

By Mrs. JOHNSON of Connecticut:

H.R. 3165. A bill to amend title 23, United States Code, to make funds available for surface transportation projects on roads functionally classified as local or rural minor collectors, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. NEY:

H.J. Res. 168. Joint resolution waiving certain enrollment requirements with respect to two bills of the 104th Congress; to the Committee on House Oversight.

By Mr. FUNDERBURK (for himself, Mr. SMITH of New Jersey, Mr. SCARBOROUGH, Mr. GRAHAM, Mr. HILLEARY, Mr. JONES, Mr. COX, Mr. FOLEY, Mr. GUTKNECHT, Mrs. CHENOWETH, Mr. UNDERWOOD, Mr. SALMON, Ms. PELOSI, Mr. BONO, Mr. BURTON of Indiana, Mr. SOLOMON, Ms. BROWN of Florida, Mr. HASTINGS of Washington, Mr. BAKER of California, Mr. POMBO, Mr. COOLEY, Mr. EHRlich, Mr. COBLE, Mrs. CUBIN, Mr. ISTOOK, Mr. BREWSTER, Mr. BUYER, and Mr. ROHRABACHER):

H. Con. Res. 154. Concurrent resolution to congratulate the Republic of China on Taiwan on the occasion of its first Presidential democratic election; to the Committee on International Relations.

ADDITIONAL SPONSORS

Under clause 4 of rule XXII, sponsors were added to public bills and resolutions as follows:

H.R. 218: Mr. ZIMMER and Mr. ROSE.
 H.R. 1073: Mr. TORRES, Mr. PETRI, and Mr. ENSIGN.
 H.R. 1074: Mr. TORRES, Mr. PETRI, and Mr. ENSIGN.
 H.R. 1202: Mr. SHAW.
 H.R. 1713: Mr. BARR.
 H.R. 1916: Mr. BRYANT of Texas and Mr. BLILEY.
 H.R. 2086: Mr. BLUTE.
 H.R. 2270: Mr. HYDE.
 H.R. 2400: Mr. DAVIS, Mr. DUNCAN, Mr. WILSON, Mr. LIVINGSTON, and Mr. CRAMER.
 H.R. 2510: Mr. MCHALE.
 H.R. 2578: Mr. MCHALE.
 H.R. 2579: Mr. SKAGGS, Mr. GUNDERSON, Mr. MONTGOMERY, and Mr. HEFLEY.
 H.R. 2585: Mr. MILLER of California and Ms. JACKSON-LEE.
 H.R. 2636: Mr. KING.
 H.R. 2856: Mr. VOLKMER.
 H.R. 2919: Mr. HOUGHTON and Mr. DOYLE.
 H.R. 2925: Mr. STEARNS, Mrs. MYRICK, and Mr. NEY.
 H.R. 3002: Mr. BREWSTER, Mr. KING, and Mr. BARRETT of Nebraska.
 H.R. 3103: Mr. FORBES, Mr. HORN, Ms. MOLINARI, Mr. PORTMAN, Mr. NEY, Mr. HOBSON, Mr. SHAYS, Mr. HOKE, Mrs. KELLY, Mr. LONGLEY, Mr. MCHUGH, Mr. BOEHLERT, Mr. ENGLISH of Pennsylvania, Mr. GREENWOOD, Mr. GILCHREST, and Mrs. FOWLER.
 H.R. 3106: Mr. FROST, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. GENE GREEN of Texas, and Ms. NORTON.
 H.R. 3119: Mr. GENE GREEN of Texas and Mr. KILDEE.
 H.R. 3148: Mr. TORRICELLI.
 H.J. Res. 158: Mr. SABO.

PETITIONS ETC.

Under clause 1 of rule XXII,
 68. The SPEAKER presented a petition of the Council of the District of Columbia, relative to Council Resolution 11-235, "Transfer of Jurisdiction over a Portion of Parcel 174/15 and Lot 802 in Square 4325, S.O. 85-182,

Resolution of 1996"; which was referred to the Committee on Government Reform and Oversight.

AMENDMENTS

Under clause 6 of rule XXIII, proposed amendments were submitted as follows:

H.R. 3103

OFFERED BY: MR. GUNDERSON

AMENDMENT NO. 1. At the end of the bill add the following new title (and conform the table of contents accordingly):

TITLE V—PROMOTING ACCESS AND AVAILABILITY OF HEALTH COVERAGE IN RURAL AREAS

Subtitle A—Medicare Program

SECTION 501. MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM.

