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PROCEEDINGS AND DEBATES OF THE 106th CONGRESS, FIRST SESSION

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House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Mr. NEY).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
July 12, 1999.

I hereby appoint the Honorable ROBERT W. NEY to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate had passed bills and a concurrent resolution of the following titles, in which the concurrence of the House is requested:

S. 323. An act to redesignate the Black Canyon of the Gunnison National Monument as a national park and establish the Gunnison Gorge National Conservation Area, and for other purposes.

S. 376. An act to amend the Communications Satellite Act of 1962 to promote competition and privatization in satellite communications, and for other purposes.

S. 416. An act to direct the Secretary of Agriculture to convey to the city of Sisters, Oregon, a certain parcel of land for use in connection with a sewage treatment facility.

S. 606. An act for the relief of Global Exploration and Development Corporation, Kerr-McGee Corporation, and Kerr-McGee Chemical, LLC (successor to Kerr-McGee Chemical Corporation), and for other purposes.

S. 700. An act to amend the National Trails System Act to designate the Ala Kahakai Trail as a National Historic Trail.

S. 768. An act to establish court-martial jurisdiction over civilians serving with the Armed Forces during contingency operations, and to establish Federal jurisdiction over crimes committed outside the United States by former members of the Armed Forces and civilians accompanying the Armed Forces outside the United States.

S. 776. An act to authorize the National Park Service to conduct a feasibility study for the preservation of the Loess Hills in western Iowa.

S. 1027. An act to reauthorize the participation of the Bureau of Reclamation in the Deschutes Resources Conservancy, and for other purposes.

S. 1257. An act to amend statutory damages provisions of title 17, United States Code.

S. 1258. An act to authorize funds for the payment of salaries and expenses of the Patent and Trademark Office, and for other purposes.

S. 1259. An act to amend the Trademark Act of 1946 relating to dilution of famous marks, and for other purposes.

S. 1260. An act to make technical corrections in title 17, United States Code, and other laws.

S. Con. Res. 36. Concurrent resolution condemning Palestinian efforts to revive the original Palestine partition plan of November 29, 1947, and condemning the United Nations Commission on Human Rights for its April 27, 1999, resolution endorsing Palestinian self-determination on the basis of the original Palestine partition plan.

The message also announced that pursuant to Public Law 105–277, the Chair, on behalf of the Majority Leader, who consulted with the Speaker of the House and the Minority Leaders of the Senate and the House, announces the designation of Allan H. Meltzer, of Pennsylvania, as the Chairman of the International Financial Institution Advisory Commission.

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 19, 1999, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to 5 minutes.

The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

PORTLAND ACCESS SITUATION

Mr. BLUMENAUER. Mr. Speaker, my goal in Congress is to make sure that the Federal Government is a constructive partner in promoting livable communities. Today, increasingly, an important part of promoting livable communities deals with the Internet connection that our cities and counties have with the rest of the world.

The Federal Government has played a very constructive role in assisting schools and libraries with the E-Rate. It has provided an important resource for over 32,000 communities over the last 3 years and potentially up to $4 billion in these first 2 years.

Just as important as the leadership for schools and libraries with the E-Rate, Congress and the FCC now has the opportunity to ensure that communities have access to the Internet service providers of their choice with cable broadband networks.

This leadership is going to be increasingly important in the future as cable systems are concentrated around the country. Only L.A. and New York are expected to have more than one cable system provider in the next year.

An important chapter of this discussion is being played out in my community where the city of Portland and Multnomah County became the first local jurisdictions in the country to require competition on this high-speed Internet connection. As part of an approval for AT&T's purchase of the local TCI cable, the city and the county required that they allow nonaffiliated ISPs access to their broadband network.

They argue that this step was necessary in order to preserve consumer choice. Without open access, consumers who wish to use high-speed

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cable modems for their Internet access, and who did not want to use the AT&T Excite at-home service, they would have to pay double, in effect paying twice.

AT&T sued our local governments, arguing that they had no right to break AT&T's monopoly over this access. The Federal court has ruled that the city was entirely within its power and could promote competition. Now AT&T is appealing that decision.

Now, most people feel that the local jurisdiction is expected to prevail. But it appears that the FCC, based on recent comments from Chairman Kennard and an article recently in the Wall Street Journal, that the FCC is not yet ready to argue against AT&T's proposed monopoly.

As a result, I am exceedingly concerned that consumers across the country may be in the bizarre situation where they have competition on the horse and buggy aspect, the two wires that come in over the telephone; but that they will have only one choice when it comes to the 90 percent that is the communication of the future the broadband. The whole point behind the judge's ruling was that we ought to have this competition.

Some are arguing that we need a uniform system to prevent 30,000 jurisdictions from around the country to have the possibility of each having their separate technical specifications. If that is indeed a problem, then let us deal with that problem specifically by providing technical standards through the FCC.

Solving the problem of technical standards by granting only one company monopoly status sounds a lot like using communism in order to assure that there would be uniform gauges for the train tracks. We can do better.

I urge that the FCC and Congress keep an open mind on the question of the impact of this local decision on the development of broadband communication infrastructure. Let us work to solve the real problems with the goal of ensuring consumer choices.

We do not have to limit the access simply to the 10 percent where there is the technology of the past on the telephone wires; and we certainly do not need to use a Communist approach in order to make sure that we have full access for technical standards.

I hope that we will be able to support local governments in this important aspect of promoting livable communities.

PRESIDENT'S MEDICARE PROPOSAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Massachusetts (Mr. FRANK) is recognized during morning hour debates for 5 minutes.

Mr. FRANK of Massachusetts. Mr. Speaker, when the President said he was going to announce the program to expand Medicare coverage in some areas and to undo some of the negative effects of the Balanced Budget Act of 1997 using some of the additional revenues that have become available, I was ready to cheer unreservedly. I now cheer reservedly. I would give the President between 1½ and 2 cheers out of a possible 3.

The President's program is clearly better in all respects than anything we will get from the majority party in the House or from any of its presidential candidates. So I am glad that the President has moved forward. But he has not moved forward enough.

First of all, we have to be more forthright in admitting error. Now I acknowledge, Mr. Speaker, this is an error which it is easier for me to admit since I did not participate in its committal. I am talking about the 1997 Balanced Budget Act.

Congress was very proud of the Balanced Budget Act, which cut Medicare to pay for capital gains tax cut and also put limits on other government spending which virtually everyone in the House admits are unrealistic, but admits this privately only.

What we did in 1997 was to cut Medicare indubitably. I am struck by the number of my colleagues who now acknowledge that Medicare was cut too deeply, although I am surprised by the number of them who appear not to have been in the room when it was done.

As I read, people talk about how the 1997 budget cuts now turn out unfairly to have cut Medicare. I believe that I am seeing an interesting phenomenon. I cannot remember a time in history when so many people have disclaimed responsibility for the entirely foreseeable consequences of their own actions.

The President acknowledges, having signed that bill, that there was error, but insufficiently. He is prepared to undo some of the harm of the 1997 Budget Act, but not enough. He wants to, in fact, impose some cuts in the period after 2002 when it would have ended.

The President cuts hospital still too much. We should remember, when we are talking about reimbursement to hospitals, we are not talking about the income of wealthy physicians, although physicians have a right to be concerned about their income. We are talking about cutting funds that go to pay some of the hardest working people in this society who get little money for tough jobs.

The people who staff hospitals include many people who work 7 days a week, 24 hours a day in unpleasant ways, cleaning and cooking and preparing patients. They are underpaid as a whole and ought to be paid more. We should, in fact, increase substantially over what the President proposes what we do to reimburse hospitals.

The notion that the wealthiest society in the history of the world in the midst of a booming economy cannot afford adequately to compensate people who provide us health care is simply wrong. That same unwillingness to provide sufficient funds becomes apparent in the President's drug bill.

I give him credit for proposing that we begin to cover prescription drugs for some degree for lower income people and others on Medicare. But he does not, again, do enough. For example, the plan says at 2008, after it is fully implemented, the Federal Government will pay up to half of $5,000 a year in prescription drugs.

Now, understand that the language supporting the bill says that will cover 90 percent to the people at that time. In other words, 10 percent of the people will still not get 50 percent coverage. Others, of course, will get 50 percent. But 50 percent coverage, if one is living on $22,000 or $23,000 a year, and one has got to pay $520 a year in premiums, and then one has got to pay another $2,500 for one's half share of the $5,000, that is pretty significant. That is $3,000 for drug coverage out of one's $22,000 or $23,000. But even that, inadequate in and of itself, takes too long to become real.

