from Calcutta, here is one who sees it completely different than we do, and yet look how many lives she affected, look how many people came within the yoke of this little, tiny, frail body, which probably at her death was not bigger than 75 to 80 pounds at the most.

So I thank Senator NICKLES and others, and I join as a cosponsor of this resolution, but it is again as you look at things really inadequate. As I look at the occupant of the chair and I think what do we really feel about this lady and we can't quite write it down, we can say with absolute assurance that she is the right kind of person to respect, that she is the right kind of person and personage for the U.S. Senate to pay tribute to.

UNANIMOUS-CONSENT AGREEMENT

Mr. DOMENICI. Mr. President, I ask unanimous consent, in behalf of the leader, that following the 2:15 p.m. vote on Senate Resolution 120, the pending resolution, the Senate begin 60 minutes of debate on the McCain Amendment 1091, and, at the expiration or yielding back of the time, the Senate vote on or in relation to amendment 1091.

I understand this is cleared on the other side.

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

RECESS

The PRESIDING OFFICER. Under the previous order, the hour of 12:30 having arrived, the Senate will now stand in recess until the hour of 2:15.

Thereupon, the Senate, at 12:39 p.m., recessed until 2:16 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. COATS).

EXPRESSING THE SENSE OF THE SENATE ON THE DEATH OF MOTHER TERESA

The Senate continued with the consideration of the resolution.

The PRESIDING OFFICER. Under the previous order, the Senate will now proceed to vote on Senate Resolution 120.

Mr. KERRY. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The question is on agreeing to the resolution. The yeas and nays have been ordered. The clerk will call the roll.

The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Utah [Mr. BENNETT] is necessarily absent.

Mr. FORD. I announce that the Senator from Vermont [Mr. LEAHY] is absent on official business.

The result was announced—yeas 98, nays 0, as follows:

[Rollcall Vote No. 222 Leg.]

YEAS—98

Abraham	Feingold	Lugar
Akaka	Feinstein	Mack
Allard	Ford	McCain
Ashcroft	Frist	McConnell
Baucus	Glenn	Mikulski
Biden	Gorton	Moseley-Braun
Bingaman	Graham	Moynihan
Bond	Gramm	Murkowski
Boxer	Grams	Murray
Breaux	Grassley	Nickles
Brownback	Gregg	Reed
Bryan	Hagel	Reid
Bumpers	Harkin	Robb
Burns	Hatch	Roberts
Byrd	Helms	Rockefeller
Campbell	Hollings	Roth
Chafee	Hutchinson	Santorum
Cleland	Hutchison	Sarbanes
Coats	Inhofe	Sessions
Cochran	Inouye	Shelby
Collins	Jeffords	Smith (NH)
Conrad	Johnson	Smith (OR)
Coverdell	Kempthorne	Snowe
Craig	Kennedy	Specter
D'Amato	Kerrey	Stevens
Daschle	Kerry	Thomas
DeWine	Kohl	Thompson
Dodd	Kyl	Thurmond
Domenici	Landrieu	Torricelli
Dorgan	Lautenberg	Warner
Durbin	Levin	Wellstone
Enzi	Lieberman	Wyden
Faircloth	Lott	

NOT VOTING—2

Bennett	Leahy

The resolution (S. Res. 120) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, is as follows:

S. RES. 120

Whereas, the American people are greatly saddened by the death of Mother Teresa of Calcutta;

Whereas, Mother Teresa founded the Missionaries of Charity, which now operates numerous orphanages, hospices, and other centers of charitable activity in the United States and around the world, offering compassionate care to those who are too often shunned by other institutions;

Whereas, Mother Teresa has been recognized as an outstanding humanitarian and has received: the first Pope John XXIII Peace Prize (1971); the Jawaharlal Nehru Award for International Understanding (1972); the Nobel Peace Prize (1979); the Presidential Medal of Freedom (1985); and the Congressional Gold Medal (1997);

Whereas, Mother Teresa became only the fifth person ever awarded honorary U.S. Citizenship (1996);

Whereas, Mother Teresa inspired people worldwide through her selfless actions and altruistic life;

Whereas, Mother Teresa embodied benevolence, compassion, and mercy and brought the face of God to humanity;

Now, therefore, be it Resolved, That the Senate—

(1) expresses our deep admiration and respect for the life and work of Mother Teresa, and extends to her Missionaries of Charity our sympathy for the loss they share with the world;

(2) recognizes that Mother Teresa's work improved the lives of millions of people in the United States and around the world, and her example inspired countless others;

(3) encourages all Americans to reflect on how they might keep the spirit of Mother Teresa alive through their own efforts; and

(4) designates September 13, 1997 as a National Day of Recognition for the humanitarian efforts of Mother Teresa and of those who have labored with her in service to the poor and afflicted of the world.

The Secretary of the Senate shall transmit an enrolled copy of this resolution to the Calcutta, India, Mother House of the Missionaries of Charity.

Mr. SPECTER. I move to reconsider the vote.

Mr. McCAIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1998

The Senate continued with the consideration of the bill.

Mr. SPECTER. Mr. President, under a previous agreement, the distinguished Senator from Arizona, Senator MCCAIN, will proceed with his amendment for 1 hour.

I have discussed the amendment offered by the distinguished Senator from Washington, Senator GORTON. He has two amendments pending. Let me be sure which of the amendments we have here. It is an amendment denominated to allow States to use funds under the Social Security Act to provide health insurance coverage for children with incomes above the minimum Medicaid eligibility requirements.

Senator GORTON advised me he would be agreeable to a time agreement of 1 hour equally divided. He is not now on the floor, but he made that representation to me. I do not, frankly, like to proceed without having him on the floor, but I ask unanimous consent that we may proceed—well, I am advised there may be a question on the other side of the aisle.

But let me proceed, Mr. President, to say that if we are able to lock in that time agreement, then the managers would like to proceed to the two debates, 1 hour each, which would bring us to 4:40, at which time we would have two votes stacked back to back.

At the conclusion of those votes, or after the first vote, when the Senators are present, it would be my intention, as manager of the bill, to try to seek time agreements on the outstanding amendments which are pending at that time. The Senators will all be on the floor after the first vote and before the second vote.

We are within striking distance of seeing some light at the end of the tunnel. If we could have Senators on the floor at that time, I think we could come to closure. We have the amendment by the distinguished Senator from Illinois, Senator DURBIN, pending on the tax issue. It is my hope that we can get a 1-hour time agreement on that, equally divided. I know that is agreeable to Senator DURBIN, but there are others who may offer a second-degree amendment, Senator FORD perhaps, and others who are not now present. If we could get that resolved after the first vote, it would be helpful on the management of the bill.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The distinguished Democratic leader.

Mr. DASCHLE. Reserving the right to object, I think the suggestion made by the distinguished Senator is a good one. I intend to support it. I ask, if we can add to that, a unanimous consent request that Senator DURBIN be recognized to offer his amendment, leaving open the option of people offering second-degrees following the two votes that you suggest.

Mr. SPECTER. Mr. President, if my distinguished colleague will yield, I would be agreeable to that. I had discussed with Senator DURBIN his being next in sequence. I think that would be appropriate to lock that in by unanimous consent.

I am now advised, that even on recognition on our side of the aisle, we need to check with some other people. But let me say to Senator DURBIN that it will be my effort to have him proceed at that time, but I want to consult with some of my colleagues, so that is not in the form of a unanimous-consent request.

Mr. DASCHLE. If the Senator will yield, Mr. President, I say, if we could have the understanding that as soon as it is cleared on his side that he would seek recognition for purposes of propounding that aspect of the unanimous-consent request, I would not have any objection to the UC request that he currently has proposed.

Mr. SPECTER. I would be delighted to do that, except I am not going to be on the floor. We have a Governmental Affairs hearing. Let me say that when we get clearance on this side, it will happen, we will work it out.

Is the time agreement on the Gorton amendment cleared at this point? It is?

Mr. President, I ask unanimous consent then that after the conclusion of the 1 hour of debate on the McCain amendment, we proceed to the Gorton amendment for 1 hour equally divided, and that at the conclusion of the vote on the McCain amendment, we will have a discussion as to sequencing further on the bill and at that time seek to have unanimous consent to proceed next to the Durbin amendment.

The PRESIDING OFFICER. Is there objection?

Mr. SPECTER. I withhold for just a moment, Mr. President.

Mr. HARKIN. Mr. President, just one moment.

Mr. McCAIN. Mr. President, while they are discussing, may I seek recognition for a comment?

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCAIN. Mr. President, I understand now that there would be a budget point of order raised against my amendment. A budget point of order, to my understanding, is debatable. I may seek some time to rebut the budget point of order, so that may affect this unanimous-consent request, I say to my colleague from Pennsylvania. I do not intend to take a lot of time, but I intend to take enough time to rebut it.

I thought I would get an up-or-down vote on this amendment. Apparently, there is going to be a budget point of order. So since the budget point of order is going to be posed, I feel that aspect of this issue ought to be addressed.

Mr. SPECTER. Mr. President, if my colleague will yield, could we enter into a time agreement on how long you would take on that discussion?

Mr. McCAIN. I would be glad to discuss that. It would be a very brief period of time, like 10 to 15 minutes.

The PRESIDING OFFICER. The Chair advises the Senator from Arizona, budget points of order are not debatable.

Mr. McCAIN. The motion to waive the budget point of order is debatable. That is what I will propose once a budget point of order is made.

The PRESIDING OFFICER. The Chair advises the Senator that generally that is true, but if there is a time limitation on the amendment that has already been agreed to that does not allocate time on debatable motions, those motions are not debatable. It would be debatable within the 1-hour time agreement.

Mr. SPECTER. Mr. President, if my colleague will yield, might I suggest we alter the time agreement to give the Senator from Arizona an additional 10 minutes to debate the point of order?

Mr. McCAIN. I appreciate that. That would be sufficient.

The PRESIDING OFFICER. Is there objection to the request by the Senator?

Mr. SPECTER. If the Presiding Officer will withhold for 1 minute, please, we need to make one more telephone call, so I suggest we proceed with Senator McCAIN's amendment, with my leave to interrupt, if I might when the phone call is made, to complete the unanimous-consent agreement.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCAIN. Mr. President, my understanding is we have 1 hour equally divided.

The PRESIDING OFFICER. The Senator is correct.

AMENDMENT NO. 1091

Mr. McCAIN. Mr. President, this amendment eliminates the financial incentive payments created under the Balanced Budget Act for teaching hospitals to reduce their medical residency program. The Federal Government has created an incentive program which gives hundreds of millions of taxpayers' dollars to teaching hospitals for not training medical students.

Mr. President, I strongly suggest if this amendment is defeated, which I guess in all likelihood it probably will be, that we now propose amendments that would restrict the number of graduates of law school. Most Americans believe there are too many lawyers, although probably the majority of my colleagues would not agree. Perhaps we should put a cap on the number of graduates of journalism school. Clearly there are way too many people in that business. And maybe we should also cap the number of graduates of photography school. That would cut down on the paparazzi and the problem we have there.

Mr. President, this is not a Republican or Democrat difference. This is capitalism versus socialism. Vladimir Lenin would be proud of this proposal for government control, government planning, and, frankly, it is remarkable that we would have included it even in the way in which it was included in the Balanced Budget Act, which was over 1,000 pages, and we had less than 24 hours to review the final draft.

