

“(2) IMPLEMENTATION OF MITIGATION.—

“(A) IN GENERAL.—To ensure concurrent mitigation, the Secretary shall implement required mitigation under paragraph (1) as expeditiously as practicable, but not later than—

“(i) the last day of construction of the project or separable element of the project; or

“(ii) in a case in which completion of mitigation by the date described in clause (i) is physically impracticable because 1 or more sites for the remaining mitigation are or will be disturbed by project construction (as determined by the Secretary), not later than the end of the next fiscal year immediately following the last day of construction.

“(B) AVAILABILITY OF FUNDS.—Funds made available for preliminary engineering and design, construction, or operations and maintenance may be used to carry out this subsection.”.

(b) FULL MITIGATION.—Section 906(d) of the Water Resources Development Act of 1986 (33 U.S.C. 2283(d)) is amended—

(1) by striking paragraph (1) and inserting the following:

“(1) PLANS AND PROPOSALS.—

“(A) IN GENERAL.—After November 17, 1986, the Secretary shall not submit any proposal for the authorization of any water resources project to Congress, and shall not choose a project alternative in any final record of decision, environmental impact statement, or environmental assessment, unless the proposal contains—

“(i) a specific plan to fully mitigate fish and wildlife losses created by the project; or

“(ii) a determination by the Secretary that the project will have negligible adverse impact on fish and wildlife.

“(B) FORESTS.—A specific mitigation plan described in subparagraph (A)(i) shall ensure, to the maximum extent practicable, that impacts to bottomland hardwood forests are mitigated in kind.

“(C) CONSULTATION.—In carrying out this subsection, the Secretary shall consult with appropriate Federal and non-Federal agencies.”; and

(2) by adding at the end the following:

“(3) STANDARDS FOR MITIGATION.—

“(A) IN GENERAL.—The Secretary shall not recommend a water resources project alternative or select a project alternative in any final record of decision, environmental impact statement, or environmental assessment completed after the date of enactment of this paragraph unless the Secretary determines that the mitigation plan has a high probability of successfully mitigating the adverse impacts of the project on aquatic and other resources, hydrologic functions, and fish and wildlife.

“(B) REQUIREMENTS.—A mitigation plan described in subparagraph (A) shall—

“(i) provide for the acquisition and restoration of at least 1 acre of superior or equivalent habitat of the same type to replace each acre of habitat negatively affected by the project;

“(ii) ensure that mitigation will result in replacement of all functions of the habitat negatively affected by the project, including—

“(I) spatial distribution; and

“(II) natural hydrologic and ecological characteristics;

“(iii) contain sufficient detail regarding the mitigation sites and restoration activities selected to permit a thorough evaluation of—

“(I) the likelihood of the ecological success of the plan; and

“(II) resulting aquatic and other resource functions and habitat values;

“(iv) include a detailed and specific plan to monitor mitigation implementation and success; and

“(v) include specific ecological success criteria by which the success of the mitigation will be evaluated.”.

(c) MITIGATION TRACKING SYSTEM.—Section 906 of the Water Resources Development Act of 1986 (33 U.S.C. 2283) is amended by adding at the end the following:

“(h) MITIGATION TRACKING SYSTEM.—

“(1) IN GENERAL.—Not later than 180 days after the date of enactment of this subsection, the Secretary shall establish a recordkeeping system to track for each water resources project constructed, operated, or maintained by the Secretary, and for each permit issued under section 404 of the Federal Water Pollution Control Act (33 U.S.C. 1344)—

“(A) the quantity and type of wetland and other types of habitat affected by the project or permitted activity;

“(B) the quantity and type of mitigation required for the project or permitted activity;

“(C) the quantity and type of mitigation that has been completed for the project or permitted activity; and

“(D) the status of monitoring for the mitigation carried out for the project or permitted activity.

“(2) REQUIRED INFORMATION AND ORGANIZATION.—The recordkeeping system shall—

“(A) include information on impacts and mitigation described in subsection (a) that occur after December 31, 1969; and

“(B) be organized by watershed, project, permit application, and zip code.

“(3) AVAILABILITY OF INFORMATION.—The Secretary shall make information contained in the recordkeeping system available to the public (including through the Internet).”.

**SEC. 6. MODERN ECONOMIC AND ENVIRONMENTAL STANDARDS.**

Section 209 of the Flood Control Act of 1970 (42 U.S.C. 1962-2) is amended to read as follows:

**“SEC. 209. CONGRESSIONAL STATEMENT OF OBJECTIVES.**

“(a) IN GENERAL.—It is the intent of Congress that economic development and environmental protection and restoration be co-equal goals of water resources planning and development.