The President proposes that we start by only reimbursing people up to $2,000 in drugs, and we reimburse for only half. So in the first year, if one is paying $3,000 or $4,000 a year for one's drugs, which is not unusual among older people with various ailments, the Federal Government will help one to the extent of only $1,000 to that minus the $288 one has to have paid in premiums in that first year.

Why phase this in to $5,000? If the $5,000 is the reasonable figure, why do we not get to it right away? Sometimes one has to phase things in because they are complicated. One has to make sure one gets them worked out.

But paying for half of $2,000 is not simpler than paying for half of $5,000. We are talking here about a purely numerical calculation. There was no justification whatsoever either, in my judgment, for the fact that it is too low or for the fact that it takes so long to reach that number unless we want to cut taxes by $800 billion or $900 billion.

It is true, if one begrudges public spending even for important purposes such as helping older people pay for their medications, then one cannot afford this. But the President correctly repudiates the Republican effort to cut $800 billion or $900 billion. The President understands that that would be excessive. He should follow through on his understanding.

Inadequately compensating hospitals is not in the interest of this country. Refusing to acknowledge the error that this Congress and this President made in 1997, the Balanced Budget Act, is a mistake, and having too small a prescription drug program ill-suits a country of our wealth.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 2 p.m.

Accordingly (at 12 o'clock and 43 minutes p.m.), the House stood in recess until 2 p.m.

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. GOODLATTE) at 2 p.m.

PRAYER

The Chaplain, the Reverend James David Ford, D.D., offered the following prayer:

O gracious God, we acknowledge that we have been blessed by incredible resources that have enriched our nation. We know too that as individuals we have opportunities that can surpass our own hopes or visions. We pray, almighty God, that we will use these resources and blessings in ways that give us a clearer vision of our common creation and our shared humanity. Thus, where there is conflict, let us sow peace; where there is hatred or envy, let us show understanding and where there is estrangement between people, let us practice reconciliation and love. In Your name we pray. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. GIBBONS. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Chair's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GIBBONS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New York (Mr. MCNULTY) come forward and lead the House in the Pledge of Allegiance.

Mr. MCNULTY led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following Communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK.
U.S. HOUSE OF REPRESENTATIVES
Washingotn, DC, July 2, 1999.

Hon. J. DENNIS HASTERT,
The Speaker, House of Representatives,
Washignton, DC.

DEAR MR. SPEAKER: Pursuant to the permission to clause 2(h) of rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on July 2, 1999 at 11:19 a.m. that the Senate passed without amendment H. Con. Res. 35.

With best wishes, I am

Sincerely

JEFF TRANDAHL,
Clerk.

COMMUNICATION FROM CONGRESSIONAL AIDE OF HON. PETER DEUTSCH, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Reva Britan, Congressional Aide of the Honorable PETER DEUTSCH, Member of Congress:

WASHINGTON, DC,
July 8, 1999.

Hon. DENNIS J. HASTERT,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: This is to formally notify you, pursuant to rule VIII of the Rules of the House of Representatives, that I have been served with a trial subpoena (for testimony) issued by the Circuit Court for Broward County, Florida in the case of State v. Bush, No. 96006912GF10A.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely,

REVA BRITAN,
Congressional Aide.

COMMUNICATION FROM DIRECTOR OF CONSTITUENT SERVICES OF HON. PETER DEUTSCH, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Susan B. Lewis-Ruddy, Director of Constituent Services of the Honorable PETER DEUTSCH, Member of Congress:

WASHINGTON, DC,
July 8, 1999.

Hon. DENNIS J. HASTERT,
Speaker, House of Representatives,
Washington, DC.

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After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely,

SUSAN B. LEWIS-RUDDY,
Director of Constituent Services.

THE REALITY OF THE PROPOSED IMF GOLD SALE

(Mr. GIBBONS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GIBBONS. Mr. Speaker, my home State of Nevada is one of the largest gold producing States in the Nation, but this vital industry, which helps put food on the table for thousands of my constituents in Nevada is in jeopardy.

Last Friday, the International Monetary Fund, also known as the IMF, reaffirmed its commitment to dump part of its gold reserves onto the open market just to hide its debt losses. The bureaucratic dreamers at the IMF contend that this sell-off is necessary to give financial help and relief to poor countries.

While that may sound okay on the surface, I am here to talk about reality. The reality of this proposed gold sale is the disruption of the global gold market, which translates into a flooded market, which translates into plummeting gold prices; and the reality is that many of the mines in North America will begin closing at an alarming rate. This means thousands of America's hardest working men and women will be out of work, unable to feed their families, all because of the IMF.

Fortunately, the final decision does not rest with the international bureaucrats at the IMF. This proposed IMF gold sale must be approved by Congress.

My constituents are depending on Congress to stop this ill-conceived scheme. I adamantly oppose and am committed to stopping this proposed giveaway and urge my colleagues to join me.

OPENING OF SARATOGA NATIONAL CEMETERY

(Mr. MCNULTY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCNULTY. Mr. Speaker, on Friday we opened the new Saratoga National Cemetery, and I was in the company of 2,000 distinguished veterans and a very special former colleague in this House. Two of my former colleagues, as a matter of fact, spent a lot of time on that project, one of them, Sam Stratton, who was a Member of this body for 30 years. He has since passed away.

But another, thank God, was there for the event itself, and that was Congressman Jerry Solomon, who served in this House for 20 years and rose to be Chair of the Committee on Rules, and it was a great honor to be in the presence of all of those veterans and to be able to look Congressman Solomon in the eye and say:

''Thank you for your dedication through the years and for allowing me to be a part of those efforts for the past 10 years.''

And now, to be able to realize that heroes like Pete D'Alesandro, who was a Congressional Medal of Honor winner from my district, will be one of the first veterans who finds that place as his final resting place, it was just another great opportunity to be with great Americans and to thank God for my life and veterans for my way of life.

EUROPE AND JAPAN MANIPULATE AMERICAN MONETARY POLICY

(Mr. TRAFICANT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TRAFICANT. Mr. Speaker, powerful banks of Europe now control 26 percent of our Federal Reserve system.

Think about it. The banks of Europe control one out of every four shares of our monetary system.

Unbelievable.

If that is not enough to repossess our Lamborghinis, the same statistics reflect the following:

Japan is now the single largest holder of American debt.

Beam me up, Mr. Speaker. When Europe and Japan can manipulate American monetary policy, something is wrong, very wrong.

I yield back all of the freebies that Uncle Sam has given to Europe and Japan since World War II.

A NEW DAY IN CONGRESS

(Ms. NORTON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. NORTON. Mr. Speaker and new Members, take note:

Soon Members will consider an appropriation of somebody else's money, the residents of the District. I appreciate the expeditious way the District appropriation is being moved this year.

The Speaker, the gentleman from Illinois (Mr. HASTERT), the gentleman from Florida (Mr. YOUNG), and the gentleman from Oklahoma (Mr. ISTOOK), with whom Mayor Tony Williams and I met early on, understand that D.C. should be first, not last.

We also appreciate the communication that characterizes the process led by the gentleman from Oklahoma (Mr. ISTOOK) working with the ranking member, the gentleman from Virginia (Mr. MORAN).

Mr. Speaker, all can see that this is a new day in the District. Let us make it a new day in the Congress as well.

District residents have ordered up a new mayor and a revitalized city counsel. They have done their home rule homework. Mayor Williams and District officials deserve a new attitude from the Congress. That attitude begins with basic respect for D.C. law without appendages, a ''you-demand'' consent of the governed for my colleagues' constituents. Mine deserve the same.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 8, rule XX, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Such rollcall votes, if postponed, will be taken after debate has concluded on all motions to suspend the rules, but not before 6 p.m.

CORRECTING AUTHORIZATIONS FOR NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION PROGRAMS

Mr. BLILEY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2035) to correct errors in the authorizations of certain programs administered by the National Highway Traffic Administration.

The Clerk read as follows:

H.R. 2035

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

SECTION 1. AMENDMENTS TO TITLE 49, UNITED STATES CODE.

(a) MOTOR VEHICLE SAFETY.—Section 30104 of title 49, United States Code, is amended by striking ''$81,200,000'' and inserting ''$98,313,500''.

(b) MOTOR VEHICLE INFORMATION.—Section 32102 of title 49, United States Code, is amended by striking ''$6,200,000'' and inserting ''$9,562,500''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. BLILEY) and the gentlewoman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia (Mr. BLILEY).