It is just remarkable. It is a new subsidy program. I would like to read a couple of quotes. My friend from Texas wants to speak on it, so I will be fairly brief. The payment represents a rare attempt by the Federal Government to use subsidies as leverage to shrink a particular work force. ''I know of no profession where there has been as much federal effort to regulate,'' said Uwe Reinhardt, a health economist at Princeton University. ''You don't do it for economists, for architects, for engineers.''

''It is voluntary, but it isn't voluntary for the taxpayers,'' said the Heritage Foundation.

The National Taxpayers Union supports Senator McCAIN's amendment to eliminate the graduate medical education. ''We believe it is a wasteful use of taxpayers' dollars.''

Others question whether it is necessary. The number of young doctors training to become anesthesiologists, for example, has declined from 1,500 three years ago to 450 this year following well-publicized warnings that the field was saturated. Starting a few years ago, ''people weren't able to get the plum jobs in the cities they wanted. [They] would have to take jobs in Idaho, Oklahoma,'' said James Kottrell, chairman of anesthesiology at the State University of New York Health Center in Brooklyn.

Mr. President, 46 million Americans are underserved in health care today in America. That is a fact and everyone knows it. So now we are going to pay teaching universities hundreds of millions of dollars of taxpayers' dollars not to train doctors that are needed.

This morning in the Washington Post—and I ask unanimous consent the entire article be printed in the RECORD—was an editorial by Daniel S. Greenberg, editor of Science & Government Report.

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

MED SCHOOL MILLIONAIRES

(By Daniel S. Greenberg)

Don't expect anything but a hemorrhage at the Treasury from that new program to counter the doctor surplus by paying hospitals to reduce the number of residency slots for the final phase of medical training.

Reminiscent of the agricultural-support schemes that paid farmers for not growing

crops, the medical plan was inspired by an immutable law of American medical practice: More doctors mean more medical spending, despite the penny-pinching tactics of managed care. So, stop them before they can start hustling patients, the Washington strategists concluded. The medical-education industry, however, is too profitable, inventive and resilient to yield to that tactic.

The major factor in the medical-production pipeline is medical-school enrollments. And data compiled by the American Medical Association show that these have remained virtually unchanged for more than 15 years, as have the number of medical schools.

In fact, medical schools have supplanted military bases as immortal institutions. In 1980–81, the 124 medical schools in the United States enrolled 65,497 students; in 1996–97, the number of schools remained duties. Over the past decade, this income total for faculty at 124, and enrollments stood at 66,712—though a long succession of studies proclaimed a surfeit of doctors.

The big change in medical education was a vast increase in revenues, much of it from so-called practice plans that pay medical faculty for attending to patients, usually in conjunction with their teaching duties. Over the past decade, this income total for faculty at the 124 schools has risen from $5.2 billion to $10.6 billion.

And, in accord with the Willie Sutton principle, the number of full-time faculty has soared, though the number of students remains almost unchanged. In 1983–84, the nationwide faculty totaled 56,564. In the current academic year, the number of faculty members is 95,568.

Where are they coming from? to a large extent, they were already there at the university on other payrolls, and were switched to the more bountiful cash flow of medical education, which draws on patient fees, federal research and amply loans to finance runaway tuition fees—to be repaid by high medical incomes.

A little-known fact of American higher education is that the highest paid people on many prestigious campuses are not university presidents. The big bucks go to the medical school professors. At Columbia University, according to the Chronicle of Higher Education, the president was pad $317,187 in 1994–95, while one professor of surgery received $1,526,397 and two others took in more than $1 million apiece.

At Cornell University, the president received $294,687 in pay and benefits in 1994–95. A professor of surgery at Cornell received $1.7 million in pay that year, while two others each took in over $1.2 million.

The president of New York University was paid $379,000. The chairman of neurosurgery got $748,342, while four other medical professors received more than $600,000 each.

At universities without medical schools, pay scales don't approach these stratospheric medical incomes. At Princeton, for example, the presidential pay was tops at $305,538, and the next five highest salaries ranged between $197,796 and $240,713. At MIT, the president received $285,000, and the next highest salary was $236,000.

The medical-school industry, in alliance with local politicians, is eternally resistant to downsizing pleas. The Pentagon wants to close the medical school that was forced on it by Congress in 1972, the Uniformed Services University of the Health Sciences, in Bethesda. The General Accounting Office says the school is excessive and satisfies only a tiny proportion of the armed services' physician requirements. But the school survives.

The Washington lobby for medical schools, the Association of American Medical Colleges, says the solution to the doctor surplus is to exclude foreign-trained physicians from residency slots. The downside to that prescription is that foreigners are willing to train and practice in inner-city areas that home-grown physicians tend to shun.

But whatever is done in the quest for surplus reduction, the odds are that it won't work. The medical-education industry is too smart and well-connected to be deprived of its golden goose.

Mr. MCCAIN. Reading from the editorial:

Don't expect anything but a hemorrhage at the Treasury from that new program to counter the doctor surplus by paying hospitals to reduce the number of residency slots for the final phase of medical training.

Reminiscent of the agricultural-support schemes that paid farmers for not growing crops, the medical plan was inspired by an immutable law of American medical practice: More doctors mean more medical spending, despite the penny-pinching tactics of managed care. So, stop them before they can start hustling patients, the Washington strategists concluded. The medical-education industry, however, is too profitable, inventive and resilient to yield to that tactic.

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Mr. President, I will not complete the article. The medical education industry is too smart and well connected to be deprived from its golden goose.

Mr. President, let me read from a quick letter that we got from the Taxpayers Foundation. This is directed to the Secretary of Agriculture.

DEAR SIR: My friends, Wayne and Janelle, over at Wichita Falls, Texas, received a check the other day for $1,000 from the government for not raising hogs. So, I want to go into the ''not raising hogs'' business myself next year.

What I want to know is, in your opinion, what is the best type of farm not to raise hogs on, and what is the best breeding hogs not to raise?

The story goes on and on.

I want to be sure that I approach this endeavor in keeping with all government policies. I would prefer not to raise Razor hogs, but if that is not a good breed not to raise, then I can just as easily not raise Yorkshires or Durocs.

As I see it, the hardest part of this program is keeping an accurate inventory of how many hogs I haven't raised. My friend Wayne is very excited about the future of this business. He has been raising hogs for 20 years and the most he ever made was $420 in 1978, until this year, when he got your check for $1,000 for not raising hogs.

Mr. President, the letter goes on.

If I can get $1,000 for not raising 50 hogs, will I get $2,000 for not raising 100 hogs? I plan to operate on a small scale at first, holding myself down to about 4,000 ''not raised'' hogs, which will give me $80,000 income the first year. Then I can buy an airplane. Now, another thing: these hogs I will not raise will not eat 100,000 bushels of corn. I understand that you also pay farmers for not raising corn and wheat. Will I qualify for payments for not raising wheat and corn not to feed the 4,000 hogs I am not going to raise? I want to get started not feeding as soon as possible, as this seems to be a good time of the year to not raise hogs and grain. I am also considering the ''not milking cows'' business, so please send me any information on that also.

I hope that the Secretary of HHS will be ready to supply various teaching hospitals around America and people who want to go into the teaching hospital business how they can qualify for these hundreds of millions of dollars for not teaching doctors. I believe there will be a lot of entrepreneurs throughout the Nation that will want to qualify for a program that pays them hundreds of millions of dollars for not teaching doctors.

Mr. President, we will have more debate on this. It is a serious issue. I think it is a defining issue as to what we feel is the role of Government in our society.

I reserve the remainder of my time.

Mr. GRAMM. Mr. President, let me ask the Senator from Arizona to yield me 5 minutes.

Mr. MCCAIN. I yield 5 minutes to the Senator from Texas.

Mr. GRAMM. Let me begin where Senator MCCAIN left off.

It is a great paradox in a dramatic change in public programs subsidies. So, therefore, we are moving toward ending the practice of paying people not to produce things we do not want.

What an incredible paradox it is. At the very moment that we are getting out of the business of paying people not to produce agricultural products, the Federal Government is on the verge of paying medical schools not to train doctors.

Let me explain how the program came about and how it works and then try to end up as quickly as I can by explaining to people why, as chairman of the Medicare subcommittee, I am for the McCain amendment.

First of all, we set up a program to fund graduate medical education. It

was done a long time ago, but in essence, we were running a surplus in Medicare, so rather than coming up with a funding mechanism for training doctors, Congress simply reached into Medicare and took the money away from beneficiaries and from payroll taxpayers to fund graduate medical education.

It is an outrage that with Medicare on the verge of being insolvent, we are still plundering the Medicare trust fund to pay for graduate medical education. I believe that should end.

Basically, we have an entitlement program run by the Department of Health and Human Services which pays teaching hospitals for residents to be trained in various specialties. The average subsidy is about $100,000 a year per slot. About $35,000 of that amount goes to the resident and $65,000 to help fund the cost of graduate medical education.

Now, there is virtual unanimity that we are training too many doctors and too many specialists. Rather than going back and eliminating the entitlement or reducing the payment for the entitlement so that fewer schools will be providing the training to fewer students, Congress was afraid to change the program. It simply lacked the political courage to cut these entitlements to graduate medical schools.

So HCFA initiated a pilot program in one State, New York, and started paying medical schools not to train doctors.

Basically it works like this: If the teaching hospital agrees not to train a doctor they otherwise are entitled to receive funding to train, then we pay them the money. Interestingly enough, in the first 2 years of the program we are going to pay them $100,000. Yet by not training a resident, they do not have to pay a resident $35,000. So now they are getting $35,000 more for not training the doctor than they got for training the doctor during the first 2 years.

Now, basically, this is an absurd situation. The idea we are taking the taxpayers' money and paying people not to train doctors is almost unbelievable. If you went out and did a survey of the American people and asked them about this program, they would not believe the Government would be doing this. But not only are we doing it in a very small provision in this budget bill we passed, a provision that most Members knew absolutely nothing about, we are expanding this program from just New York to the whole country. So we are going to be paying people all over America not to train physicians.

The PRESIDING OFFICER. The Senator from Texas has used the 5 minutes.

Mr. GRAMM. I yield 1 additional minute and I will be through.

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

Mr. GRAMM. There will be people who come over and say, well, in the long run, it will save us money to pay medical schools not to train doctors. My response is that this is an absurd program. We ought to stop doing it. We ought to end the program right here on the floor of the Senate today. Then the committee can go back, because it will be forced to do something about the program, and come up with a coherent program to reduce the overall subsidy.

But we should not get into a situation where we are doing in medicine what we did in agriculture for years and years and years, and that is paying people to not produce things that we do not want.

It is unimaginable this has occurred. Yet it has. It needs to be stopped. I want to urge my colleagues to vote for the McCain amendment, and then all the technical things that need to be fixed about it we will fix later.

UNANIMOUS-CONSENT AGREEMENT

Mr. SPECTER. I think we are now ready for the unanimous consent request which I now propound.

I ask unanimous consent that the debate on the Gorton amendment No. 1122 be limited to 1 hour equally divided, that no amendments be in order to the Gorton amendment, and the Gorton amendment will be subject to a tabling motion at that time at the conclusion or yielding back of time.

Let me specify, so there is no doubt, the 1 hour of debate would be prior to the motion to table.

The PRESIDING OFFICER. Is there objection to the unanimous consent request?

Without objection, it is so ordered.

Mr. SPECTER. Just to be clear, I want to be sure that we have an additional 10 minutes for the Senator from Arizona, in addition to his 1 hour, on the point of order which may be raised.

