, 1999, at 9:30 a.m., in Room 628 of the Dirksen Senate Office Building. For further information, please contact Lee Blalack of the Subcommittee staff at 224–3721.