GENERAL LEAVE

Mr. BLILEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2035 and to insert extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. BLILEY. Mr. Speaker, I yield myself 5 minutes.

Mr. Speaker, H.R. 2035, a bill to correct the authorizations of certain programs at the National Highway Traffic Safety Administration is a simple but important measure. When NHTSA was reauthorized last year as part of the TEA–21 highway bill, the administration mistakenly provided the committee with authorization figures that were insufficient to color the agency's needs. As a result, NHTSA found itself without funds to meet its mission to ensure the safety of the traveling public.

The bill simply increases the authorization levels for motor vehicle safety and information programs to a total of $107.9 million annually, approximately a $40 million increase over current law. It is the committee's belief that this increase will put the agency in the position it would have been absent the administration's error. While this is a substantial increase over the enacted authorization levels, it is $8 million less than the administration's latest request, which included funding for items that were not part of last year's authorization bill.

Without increased funding, the agency will not be able to crash test many of the new car models released in 1999 and 2000, depriving our constituents of important safety information. The agency will also have difficulty finding the necessary funds to work with car manufacturers and suppliers in the development of the next generation of air bags and other safety devices. They might even have to curtail their efforts to alert the public to potential safety defects in automobiles.

This bill strikes the appropriate balance between ensuring that the agency is able to meet the obligations we set forth in the highway bill and making sure that wasteful spending remains in check. As Chairman of the Committee on Commerce, I can assure my colleagues that we will continue our vigorous oversight of this agency to make certain that the agency is meeting its ultimate measure of success, reducing fatalities on the Nation's highways.

All of us know just how important issues of auto safety are to our constituents. This bill does not relieve the Committee on Appropriations of the need to pass transportation spending legislation that remains within the budget caps. However, as the transportation appropriation bill moves to conference, it gives the appropriators added flexibility to fund automobile safety programs that are important to our constituents.

I urge my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Ms. NORTON. Mr. Speaker, H.R. 2035 raises the annual budget authorization for the National Highway Traffic Administration for fiscal years 1999 through 2001 to provide for an annual maximum authorization of $98.3 million for motor vehicle safety programs and $9.6 million for motor vehicle information programs for a total annual authorization of $107.9 million. An increase in NHTSA's authorization is necessary because last year, when the committee acted on the reauthorization bill, NHTSA failed to provide the committee with the correct funding request for both its safety and information activities.

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With the increase in funding provided by H.R. 2035, the National Highway Traffic Administration will be able to undertake important motor vehicle safety and information activities that

it otherwise could not. This bill was ordered reported by the full committee by voice vote.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BLILEY. Mr. Speaker, I urge passage of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GOODLATTE). The question is on the motion offered by the gentleman from Virginia (Mr. BLILEY) that the House suspend the rules and pass the bill, H.R. 2035.

The question was taken; and (two-thirds having voted in favor thereof), the rules were suspended and the bill was passed.

The title of the bill was amended so as to read: ''A bill to correct errors in the authorizations of certain programs administered by the National Highway Traffic Safety Administration.''.

A motion to reconsider was laid on the table.

SENSE OF CONGRESS REJECTING NOTION THAT SEX BETWEEN ADULTS AND CHILDREN IS POSITIVE

Mr. SALMON. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 107) expressing the sense of Congress rejecting the conclusions of a recent article published by the American Psychological Association that suggests that sexual relationships between adults and children might be positive for children, as amended.

The Clerk read as follows:

H. CON. RES. 107

Whereas no segment of our society is more critical to the future of human survival than our children;

Whereas children are a precious gift and responsibility given to parents by God;

Whereas the spiritual, physical, and mental well-being of children are parents' sacred duty;

Whereas parents have the right to expect government to refrain from interfering with them in fulfilling their sacred duty and to render necessary assistance;

Whereas the Supreme Court has held that parents ''who have this primary responsibility for children's well-being are entitled to the support of laws designed to aid discharge of that responsibility'' (*Ginsberg* v. *New York*, 390 U.S. 629, 639 (1968));

Whereas it is the obligation of all public policymakers not only to support, but also to defend, the health and rights of parents, families, and children;

Whereas information endangering children is being made public and, in some instances, may be given unwarranted or unintended credibility through release under professional titles or through professional organizations;

Whereas elected officials have a duty to inform and counter actions they consider damaging to children, parents, families, and society;

Whereas Congress has made sexual molestation and exploitation of children a felony;

Whereas all credible studies in this area, including those published by the American Psychological Association, condemn child sexual abuse as criminal and harmful to children;

Whereas, once published and allowed to stand, scientific literature may become a source for additional research;

Whereas the *Psychological Bulletin* has recently published a severely flawed study, entitled ''A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples'', which suggests that sexual relationships between adults and children are less harmful than believed and might be positive for ''willing'' children (*Psychological Bulletin*, vol. 124, No. 1, July 1998);

Whereas, in order to clarify any inconsistencies between the two conclusions the authors of the study suggest and the position of the American Psychological Association that sexual relations between children and adults are abusive, exploitive, and reprehensible, and should never be considered or labeled as harmless or acceptable, the American Psychological Association has issued a public ''Resolution Opposing Child Sexual Abuse'';

Whereas the American Psychological Association should be congratulated for publicly clarifying its opposition to any adult-child sexual relations, which will help to deny pedophiles from citing ''A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples'' in a legal defense, and for resolving to evaluate the scientific articles it publishes in light of their potential social, legal, and political implications;

Whereas the Supreme Court has recognized that ''sexually exploited children are unable to develop healthy affectionate relationships in later life, have sexual dysfunctions, and have a tendency to become sexual abusers as adults'' (*New York* v. *Ferber*, 458 U.S. 747, 758, n.9 (1982));

Whereas *Paidika—The Journal of Pedophilia*, a publication advocating the legalization of sex with ''willing'' children, has published an article by one of the authors of the study, Robert Bauserman, Ph.D. (*see* ''Man-Boy Sexual Relationships in a Cross-Cultural Perspective,'' vol. 2, No. 1, Summer 1989); and

Whereas pedophiles and organizations, such as the North American Man-Boy Love Association, that advocate laws to permit sex between adults and children are exploiting the study to promote and justify child sexual abuse: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress—

(1) condemns and denounces all suggestions in the article ''A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples'' that indicate that sexual relationships between adults and ''willing'' children are less harmful than believed and might be positive for ''willing'' children (*Psychological Bulletin*, vol. 124, No. 1, July 1998);

(2) vigorously opposes any public policy or legislative attempts to normalize adult-child sex or to lower the age of consent;

(3) urges the President likewise to reject and condemn, in the strongest possible terms, any suggestion that sexual relations between children and adults—regardless of the child's frame of mind—are anything but abusive, destructive, exploitive, reprehensible, and punishable by law; and

(4) encourages competent investigations to continue to research the effects of child sexual abuse using the best methodology, so that the public, and public policymakers, may act upon accurate information.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. SALMON) and the gentleman from Michigan (Mr. KILDEE) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona (Mr. SALMON).

Mr. SALMON. Mr. Speaker, I yield myself such time as I may consume. There are no lower life forms than adults who sexually abuse children. Child molesters rob children of their innocense and subject them to a lifetime of nightmares. Those who engage in this activity deserve the harshest punishment.

Those who excuse this evil conduct, particularly those in positions of influence, are also pretty low on the food chain and deserve the harshest possible condemnation.

Towards this end, we are here today to consider House Concurrent Resolution 107, which condemns and denounces all suggestions in an article published in the Psychological Bulletin, a journal of the American Psychological Association, that sexual relationships between adults and ''willing'' children might be positive for children.

The resolution also stresses that Congress will vigorously oppose any public policy or legislative attempts to normalize child sexual abuse.

The study in question, ''A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples,'' escaped public scrutiny until talk host Dr. Laura Schlessinger brought this matter to the attention of her listeners.

Dr. Laura denounced the study, which reviewed 59 earlier studies of dubious validity, as ''flawed pseudoscience.'' She reported that 38 percent of the studies were never subjected to peer review or published, and that all of the studies were based on self-reporting.

Also unsettling, no follow-up analysis occurred on the college students examined in the studies.

We should all be indebted to Dr. Laura. While the mainstream media ignored what some call the ''emancipation proclamation of pedophiles, the article did not escape the attention of groups such as the North American Man/Boy Love Association, which highlights the conclusions of the article on its web page, and for defense attorneys who have been encouraged to cite the article in closing arguments in child sexual abuse criminal cases.