I ask unanimous consent that, in addition to the 1 hour on the McCain amendment, in the event a point of order is raised, Senator MCCAIN will have an additional 10 minutes to debate that.

The PRESIDING OFFICER. Without objection—

Mr. HARKIN. Reserving the right to object, Mr. President. As I understand it, the unanimous consent would be that after the hour of debate, equally divided, under the McCain amendment, since points of order are not debatable, it would be a motion to waive. If there is a motion to waive the point of order, that would be debatable, and Senator MCCAIN wants 10 minutes under that process.

Mr. SPECTER. That is correct. It was more precisely stated. It is 10 minutes to debate the motion to waive the point of order.

Mr. HARKIN. I would want to have 10 minutes in the event somebody over here wants to speak. So I would like it to be 10 minutes for Senator MCCAIN and 10 minutes on this side.

Mr. SPECTER. With that modification, I propound the request.

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

Mr. SPECTER. So that our colleagues may be aware of the sequencing, Mr. President, the debate on the McCain amendment, the first hour should run at approximately 3:40, and the conclusion on a motion to waive would be either at 3:50 or 4 o'clock, then an hour of debate on the Gorton amendment, and then there would be a vote on the McCain amendment. And in between, votes to be stacked on McCain and Gorton and after the vote on the McCain amendment, we will try to reach time agreements on the remaining amendments and try to clear at that time an agreement that Senator DURBIN proceed next on his amendment. I thank the Chair.

Mr. HARKIN. If the Senator will yield. For the benefit of Senators, what we are looking at right now is probably two votes that will take place at about 4:45 or 5 o'clock.

The PRESIDING OFFICER. Who yields time?

Mr. SPECTER. Mr. President, in the absence of any other Senator seeking recognition, I ask unanimous consent that the pending amendment be set aside.

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

AMENDMENTS NOS. 1119, 1120, 1109, 1092, 1121, 1085, 1086, AND 1093, EN BLOC

Mr. SPECTER. Mr. President, I ask unanimous consent that the following pending amendments be considered, en bloc: amendment No. 1119 by Senator MURRAY, providing for an additional $1 million for the National Institute of Literacy; amendment No. 1120 by Senator BENNETT regarding school trust lands; amendment No. 1109 by Senator NICKLES regarding the Social Security Administration and the reporting of employer contributions; amendment No. 1092 authored by Senators MCCAIN and KERRY, regarding eligibility for benefits under Medicaid and SSI; amendment No. 1121, authored by Senator KERREY, regarding child care funding allocation errors; amendments numbered 1085 and 1086 by Senators DURBIN and LEVIN, regarding organ donation; amendment No. 1093 authored by Senators CRAIG and BINGAMAN regarding the maximum hour exemption for certain agricultural employees.

Mr. President, I further ask unanimous consent that Senators ROTH and MOYNIHAN be added as cosponsors to amendment No. 1109.

Each of these amendments I am advised, are appropriately offset and have the approval of both managers, as negotiated by staffs, and with the authorizing committees where necessary. I ask unanimous consent that the amendments be agreed to, en bloc.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The amendments (Nos. 1119, 1120, 1109, 1092, 1121, 1085, 1086 and 1093) were agreed to.

AMENDMENT NO. 1085

Mr. DURBIN. Senator LEVIN will be offering a sense-of-the-Senate amendment that complements this amendment. I want to commend him for his

hard work in this area since 1979 when he succeeded in instituting directives aimed at increasing the number of military organ donors. Senator DEWINE's staff has also been most helpful in suggesting modifications to improve this amendment and we have incorporated all their suggestions into this amendment.

More than 50,000 Americans are waiting for organ transplants and hundreds of thousands more need tissue transplants. Every year, thousands die needlessly due to lack of donors. In 1996 alone, 3,916 people on the transplant waiting list died because no organs were available for them. Nearly one-fifth of all heart and liver transplant candidates die while waiting for organs. Every 18 minutes another person is added to the waiting list for organs. Each day, eight people die because an organ was not available. Yet since 1986, hospitals that participate in the Medicare or Medicaid Program are required to have in place policies to offer eligible families the option of organ and tissue donation. Last year at an HHS hearing on liver allocation and organ donation, Michael Evanisko, president of the Partnership for Organ Donation testified that at least half of the solution to the organ donor shortage could be achieved by focusing on hospital practices. The partnership's research with 11 organ procurement organizations and over 130 hospitals nationwide, in conjunction with the Harvard School of Public Health and Harvard Medical School, estimated that:

> * * * if hospitals adopted optimal organ donation practices, an additional 5,000 donors would result, bringing the effectiveness of the donation system from one-third to nearly 70%.

The major impediments to donation, according to Evanisko, are whether families are approached about donation and how the request is handled.

Last year, Senators DORGAN and FRIST here in the Senate joined forces with myself and DAVE CAMP in the House and we added a section to the Kassebaum-Kennedy Health Portability Insurance Act, which resulted in taxpayers who were receiving a tax refund this year, at the same time received an organ donation request card. An estimated 70 million Americans received this solicitation. Those of us who worked hard to incorporate that provision into the bill, certainly hope that it will increase the number of organ donors. However, increasing the numbers of individuals with organ donor cards alone will not save lives, if hospitals do not effectively identify these eligible donors. Approaching families in a sensitive manner about organ donation is also extremely important.

My amendment would ask HHS together with GAO, to survey 5 percent of the donor hospitals in order to ascertain how the program is working nationwide. This information could be used to determine best hospital practices. This amendment complements our previous efforts to maximize the numbers of lives saved for those in need of organ or tissue transplants.

Mr. DEWINE. Mr. President, I rise today to support an amendment offered by my colleague from Illinois, Senator DURBIN. The Senator's amendment calls for a report to identify the best ways to recover organs and tissue from those who have died suddenly so that the lives of others can be saved through organ transplants.

Today, more than 54,000 Americans are waiting for an organ transplant; and 10 Americans will die each day before an organ can be found. And the sad fact is that these deaths are preventable. We have the technology to give these people a second chance through transplants—but while we have the technology, we don't have the organs.

I am convinced that much of this problem can be solved by making people aware of this problem and educating them about the need for organ donation. And I have been working on that for some time.

However, just as important is looking at the system we have in place for organ procurement—to see if there are structural hurdles that we can help remove. The law today requires hospitals to have a protocol in place for organ procurement. Not all do. Those that do don't necessarily work with the organ procurement organizations [OPO's] in their local areas. These are the hurdles that Senator DURBIN's amendment tries to address. The study that this amendment requires is an important one. I hope that it will provide us all with information about how best to identify appropriate organ donors and then, how best to approach their families. I would hope that this study would take into account the fact that these best practices may well be different in different parts of the country. To the extent the Secretary can identify these differences in her report, I think it would be meaningful to the hospitals and their respective OPO's.

When we fail to identify a potential donor or bungle our communication with a potential donor's family, we compound an already tragic situation. Already someone's family member—a mother, brother, or sister—has died. The second tragedy is that—despite that person's willingness to donate and save another's life—that wish is ignored or the request to the family is handled poorly, raising unnecessary doubts about donation.

I'd like to thank Senator DURBIN—I appreciate his thoughtful efforts toward increasing organ donation and improving organ procurement. I also want to thank him for accommodating my concerns in his amendment. I look forward to working with him in the future on this issue that is so important to both of us.

AMENDMENT NO. 1086

Mr. LEVIN. Mr. President, the need for organ transplants has continued to outpace the availability of transplantable organs. However, studies have shown that this trend can be reversed by improving the process that families experience in hospitals. Congress recognized the vital role that hospitals can play in organ donation when it enacted legislation to require hospitals to be responsible for facilitating organ donation. The Omnibus Reconciliation Act of 1986 and subsequent legislation, requires organ procurement organizations and hospitals to establish organ donation protocols to enable hospitals to initiate requests, on a routine basis, for organ donation.

A recent Harvard School of Public Health study, based on the examination of thousands of medical records in 125 hospitals in four regions of the United States, found that despite the legal responsibility to inform surviving family members of donation options, many hospitals frequently fail to do so. According to the study, 27 percent of potential donors were lost either because health professionals did not identify potential donors or did not ask families about organ donation.

Mr. President, the amendment I am offering today seeks to bring attention to the potential of hospitals to alleviate the donor shortage, and to shed some light on the fact that hospitals can improve their donor policy by instituting demonstrated best practices in organ donation. There are a number of major initiatives underway focusing on hospital practices in organ donation that can result in saving thousands of additional lives in the not-too-distant future.

For example, the Michigan Hospital Association (MHA) is embarking on an important initiative to encourage its members to improve their organ donation effectiveness. It includes identifying stragies designed to improve the organ donation consent process and examining all aspects of the process, from community education to provider interaction with the family. The initiative will also generate specific recommendations to improve the tissue donation process, as well as major organ procurement.

The Association of Organ Procurement Organizations is in the midst of a major pilot project to conduct reviews of deaths that have occurred in hundreds of hospitals across the country. This project will provide an unprecedented level of information on organ donor potential and performance and lead to targeted strategies to help hospitals improve their effectiveness.

Additionally, The Partnership for Organ Donation, in collaboration with the University HealthSystem Consortium (an alliance of 70 academic health centers), has begun a major initiative to improve organ donation practices in hospitals across the country. The goal is to increase organ donation significantly in these hospitals by institutionalizing best-demonstrated practices. The project follows an ''action research'' design, which includes diagnosing hospital performance, building

consensus on the donation protocol, establishing a donation team in the hospital, educating all relevant staff in-depth, enacting the new protocol, and on-going monitoring for quality assurance. The project ultimately will lead to practice guidelines for organ donation, which, if adopted nationwide, could provide organs for many of the 53,000 Americans currently awaiting transplants. it is currently being implemented in a number of leading hospitals, including Henry Ford Hospital in Michigan, Virginia Commonwealth University's Medical College of Virginia Hospitals, University of Iowa Hospitals and Clinics, Oregon Health Sciences University Hospital and Clinics, Ohio State University Medical Center, Medical College of Ohio, St. Vincent Medical Center of Ohio and Riverside Hospital in Columbus, Ohio.

Collectively, these innovative endeavors will prove that patterns of nondonation can be modified. Mr. President, my amendment is aimed at encouraging hospitals to alleviate the donor shortage and sheds some light on demonstrated best practices that can improve organ donation in hospitals. It also expresses the sense of the Senate that hospitals that have significant donor potential shall fulfill their legal responsibility to assure a skilled and sensitive request for organ donation to eligible families. The Harvard study estimated that 5,600 additional lives could be saved each year if hospitals improved their practices relative to donation requests. A Gallup survey indicated that 85 percent of the American public supports organ donation, and 69 percent describe themselves as likely to donate their organs upon death.

Mr. President I understand that the amendment has been accepted. I thank the managers of the bill for their support. I would also like to acknowledge the support and cosponsorship of this amendment by Senator Thurmond, Senator Durbin, Senator Inouye and Senator Dorgan. Mr. President, I understand that the managers will also accept the Durbin-Levin amendment requesting the U.S. Department of Health and Human Services together with the General Accounting to conduct a comprehensive survey of donor hospitals to ascertain:

(1) the differences in protocols for the identification of potential organ donors

(2) whether each hospital has a system in place for such identification of donors, and

(3) protocols for outreach to the relatives of potential organ or Tissue donors.

The report will also include the Secretary's recommendations on the most efficient and comprehensive practices for identifying organ and tissue donors and for communicating with relatives of potential organ donors.

