

and includes several measures that grant parity with the other Armed Services. There are also many provisions requested by the administration regarding Law Enforcement, Marine Safety, and Environmental Protection which allow the Coast Guard to better accomplish its many missions.

This conference report was crafted in a bi-partisan fashion and it provides the Coast Guard with a solid foundation to do its job. I thank all of the Members who have actively participated in its development. I am proud to give the Coast Guard my full support, and the resources it needs to carry out its many essential missions.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the conference report be agreed to, the motion to reconsider be laid upon the table, and any statements relating to the conference report be printed in the RECORD.

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

The conference report was agreed to.

#### PRESERVING THE ABILITY OF THE FEDERAL HOUSING ADMINISTRATION TO INSURE MORTGAGES

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Banking Committee be discharged from further consideration of S. 2712 and the Senate then proceed to its consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2712) to preserve the ability of the Federal Housing Administration to insure mortgages under sections 238 and 519 of the National Housing Act.

There being no objection, the Senate proceeded to consider the bill.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the bill be read a third time, passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD, without intervening action or debate.

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

The bill (S. 2712) was read the third time and passed, as follows:

S. 2712

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. AMENDMENT TO GENERAL AND SPECIAL RISK PROGRAM ACCOUNT.

Under the heading "FEDERAL HOUSING ADMINISTRATION—GENERAL AND SPECIAL RISK PROGRAM ACCOUNT" in title II of Division G of the Consolidated Appropriations Act, 2004 (Public Law 108-199), in the first proviso, strike "\$25,000,000,000" and insert "\$29,000,000,000".

Mr. McCONNELL. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. FRIST. Mr. President, we have actually a lot of business that we are doing and wrapping up for the night. In fact, we are going on recess for the conventions for the next several weeks. Most of the business has been completed, but there will be a lot of very important business that we will be conducting over the next several hours, but we will get it done tonight.

This particular piece of business has to do with patient safety. For me, it means a lot because I can see up close both the importance of this legislation, and have watched it legislatively as it has traveled through its various iterations. So to be able to propound this unanimous consent request is something that we can briefly comment on shortly.

#### PATIENT SAFETY AND QUALITY IMPROVEMENT ACT OF 2003

Mr. FRIST. Mr. President, I ask unanimous consent the Senate now proceed to consideration of Calendar No. 387, S. 720.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 720) to amend title IX of the Public Health Service Act to provide for the improvement of patient safety and to reduce the incidence of events that adversely affect patient safety.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

(Strike the part shown in black brackets and insert the part shown in italic.)

S. 720

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

[This Act may be cited as the "Patient Safety and Quality Improvement Act".]

#### SEC. 2. FINDINGS AND PURPOSES.

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

[(1) In 1999, the Institute of Medicine released a report entitled *To Err is Human* that described medical errors as the eighth leading cause of death in the United States, with as many as 98,000 people dying as a result of medical errors each year.

[(2) To address these deaths and injuries due to medical errors, the health care system must identify and learn from such errors so that systems of care can be improved.

[(3) In their report, the Institute of Medicine called on Congress to provide legal protections with respect to information reported for the purposes of quality improvement and patient safety.

[(4) The Health, Education, Labor, and Pensions Committee of the Senate held 4 hearings in the 106th Congress and 1 hearing in the 107th Congress on patient safety where experts in the field supported the recommendation of the Institute of Medicine for congressional action.

[(5) Myriad public and private patient safety initiatives have begun. The Quality Inter-

agency Coordination Taskforce has recommended steps to improve patient safety that may be taken by each Federal agency involved in health care and activities relating to these steps are ongoing.

[(6) The research on patient safety unequivocally calls for a learning environment, rather than a punitive environment, in order to improve patient safety.

[(7) Voluntary data gathering systems are more supportive than mandatory systems in creating the learning environment referred to in paragraph (5) as stated in the Institute of Medicine's report.

[(8) Promising patient safety reporting systems have been established throughout the United States and the best ways to structure and use these systems are currently being determined, largely through projects funded by the Agency for Healthcare Research and Quality.

[(9) The Department of Health and Human Services has initiated several patient safety projects. The Joint Commission on Accreditation of Healthcare Organizations issued a patient safety standard that went into effect on July 1, 2001, and the peer review organizations are conducting ongoing studies of clinical performance measurement of care delivered to beneficiaries under the medicare program under title XVIII of the Social Security Act.

[(10) Many organizations currently collecting patient safety data have expressed a need for legal protections that will allow them to review protected information so that they may collaborate in the development and implementation of patient safety improvement strategies. Currently, the State peer review protections provide inadequate conditions to allow the sharing of information to promote patient safety.

[(11) In 2001, the Institute of Medicine released a report entitled *Crossing the Quality Chasm* that found that the United States health care system does not consistently deliver high quality care to patients.

[(b) PURPOSES.—It is the purpose of this Act to—

[(1) encourage a culture of safety and quality in the United States health care system by providing for legal protection of information reported voluntarily for the purposes of quality improvement and patient safety; and

[(2) ensure accountability by raising standards and expectations for continuous quality improvements in patient safety through the actions of the Secretary of Health and Human Services.

#### SEC. 3. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.

[Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended—

[(1) in section 912(c), by inserting " , in accordance with part C," after "The Director shall";

[(2) by redesignating part C as part D;

[(3) by redesignating sections 921 through 928, as sections 931 through 938, respectively;

[(4) in section 938(1) (as so redesignated), by striking "921" and inserting "931"; and

[(5) by inserting after part B the following:

#### ["PART C—PATIENT SAFETY IMPROVEMENT

##### ["SEC. 921. DEFINITIONS.

["In this part:

["(1) NON-IDENTIFIABLE INFORMATION.—The term 'non-identifiable information' means information that is presented in a form and manner that prevents the identification of any provider, patient, and the reporter of patient safety data.

["(2) PATIENT SAFETY DATA.—The term 'patient safety data' means—