It was irresponsible for a respected academic journal to publish a study which implies that adult-child sex could be a positive experience. But I applaud the APA for responding to the recent public uproar over the study by clarifying its opposition to any adult-child sexual relations, and for promising to consider their social responsibility when making publishing decisions in the future.

The APA's actions will help to deny pedophiles from citing the study in a legal defense. House Concurrent Resolution 107 has been revised to include language praising the APA for its commitment in fighting child sexual abuse.

While I am delighted that the Congress is considering this resolution denouncing attempts to normalize child

sexual abuse, our work is not done with the passage of this resolution. Words alone will not protect children from the monsters who prey on them.

Typically, sexual predators who victimize children receive light prison sentences in this country. On average, a convicted child molester, that is, not one who plea bargains down to a lesser offense, serves less than 4 years behind bars, and recidivism rates are quoted as high as 70 percent. Those are just the ones who get caught. In other words, they get out of prison and they prey on children again and again. The next time, the pedophiles may end up killing the child to make sure there is not evidence so they can be put away again.

In my opinion, the average sentence is about 96 years too short. The Congress took an important step in addressing this problem recently when both the House and Senate voted with huge bipartisan majorities for Aimee's Law, otherwise known as the No Second Chances for Murderers, Rapists, or Child Molesters Act.

My initiative would encourage States to keep child molesters and other serious criminals behind bars for longer sentences, which would prevent literally thousands each year of 100 percent preventable offenses, either child sexual assaults or other crimes that occur each year by those who are let out of prison for committing exactly the same crime.

Before I close, I would like to thank the distinguished majority whip, the gentleman from Texas (Mr. DELAY), and the gentleman from Pennsylvania (Mr. GOODLING), the chairman of the Committee on Education and the Workforce, for their assistance in moving House Concurrent Resolution 107 forward.

I also would like to thank the gentlemen from Pennsylvania, Mr. PITTS and Mr. WELDON, for all of their work on the resolution.

Finally, the Family Research Council should be commended for their efforts to educate Members of Congress about how the public release of the Meta-Analytic study is an assault on children.

Mr. Speaker, I urge my colleagues to make a strong congressional statement in opposition to efforts to normalize child sexual abuse, and vote in favor of House Concurrent Resolution 107.

Mr. Speaker, I reserve the balance of my time.

Mr. KILDEE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I join those who rise to condemn child sexual abuse. Too many of our children fall prey to sexual abuse, often by those whom they know and too often by those whom they trust.

Statistics show that 90 percent of all sexual abuse cases go unreported, and worse, unpunished. Nevertheless, child sexual abuse can have devastating consequences on a victim's future employment, health, and familial relationships.

We need to continue to reach out as a Nation and as a society to ensure that our children are free from abuse and neglect. This involves a three-pronged approach of education, prevention, and treatment.

We need to continue our educational efforts with young children to teach them what is and what is not appropriate behavior by adults. We need to continue prevention efforts aimed at reducing the likelihood that our children will find themselves in inappropriate situations that can lead to abuse.

We also need to provide treatment for those who have been the victims of abuse so they can recover and lead successful, productive lives.

Mr. Speaker, in closing, I join those who have and will rise to condemn child sexual abuse. Child sexual abuse not only has devastating consequences for its victims, but also for all of society. It is important to remember that no amount of legal or professional legerdemain can detract from the inherent evil caused by child sexual abuse.

Mr. DELAY. Mr. Speaker, I rise today to congratulate the American Psychological Association for clarifying its position on pedophilia. Without question, sexual abuse of minors is child abuse. Child abuse is a plague on this country that cannot be overlooked or obscured by pseudo-scientific doubletalk.

In these times—with so much talk about victimization and harassment—it amazes me that there is any confusion regarding the patently perverse nature of sexual abuse of children. There simply can be no equivocation about the obvious emotional devastation that is caused when adults have sexual relations with children.

Sexual activity between an adult and a child is always abusive and always criminal in all cases—period.

The fact that this obvious reality has been clouded recently is an indictment of the liberal secularization of the culture. Too many of us today worship the self and the moment with no regard for future consequences.

Well, our children are our future and both should be safeguarded. The days ahead will be dark indeed if our society turns a blind eye to abuse of innocent ones.

There can be no compromises in the war against child abuse. We must all be eternally vigilant in this most important cause.

Every so often, trendy social theories and politically-motivated psychological hypotheses creep into the mainstream. At first, such ideas go unchallenged because they seem too crazy to be taken seriously. But after awhile, the momentum shifts against common sense.

Bad ideas have bad consequences and the damage to society must always be combated in every field.

The American Psychological Association made a mistake by publishing a study that used pseudo-scientific jargon to advise that sexual relations between adults and children are not always abusive.

Such a study by such a prestigious institution gives credibility and potential legal defenses to pedophiliac sickos.

After the controversy was exposed, the APA admitted its error in publishing the report and underscored its position that pedophilia is harmful criminal behavior and that all sexual abuse of children should be exposed.

Mr. Speaker, organizations, like people, make mistakes. The test of integrity is the ability to admit a mistake and correct it. The American Psychological Association has shown great courage in doing just this. In the battle against child abuse, the APA is fighting on the right side.

Mr. KILDEE. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SALMON. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. SALMON) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 107, as amended.

The question was taken.

Mr. SALMON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. SALMON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on House Concurrent Resolution 107, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

URGING THE RELEASE OF THREE PRISONERS IN YUGOSLAVIA

Mr. SALMON. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 144) urging the United States Government and the United Nations to undertake urgent and strenuous efforts to secure the release of Branko Jelen, Steve Pratt, and Peter Wallace, 3 humanitarian workers employed in the Federal Republic of Yugoslavia by CARE International, who are being unjustly held as prisoners by the Government of the Federal Republic of Yugoslavia.

The Clerk read as follows:

H. CON. RES. 144

Whereas Branko Jelen, Steve Pratt, and Peter Wallace are 3 humanitarian workers employed in the Federal Republic of Yugoslavia by CARE International, the relief and development organization, providing food, medicines, and fuel to more than 50,000 Serbian refugees in Serbia and to displaced ethnic Albanians in Kosovo;

Whereas Steve Pratt and Peter Wallace, 2 Australian nationals, were detained on March 31, 1999, and later accused of operating and managing a spy ring and being employed by a spy ring, and Branko Jelen, a citizen of the Federal Republic of Yugoslavia, was arrested 1 week later on the same charges;

Whereas on March 30, 1999, CARE International received a letter of commendation

from the Government of the Federal Republic of Yugoslavia relating to CARE International's humanitarian work in the Federal Republic of Yugoslavia;

Whereas 1 of the 3 men, Steve Pratt, appeared on Serbian television on April 11, 1999, and he was coerced into saying that he had performed covert intelligence activities;

Whereas the 3 CARE International humanitarian workers were held without access to outsiders for 20 days;

Whereas on May 29, 1999, a Serbian military court dismissed every element of the original indictment against the 3 CARE International humanitarian workers, but then proceeded to convict the 3 individuals on an entirely new charge of passing on information to a foreign organization, namely CARE International, and sentenced Pratt to 12 years, Jelen to 6 years, and Wallace to 4 years;

Whereas this last charge was introduced at the reading of the verdict, denying lawyers for the 3 CARE International humanitarian workers any opportunity to mount an appropriate defense;

Whereas it appears the 3 CARE International humanitarian workers were convicted of providing ''situation reports'' to their head office and other CARE International offices around the world, based on legitimately gathered information, necessary to enable CARE International management to plan their humanitarian assistance in a rapidly changing context and to inform CARE International management of the security situation in which their staff were working;

Whereas the convictions of the 3 CARE International humanitarian workers raise serious questions regarding the ability of humanitarian aid organizations to operate in the Federal Republic of Yugoslavia, with implications for their operations in other areas of conflict around the world;

Whereas the 3 CARE International humanitarian workers are innocent, having committed no crime, and are being held as prisoners unjustly;

Whereas the Federal Republic of Yugoslavia needs humanitarian workers who feel secure enough to do their work and who are not at risk of going to prison on false charges; and

Whereas many leaders around the world have raised the issue and sought to free the captives, including United Nations Secretary General Kofi Annan, former South African President Nelson Mandela, Finnish President Marti Ahtisaari, United Nations Commissioner for Human Rights Mary Robinson, and the Reverend Jesse Jackson: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) urges the United States Government and the United Nations to undertake urgent and strenuous efforts to secure the release of Branko Jelen, Steve Pratt, and Peter Wallace, 3 humanitarian workers employed in the Federal Republic of Yugoslavia by CARE International; and

(2) calls upon the Government of the Federal Republic of Yugoslavia to send a positive signal to the international humanitarian community and to give these humanitarian workers their freedom without further delay.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. SALMON) and the gentleman from New Jersey (Mr. ROTHMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona (Mr. SALMON).