“(b) REVISION OF PRINCIPLES AND GUIDELINES.—Not later than 1 year after the date of enactment of the Army Corps Reform Act of 2002, the Secretary of the Army, in consultation with the National Academy of Sciences, shall revise the principles and guidelines of the Corps of Engineers for water resources projects (consisting of Engineer Regulation 1105-2-100 and Engineer Pamphlet 1165-2-1) to reflect modern methods of measuring benefits and costs of water resources projects.

“(c) REVISION OF GUIDANCE.—The Secretary of the Army shall revise the Guidance for Conducting Civil Works Planning Studies (ER 1105-2-100) to comply with this section.”.

By Mr. LEVIN (for himself, Ms. COLLINS, Ms. STABENOW, Mr. DEWINE, Mr. REED, Mr. WARNER, Mr. DURBIN, Mr. FITZGERALD, Mr. AKAKA, Mr. VOINOVICH, Mr. INOUE, Ms. CANTWELL, Mr. KENNEDY, and Mr. BAYH):

S. 2964. A bill to amend the Non-indigenous Aquatic Nuisance Prevention and Control Act of 1990 to reauthorize and improve that Act; to the Committee on Environment and Public Works.

**THE NATIONAL AQUATIC INVASIVE SPECIES ACT OF 2002 (NAISA)**

Ms. STABENOW. Mr. President, I would like to express my strong support for the National Aquatic Invasive Species Act of 2002 (NAISA)

Last year, I introduced S. 1034, the Great Lakes Ecology Protection Act which sought to curb the influx of invasive species into the Great Lakes. This is an immense task, as more than 87 nonindigenous aquatic species have been accidentally introduced into the Great Lakes in the past century. I am proud to say that this bill had strong bipartisan support with 12 Great Lakes Senators as original cosponsors.

Today, I am proud to join Senator LEVIN as an original cosponsor of NAISA which will provide a national strategy for preventing invasive species from being introduced in the Great Lakes and our Nation's waters. I am also pleased that NAISA incorporates many of the ideas from the Great Lakes Ecology Protection Act in formulating a national standard.

Invasive species have had a devastating economic and ecological impact on the U.S. They have already damaged the Great Lakes in a number of ways. They have destroyed thousands of fish and threatened our clean drinking water.

For example, Lake Michigan once housed the largest self-reproducing lake trout fishery in the entire world. The invasive sea lamprey, which was introduced from ballast water almost 80 years ago, has contributed greatly to the decline of trout and whitefish in the Great Lakes by feeding on and killing native trout species.

Today, lake trout must be stocked because they cannot naturally reproduce in the lake. Many Great Lakes States have had to place severe restrictions on catching yellow perch because invasive species such as the zebra mussel disrupt the Great Lakes' ecosystem and compete with yellow perch for food. The zebra mussel's filtration also increase water clarity, which may be making it easier for predators to prey upon the yellow perch. Moreover, tiny organisms like zooplankton that help from the base of the Great Lakes food chain, have declined due to consumption by exploding populations of zebra mussels.

We have made progress on preventing the spread of invasive species, but we have not yet solved this problem. NAISA will create a mandatory national ballast water management program to prevent the introduction of invasive species into our waters, as well as, encourage the development of new ballast treatment technology to eliminate invasive species. NAISA also will greatly increase research funding for these treatment and prevention technologies, and provide necessary funding and resources for invasive species rapid response plans. In addition, the bill will increase outreach and education to recreational boaters and the general public on how to prevent the spread of invasive species.

As Members of the U.S. Congress, we have a responsibility to share in the stewardship of our Nation's natural resources. As a Great Lakes Senator, I feel a particularly strong responsibility to protect a resource that is not only a source of clean drinking water for more than 30 million people in the Great Lakes, but is vital to Michigan's economy and environment. I am proud to support a bill that will provide innovative solutions and necessary resources to this long-standing environmental problem, and will also protect water resources for the enjoyment and benefit of future generations of Americans.

By Mr. KENNEDY (for himself, Mr. FRIST, Mrs. FEINSTEIN, Mrs. HUTCHISON, Mr. HARKIN, Ms. COLLINS, Mr. BIDEN, Mr. BOND, Ms. LANDRIEU, Mr. REID, Mr. BINGAMAN, Mr. DODD, Mrs. CLINTON, Mr. HOLLINGS, and Mr. EDWARDS):

S. 2965. A bill to amend the Public Health Service Act to improve the quality of care for cancer, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. KENNEDY. Mr. President, it is an honor to join my distinguished colleagues, Senators FRIST, HARKIN, HUTCHISON, BIDEN, LANDRIEU, REID, BINGAMAN, DODD, CLINTON, HOLLINGS, and EDWARDS in introducing the "Quality of Care for Individuals with Cancer Act."