I commend Senator Durbin for all of the innovative work he is doing in the area of organ donation. Of particular note is Senator Durbin's Organ Donation Insert Card Act which was enacted into law over a year ago that I was pleased to cosponsor. The insert card is included along with the tax refunds to millions of Americans giving them the opportunity to indicate if they want to become an organ donor.

Mr. President, these organ donor measures, including my negotiations over the past decade with Department of Defense Health officials to increase the number of military organ donors, complement efforts to maximize the numbers of lives saved for those in need of organ or tissue transplants. I am encouraged that the two Department of Defense Directors instituted a number of years ago will result in every member of the military having an opportunity to indicate if they wish to become a donor. Under the Directive:

> Unless contra-indicated medically, legally, or for religious reasons, organ and tissue donation shall be discussed with next of kin in every death in a military Medical Treatment Facility including Uniformed Services Treatment Facilities.

Additionally, the Department of Defense has instituted the process of including organ donor information in the Defense Enrollment Eligibility Reporting System (DEERS). In April of 1995, the Department reported a 30 percent positive response to this directive, which had not yet been fully implemented.

AMENDMENT NO. 1109

Mr. NICKLES. Mr. President, in 1989, Congress enacted legislation that requires that the Social Security Administration provide workers with regular statements about the value of their Social Security benefits. SSA is required to send these forms—known as the Personal Earnings and Benefit Estimate Statements (PEBES)—to any eligible individual who requests one and was mandated to send an annual PEBES to each eligible workers over the age of 59 in 1995.

In FY 2000, the Secretary will be required to send this form annually to all eligible workers over the age of 25—An estimated 123 million Americans are expected to receive this form in FY 2000. The SSA projects that the cost of administering this law in FY 2000 will be $80 million.

These forms are specifically designed to help beneficiaries understand the value of their Social Security benefits. While I agree with the stated goal of the PEBES forms, I do not agree that the PEBES form in its current design meets the test of providing that information. In fact, I believe that in its current structure the PEBES form is misleading to beneficiaries.

Right now, individuals are provided an estimate of their retirement benefit. They are provided a yearly breakdown of their reported earnings, and a yearly breakdown of the taxes he or she paid. What is NOT reflected in this statement is the employer's contribution. My amendment will require the Social Security Administration to include the employer's contribution on the PEBES statement.

By not including the employer's contribution, the form misleads workers on the actual amount of money being contributed into Social Security on their behalf and distorts the true rate of return on their taxes.

Most people think that FICA represents 7.65 percent of their wages. Actually, it is twice that when you consider the employer's contribution totaling 15.3 percent—12.4 percent designated Social Security and 2.9 designated to Medicare.

Mr. President, the employer share of FICA is a labor cost. This is a cost of employing somebody in this country. This is compensation that is not available to go to the employee but instead is contributed on their behalf through FICA taxes. While we refer to this as the employer share, in reality this additional 7.65 percent comes out of the employee's compensation.

The PEBES is only telling half the story. Omitting the employer's share of FICA is a gross misrepresentation. The worker who looks at his or her statement will falsely assume that their estimated benefit is providing them a much higher rate of return. In fact, the rate of return is much lower because the taxes that a person is paying is actually TWICE what the PEBES form indicates.

The PEBES form does provide for representation of the self-employed share, however, those workers who are not self-employed are not getting the truth about the performance of their Social Security taxes.

Mr. President, my amendment is simple. It will require that we are honest to taxpayers about not only what their full benefits will be but that we are also honest on what the full cost of those benefits are. If we are going to take the time and resources to educate workers on their benefits we should ensure that it is done honestly and correctly.

Frankly, I believe that we would improve the PEBES form even more by tackling some of the issues that Senator Grams has laid out in his legislation Workers should be informed on the real rate of return on their taxes; they should understand how the Social Security program is performing compared to the private market; and finally, when the Social Security Administration projects benefit estimates they should also be required to inform beneficiaries that the trust fund won't be able to pay benefits after 2029.

I am pleased that this amendment has been accepted by the managers of the bill and I believe it will help improve one of the few tools available to us in educating the public about planning for their retirement.

AMENDMENT NO. 1093

Mr. CRAIG. Mr. President, I am pleased that the Senate is considering today an amendment I am offering with Senators BINGAMAN and DOMENICI.

This amendment to S. 1061 would make a change to the Fair Labor Standards Act (FLSA) that is narrow

in scope, but is of critical importance to irrigators in Idaho and the West.

Our amendment solves a problem with the interpretation of a provision of the FLSA.

Currently, nonprofit organizations that deliver water for agricultural purposes—such as water districts organized by local governments, co-ops, and non-profit corporations—are exempt from the maximum-hour requirements of the FLSA.

However, according to the Department of Labor, if even one drop of this water is used for purposes it considers ''non-agricultural'', then the water delivery organization loses its exemption and severe penalties can be imposed. This is true even for minimal or incidental uses, such as road watering, lawn and garden irrigation, or livestock consumption. Such uses may be closely related to, but technically not interpreted as being, ''agricultural purposes''.

Our amendment clarifies that the maximum hour exemption applies to water delivery organizations that supply 90 percent or more of their water for agricultural purposes.

The work being done for these organizations is very seasonal. Irrigation has never been, and can not be, a 40-hour-per-week, 12-months-a-year, undertaking. During the summer, water must be managed and delivered continually. Later in the year, following the harvest, the work load is light, consisting mainly of maintenance duties.

Our amendment is better for employers, workers, and farmers.

If a water delivery organization is forced to pay overtime during the summer, it will have to lay off workers in the winter. Then it will hope that skilled, specialized workers, who know the equipment and the area, are available again next spring. Our amendment solves this problem, by promoting a stable work force and level costs, year-round.

This adjustment also helps ensure year-round incomes and job security for employees.

Our amendment restores the flexibility that traditionally existed and was always intended by Congress. It more accurately reflects the realities of agricultural water delivery.

Representative MIKE CRAPO of Idaho has introduced a similar measure in the other body. It is our hope that this adjustment finally will become law this year.

Finally, I want to acknowledge a former member of my staff, who is now an attorney in Idaho, Norm Semanko. Norm actually began work on this amendment some time back and laid the groundwork that has led up to its adoption by the Senate today. My staff still refers to this amendment as the Semanko Act.

I understand this amendment will be accepted on both sides. I thank the managers of the bill for their support and assistance; the chairman and ranking member of the Labor and Human Resources Committee, with whom we consulted; and Senator BINGAMAN and his staff for their strong efforts on behalf of this amendment.

Mr. BINGAMAN. Mr. President, I'm cosponsoring this amendment to section 13(b)(12) of the Fair Labor Standards Act, to make this law reflect the on-farm realities in the West. I believe this amendment follows what must have been the true intent of legislation in the first place. Section 13 is a long list of occupations that for one reason or another we have exempted from the various overtime requirements of the law. Section 13(b)(12) in particular exempts employees of irrigation districts.

The reason for this exemption has to do with the requirements of farming in the arid West. In my home state of New Mexico, for example, we usually have two to three months each year, from about mid-May to the end of July, where we get little or no rain. This yearly dry spell is right at the height of the dry season, and if a farmer can't irrigate his crops they die. Because of the expense of irrigation systems, most farmers belong to an irrigation district that maintains a system of canals and ditches to supply water to their fields. Most irrigation districts employ their ditch riders year round so that they know the system, the individual farms, and the needs of each farmer in the district, and don't have to relearn the process every year. With year-round employment these folks are an integral part of the farm community. However, the work these people do is very seasonal. Typically, a ditch rider will work long and hard hours during the summer irrigation season, and have a relatively lax work schedule the rest of the year. In enacting section 13(b)(12), Congress recognized the importance that year-round employment has for both the ditch riders and their families, and the farming community. However, it appears that in acknowledging the unique working conditions required for western farms, that the law was written too narrowly. The current section exempts:

> . . . any employee employed in agriculture or in connection with the operation or maintenance of ditches, canals, reservoirs, or waterways, not owned or operated for profit, or operated on a share-crop basis, and which are used exclusively for supply and storing of water for agricultural purposes.

The phrase ''exclusively for supply and storing of water for agricultural purposes,'' has recently been interpreted by rulings in the 9th and 10th Circuit Courts to mean that all of the water from a district's system must be used for irrigation or the district loses the exemption.

This strict all or nothing approach just doesn't match with the reality of western farming communities and the day-to-day life on a western farm. In the dry and dusty summer months it is very typical for farmers to use of their irrigation water for dust control, and for watering their lawns and flower beds. That is just human nature. However, the vast majority of water is used for growing crops.

Mr. President, this amendment, which changes the exemption to required that ''at least ninety percent'' of the water be used for agriculture, merely reflects a practical application of this long established exemption. As the irrigation season is just winding down for this year, the farm districts will soon be making decisions regarding whether to retain their ditch riders in light of the recent court rulings. With this in mind, I ask my colleagues to accept this amendment now, so that there won't be any disruption to these people's lives.

AMENDMENT NO. 1120

Mr. BENNETT. Mr. President, in the Federalist Papers, Madison tried to allay fears of a Federal government overpowering state and local concerns, by stating:

> . . . where on one occasion improper sacrifices have been made of local considerations to the aggrandizement of the federal government, the great interests of the nation have suffered on a hundred from an undue attention to the local prejudices, interests, and views of the particular States.
>
> . . . But what degree of madness could ever drive the federal government to such an extremity?—Federalist Paper, No. 46.

Mr. President, while Mr. Madison believed that Federal encroachment of local interests would be rare, I believe the State of Utah finds itself in that circumstance. Utah's education budgets are being improperly sacrificed by federal action. Mr. Madison predicted that legislative devices would be used to solve these types of problems. He was right. Today I am offering an amendment in an attempt to do just that.

Last September, the President created the 1.7 million acre Grand Staircase-Escalante Monument in Utah. While I vehemently disagreed with the process the Administration used to designate this monument, it is now a fixture on our map. We must now move on and work toward resolving the problems that were created by this Proclamation.

One of the most important issues that must be addressed are the 176,000 acres of school trust lands trapped within the boundaries of the monument. For those of you who are not familiar with school trust lands, let me briefly explain. At statehood, the federal government granted about one-ninth of the lands in Utah for the support of public education. School trust lands exist solely to generate revenue for public schools.

President Clinton, in designating the monument acknowledged the impact to state education funds. He stated, ''I know the children of Utah have a big stake in school lands located within the boundaries of the monument that I am designating today . . . creating this national monument should not and will not come at the expense of Utah's school children.'' Utah's citizens, and

education groups, including the Utah's Education Association, the Parent-Teacher Association, the School Boards Association, the State Board of Education, the School Superintendents Association, the Association of Elementary School Principals, the Association of Secondary School Principals, and School Employees Association agree, and have spoken loudly and clearly about the need to solve this problem for the benefit of Utah's school children.

President Clinton then directed the Interior Department to conduct a land exchange of school trust lands located within the Monument. While this is one of the most realistic solutions to this problem, it will not be easy. Land exchanges are expensive, time-consuming, and unfortunately, will negatively impact tight State education budgets. In a May 14 report on the Grand Staircase-Escalante Monument, the Department of Education reached the following conclusion:

> The Department [of Education] recognized that the process of arranging for land exchanges exacts costs on the State of Utah . . . These costs are paid from funds that would otherwise be available for public education.