Mr. SALMON. Mr. Speaker, I yield myself such time as I may consume.

(Mr. SALMON asked and was given permission to revise and extend his remarks.)

Mr. SALMON. Mr. Speaker, on March 31, 1999, Serbian authorities detained Mr. Steve Pratt, Mr. Peter Wallace of Australia, and Mr. Branko Jelen of Serbia who were carrying out their duties as employees of CARE/Australia. These men, who were endeavoring to provide humanitarian assistance to victims of Serbian aggression in Kosovo, were subsequently charged with espionage and are now being unjustly held as prisoners in Serbia.

The detention of these individuals strikes at the very heart of the ability of humanitarian and aid organizations such as CARE to operate in conflicts such as the one in Kosovo. It is noteworthy that the actual charges they were convicted of concerned only the passing of situation reports on the conditions in Kosovo to their headquarters in order for CARE to be able to determine the needs of the population it was attempting to assist and the conditions under which its employees were working in Kosovo.

For the Serb authorities to construe these actions as hostile makes a mockery of the terms of their agreement that permitted CARE to operate in Serbia in the first place. Indeed, one day prior to the detention of its employees, CARE had received a letter from the Yugoslavia authorities commending its work.

The continued imprisonment of these men is an affront to the Prime Minister of the entire international community and a threat to the ability of international and private organizations to function under the difficult circumstance they face in numerous countries around the globe.

We would be remiss if we did not also take note of another detention of an individual engaged on a humanitarian mission in North Korea. According to accounts in the press, Ms. Karen Hahn was detained some weeks ago and has been held incommunicado by the known authorities. The welfare of Ms. Hahn is also in our minds as we consider this resolution.

House Concurrent Resolution 144 urges the United States and the United Nations to undertake urgent and strenuous efforts to secure the release from Serbia of the three imprisoned CARE Australia staffers. I urge all members of the House to join me in signalling our demand for the release of these individuals and restoration of our confidence that organizations such as CARE can continue to operate without harassment in the difficult and sometimes dangerous environments that they face throughout the world.

Mr. Speaker, I reserve the balance of my time.

Mr. ROTHMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of this resolution.

Mr. Speaker, I want to thank the gentleman from Arizona (Mr. SALMON), and I would like to thank the gentleman from New York (Mr. GILMAN), the chairman of the Committee on International Relations, and the ranking member, the gentleman from Connecticut (Mr. GEJDENSON) for their support in supporting House Concurrent Resolution 144.

This resolution serves as a reminder that three humanitarian aid workers are now being held unjustly in Yugoslavia. These three CARE workers in the organization called CARE were arrested and falsely accused of espionage.

□ 1430

They were wrongly convicted by a Serbian military court and received sentences ranging from 4 to 12 years.

Let me tell a little bit about the background. Steve Pratt and Peter Wallace are two Australian nationals who were employees of CARE. They were detained on March 31, 1999, and later accused of operating and managing a spy ring and being employed by a spy ring. Branko Jelen, who is a citizen of the Federal Republic of Yugoslavia, was arrested 1 week later on the same charge.

A couple of months later, on May 29, 1999, a Serbian military court dismissed every element of the original indictment against these three CARE International humanitarian workers. But then the court, the same day, at the same moment, proceeded to convict these three individuals on an entirely new set of charges, namely, as they said, passing on information to a foreign organization, namely CARE International; and then they sentenced Mr. Pratt to 12 years' imprisonment, Mr. Jelen to 6 years' imprisonment and Mr. Wallace to 4 years' imprisonment.

This charge, which they introduced on the day they dismissed all the other charges, was introduced at the time they read the verdict. They said, ''You are hereby charged with providing information and you are hereby sentenced.'' Can my colleagues imagine that? And that was a court of law.

Mr. Speaker, needless to say, it did not provide any opportunity for these three individuals to present any defense to the charges that were instantaneously imposed upon them along with the sentence.

It appears that these three CARE workers were convicted simply of providing situation reports, a standard in the providing of services by CARE International where the workers in the field provide situation reports about the security, about the humanitarian needs in the locale that they are working in.

It raises concerns about the ability of any international humanitarian relief organization to provide relief services anywhere around the world if by merely providing a situation report can get someone convicted, albeit without a trial, of spying.

Leaders around the world, including U.N. Secretary General Kofi Annan and Finnish President Ahtisaari, have

raised this issue and have also sought the release of these men.

Mr. Speaker, we as the United States Congress and as an American people need to let all humanitarian workers around the world know that we will fight for them if they ever get unjustly imprisoned. We will let Yugoslavia know by the House's action that we demand the immediate release of these three international humanitarian workers under the employ of CARE, one of the world's largest international relief and development organizations.

I urge my colleagues to support House Concurrent Resolution 144.

Mr. GILMAN. Mr. Speaker, on March 31, 1999, Serbian authorities detained Mr. Steve Pratt, Mr. Peter Wallace, of Australia, and Mr. Branko Jelen, of Serbia who were carrying out their duties as employees of CARE/Australia. These men, who were endeavoring to provide humanitarian assistance to victims of Serbian aggression in Kosovo, were subsequently charged with espionage and are now being unjustly held as prisoners in Serbia.

The detention of these individuals strikes at the very heart of the ability of humanitarian and aid organizations such as CARE to operate in conflicts such as the one in Kosovo. It is noteworthy that the actual charges they were convicted of concerned only the passing of situation reports on the conditions in Kosovo to their headquarters in order for CARE to be able to determine the needs of the population it was attempting to assist and the conditions under which its employees were working in Kosovo.

For the Serb authorities to construe these actions as hostile makes a mockery of the terms of their agreement that permitted CARE to operate in Serbia in the first place. Indeed, one day prior to the detention of its employees, CARE had received a letter from the Yugoslav authorities commending its work. The continued imprisonment of these men is an affront to the principles of the entire international community, and a threat to the ability of international and private organizations to function under the difficult circumstance that they face in numerous countries around the globe.

We would be remiss if we did not also take note of another detention of an individual engaged on a humanitarian mission in North Korea. According to accounts in the press, Ms. Karen Hahn was detained some weeks ago and has been held incommunicado by the North Korean authorities. The welfare of Ms. Hahn is also in our minds as we consider this resolution.

H. Con. Res. 144 urges the United States and the United Nations to undertake urgent and strenuous efforts to secure the release from Serbia of the three imprisoned CARE Australia.

Accordingly, I ask all members of the House to join in signaling our demand for the release of these individuals, and restoration of our confidence that organizations such as CARE can continue to operate without harassment in the difficult and often dangerous environments they face throughout the world.

Mrs. CAPPS. Mr. Speaker, I rise in strong support of H. Con. Res. 144, which calls attention to the plight of three humanitarian workers unjustly imprisoned by the Federal Republic of Yugoslavia.

Branko Jelen, Steve Pratt and Peter Wallace were employed in Yugoslavia by CARE International, providing aid, food, and medicinal supplies to refugees in both Serbia and Kosovo. In that capacity, they did what CARE International does in all of its international humanitarian missions: provide other CARE offices in the area with progress reports. CARE International has always used these reports, because they are vital to the organization's first-hand knowledge of the progress, prospects, and dangers of their many missions. The reports are not secret and contain easily obtainable information.

After learning of these reports in late March, the government of Slobodan Milosevic detained Jelen, Pratt, and Wallace, and later accused them of engaging in espionage for the U.S. government. In a closed military court, they were found guilty of spying, and are currently serving sentences of up to 12 years in a Serbian jail.

Mr. Speaker, these three men are innocent. They were providing humanitarian aid to people who were in desperate need.

We are all familiar with CARE International and similar Non-Government Organizations, and the extraordinary humanitarian contributions they make in the fight to end despair and suffering. Today, this House must stand up for this mission. It is imperative that the U.S. lead the way in freeing these men and who are guilty of nothing more than being courageous humanitarians. I urge all of my colleagues to support this important resolution.

Mr. ROTHMAN. Mr. Speaker, I yield back the balance of my time.