The goal of this important bipartisan legislation is to help close the gap between what modern medicine can do today to reduce cancer deaths, and the actual medical care that cancer patients receive.

In the past two decades, the nation has made extraordinary progress in treating and curing cancer. In fact, we have made so much progress that our greatest challenges in health care today is taking the scientific breakthroughs in the laboratory and bringing them to the bedside of the patient.

Too often, we cannot say that American cancer patients are receiving the best possible care. Our goal is to match the nation's excellence in cancer research with state-of-the-art excellence in cancer care.

The reward will be seeing a young mother with breast cancer live to be a grandmother, enable a toddler with leukemia grow up to be President, or a father win the Tour de France for a fourth time.

Many examples of inadequate care could be cited. For example, only a third of all Americans over age fifty have had proper colorectal cancer screenings in the last two years. Clearly, there are far too many needless and correctable failures in our current system of cancer care.

By creating uniform ways to measure the quality of cancer care, and establishing new, improved and better coordinated ways to monitor care, we can do more to see that cancer patients re-

ceive state-of-the-art care, no matter where they live.

In response to the needs of cancer survivors, and with the help of the Lance Armstrong Foundation, this bipartisan bill will also establish new survivorship programs to facilitate the delivery of services to cancer patients and their families.

Just as importantly, we want to make the best cancer care easier for patients to obtain. Our bill will improve the networking of the doctors and other providers to whom patients go for their care.

Many of us know family members and friends suffering from cancer. We are all too familiar with the feelings of shock, denial, hope, fear, and vulnerability that comes when a loved one, especially a child, is found to have cancer.

Dealing with the challenges is never an easy task for any family. But the continuing breakthroughs in medical research make clear that much more can be done to save and enhance the lives of cancer patients. We need to do all we can to make this care available and affordable to all patients.

Make no mistake about it, we have come a long way. But much more must be done to improve the lives of cancer patients.

Mr. FRIST. Mr. President, I am pleased to join Senators KENNEDY, HUTCHISON, and others in introducing the "Quality of Care for Individuals with Cancer Act". This bill represents our next step in the battle against cancer. It is critical to increasing access to timely, quality health care.

Cancer is the second leading cause of death among Americans, claiming one life each minute. Most of us know someone who has cancer, or who has died from cancer. One out of every 4 Americans will die from this terrible disease. We have done a tremendous job investing in cancer research in this country. We must now make sure the knowledge gained from those investments is being applied, and that research advancements are translated into improved patient care.

If you have cancer, the quality of care you receive should not be affected by where you live, where you get your care, or whether you have health insurance coverage. You should have access to quality care whether you have just been diagnosed with cancer, are a cancer survivor, or are dying from this disease. The care given should take the patient's values and concerns into account and should be provided in a culturally competent manner.

Based on a recent Institute of Medicine's report, "Ensuring Quality Cancer Care", this bill would coordinate the development and collection of information on quality cancer care using quality measures that examine care from diagnosis through the end-of-life. Clearly, a better system is needed to rapidly identify the results of ongoing research with quality implications and ensure that this is transferred into daily medical practice.

Individuals with cancer receive care from a number of specialists during the course of their cancer, and the responsibility for navigating through the system often rests on the individual. Comprehensive and ongoing communication among providers, patients and caregivers is essential to coordinated care. There are two demonstration projects authorized by this legislation to help improve the coordination of care. One demonstration project provides individual case managers to better coordinate care within the health care system or to help get patients into the system. The second attempts to improve coordination between providers and hospitals so that individuals with cancer receive seamless care throughout their course of treatment.

While receiving care, some individuals with cancer do not receive care known to be effective for their condition, such as the delivery of palliative care. Much of the suffering from symptoms associated with cancer and its treatment could be alleviated if currently available symptom control measures and other aspects of palliative care were more widely used. This bill authorizes demonstration projects which will provide palliative care at any stage of cancer care and train health care providers in symptom management. The legislation also seeks to help provide better pain and other symptom relief so that individuals with cancer do not suffer the consequences of their disease or treatment.

For the nine million Americans living with cancer, this bill provide hope in improving the quality of life for individuals with cancer by translating what is already known to be effective care to all individuals with cancer. For those areas in which we need to investigate, demonstration projects will further our knowledge.