Mr. President, this amendment provides a grant to the Utah State Education Agency to partially defray expenses of conducting a land-exchange. State education funds are badly needed to educate Utah's children.

I would like to thank Senator SPECTER and Senator HARKIN for their assistance, and leadership in education. I look forward to working with them, the Department of Education and the Administration on this issue, and appreciate their willingness to work with me.

AMENDMENT NO. 1111

Mr. SPECTER. Mr. President, I ask unanimous consent that the pending amendment be set aside and that the Senate turn to the consideration of amendment No. 1111 to Senate bill 1061.

AMENDMENT NO. 1123 TO AMENDMENT NO. 1111

(Purpose: To assure the Medicare Commission examines the role of medical research and long-term care in the future of Medicare)

Mr. HARKIN. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

> The Senator from Iowa [Mr. HARKIN], for himself and Mr. FEINGOLD, proposes an amendment numbered 1123 to amendment No. 1111.

Mr. HARKIN. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

> At the end of line 3 in the pending amendment insert the following: ": *Provided further,* That in carrying out its legislative mandate, the National Bipartisan Commission on the Future of Medicare shall examine the role increased investments in health research can play in reducing future Medicare costs, and the potential for coordinating Medicare with cost-effective long-term care services".

Mr. HARKIN. Mr. President, this amendment provides $900,000 for the first year costs for the bipartisan Commission on Medicare authorized in the Balanced Budget Act of 1997. The additional funds are fully offset.

The PRESIDING OFFICER. Is there further debate on the amendment?

Mr. SPECTER. That amendment is agreeable to this side of the aisle.

The PRESIDING OFFICER. The question is on agreeing to the second-degree amendment.

The amendment (No. 1123) was agreed to.

Mr. SPECTER. Mr. President, I move to reconsider the vote.

Mr. HARKIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The question is on the amendment, as amended.

The amendment (No. 1111), as amended, was agreed to.

Mr. SPECTER. I move to reconsider the vote.

Mr. HARKIN. I move to lay that on the table.

The motion to lay on the table was agreed to.

Mr. HARKIN. I ask unanimous consent that the RECORD be corrected to reflect that amendment No. 1115 is a Harkin amendment, cosponsored by Senators BINGAMAN and KENNEDY.

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

Mr. HARKIN. I ask unanimous consent that Senator BINGAMAN be added as a cosponsor to amendment No. 1101.

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

Mr. McCAIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCAIN. How much time is remaining on both sides on the pending McCain amendment?

The PRESIDING OFFICER. The Senator from Arizona has 15 minutes 30 seconds. The Senator from Iowa has 21 minutes.

Mr. McCAIN. Mr. President, I yield myself 5 minutes.

Mr. HARKIN. If the Senator will withhold, will the Senator yield for a unanimous-consent request?

Mr. McCAIN. Yes.

PRIVILEGE OF THE FLOOR

Mr. HARKIN. Mr. President, I ask unanimous consent that Janet Goldberg, a detailee in my office, be permitted privileges of the floor on the debate of the Labor, Health and Human Services appropriations bill.

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

The Senator from Arizona is recognized.

AMENDMENT NO. 1091

Mr. McCAIN. I yield myself 5 minutes, and then I hope that the opponents of the amendment will use part of their time because I don't intend to use all of my time since I would like to save some time at the end.

Mr. President, there is going to be a budget point of order. I will respond to that at the right time. I remind my colleagues that the provision contained in the Balanced Budget Act was not contained in the balanced budget bill passed by the full Senate. The full Senate never had the opportunity to review this provision. Not only did the Senate not have the opportunity to debate this provision when we considered the budget bill in June, we were not given sufficient time to clearly examine the budget bill after conference.

The Balanced Budget Act is over a thousand pages, and we had less than 24 hours to review the final draft after receiving it from the conferees. Mr. President, it is also well known that a provision originally was going to be included that would affect only the State of New York, and then it was expanded to the entire country.

Mr. President, I just read a very amusing—at least to me —letter from a fellow that wanted to not raise hogs or not grow grain. I have been amused somewhat by this proposal that we would pay teaching hospitals not to teach, or pay farmers not to grow, or to pay anybody not to do something. It is somewhat amusing, but at the same time, occasionally in this debate we should focus on the fact that there are 46 million Americans who still lack access to doctors and medical care in America.

Here we have a situation where, according to the Health and Human Services Department, 46 million Americans don't have access to health, doctors, and medical care, yet, now we are going to restrict the supply of doctors in America. It flies in the face of every fundamental belief that I have, ranging from what capitalism and the free enterprise system is all about to what our obligations as a society are.

If we are going to restrict the number of doctors, how in the world are we supposed to take care of these 46 million Americans who live in rural communities and inner-city neighborhoods and have shortages of physicians and health care professionals? The very poorest people in America, Mr. President, are the ones who don't have health care, and now we are going to deprive them of the possibility of treatment?

There are programs that serve underserved areas, including the National Health Service Company, Area Health Education Centers, Interdisciplinary Training for Health Care in Rural Areas, Community Health Center, Migrant Health Centers, and the Health Professions Work Force Development Program.

I hope that my colleagues will join me in rejecting this proposal that somehow we are helping Americans by restricting the number of doctors. Mr. President, in its own bizarre fashion,

the CBO is claiming this will cost the American taxpayers money. I find it bizarre. I find it incredible. And the fact is that if we are now going to accept the assumption of the CBO that we save money by not having teaching hospitals teach, then clearly we can save money by not having other organizations in America that receive Federal subsidies do their job as well. It seems that it is only the medical profession that seems to be able to get away with this.

By the way, Mr. President, this experiment ''* * * will pay hospitals in the State''—the State of New York, not the entire country but just in the State of New York—''$400 million over the next several years, while they gradually decrease the number of young doctors they train.''

My understanding is that there will be no change for the first 2 years of this.

That experiment ''* * * drew an outcry from teaching hospitals elsewhere that felt New York had wrangled a lucrative special deal. Their protests attracted the sympathy of congressional Republicans who decided that, instead of trying to block money for New York, they would expand the opportunity nationwide.''

To quote further:

The payments represent a rare attempt by the Federal Government to use subsidies as leverage to shrink a particular work force. ''I know of no profession where there has been as much Federal effort to regulate,'' said Uwe Reinhardt, a health economist at Princeton University. ''You don't do it for economists, for architects, for engineers.''

The payments also are the government's first effort to constrict the pipeline of people entering the medical profession. Several influential groups have warned lately that the nation has too many doctors, particularly specialists, and have urged the federal government to impose limits on the number of recent medical school graduates, known as residents, who pursue several years of advanced training before beginning to work on their own. But until now that advice has met with legislative resistance.

The New York experiment and the nationwide initiative hinge on changes in Medicare, the largest federal insurance program for the elderly and disabled. Since it began, Medicare has underwritten residency training programs heavily and has, in effect, made residents a prized, inexpensive kind of labor for their hospitals. Taxpayers spend $7 billion a year on such training.

Until now, many teaching hospitals have been reluctant to cut back, because every resident translates into an average subsidy of $100,000 a year. ''It has not been financially rewarding to downsize,'' said Muncey Wheby, associate dean for graduate medical education at the University of Virginia.

Under the budget agreement, hospitals that downsize will not get extra money outright. But if they volunteer to reduce their residency programs by 20 percent or 25 percent over five years, Medicare will cushion the financial blow. For the first two years, it will pay the whole subsidy for the missing residents. After that, the payments will taper off for three years.

The agreement also for the first time essentially forbids hospitals to increase the sizes of their residency programs.

Mr. President, the article goes on with other suggestions:

But others suggest that hospitals will be rewarded needlessly for cutbacks that some have started to make without being paid to do it. Some say the initiative is the medical equivalent of discredited agricultural programs that have paid farmers not to grow certain crops.

''I don't know where the hell as Republican Congress gets off doing labor force planning for the medical profession,'' said Robert E. Moffit, deputy director for domestic policy studies at the Heritage Foundation, a conservative think tank. ''As an economic principle, it is absurd.''

How many physicians the nation produces has important effects on the cost of the health care system. The greater the number of doctors, research has shown, the more medical tests and expensive specialty treatment patients tend to receive, because physicians find subtle ways to keep themselves employed.

With more than 700,000 physicians, the United States has more doctors per capita than virtually any other country. In particular, it has a vast supply of specialists, who are starting to find themselves in less demand as more patients are insured through ''managed care'' plans that favor treatment by lower-cost medical generalists.

Mr. President, I reserve the remainder of my time. I yield the floor.

The PRESIDING OFFICER (Mr. KEMPTHORNE). Who yields time?

Mr. MCCAIN. Mr. President, in light of the fact that I am the only one here on the floor, I ask unanimous consent that the time be taken off the time of the opposition to the amendment.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. MCCAIN. Mr. President, I suggest the absence of a quorum, and ask unanimous consent that the time be taken from the opposition to the amendment.

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

The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. MCCAIN. Mr. President, could I ask how much time remains on both sides?

The PRESIDING OFFICER. The Senator from Arizona controls 7 minutes; the opposition controls 4 minutes and 53 seconds.

Mr. MCCAIN. Mr. President, I know that the opponents of this amendment would like to make some comments.

Oh, here is one right now.

Mr. DOMENICI. Mr. President, I seek recognition.

The PRESIDING OFFICER. Who yields time?

Mr. DOMENICI. Who is the opposition?

I guess I am the opposition.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

Mr. DOMENICI. How much time do I have?

The PRESIDING OFFICER. The Senator has 4 minutes 50 seconds.

Mr. DOMENICI. Who dealt away all my time in opposition?

The PRESIDING OFFICER. It was running during the quorum call.

Mr. DOMENICI. First let me apologize. I was at the Senate Committee on Governmental Affairs. Frankly, of all the times you could have, I was actually asking questions. But I do not need any more time.

Mr. MCCAIN. I was just going to say I ask unanimous consent to give the Senator from New Mexico some additional minutes if he would need them.

Mr. DOMENICI. Mr. President, I do not need anything. The only thing is, did the distinguished chairman of the Finance Committee, Senator ROTH, speak?

Mr. MCCAIN. No.

Mr. DOMENICI. I am wondering if he would like to speak.

That is the reason I raised this, I say to the Senator, but they are going to send for him.

He spoke earlier in the day.

Mr. President, I do not need but just a few moments. I was not privileged to hear Senator MCCain and those who proffered this amendment. But let me first say that whatever they said about the status of the way we through the Federal Government are funding medical doctors' education, both straight medical school and for specialties, whatever they said about how egregious it is, they are probably right.

The point is that what they seek to do is not going to help a bit because what has actually happened is that we are paying for medical education out of the Medicare fund, and we have been doing it for a long time. That is sort of a way for you to fund medical education, and if nobody knows about it, it doesn't count very much because it is coming out of what was always a very big trust fund. As a consequence, medical education is costing a huge amount of money and the biggest player—so everybody will understand this issue of who is going to decide how many doctors we have, right now the biggest player is the Federal Government. We are the ones putting huge amounts of money into the teaching hospitals that permit them to teach as many doctors either general medicine, their first years through, or their specialties.

Obviously, we are proud that that system has yielded the best doctors in the world, I do not think there is any doubt about that, including the best specialists in the world. But the cost is enormous, something like $100,000 a doctor. And let me repeat, we, the taxpayers, through this mechanism are paying for that. So in a sense we already are the switch that is going to determine how many doctors we have and how many we do not have. And now all of a sudden in the budget debates there is a recognition that we cannot afford to spend as much as we have been spending.