(a) MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM.—Section 1820 of the Social Security Act (42 U.S.C. 1395i-4) is amended to read as follows:

"MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM

"SEC. 1820. (a) ESTABLISHMENT.—Any State that submits an application in accordance with subsection (b) may establish a medicare rural hospital flexibility program described in subsection (c).

"(b) APPLICATION.—A State may establish a medicare rural hospital flexibility program described in subsection (c) if the State submits to the Secretary at such time and in such form as the Secretary may require an application containing—

"(1) assurances that the State—

"(A) has developed, or is in the process of developing, a State rural health care plan that—

"(i) provides for the creation of one or more rural health networks (as defined in subsection (d)) in the State,

"(ii) promotes regionalization of rural health services in the State, and

"(iii) improves access to hospital and other health services for rural residents of the State;

"(B) has developed the rural health care plan described in subparagraph (A) in consultation with the hospital association of the State, rural hospitals located in the State, and the State Office of Rural Health (or, in the case of a State in the process of developing such plan, that assures the Secretary that the State will consult with its State hospital association, rural hospitals located in the State, and the State Office of Rural Health in developing such plan);

"(2) assurances that the State has designated (consistent with the rural health care plan described in paragraph (1)(A)), or is in the process of so designating, rural non-profit or public hospitals or facilities located in the State as critical access hospitals; and

"(3) such other information and assurances as the Secretary may require.

"(c) MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM DESCRIBED.—

"(1) IN GENERAL.—A State that has submitted an application in accordance with subsection (b), may establish a medicare rural hospital flexibility program that provides that—

"(A) the State shall develop at least one rural health network (as defined in subsection (d)) in the State; and

"(B) at least one facility in the State shall be designated as a critical access hospital in accordance with paragraph (2).

"(2) STATE DESIGNATION OF FACILITIES.—

"(A) IN GENERAL.—A State may designate one or more facilities as a critical access hospital in accordance with subparagraph (B).

"(B) CRITERIA FOR DESIGNATION AS CRITICAL ACCESS HOSPITAL.—A State may designate a facility as a critical access hospital if the facility—

"(i) is located in a county (or equivalent unit of local government) in a rural area (as defined in section 1886(d)(2)(D)) that—

"(I) is located more than a 35-mile drive from a hospital, or another facility described in this subsection, or

"(II) is certified by the State as being a necessary provider of health care services to residents in the area;

"(ii) makes available 24-hour emergency care services that a State determines are necessary for ensuring access to emergency care services in each area served by a critical access hospital;

"(iii) provides not more than 6 acute care inpatient beds (meeting such standards as the Secretary may establish) for providing inpatient care for a period not to exceed 72 hours (unless a longer period is required because transfer to a hospital is precluded because of inclement weather or other emergency conditions), except that a peer review organization or equivalent entity may, on request, waive the 72-hour restriction on a case-by-case basis;

"(iv) meets such staffing requirements as would apply under section 1861(e) to a hospital located in a rural area, except that—

"(I) the facility need not meet hospital standards relating to the number of hours during a day, or days during a week, in which the facility must be open and fully staffed, except insofar as the facility is required to make available emergency care services as determined under clause (ii) and must have nursing services available on a 24-hour basis, but need not otherwise staff the facility except when an inpatient is present,

"(II) the facility may provide any services otherwise required to be provided by a full-time, on-site dietitian, pharmacist, laboratory technician, medical technologist, and radiological technologist on a part-time, off-site basis under arrangements as defined in section 1861(w)(1), and

"(III) the inpatient care described in clause (iii) may be provided by a physician's assistant, nurse practitioner, or clinical nurse specialist subject to the oversight of a physician who need not be present in the facility; and

"(v) meets the requirements of subparagraph (1) of paragraph (2) of section 1861(aa).

"(d) RURAL HEALTH NETWORK DEFINED.—

"(1) IN GENERAL.—For purposes of this section, the term 'rural health network' means, with respect to a State, an organization consisting of—

"(A) at least 1 facility that the State has designated or plans to designate as a critical access hospital, and

"(B) at least 1 hospital that furnishes acute care services.

"(2) AGREEMENTS.—

"(A) IN GENERAL.—Each critical access hospital that is a member of a rural health network shall have an agreement with respect to each item described in subparagraph (B) with at least 1 hospital that is a member of the network.

"(B) ITEMS DESCRIBED.—The items described in this subparagraph are the following:

"(i) Patient referral and transfer.

"(ii) The development and use of communications systems including (where feasible)—

"(I) telemetry systems, and

"(II) systems for electronic sharing of patient data.

"(iii) The provision of emergency and non-emergency transportation among the facility and the hospital.

"(C) CREDENTIALING AND QUALITY ASSURANCE.—Each critical access hospital that is a