I am pleased to introduce this important legislation, and I look forward to its ultimate enactment into law. I want to thank my colleagues, Senators KENNEDY, HUTCHISON, and others, for their work on this bill. I ask that the summary, section-by-section, and list of supporting organizations be printed in the RECORD.

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

QUALITY OF CARE FOR INDIVIDUALS WITH  
CANCER ACT—KENNEDY-FRIST

Cancer is a dreaded disease and the second leading cause of death. Over the preceding decades much progress has been made on how to detect, treat and cure individuals who have cancer and those who are affected. But too often, the typical standards of care fall short of the best standards of care.

Unfortunately, many cancer patients are getting inappropriate care—too little care, too much care in the form of unnecessary procedures, or the wrong care. Simple screening procedures are underutilized and radical interventions are often needlessly performed. Receiving quality care should not be determined by where a patient lives, where they get their care, or whether or not they have health insurance. Unfortunately

this is not the case, and variations in quality of care can have dire outcomes. A recent study found that women on Medicaid are likely to be diagnosed with cancer at a later stage and are three times more likely to die of breast cancer than women not on Medicaid.

The problem: Even with tremendous advancements in treatment and diagnosis, individuals with cancer are still not receiving quality care. Due to lack of data, the magnitude of the problem of inadequate care is not known. Comprehensive data systems do not currently exist with which to measure quality and there is no national cancer care program or system of care within the United States.

Our solution: Collect better information to discover where problems exist and create statewide plans to address the problems. The bill will draw together Federal agencies and private entities to coordinate the development and collection of information on quality of care. States will receive funds to expand state cancer registries to collect information on quality of care and develop and improve state-wide cancer control programs that address particular needs for each state.

The Problem: Individuals with cancer often have difficulties negotiating through a complex system of care. Like other chronic illnesses, efforts to diagnose and treat cancer are centered on a variety of individual physicians and can be in multiple settings. Coordination between these entities is often lacking, and the responsibility for navigating through the system often rests on the individual with cancer. Improving coordination can save lives. Research has shown that cooperation among pediatric oncologists has resulted in cure rate increases of 30 percent even in the absence of new therapeutics to treat disease.

Our Solution: Provide case-managers to guide patients during treatment and improve the coordination of care. Two programs will be developed to help individuals with cancer receive coordinated cancer care. The first provides individual case-managers to help get patients into the system or to act as contacts throughout their care and assist with information, referrals, and care coordination within the system. The second improves coordination between doctors, hospitals, and other health care professionals so that individuals with cancer receive seamless care throughout their treatment.

The Problem: While research has produced new insights into the causes and cures of cancer, efforts to manage the symptoms of the disease and its treatments have not kept pace. Palliative care, which includes pain and symptom management and psychosocial care, is an area where individuals with cancer have traditionally received relatively poor quality care. For example, less than half of individuals with cancer who suffer from pain receive adequate relief of their pain, and only a very small percentage of cancer patients are offered referrals for palliative care.

Our Solution: Improve palliative care. The bill will develop programs to provide palliative care and train professionals to provide better palliative care for both adults and children with cancer.

The Problem: Cancer survivors continue to need quality care while living with, through, and beyond cancer. Although 1,500 people die each day from cancer, increasingly, individuals with cancer survive their disease. The more than nine million cancer survivors in the United States face unique care needs, including post-treatment programs and support, which are often inadequately addressed by a system focused on diagnosis and disease treatment.

Our Solution: Initiate programs to address the unique needs of survivors. The bill devel-

ops post-treatment programs including follow-up care and monitoring to improve the long-term quality of life for cancer survivors, including children.

The Problem: Insufficient attention is being paid to individuals with cancer in the final stages of their disease. One-half of those diagnosed with cancer die of the disease. Unfortunately, appropriate end-of-life medical and social support, which would help maximize the quality of life for these individuals and their families, is often unavailable. This is particularly true for children. Most physicians do not receive adequate training on the provision of appropriate end-of-life care. A 1998 study found that 100 percent of residents and 90 percent of attending physicians wanted more support in dealing with issues surrounding the death of a patient.

Our Solution: Avoid needless pain and suffering by improving end-of-life care. The bill provides grants to coordinate end-of-life cancer care and train health care providers in end-of-life care. Pilot programs will also be developed to address the special needs of children.