So the experts from the various committees and staffers—and I only regret to say I am not on the committee with jurisdiction. I was there negotiating with our distinguished leader, but the

conclusion was we have to save some money on this Federal expenditure producing these doctors in particular since there are too many being produced, at least more than we ought to be paying for. Maybe that is the way I ought to say it. If they want to produce more and somebody wants to pay more money, that is the marketplace, good luck. But we are the marketplace substantially now, the taxpayers.

So nobody wants to cut the subsidy. The AMA does not want us to cut the subsidy. The schools that are great schools do not want us to cut the subsidy. So to save money somebody came up with an idea to start a pilot project and see if in New York you said to the schools produce less doctors, we give you less money, and of the money saved, you get half and we get half.

As this budget worked its way through the Congress, through the conference and debates, somebody said if you are going to try the pilot in New York, try it all over the country. So what we have is language in a budget deal that has already been voted in that says try this everywhere in the country and see what we get out of it.

The end product, Mr. President and fellow Senators, is that the Congressional Budget Office estimates we will spend $230 million less this way than if we did not do it this way. So essentially, whether one likes the idea or not, the alternatives are very simple. One, if you take it out, as Senator MCCAIN is recommending, you spend more money.

Could I have an additional minute, 2 minutes?

You do what Senator MCCAIN is asking us to do and you spend $230 million more according to the Congressional Budget Office. I have no reason to discount that information.

Mr. MCCAIN. Mr. President, I ask unanimous consent that the Senator from New Mexico be granted 5 additional minutes.

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

Mr. DOMENICI. I thank the Senator.

So one option is to take it out and lose $230 million which the budget process has not found anywhere, and Senator MCCAIN and his supporters are not finding anywhere. So it is essentially breaking the budget by $230 million, which means when the time has all expired, I will make a point of order that it violates the Budget Act and the Senators can vote up or down do they want to violate the Budget Act or not. If they do, we would lose $230 million, and that is their call collectively, and we need 60 votes to do it.

One should ask, if the McCain amendment succeeds, where are we? The interesting thing is if the McCain amendment passes, we are right back to where we were before with the Federal subsidy program in place. We haven't reduced it significantly—a little bit, but we are still in there subsidizing just as we have been with a little bit less money.

What we really ought to do is decide how we are going to change this. If we are putting too much money into the education of doctors at every level including specialists, we ought to put less in, and that is what we do not have the intestinal fortitude to do. And I guarantee you if a committee that has jurisdiction came to the floor with a proposal that said we are going to reduce the subsidy significantly so we don't spend as much money, thus you teaching hospitals get less, there would be a huge uproar and every Senator who has a major medical hospital and educational institution that produces medical doctors will be here talking—I see my friend from New York. He would be here certainly, and so would Senator MOYNIHAN—saying it is the end of the world, it is the end of medicine as we know it. We did not do this.

I frankly believe in the long run we have to do it. We cannot have so much capacity paid for by the Government. In the long run the private sector can pay anything they want and families can pay if they want. But the Federal Government to be the catalyst for producing more doctors than anybody thinks we need is just kind of absurd.

So on the one hand I thank Senator MCCAIN and his supporters for bringing this issue to the Senate. And maybe, win or lose, he will have prompted us to do something we ought to really do about this program, and I submit it is not to do what we have done in the budget. I do not have any alternative but to support it today and say, if we take that out, we lose a substantial amount of money. Nonetheless, Senator MCCAIN and those supporting him will have had an educational exercise here and I think I have contributed to it.

Mr. D'AMATO. May I make an inquiry?

Mr. DOMENICI. Sure.

Mr. D'AMATO. Did the Senator raise the point of order?

Mr. DOMENICI. No. I will when the time is up. You can't until the time has expired. If I had any time——

The PRESIDING OFFICER. The Senator has 2 minutes remaining.

Mr. DOMENICI. The Senator wants to speak in opposition?

Mr. D'AMATO. Yes.

Mr. DOMENICI. I will give the Senator the remaining minutes.

The PRESIDING OFFICER. The Senator from New York is recognized for 2 minutes.

Mr. D'AMATO. Mr. President, I have heard the Senator from New Mexico, and I agree with him. I also think that the Senator from Arizona does us a great service by saying, look, this may not be the methodology, the best method of paying for the training of our doctors, but, having said that, that is the system that exists. The legislation that the Senator's amendment would affect is designed, maybe imperfectly, to begin to reduce those expenditures, those moneys that come out of the Treasury.

Let me say this to you: It is not fair to say that we are paying for doctors that are not going to be in training and, indeed, again, the proposal that the administration has put forth and that the committee has expanded that goes beyond New York and now nationwide, those dollars will be used to provide adjustment assistance, because as these hospitals downsize, they are going to have to hire additional staff doctors, nurse practitioners, physician assistants and other personnel to replace the residents who now treat Medicare patients.

So this is a canard to simply say we are giving you money not to train doctors. It is transition and, in the fullness of time, will save the taxpayers, depending upon who is doing the scoring, as much as $350 million. You can't knock a program on one hand and say you are paying all this money and we should reduce it, and when you come up with a methodology to reduce it then say, ''Oh, no, that's not the right methodology.''

Show us a way in which you do that and don't throw the teaching hospitals into chaos. This is the manner that I would suggest, as imperfect as it may be, that the committee came up with. For those reasons, I hope that we will refrain from piling on and supporting the McCain amendment which does not help the situation.

The PRESIDING OFFICER. All time in opposition has expired. The Senator from Arizona has 6 minutes remaining.

Mr. MCCAIN. Mr. President, I will be glad to give 2 additional minutes to the Senator from New York if he would like.

Mr. D'AMATO. Mr. President, I thank the Senator for his generosity. I think I have made our point, but the Senator couldn't be more gracious in providing us that opportunity.

Again, I do hope we can find a better way to fund this, because I don't think people know that the Federal Government put so much money into teacher training. If there is a better way to fund it and finance it, I think we should look for that.

Mr. DOMENICI. Will the Senator yield me 30 seconds?

Mr. MCCAIN. I yield 30 seconds to the Senator from New Mexico.

Mr. DOMENICI. I made a mistake, Mr. President, in giving you the estimate of what this will cost the budget. I gave you $230 million. The Congressional Budget Office has now looked at the whole country, because this applies to the whole country, and their estimate now is, so everyone will know, if the MCCAIN amendment is adopted, the budget will be, in the first 5 years, $390 million short. That is, that much will be added to the deficit and, over 10 years, believe it or not, it is $1.9 billion. I yield the floor.

Mr. MCCAIN. Mr. President, how much time do I have remaining?

The PRESIDING OFFICER. The Senator from Arizona has 5 minutes 20 seconds remaining.

Mr. MCCAIN. I yield myself 1 minute, and I will then yield the Senator from Texas the remaining time.

Mr. President, the Senator from New Mexico asked where would we be if my amendment is adopted? We would not be in the business of paying people not to do things. We would not be, through central planning and pure socialism, deciding what the supply of doctors in this country is when there are 46 million Americans that do not receive health or medical care in America today. That is an outrage and an insult.

We spend our time fighting on the floor of this Senate about appropriating more money to take care of health care for kids, more money to take care of health care for elderly Americans. How in the world are we going to do that if we don't have enough doctors? The fact is that the Senator from New Mexico asked where would we be? At least we would not be in the bizarre and incredible situation where we are paying schools not to do anything.

We tried this with the agriculture program, Mr. President. We tried it before, paying people not to grow crops. It doesn't work. You don't adjust people's behavior by doing such things and, believe me, this amendment, this provision—I allow myself additional 30 seconds—I want to point out again the process that this went through. Never a word of debate on the floor of the U.S. Senate on the Balanced Budget Act. I don't know what in the world this has to do with balancing the budget, but what it had to do with was a provision that was stuck in on the House side and, in less than 24 hours, we had to examine a 1,000 page document which clearly nobody on this floor today, with the exception of the Senator from New Mexico, had a chance to examine or debate. This is not the right way to legislate. This is not the right way to conduct our business in America.

I yield my remaining time to the Senator from Texas.

The PRESIDING OFFICER. The Senator from Texas is recognized for 3 minutes 30 seconds.

Mrs. HUTCHISON. Mr. President, I will just inform the Senator from Arizona that I will be happy to yield back a minute of my time since he so generously has given me the last time.

Mr. President, let me just say that I am a supporter of medical education. I have supported every amendment that has come through here, and I have sponsored amendments that add to the medical schools' part of Medicare funding. I want medical schools to be funded. But, Mr. President, this is not the way to do it. In fact, the University of Texas, which is a school that has one of the best medical schools in the whole United States, has said this is bogus, and they have refused to take the extra funds in this way not to train medical doctors. They are not in the business of not training medical doctors, and they have refused this money because this is the wrong way to go.

Only in Washington would we address the issue of an oversupply of doctors by funding not teaching doctors. Some would say, if this were a debate to increase spending not to educate lawyers, maybe it would be worthwhile. But, in fact, we are not going to do anything so silly as to pay not to train doctors or lawyers or any other professionals in this country. This is not the way to address the issue of oversupply. The issue of oversupply is real.

The issue of training doctors is very important. In fact, I would like to increase funding. I wish that we could substitute what we would save here and put it into other parts of Medicare funding, perhaps rural medical education, which is suffering greatly.

I believe in teaching hospitals. I do not believe in paying hospitals not to teach, and I hope we can correct that inequity. I hope we can legislate in a responsible way. I hope that we can put our money into Medicare, into medical education, into training doctors, into rural health care where we need the money, but I do not want to spend one dime not to train doctors with added funds. It doesn't pass the smell test, and I am proud to say that the University of Texas, from my home State, is not taking these dollars because they believe this is bogus. They need money to train doctors in the best way, but this is not the best way.

Thank you, Mr. President, and I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona has 30 seconds remaining.

Mr. MCCAIN. Mr. President, I just will comment that I was very interested in hearing the statement of the Senator from Texas that indeed there is a university in America that has decided they don't need to be paid not to train doctors. Of course, I put a further credibility test on this argument that somehow teaching hospitals across America have to have this huge subsidy not to train doctors. I hope more schools and universities will follow the example of the University of Texas.

The PRESIDING OFFICER. All time has expired on amendment No. 1091. The Senator from New Mexico.

Mr. DOMENICI. Mr. President, can I have 10 seconds before I make my motion? I, too, hope all the hospitals do that. If they do, we will save $390 million and over 10 years we will save $1.9 billion. I think that would be an exciting end product.

Mr. President, the McCain amendment increases mandatory spending and is scored against the subcommittee's allocation. This additional spending would cause the underlying bill to exceed the subcommittee's allocation. Therefore, I raise a point of order against the amendment pursuant to section 302(f) of the Budget Act.

MOTION TO WAIVE THE BUDGET ACT

Mr. MCCAIN. Mr. President, I move to waive the budget point of order pursuant to section 904 of the Budget Act, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

Mr. MCCAIN. Mr. President, I ask unanimous consent that the yeas and nays be delayed until the managers of the bill decide the most appropriate time. There are important hearings going on at this time, and I don't think that they wish to have it interrupted. So I ask unanimous consent that, pending the decision of the managers of the bill and the leaders, that the yeas and nays be set aside.

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

Under the previous agreement, there is now 20 minutes equally divided on the issue to waive the Budget Act. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I yield back my time.