Mr. SALMON. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GOODLATTE). The question is on the motion offered by the gentleman from Arizona (Mr. SALMON) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 144.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

CONCERNING UNITED NATIONS GENERAL ASSEMBLY RESOLUTION ES–10/6

Mr. SALMON. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 117) concerning United Nations General Assembly Resolution ES–10/6, as amended.

The Clerk read as follows:

H. CON. RES. 117

Whereas in an Emergency Special Session, the United Nations General Assembly voted on February 9, 1999, to pass Resolution ES–10/6, Illegal Israeli Actions In Occupied East Jerusalem And The Rest Of The Occupied Palestinian Territory, to convene for the first time in 50 years the parties of the Fourth Geneva Convention for the Protection of Civilians in Time of War;

Whereas such resolution singles out Israel for unprecedented enforcement proceedings, which have never been invoked, even against governments with records of massive violations of the Fourth Geneva Convention;

Whereas such resolution unfairly places full blame for the deterioration of the Middle East Peace Process on Israel and dangerously politicizes the Fourth Geneva Convention, which was established to address humanitarian crises; and

Whereas such vote, initiated by the Arab Group at the behest of the Palestine Liberation Organization (PLO), serves to prejudge and undercut direct negotiations, puts added and undue pressure on Israel to influence the results of those negotiations, and contravenes the written commitment that Yasser Arafat gave to then Israeli Prime Minister Yitzhak Rabin that issues of permanent status would only be dealt with directly by the parties: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) commends the Department of State for the vote of the United States against United Nations General Assembly Resolution ES–10/6 affirming that the text of such resolution politicizes the Fourth Geneva Convention for the Protection of Civilians in Time of War which was primarily humanitarian in nature;

(2) urges the Department of State to continue its efforts against convening the conference, which is scheduled to be held in Geneva, Switzerland, on July 15, 1999;

(3) urges the member states of the United Nations to vigorously oppose any and all efforts to manipulate the Fourth Geneva Convention for the purpose of attacking Israel; and

(4) urges United Nations Secretary General Kofi Annan and Switzerland, which serves as the depository of the Fourth Geneva Convention, to refrain from assisting in the convening of the conference.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. SALMON) and the gentleman from New Jersey (Mr. ROTHMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona (Mr. SALMON).

GENERAL LEAVE

Mr. SALMON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this measure.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. SALMON. Mr. Speaker, I yield myself such time as I may consume.

(Mr. SALMON asked and was given permission to revise and extend his remarks.)

Mr. SALMON. Mr. Speaker, first I would like to commend the efforts of the gentleman from New Jersey (Mr. ROTHMAN). He is the author of this piece of legislation. It is very timely and very needed, and he is always there in the pinch, and we appreciate him on this side.

Mr. Speaker, our consideration of this resolution is certainly timely as it concerns the convening, under extraordinary and almost unprecedented circumstances, of the parties of the Fourth Geneva Convention for the Protection of Civilians in Times of War later this week in Geneva, Switzerland. The focus of this unusual meeting will be ''Illegal Israeli Actions in Occupied East Jerusalem and the Rest of the Occupied Territory.''

From its very title, we can see that this meeting will be just another kangaroo court convened solely for the purpose of pillorying Israel whose behavior in Jerusalem and the Occupied Territory has already been predetermined to be ''illegal.''

Regrettably, by using the such important instruments as the Fourth Geneva Convention to carry on their anti-Israel campaign, the supporters of this Special Session in Geneva actually undermine the validity of the Convention and efforts to protect civilians in armed conflicts. We can be certain that little will be said of the many civilian victims of the numerous terrorist acts by Palestinian and Islamic groups hostile to Israel.

Most of us are keenly aware of the anti-Israel fervor which resonates throughout the institutions and committees of the United Nations. We cannot forget the evil that was unleashed during consideration of the ''Zionism is Racism'' resolution years ago. Clearly, the United Nations has a history of anti-Israel statements, resolutions, conferences and activities.

This troubling action taken by the United Nations General Assembly earlier this year is but the latest of a long series of United Nations activities designed to unfairly and in a highly prejudicial fashion paint Israel as an aggressive rogue state beyond the pale of international law.

The resolution before us urges states of the United Nations to oppose all efforts to attack Israel at this conference and urges U.N. Secretary General Kofi Annan and Switzerland to refrain from assisting in the convening of the conference.

Mr. Speaker, regarding Switzerland's role in the conference, I would like to point out, as the repository of the Geneva Convention, Switzerland has no recourse but to honor the will of the U.N. General Assembly that has invoked this conference. As an observer state of the U.N., the Swiss were not even entitled to vote in the emergency session of the General Assembly that decided this measure.

Mr. Speaker, I urge the Members of this House to send a strong message in opposition to this ill-considered and unhelpful initiative by supporting the adoption of H. Con. Res. 117.

Mr. Speaker, I reserve the balance of my time.

Mr. ROTHMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of this resolution. I thank the gentleman from Arizona (Mr. SALMON), my colleague and good friend, for his kind remarks. We have worked together on many, many issues in a bipartisan way of importance to the people of America and I think for the interests of the abused and unjustly treated around the world. And, as always, I am grateful and pleased to work with the gentleman on this issue as well.

Mr. Speaker, I introduced this resolution, H. Con. Res. 117, on May 25 of this year to address a deeply troubling development at the U.N. Sadly, the United Nations is again on the verge of reverting to its bad old ways that we thought they had dispensed with in the 1970s. I am talking about the United Nations once again using its resources and the American taxpayers' money to bash the only democracy in the Middle East and America's strongest ally in the Middle East, strongest military, economic and cultural ally, the State of Israel.

Mr. Speaker, this is at a time when, if peace is not at hand, the atmosphere for peace in the Middle East is as great as we have seen in quite a long time.

What happened? On February 9 of this year, February 9 of 1999, the United Nations General Assembly in an Emergency Special Session decided to call for the reconvening of the Fourth Geneva Convention. Now for those who do not follow the U.N. and the Geneva Convention, the Fourth Geneva Convention has not been convened for 50 years.

So what was the Emergency Special Session of the United Nations General Assembly to call for the first reconvening of the Fourth Geneva Convention in 50 years all about? Well, we know what the Geneva Convention was supposed to be about. In 1949, it was established in the aftermath of the Nazi atrocities in Europe to deal with the protection of civilians in time of war.

So what is going to happen now on July 15, a handful of days from now, unless the United States and world leaders intervene? According to the General Assembly of the United Nations who has now directed the convening of the Fourth Geneva Convention after 50 years, on July 15, the Geneva Convention is to be brought together to condemn the genocidal crime of house construction in Jerusalem by Israel. Can my colleagues believe it?

Now, when the Soviet Union invaded Czechoslovakia, when Iraq invaded Kuwait, when Vietnam invaded Cambodia, when China conquered Tibet, during the Korean war, the Vietnam war, the Persian Gulf War, the invasion of Kosovo by Serbia, all the carnage brought forth upon millions and millions of people was the Geneva Convention called for to be reconvened? No. In dozens and dozens of places over the last 50 years around this planet, millions of people have literally been tortured, enslaved and slaughtered, but the U.N. never called for the reconvening of the Geneva Convention. Only now in February of 1999 because of what they call Israel's crime of home construction in Jerusalem.

Mr. Speaker, if it was not so destructive of the truth, destructive of the meaning of the words, destructive of the mission of the U.N., destructive of the purpose of the Geneva Convention, it would be laughable. But this is no joke. Everyone voted for this resolution at the U.N. in the General Assembly except for America and Israel.

What should we do about it? In a couple of days, notwithstanding the fact that we have the totalitarian leaders of Syria and Chairman Arafat and the President of Egypt saying we have a new day, a new era of peace that is on our doorstep, and the new duly elected President of Israel, Mr. Barak, espousing such a compelling and poetic commitment to peace between Israel and its neighbors, when all the parties at issue are speaking of an atmosphere of peace, reconciliation and commitment to finding a compromise for all the peoples of the region, what does the U.N. General Assembly do? They try to destroy the purpose of the Geneva Convention, humiliate and degrade the truth, and reconvene the Fourth Geneva Convention to condemn housing construction by Israel.