#### QUALITY OF CARE FOR INDIVIDUALS WITH CANCER ACT—KENNEDY-FRIST, SECTION-BY-SECTION SUMMARY

##### TITLE I—MEASURING THE QUALITY OF CANCER CARE

Seeks to facilitate a contract to a national consensus organization to investigate the validity of existing quality measures and to then establish recommendations for core sets of quality cancer measures. These recommendations would be published within AHRQ's annual report and, after four years, the General Accounting Office will evaluate the extent to which Federal and private sector health care delivery programs have incorporated these quality measures.

##### TITLE II—ENHANCING DATA COLLECTION

Serves to reauthorize the CDC's National Program of Cancer Registries, including new provisions to monitor and evaluate quality cancer care and to increase linkages with various entities to examine disparities in quality cancer care. It also authorizes the CDC's National Program of Cancer Registries—Cancer Surveillance System to advance the development, expansion, and evaluation of State registries and encourages CDC to work with states to meet North American Association of Cancer Registries certification.

##### TITLE III—MONITORING AND EVALUATING THE QUALITY OF CANCER CARE AND OUTCOMES

Supports research to measure, evaluate, and improve the quality of cancer care, and funds private/public partnerships to enhance the usefulness of such information, including fostering the development or adoption of model systems of care or speeding the pace of improvement in quality of cancer care.

##### TITLE IV—STRENGTHENING COMPREHENSIVE CANCER CONTROL

Authorizes the CDC's Comprehensive Cancer Control Program to develop an integrated and coordinated approach to cancer. The Program will establish guidelines regarding the design and implementation of state comprehensive cancer control plans, and awards grants to develop, update, implement, and evaluate such plans.

##### TITLE V—IMPROVING NAVIGATION AND SYSTEM COORDINATION

Provides grants to develop, implement, and evaluate case management programs to enhance the quality of cancer through improved access and navigation. Grants are also awarded to develop coordinated systems of health care providers. Finally, this title

defines "palliative care" and "quality of cancer care."

##### TITLE VI—ESTABLISHING PROGRAMS IN PALLIATIVE CARE

Provides grants to improve palliative care for adults and children with cancer by: integrating programs, conducting outreach and educational activities, providing education and training to health care providers; designing model programs; creating pilot programs for children; and for other activities.

##### TITLE VII—ESTABLISHING SURVIVORSHIP PROGRAMS

Establishes demonstration programs to develop post-treatment public health programs and services including follow-up care and monitoring to support and improve the long-term quality of life for cancer survivors, including children. A focus on cancer survivorship is also added to cancer control programs.

##### TITLE VIII—PROGRAMS FOR END-OF-LIFE CARE

Provides grants to develop, implement, and evaluate evidence-based programs for the delivery of quality cancer care during the end-of-life to individuals with cancer (with a special emphasis on children) and their families.

##### TITLE IX—DEVELOPING TRAINING CURRICULA

Provides grants for the development of curricula for health care provider training regarding the assessment, monitoring, improvement, and delivery of quality of cancer care.

##### TITLE X—CONDUCTING REPORTS

Requires IOM reports to: evaluate Federal and State Comprehensive Cancer Control programs; evaluate the quality of cancer care medicare and medicaid beneficiaries receive and the extent to which coverage and reimbursement policies affect access to quality of cancer care; evaluate access to clinical trials; and analyze gaps in and impediments for quality of cancer care. An additional long-range IOM report will provide a follow-up assessment of the bill's success in achieving its initiatives.

#### ORGANIZATIONS SUPPORTING THE KENNEDY-FRIST, QUALITY OF CARE FOR INDIVIDUALS WITH CANCER ACT

Alive Hospice;  
American Cancer Society;  
American Pain Foundation;  
American Society of Breast Disease;  
The Children's Hospital at the Cleveland Clinic;  
Colorectal Cancer Network;  
Intercultural Cancer Council;  
Lance Armstrong Foundation;  
Oncology Nursing Society;  
Pain Care Coalition;  
Research Triangle Institute International;  
Stanford University Center for Biomedical Ethics; and  
Vitas Healthcare Corp.

#### SUBMITTED RESOLUTIONS

##### SENATE CONCURRENT RESOLUTION 140—RECOGNIZING THE TEAMS AND PLAYERS OF THE NEGRO BASEBALL LEAGUES FOR THEIR ACHIEVEMENTS, DEDICATION, SACRIFICES, AND CONTRIBUTIONS TO BASEBALL AND THE NATION

Mr. SANTORUM submitted the following concurrent resolution; which was referred to the Committee on the Judiciary:

S. CON. RES. 140

Whereas even though African-Americans were excluded from playing in the major