Mr. DOMENICI. I yield back any time I have on the motion.

The PRESIDING OFFICER. All time has been yielded back then on the motion to waive the budget point of order.

Mr. DOMENICI. Have the yeas and nays been ordered on the motion?

The PRESIDING OFFICER. Yes, they have.

Mr. MCCAIN. Mr. President, I am astounded and very pleased to note that the FY 1998 Labor/HHS appropriations bill is nearly devoid of any pork-barrel language, at least in the bill itself. After careful scrutiny of the measure, I have found only one section of the bill which is clearly pork. That is section 506, which contains the language on Buy America set-asides that appears to be standard practice in this year's appropriations bills.

Other than these Buy America provisions, which I continue to strenuously oppose, I can find no other egregious examples of pork-barrel spending in the bill language. For this restraint, I thank the subcommittee chairman, Senator SPECTER, and the members of the Appropriations Committee.

Unfortunately, the report does contain a number of earmarks of funds for location-specific, unauthorized, or simply wasteful projects. And it contains, of course, language that is intended to have essentially the same effect as an earmark; by this, I mean the use of words like ''encourage'', ''urge'', and ''carefully consider'' in connection with references to particular institutions, projects, or proposals that the committee would obviously like the relevant agencies to fund. These are not earmarks, but I am sure the programs which the committee encourages or urges the agencies to support will receive special consideration.

I would like to submit for the RECORD the full list of objectionable provisions in the bill and report, but would take a few moments of the Senate's time to note just a few of the more interesting earmarks in the bill:

Report language directs OSHA not to enforce methylene chloride regulations

because small employers in the furniture stripping and foam manufacturing and fabrication industries are concerned about the cost of compliance.

The report earmarks $326,000 for the Central Montana Head Start Program to secure donations of surplus property.

The report earmarks $1 million for the Very Special Arts Festival in Los Angeles.

The report earmarks $500,000 for the native Hawaiian education council and island councils.

As I noted, the report language contains a multitude of expressions of support, short of earmarks, for particular projects. A few examples:

Encourages the Department of Labor to expedite consideration of a request by the Iacocca Institute for funding to create a work force development education curricula.

Encourages full and fair consideration of proposals by the Cabot Westside Clinic and Samuel U. Rodgers Health Center in Kansas City, MO.

Urges consideration of a proposal by the North Dakota State College of Science in Wahpeton, ND, to conduct a consolidation of instructional facilities for allied health programs into one site in a rural area.

Urges the Centers for Disease Control to work with native Hawaiians to explore whether utilizing indigenous Hawaiian healing methods may impact the incidences of diabetes and asthma.

Encourages consideration of a proposal to establish a dedicated Human Islet Processing and Distribution Center by the Miami VA Medical Center, Jackson Memorial Hospital, and the University of Miami Diabetes Research Institute.

Urges National Institutes of Environmental Health Sciences to study the health aspects of volcanic emissions.

Urges NIA to consider providing assistance to the West Virginia University's Year 2000 International Conference on Rural Aging.

Urges full consideration of a proposal by the Birmingham Alliance for the Mentally Ill Crisis Intervention Task Force in Jefferson County, AL.

Urges consideration of a proposal by the Institute for Responsible Fatherhood and Family Revitalization in Cleveland, OH, to replicate its program, and sets aside $300,000 for this project.

Urges consideration of a proposal from the Women's Institute for a Secure Retirement for pension counseling.

Urges $800,000 to be provided to assist in cataloging and preserving Pennsylvania's library of anthracite coal region.

Urges the Department of Education to provide $27 million in funding to 18 different colleges and universities for unspecified purposes.

Again, this report contains far fewer earmarks than any other appropriations report considered by the Senate this year. By my count, the total of the report language earmarks is approximately $35 million. Compared to the more than $10 billion in pork-barrel spending in the 10 previously approved bills, this is not a large sum.

But the problem with pork-barreling is that the average American does think that $35 million is a large sum. In fact, most Americans think that $35 million is quite a lot of money. I certainly do.

And the fact is that this is $35 million that was taken from the American people in the form of taxes. And now we, the representatives of the people, are earmarking these funds for special interest projects that do not necessarily reflect the needs or priorities of all or even a majority of the American people.

Mr. President, that is why pork-barrel spending is wrong. And that is part of the reason the American people hold the Congress is such low regard.

Again, my thanks to Senator SPECTER for exhibiting remarkable restraint in the spending priorities in this bill. I hope others will take his example to heart as we prepare to consider conference reports on the fiscal year 1998 appropriations measures.

I ask unanimous consent that a list of objectionable provisions in the bill be printed in the RECORD.

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

OBJECTIONABLE PROVISIONS IN THE FISCAL YEAR 1998 LABOR-HHS APPROPRIATIONS BILL AND REPORT

BILL LANGUAGE

Section 506. Buy-America provisions (contained in almost all appropriations measures this year)

REPORT LANGUAGE

Earmarks

$1 million for a manufacturing technology training demonstration project in Mississippi which will educate technically competent new entrants into the work force and retrain the existing work force to adapt to technological innovation.

Funding for consideration for a multi-State implementation of models, such as the New Mexico Retail Association's Program for youth opportunities in retailing.

$3 million for the Samoan/Asian Pacific Island job training program in Hawaii.

$200,000 to the Vermont Department of Employment and Training to aid in the development of a high skills training consortia and a pilot project to begin training in targeted areas.

Language directing OSHA not to enforce methylene chloride regulations (except in certain circumstances) because small employers in the furniture stripping and foam manufacturing and fabrication industries are concerned about the cost of compliance and the assurance of the availability of OSHA compliance assistance.

$3.5 million for the Native Hawaiian Health Care Program.

$1.75 million to Hawaii for medical care for Hansen's disease patients in the State. The Committee has provided funding for the payment to Hawaii as a separate line item rather than part of the overall appropriations for Hansen's disease.

$2.045 million for the State of Hawaii for medical care and treatment in its hospital and clinic facilities ($295,000 above the administration request).

Funding for a community based intervention project for diabetes prevention in Gallup, New Mexico.

Funding to assist in the conversion of the Savannah River site cancer registry and the South Carolina State cancer registry into a single statewide registry.

Language noting that Alaska be treated favorably in the allocation of the increase provided for substance abuse centers.

Funding for a three year extension for the Temple University Hospital Ventilator Rehabilitation Unit.

Funding to continue the existing grant to the National Indian Council on Aging that increases Indian elder awareness and participation in the public policy issues that have direct impact on all of the Indian country.

$326,000 for the Central Montana Head Start Program to secure donations of surplus property.

$1 million for a Charlotte-Mecklenburg schools prekindergarten initiative for start-up costs and renovations.

Language stating that priority should be placed on supporting projects such as the House of Mercy in Des Moines, Iowa to promote self sufficient and independent living for runaway and homeless youth.

$130,000 should be made available to colleges and universities that have enrolled American Indian and/or Alaska Natives in masters degree programs in social work.

$260,000 for the National Asian Pacific Center on Aging to link the Asian Pacific aging community with other services and organizations.

An increase to the North Philadelphia Cancer Awareness and Prevention Program.

$1.4 million (unrequested) for the Bethune Memorial Fine Arts Center in Florida.

$4.25 million grant to the John F. Kennedy Center for the Performing Arts.

$1 million for the Very Special Arts Festival in Los Angeles, CA.

$500,000 for the University of Hawaii Center on the Family.

$500,000 for research on technology to be used by children with disabilities. The Committee believes that the University of Northern Iowa would be best suited to do this research.

$1.5 million for the Readline Program. The Committee notes that the Greater Washington Educational Telecommunications Association is well-suited to handle this research.

$4.2 million for the Hawaiian higher education program.

$500,000 for the University of Hawaii at Hilo Native Languages College.

$500,000 for the Native Hawaiian education council and island councils.

$7.1 million for family-based education centers.

Words of encouragement and support

Encourages support from discretionary funds, to the Kauai Cooperative Extension Service to train dislocated sugarcane workers.

Requests that the Secretary consider funding for next fiscal year for at risk youth in Rhode Island and Delaware.

Encourages the Department to expedite consideration of a request by the Iacocca Institute for funding to create a work force development education curricula.

Urges full and fair consideration of a proposal by the Eisenhower Foundation to employ welfare recipients in high tech industries.

Recommends funding for a native Hawaiian initiative which provides tutoring for high risk youth residing in rural communities.

Urges that $5 million be provided in Job Training Partnership Act to be used for adults in Hawaii and Alaska Community Colleges.

Encourages full and fair consideration of proposals by the Cabot Westside Clinic and Samuel U. Rodgers Health Center in Kansas City, MO.

Encourages utilization of the expertise and resources of the universities in the Pacific region in providing training, technical assistance and program evaluation in Hawaii to address the health needs of Hawaii's underserved.

Encourages full and fair consideration of a proposal to provide rural clinical experiences to eligible residents of the States of Washington, Alaska, Montana, and Idaho.

Encourages full and fair consideration of a proposal by the Connecticut Children's Medical Center.

Encourages full and fair consideration of a proposal by the University of South Alabama to initiate the Southwest Alabama Network for Education and Telemedicine.

Urges consideration of a proposal by the State of Vermont to conduct a telemedicine demonstration project.

Urges the HRSA to focus attention on the shortage of emergency and medical services for children in Alaska and Hawaii.

Urges support for the efforts of the National Organization of Concerned Black Men, Inc. Of Philadelphia, PA to enhance the involvement of African American men in family planning, pregnancy prevention, parenting skills and fatherhood responsibility.

Urges consideration of a proposal by the McLaughlin Research Institute of Great Falls, MT to undertake biomedical research.

Urges consideration of a proposal by the North Dakota State College of Science in Wahpeton, ND to conduct a consolidation of instructional facilities for allied health programs into one site in a rural area.

Urges expeditious consideration of a proposal by the Carolinas Health Care System of North Carolina to establish the Carolinas Community Health Institute.

Urges consideration of a proposal by the Sacred Heart Hospital in Allentown, PA to optimize the delivery of health care services to the underserved in the region.

Urges consideration of a proposal by the Lehigh Valley (Pennsylvania) Hospital and Health Network's effort to construct a center which provides geriatric care, adolescent health services and general prevention services.

Urges consideration of a proposal by the Associates in Medicine Program at Columbia University in New York City to provide medical care to inner-city neighborhoods.

Urges strong consideration of a proposal by the University of Alabama at Birmingham for construction of an outpatient facilities at a genetic counseling, patient care, and research center.

Encourages consideration of support for research by the Thomas Jefferson University Center for Biomedical Research in collaboration with the Delaware Valley College involving research on plant-delivered oral vaccines.

Urges careful consideration to a one-time reprogramming request from funds provided for immunization activities that would allow construction of a new infectious disease laboratory project.

Urges the CDC to work with Native Hawaiians to explore whether utilizing indigenous Hawaiian healing methods may impact the incidences of diabetes and asthma.

Encourages the CDC to work with NINR and NIEHS to determine the environmental, physical, and mental effects of volcanic emissions in Hawaii.

Encourages the CDC to support MALAMA, a partnership program which addresses the prenatal needs of minorities in rural Hawaii.

Encourages the CDC to support an extension of a project at the University of New Mexico involving fetal alcohol syndrome.

Encourages the Director of the CDC to consider supporting the efforts by Newark, NJ to combat teen pregnancy, low birth weight babies, and infant mortality.

Encourages continued research in the area of cancer in minorities such as that done at the Hawaii Cancer Center.