Mr. Speaker, I am proud and pleased that the Committee on International Relations last week condemned this action and voted to pass H. Con. Resolution 117. I am asking my colleagues in the House of Representatives also to pass H. Con. Resolution 117 which does four things: It commends the United States State Department for opposing these efforts to politicize the Geneva Convention. It urges our State Department to continue its opposition against the U.N.'s plans to convene their anti-Israel Geneva convention, which is set to occur on July 15, a handful of days from now unless the leaders of the U.N. and other leaders in the world stop it. It also calls on member states of the United Nations to join America in opposing the politicization of the Fourth Geneva Convention. And it, lastly, urges the U.N. General Secretary, Kofi Annan, and Switzerland, the host country, to refrain from assisting in the convening of this conference.

□ 1445

Modest steps, considering what is at stake: the integrity of the U.N., the integrity of the Geneva Convention, and justice. I urge my colleagues to support House Resolution 117.

Mr. Speaker, I yield 4 minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. Mr. Speaker, I want to thank the gentleman from New Jersey (Mr. ROTHMAN) for being such an active voice on this issue and so many others.

If there was ever a bad time for a bad idea, this is probably it. The United Nations over its history has done some very great things to ensure peace and justice around the world, but it can also be rightly accused of taking every possible opportunity to throw obstacles in the way of the State of Israel and now obstacles in the way of pursuing a lasting peace in the Middle East.

To dig up the Geneva Convention as an appropriate tool for the causes of the Palestinian Movement in the United Nations now is the worst possible abuse of the Geneva Convention. Never, as the gentleman from New Jersey (Mr. ROTHMAN) pointed out, has it been used; and particularly now, it is an inappropriate time and an inappropriate place.

As we have spent much of the last year looking at some true atrocities in the world, never in the time of the worst atrocities of Milosevic did the United Nations stand and seek to execute the Geneva Convention. Yet now, at the beginning of a new era in Israel, when a new administration takes over and, God willing, a new road to peace in the Middle East is about to be placed, we see the United Nations begin to move forward to activate the Geneva Convention which was intended to be used to protect civilians during wartime, not to solve territorial disputes.

There are many of us who believe that the territories that the United Nations is looking at are not in dispute at all. We have to remember when the Palestinian Authority, when it entered into the Oslo Accords, took a pledge and signed in writing that they were not going to use the United Nations as a tool for their cause.

At that time, the parties that agreed to pursue a peace in the Middle East did so with an understanding that we in this Chamber have argued for a great deal of time, and that is that the parties in that part of the world have to, in their own best interest, work out the road to peace, not from the United Nations in New York, not from the Capitol here in Washington, and not from small towns throughout the United States and the world, but the parties in that part of the world.

This effort by the United Nations, which we opposed, we in the United States opposed, is contrary to that intent. This is not a time when we should belittle the Geneva Convention. This is not a time when the United Nations should once again enter into the frayed air.

I would remind my colleagues, the United Nations Security Council, this is not the first time that they have sought to take their shots at the State of Israel. This is the same Security Council that sought to equate Zionism with racism, if my colleagues recall. So it should be no surprise that there is an anti-Israel bias in the Security Council.

But for those of us who care about a lasting peace in the Middle East, care about a just peace in the Middle East that all of the parties can live with, I urge us in this Chamber to stand forthright in favor of this resolution. This is not the time, this is not the place for this anti-Israel resolution. This is also not the time or the place for the Geneva Convention to be bastardized in this way.

Mr. SALMON. Mr. Speaker, I yield myself such time as I might consume. I would just like to reiterate the position, not only of myself, but I believe most people on our side of the aisle from the Committee on International Relations, and that is that it is a highly inappropriate action which the Geneva Convention seeks to undertake at a time when we should all be working together toward the peace process in the Middle East.

These kinds of anti-Israel statements do not assist the process; they harm the process.

Mr. Speaker, I yield back the balance of my time.

Mr. ROTHMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, there are real issues of dispute in the Middle East. There are territorial futures. There are issues of security. As the gentleman from New York (Mr. WEINER) said, there is a process that has been agreed to by all the parties, the Oslo Peace Accords, by which the parties would sit down, one across the table from the other, and resolve their differences peaceably.

Our action today does not prejudice what will happen in those discussions. We wish them well. What we are doing today is saying as a Nation a few things:

Number one, that the free people of the United States of America will not tolerate the abuse of the United Nations by those nations who wish to use that forum to bash the only democracy in the Middle East, who happens to be America's number one military, economic, and cultural ally in that entire region and has been so for 50 years; and that we in America, we, the free people in the United States, will not stand by while totalitarian, dictatorial regimes represented in the U.N. at the General Assembly call for the convening of the Geneva Convention after 50 years, only to bash housing construction in Israel, and to have ignored 50 years of slaughter, torture, and torment upon millions and millions of human beings around the world by dictators and thugs; and that we, the free and strong people of the United States, will stand by our number one ally in the region, the State of Israel, even when we are outnumbered at the U.N. by those who would seek to destroy that forum as a forum for truth and justice.

So, Mr. Speaker, I again thank the gentleman from Arizona (Mr. SALMON), the gentleman from New York (Mr. GILMAN), the Chairman of our committee, the gentleman from Connecticut (Mr. GEJDENSON), our ranking member, for their support on this and many other issues where we have worked so well together and their support for this particular House Resolution 117. I urge my colleagues to support this resolution.

Mr. SALMON. Mr. Speaker, will the gentleman yield?

Mr. ROTHMAN. I yield to the gentleman from Arizona.

Mr. SALMON. Mr. Speaker, I did want to make one other comment. I know that in the last several years, one of the items of great controversy in this Congress, especially, I think, since I have been here in the last 5 years has been the U.N. arrearages.

I might suggest that one of the reasons that people raised that red flag in the first place was because of issues like this, because the U.N. time and time and time again goes out and asserts itself and takes positions counter to the United States when we have been the largest financial supporter of that entity and have been for years and years and years, and many of our so-called allies, and I am not saying that about Israel because Israel votes with us, but many of our so-called allies end up spitting in our face; and these are allies that we have helped financially time and time and time again.

I just might say that significant reforms have got to happen at the U.N., and this exactly points to what we are talking about.

Mr. ROTHMAN. Mr. Speaker, I say this: I agree with the gentleman from Arizona that this puts a disturbing light on many of our efforts to have our debt to the U.N. repaid. I for one believe that it is unconscionable for us to have such a debt at the U.N. and not have it be repaid. I believe there has been progress at the U.N.

But when the member states of the U.N. and the U.N. Secretary and the General Assembly participate in this out and out Israel bashing, which is absurd, unjust, unfair by any measure, and sets a terrible precedent for the abuse of the Geneva Convention process, then we cannot ignore it.

We must let those who voted in favor of this U.N. General Assembly resolution know that we will not forget their participation in this effort. We will remember. We will not forget what they have done. It only hurts the cause of the U.N.

I may differ with the gentleman from Arizona (Mr. SALMON) on the repayment of the debt, but I do agree with him that this does not make their case any better when they allow this forum to be abused in such a way.

Mr. GILMAN. Mr. Speaker our consideration of this resolution is certainly timely since it concerns the convening, under extraordinary and almost unprecedented circumstances, the parties of the Fourth Geneva Convention for the Protection of Civilians in Times of War later this week in Geneva, Switzerland. The focus of this unusual meeting will be ''Illegal Israeli Actions in Occupied East Jerusalem and the Rest of the Occupied Territory.'' From its very title it is obvious that this meeting will be another kangaroo court convened solely for the purpose of pillorying Israel whose behavior in Jerusalem and the Occupied Territory has already been predetermined to be ''illegal.''

Regrettably, by using such important instruments as the Fourth Geneva Convention to carry-on their anti-Israel campaign, the supporters of this Special Session in Geneva actually undermines the validity of the Convention and efforts to protect civilians in armed conflicts. We can be certain that little will be said of the many civilian victims of the numerous terrorist acts by Palestinian and Islamic groups hostile to Israel.

Most of us are keenly aware of the anti-Israel fervor which resonates throughout the institutions and committees of the United Nations. We cannot forget the evil that was unleashed during consideration of the ''Zionism is Racism'' resolution years ago. Clearly, the United Nations has a history of anti-Israel statements, resolutions, conferences and activities.

This troubling action taken by the United Nations General Assembly earlier this year is but the latest of a long series of United Nations activities designed to unfairly and in a highly prejudicial fashion paint Israel as an aggressive rogue state, beyond the pale of international law.

The resolution before us urges member states of the United Nations to oppose all efforts to attack Israel at this conference, and urges UN Secretary General Kofi Annan and Switzerland to refrain from assisting in the convening of the conference.

