of Health and Human Services' new role implementing and enforcing HIPAA may also require additional resources.

In addition to this report, another GAO report on the extent to which large employers have access to health insurance will be completed by the end of May. These two GAO reports and their findings will help Congress in our quest to ensure a successful implementation of the Health Insurance Portability and Accountability Act of 1996.

Mr. President, I ask that the executive summary of the report be printed in the RECORD.

The executive summary follows:

RESULTS IN BRIEF

Although HIPAA provides people losing group coverage the right to guaranteed access to coverage in the individual market regardless of health status, consumers attempting to exercise their right have been hindered by carrier practices and pricing and by their own misunderstanding of this complex law. Among the 13 states where this provision first took effect, many consumers who had lost group coverage experienced difficulty obtaining individual market coverage with guaranteed access rights, or they paid significantly higher rates for such coverage. Some carriers have discouraged individuals from applying for the coverage or charged them rates 140 to 600 percent of the standard premium. Carriers charge higher rates because they believe individuals who attempt to exercise HIPAA's individual market access guarantee will, on average, be in poorer health than others in the individual market. In addition, many consumers do not realize that the access guarantee applies only to those leaving group coverage who meet other eligibility criteria. For example, individuals must have previously had at least 18 months of coverage, exhausted any residual employer coverage available, and applied for individual coverage within 63 days of group coverage termination. Consumers who misunderstand these restrictions are at risk of losing their right to coverage.

Issuers of health coverage believe certain HIPAA regulatory provisions result in (1) an excessive administrative burden, (2) unanticipated consequences, and (3) the potential for consumer abuse. Although issuers appear to be generally complying with the requirement to provide a certificate of coverage to all individuals terminating coverage, some issuers continue to suggest that the process is burdensome and costly and that many of these certificates may not be needed. These issuers, as well as many state regulators, believe that issuing the certificates only to consumers who request them would serve the purpose of the law for less cost. Also, issuers fear that HIPAA's guaranteed renewal provision may create several unanticipated consequences for those eligible for Medicare or holding policies designed for certain targeted populations. For example, HIPAA does not permit issuers to cancel coverage of individuals once they become eligible for Medicare. Consequently, some individuals could pay more for redundant coverage. Likewise, for individuals enrolled in subsidized insurance programs for low-income persons, HIPAA may require that such coverage be renewed after these individuals' income exceeds program eligibility limits. Finally, certain protections for group plan enrollees may create the opportunity for consumer abuse. HIPAA's establishment of special enrollment periods may give employees an incentive to forgo coverage until they become ill, and guarantees of credit for prior coverage in the group market could provide enrollees an incentive to switch from low-cost, high-deductible coverage to low-deductible (''first-dollar'') coverage when medical care becomes necessary. Some issuers fear that the overall cost of coverage could increase if such abuses became widespread.

State insurance regulators have encountered difficulties in their attempts to implement and enforce HIPAA provisions where they found federal guidance to lack sufficient clarity or detail. For example, regulators say unclear risk-spreading requirements contribute to the high costs faced by certain eligible individuals attempting to exercise their right to guaranteed access in the individual market. Lacking sufficient detail, for example, was guidance to implement nondiscrimination and late enrollee requirements in the group market.

Federal regulators face an unexpectedly large regulatory role under HIPAA that could strain HHS' resources and impair its oversight effectiveness. In five states that reported they had not passed legislation to implement HIPAA provisions by the end of 1997, HHS, as required, has begun performing functions similar to a state insurance regulator, such as approving insurance products and responding to consumer complaints. In addition, HHS may be required to play a regulatory role in some of the other states, the District of Columbia, and the U.S. territories that have yet to pass legislation to implement certain HIPAA provisions. Consequently, the full extent of HHS' regulatory role under HIPAA is not yet known.

Partly in response to health insurance issuers' and state regulators' concerns, federal agencies issued further regulatory guidance on December 29, 1997, intended to clarify current HIPAA regulations such as those related to nondiscrimination and late enrollment in group health plans. Agencies expect to continue supplementing and clarifying the interim regulations in other areas where problems may arise. To address its resource constraints, HHS has reprogrammed resources and requested additional resources as part of its fiscal year 1999 appropriations.●

RECOGNITION OF THE MICHIGAN ASSOCIATION OF COMPUTER-RELATED TECHNOLOGY USERS IN LEARNING (MACUL)

● Mr. LEVIN. Mr. President, I rise today to call my colleagues' attention to an important organization in my home state of Michigan which is helping to improve teaching and learning through the use of educational technology. The Michigan Association for Computer-related technology Users in Learning (MACUL), is holding its 22nd Annual Conference on March 12–13, 1998.

Over the past several months, I have met with teachers, administrators, businesspeople and foundation executives to discuss how we can help teachers gain the skills they need to use computers and computer-related technology as teaching and learning tools. In these discussions, I have been told time and again that when it comes to promoting and encouraging technology use in our schools, MACUL is one of the most critical assets in Michigan. MACUL has more than 8,000 active members who represent every facet of the education community, from K–12 teachers to school district administrators and college professors. Throughout its 22 years, MACUL has trained, inspired and informed thousands of people.

MACUL uses many strategies to promote equitable technology planning, innovative uses of technology in the classroom and support services for Michigan educators. The most prominent of these is the MACUL Annual Conference, considered by many people to be the premier event of its kind in the United States. It draws more than 4,000 educators from Michigan, neighboring states and Canada to share their experiences, learn about innovative technology-related programs and to view exhibits of hardware, software and other educational technology. This year's conference promises to be a valuable forum for all who attend.

Mr. President, educational technology is not a thing of the future, it is here today. MACUL is working to help educators put computers and computer-related technology to work in their classrooms, and by doing so is enhancing both teaching and learning. I hope my colleagues will join me in recognizing MACUL for its tremendous efforts and for making a difference in the lives of Michigan's teachers and students.●

UNANIMOUS CONSENT AGREEMENT—S. CON. RES. 78

Mr. D'AMATO. Madam President, I ask unanimous consent that the majority leader, after consultation with the Democratic leader, may proceed to consideration of S. Con. Res. 78 relating to the indictment and prosecution of Saddam Hussein; that the only amendments in order be an amendment to the resolution and an amendment to the preamble to be offered by Senator SPECTER; that the total debate time on the resolution and preamble be limited to 2 hours equally divided between the chairman and ranking member, or their designees, with 10 minutes of the minority time allocated for Senator DORGAN. I further ask unanimous consent that following the expiration or yielding back of debate time and disposition of the Specter amendment, the Senate proceed to vote on the adoption of the resolution and that if the resolution is agreed to, then the amendment to the preamble be agreed to and the preamble, as amended, be considered agreed to.

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

ORDERS FOR TUESDAY, MARCH 10, 1998

Mr. D'AMATO. Madam President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until 9:30 a.m. on Tuesday, March 10; that immediately following the prayer, the routine requests through the morning hour be granted and the Senate resume consideration of amendment No. 1931, the