Encourages the NIDDK to develop a targeted diabetes prevention and treatment program and encourages the CDC to work with native American, native Hawaiian and native Alaskan groups for this program.

Encourages consideration of a proposal to establish a dedicated Human Islet Processing and Distribution Center by the Miami VA Medical Center, Jackson Memorial Hospital, and the University of Miami Diabetes Research Institute.

Encourages the creation of a position for a senior program officer with specific responsibility for the coordination of the NIH-wide Parkinson's research program.

Encourages the NIAID to continue working with the Jeffrey Modell Foundation on both research and public education endeavors.

Encourages the NIAID to give consideration to research conducted at the Public Health Research Institute on infectious diseases.

Encourages the NICHD to give consideration to projects to create community-based centers designed to strengthen families in multi cultural environments.

Urges the NIEHS to continue to collaborate with NINR to study the health aspects of volcanic emissions in Hawaii.

Recommends the advancement of establishing a center focusing on natural marine toxins. Notes the unique work being done at a Miami NIEHS center.

Urges the NIA to consider providing assistance to the West Virginia University's Center on Aging' year 2000 International Conference on Rural Aging.

Encourages the NIA to work with organizations such as the National Asian Pacific Center on Aging to provide for the underserved and isolated senior groups.

Encourages the NINR to ensure that research efforts extend to the health care needs of racial and ethnic populations, such as, native Hawaiians.

Encourages NIDA to work with existing native American organizations to increase the effectiveness of sobriety programs.

Encourages the National Institute of Mental Health to initiate a workshop and consider supporting an additional service delivery research center to eliminate the stigma associated with seeking mental health services in rural areas.

Strongly urges the NIH to consider a proposal from the University of Colorado Health Sciences Center regarding the collocation of the cancer center research and clinical facilities in Aurora, CO.

Encourages consideration be given to support the Florida based Batchelor Children's Research Center to develop a children's biomedical facility in Miami.

Urges consideration of a proposal by the School of Pharmacy at the University of Montana.

Requests that the National Center for Research Resources recognize the University of Alaska as a minority school for the purposes of qualifying for support under its Research Centers in Minority Institutions Program.

Requests that consideration be given to a request for Federal funds by the Children's Hospital and Medical Center of Seattle for its large medical laboratory equipment needs.

Encourages consideration be given to providing funding for the University of Miami's International Center for Health Research's work on diseases transported from air travelers and migration from Latin America and the Caribbean.

Encourages the Director of the NIH to give consideration to a proposal by the Seattle Indian Health Board's American Indian Family Practice Residency Program. This involves a 3-year program that recruits and trains family practice physicians into service to American Indian and Native Alaskan populations.

Urges full consideration of a proposal by the Birmingham Alliance for the Mentally Ill Crisis Intervention Task Force of Jefferson County, AL.

Urges the funding of training projects that foster cultural competencies, a diverse work force, collaboration among disciplines, and that promote the use on interdisciplinary service delivery models especially in rural areas such as Hawaii.

Urges consideration of a proposal by St. Louis 2004, a group located in St. Louis MO, to provide expanded coverage to uninsured individuals.

Urges consideration of a proposal by the National Asian Pacific Center on Aging to increase Indian elder awareness.

Recommends that HCFA provide additional funds for a demonstration project to address the access, delivery system, and financing issues related to predual eligible and dual eligible minority adults.

Urges consideration of a proposal by the Wills Eye Hospital in Philadelphia to establish a demonstration project in opthamology.

Language encouraging the Administration for Children and Families to develop a demonstration project to evaluate the effectiveness of a family-centered model for the treatment of child-sexual abuse like the one operated in Louisville, KY.

Urges consideration of proposal by the Institute for Responsible Fatherhood and Family Revitalization in Cleveland to replicate its program, and sets aside $300,000 for this purpose.

Encourages the use of $350,000 for the Alaska Federation of Natives to conduct a study an further approaches to implement recommendations of the Alaska Natives Commission.

Urges the native Hawaiian grantee to coordinate with the Lunalilo Home in Hawaii regarding the continuing to tailor nutrition services that are appropriate to the circumstances associated with the served population.

Urges consideration to a proposal from the Women's Institute for a Secure Retirement for pension counseling.

Urges the Secretary on Aging to provide $350,000 for each of the national resource centers serving native American elders in fiscal year 1998.

Encourages full consideration of support by the Office of Public Health and Science for a partnership between the University of Miami and Florida State University.

Encourages assistance in the planning of a new children's hospital in the Bronx.

Encourages sustaining a demonstration project at the Meharry Medical College of Nashville, TN.

Urges that consideration be given in the awarding of technology grants to school districts such as the Houston Independent School District.

Requests reconsideration of the determination that three school districts, which previously received too much federal aid, must pay it back to the Department of Education. Two in Texas and one in New Jersey.

Requests better funding for the Centennial School District in Warminster, PA.

Urges the Dept. Of Education to work to rectify a problem that the Portsmouth School District in Rhode Island is having with attaining impact aid payments.

Urges the Department to initiate discussions on a new facility for the Fort Belknap Reservation in north central Montana.

Asks the Department of Education to approve a grant application by the Seattle School District for funding under the Magnet Schools Assistance Program.

Urges the Dept. Of Education to provide $500,000 for workshops in aquaculture/education for high school students and teachers in Hawaii.

Favors the expansion of Native Hawaiian agriculture partnerships and stresses that the Hawaii Institute of Tropical Agriculture and Human Resources is especially suited to assist in the expansion of this program.

Urges that assistance should be made available for a partnership between Partners in Development (a Hawaii nonprofit corporation) and an appropriate nonprofit organization with expertise in sustainable waste treatment methods.

Urges the Dept. Of Education to provide $1.8 million for children with disabilities, particularly in the Mississippi River Delta.

Urges the Department to provide $1 million to support assisted living programs at The Good Shepherd Rehabilitation Hospital in Lehigh County, PA.

Urges the Department to use $1.5 million for a demonstration program to develop work force skills for audio visual communications. The Educational Communications Foundation should carry out this project.

Urges the Dept to provide $1 million for a competition among post secondary institutions. Pennsylvania Institute of Technology would be well suited to administer such a competition.

Urges the director of the Institute of Museum and Library Services to provide $1 million for an Internet demonstration project to be done by the University of Montana and Montana State University.

Urges $1 million for a digitalized card catalog for the New York Public Library.

Urges funds be provided for museums in Philadelphia, Baltimore, and Boston. The Committee urges $4 million for such programs.

Urges $800,000 be provided to assist in cataloging and preserving Pennsylvania's library of anthracite coal region.

Urges the Social Security Administration of North Carolina to maintain a physical presence in the office in Statesville, NC for a minimum of 2 days.

Urges the Department of Education to provide the following:

$1 million to Prairie View A&M University in Texas for incoming college freshmen who are at risk of not finishing college.

$1 million to The Vermont Science and Education Center in St. Albans, VT.

$2 million to the Community College in Onslow County, NC and the University of North Carolina at Wilmington.

$2 million for the Empire State College in New York and Rutgers University in New Jersey.

$180,000 to North Dakota State University.

$1 million to a consortium of Kansas universities.

$1 million to Bryant College in Smithfield, RI.

$300,000 for the University of New Mexico.

$2 million to Missouri State University.

$500,000 to the Advanced Technical Center in Mexico, MO.

$2 million to the Pennsylvania Telecommunications Exchange Network.

$1 million for a joint venture between the Newport News Public Schools System and the city of Newport News.

$1 million to the University of Pennsylvania.

$1 million for science enrichment for 9th and 10th grade minority girls.

$3 million to several Iowa school districts.

$5 million for the State of Washington Office of the Superintendent of Public Instruction.

$2 million for the Pennsylvania Consortium for Higher Education.

$1 million to the National Science Center Foundation in Augusta, GA.

Mr. BOND addressed the Chair.

The PRESIDING OFFICER. The Senator from Missouri.

SMALL BUSINESS REAUTHORIZATION ACT OF 1997

Mr. BOND. Mr. President, with sincere thanks to my colleague from Washington, I ask unanimous consent that the Senate proceed to the consideration of S. 1139.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 1139) to reauthorize the programs of the Small Business Administration, and for other purposes.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

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

AMENDMENT NO. 1124

Mr. BOND. Mr. President, on behalf of myself and Senator KERRY, I have an amendment at the desk, and I ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Mr. Missouri [Mr. BOND], for himself and Mr. KERRY, proposes an amendment numbered 1124.

Mr. BOND. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

(The text of the amendment is located in today's RECORD under ''Amendments Submitted.'')

Mr. BOND. Mr. President, I rise today in support of S. 1139, the Small Business Reauthorization Act of 1997. This bill is the product of the hard work of the members of the Committee on Small Business. In particular, Senator JOHN KERRY, the committee's ranking member, has been extremely helpful and supportive in our joint efforts to produce this legislation.

The Small Business Reauthorization Act of 1997 reauthorizes most of the credit and noncredit programs at the Small Business Administration. On June 26, 1997, the committee conducted a markup of this bill and voted 18 to 0 to report the bill favorably to the full Senate.

In addition to reauthorizing the SBA programs that we are most familiar with, S. 1139 addresses two significant issues: Federal contract bundling and the HUBZone Program.

The bundling of Federal Government contracts requirements is a trend that is increasing in the Federal procurement system. Small business owners have testified before the Committee on Small Business about the negative impact contract bundling is having on their ability to bid on Government contracts. The manager's amendment to the bill includes an amended version of the contract bundling section that was worked out in close consultation with Senator THOMPSON and Senator GLENN, the chairman and ranking member of the Committee on Governmental Affairs.

The manager's amendment clears up any misunderstanding over what is a bundled contract. The legislation makes clear that a bundled contract solicitation is one in which ''two or more procurement requirements for goods or services previously provided or performed under separate smaller contracts'' are consolidated into one larger, bundled contract. This language covers contracts that were previously performed by a small business and those that were suitable for award to small business concerns.

The amended contract bundling section builds on the authority of the Small Business Administration to challenge a Federal agency's decision to consolidate or bundle two or more contracts into a large contract. In 1989, Congress gave specific authority to SBA's procurement center representatives to challenge a decision to bundle multiple contract actions. Importantly, under the 1989 law, the SBA Administrator was given the authority to appeal a decision to bundle contract actions directly to a Cabinet Secretary or agency head if the SBA representative and the contracting agency are not able to resolve their differences. The manager's amendment to S. 1139 adds some additional features and procedures, and today's legislation does not weaken or displace the fundamental authority of SBA.

I thank both Senator THOMPSON and Senator GLENN and their staffs for their cooperation in helping us to address certain issues within the jurisdiction of the Governmental Affairs Committee relating to the Federal procurement system and governmentwide acquisition policy. I believe the contract bundling section included in the manager's amendment will help our efforts to be fair to small businesses by limiting contract bundling where it is unnecessary and unjustified.

S. 1139 also includes the full text of S. 208, the HUBZone Act of 1997, in the form in which it was approved by a unanimous 18 to 0 committee vote. This initiative is designed to stimulate economic development in America's most disadvantaged urban and rural communities and make welfare to work a reality.

The HUBZone provisions will make it easier for small businesses located in and hiring employees from economically distressed regions across the country to obtain Government contracts. The measure will benefit entire communities by creating meaningful incentives for small businesses to operate and provide employment within our Nation's most disadvantaged inner-city neighborhoods and rural areas.