Regarding Switzerland's role in this conference, it should be noted that as the repository of the Geneva Conventions, Switzerland has no recourse but to honor the will of the UN General Assembly that has convoked this Conference. As an observer state of the UN the Swiss were not even entitled to vote in the Emergency Session of the General Assembly that decided this matter.

Accordingly, I urge my colleagues to send a strong message in opposition to this ill-considered and unhelpful initiative by fully supporting the adoption of H. Con. Res. 117.

Mr. ROTHMAN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GOODLATTE). The question is on the motion offered by the gentleman from Arizona (Mr. SALMON) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 117, as amended.

The question was taken.

Mr. SALMON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until approximately 6 p.m.

Accordingly (at 2 o'clock and 55 minutes p.m.), the House stood in recess until approximately 6 p.m.

□ 1810

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BARTON of Texas) at 6 o'clock and 10 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The pending business before the House is the approval of the Journal. Pursuant to clause 8 of rule XX, the Chair will now put the question on the approval of the Journal and then on each motion to suspend the rules in which further proceedings were postponed earlier today in the order in which that motion was entertained.

Votes will be taken in the following order: Approval of the Journal, if so ordered; House Concurrent Resolution 107, by the yeas and nays; and House Concurrent Resolution 117, by the yeas and nays.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the pending business is the question of agreeing to the Speaker's approval of the Journal.

The question is on the Speaker's approval of the Journal of the last day's proceedings.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PEASE. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The Chair will reduce to 5 minutes the time for any other electronic vote after the first vote.

The vote was taken by electronic device, and there were—yeas 329, yeas 36, answered ''present'' 2, not voting 67, as follows:

[Roll No. 277]

YEAS—329

Abercrombie
Ackerman
Allen
Andrews
Archer
Bachus
Baldacci
Ballenger
Barcia
Barrett (NE)
Barrett (WI)
Barton
Bass
Becerra
Bentsen
Bereuter
Berman
Berry
Biggert
Bilirakis
Bliley
Blumenauer
Blunt
Boehner
Bonilla
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Capuano
Cardin
Carson
Castle
Chabot
Chambliss
Clayton
Clement
Coble
Collins
Condit
Conyers
Cook
Cooksey
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Davis (FL)
Davis (IL)
Davis (VA)
Deal
Delahunt
DeLauro
DeMint
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
Eshoo
Etheridge
Everett
Ewing
Farr
Fattah
Fletcher
Foley
Forbes
Ford
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gilchrest
Gilman
Gonzalez
Goode
Goodlatte
Gordon
Goss
Graham
Granger
Green (WI)
Greenwood
Hall (OH)
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hayworth
Herger
Hill (IN)
Hill (MT)
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley
Horn
Hostettler
Houghton
Hoyer
Hunter
Hutchinson
Hyde
Inslee
Istook
Jackson (IL)
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Kanjorski
Kelly
Kennedy
Kildee
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kuykendall
LaHood
Largent
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCrery
McGovern
McHugh
McInnis
McIntyre
McKeon
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalf
Mica
Miller (FL)
Minge
Mink
Moakley
Moore
Moran (VA)
Morella
Murtha
Myrick
Nadler
Napolitano
Neal
Nethercutt
Ney
Northup
Norwood
Nussle
Obey
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pascrell
Pastor
Paul
Pease
Pelosi
Peterson (PA)
Petri
Phelps
Pickering
Pitts
Pombo
Porter
Portman
Price (NC)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Reyes
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Ryan (WI)
Ryun (KS)
Salmon
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Scarborough
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Sisisky
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Spence
Stabenow
Stearns
Stenholm
Strickland
Stump
Sununu
Sweeney
Talent
Tanner
Tauscher
Tauzin
Terry
Thomas
Thornberry
Thune
Tiahrt
Tierney
Toomey
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Waxman
Weiner
Weldon (FL)
Wexler
Whitfield
Wilson
Wolf
Woolsey
Wu
Wynn
Young (AK)
Young (FL)

NAYS—36

Aderholt
Baird
Borski
Costello
DeFazio
English
Evans
Filner
Gibbons
Green (TX)
Gutierrez
Gutknecht
Hastings (FL)
Hefley
Hilleary
Hilliard
Hinchey
Kucinich
LaFalce
LoBiondo
Miller, George
Moran (KS)
Oberstar
Pallone
Peterson (MN)
Pickett
Sabo
Schaffer
Slaughter
Stupak
Taylor (MS)
Thompson (CA)
Thompson (MS)
Visclosky
Weller
Wicker

ANSWERED ''PRESENT''—2

Schakowsky
Tancredo

NOT VOTING—67

Armey
Baker
Baldwin
Barr
Bartlett
Bateman
Berkley
Bilbray
Bishop
Blagojevich
Boehlert
Bonior
Bono
Brady (TX)
Brown (CA)
Chenoweth
Clay
Clyburn
Coburn
Combest
Danner
DeGette
DeLay
Doolittle
Edwards
Engel
Gephardt
Gillmor
Goodling
Hulshof
Isakson
Jackson-Lee (TX)
Jefferson
Jones (OH)
Kaptur
Kasich
Kilpatrick
Kind (WI)
Kolbe
Lampson
Lantos
Markey
McDermott
McIntosh
Millender-McDonald
Miller, Gary
Mollohan
Payne
Pomeroy
Pryce (OH)
Rogers
Royce
Rush
Scott
Serrano
Shows
Simpson
Spratt
Stark
Taylor (NC)
Thurman
Towns
Waters
Watt (NC)
Weldon (PA)
Weygand
Wise

□ 1833

Mr. DEFAZIO changed his vote from ''yea'' to ''nay.''

So the Journal was approved.

The result of the vote was announced as above recorded.

SENSE OF CONGRESS REJECTING NOTION THAT SEX BETWEEN ADULTS AND CHILDREN IS POSITIVE

The SPEAKER pro tempore (Mr. BARTON of Texas). The pending business is the question of suspending the rules and agreeing to the concurrent resolution, House Concurrent Resolution 107, as amended.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion of the gentleman from Arizona (Mr. SALMON) that the House suspend the rules and agree to the concurrent resolution, House Concurrent Resolution 107, as amended, on which the yeas and nays were ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 355, nays 0, answered ''present'' 13, not voting 66, as follows:

[Roll No. 278]

YEAS—355

Ackerman
Aderholt
Andrews
Archer
Bachus
Baldacci
Ballenger
Barcia
Barrett (NE)
Barrett (WI)
Barton
Bass
Becerra
Bentsen
Bereuter
Berman
Berry
Biggert
Bilirakis
Blagojevich
Bliley
Blumenauer
Blunt
Boehner
Bonilla
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Capuano
Cardin
Carson
Castle
Chabot
Chambliss
Clayton
Clement
Coble
Collins
Condit
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeLauro
DeMint
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Foley
Forbes
Ford
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gibbons
Gilchrest
Gilman
Gonzalez
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley
Horn
Hostettler
Houghton
Hoyer
Hunter
Hutchinson
Hyde
Inslee
Istook
Jackson (IL)
Jenkins
John
Johnson (CT)
Johnson, Sam
Jones (NC)
Kanjorski
Kelly
Kennedy
Kildee
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kucinich
Kuykendall
LaFalce
LaHood
Largent
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCrery
McGovern
McHugh
McInnis
McIntyre
McKeon
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalf
Mica
Miller (FL)
Miller, George
Minge
Moakley
Moore
Moran (KS)
Morella
Murtha
Myrick
Nadler
Napolitano
Neal
Nethercutt
Ney
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Paul
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Porter
Portman
Price (NC)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Reyes
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Ryan (WI)
Ryun (KS)
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Scarborough
Schaffer
Schakowsky
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Spence
Stabenow
Stearns
Stenholm
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Tiahrt
Tierney
Toomey
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weller
Wexler
Whitfield
Wicker
Wilson
Wolf
Woolsey
Wu
Wynn
Young (AK)
Young (FL)

ANSWERED ''PRESENT''—13

Abercrombie
Allen
Baird
Conyers
Delahunt
Filner
Frank (MA)
Hastings (FL)
Johnson, E. B.
Mink
Moran (VA)
Stark
Strickland

NOT VOTING—66

Armey
Baker
Baldwin
Barr
Bartlett
Bateman
Berkley
Bilbray
Bishop
Boehlert
Bono
Brady (TX)
Brown (CA)
Chenoweth
Clay
Clyburn
Coburn
Combest
Danner
DeGette
DeLay
Doolittle
Edwards
Engel
Fletcher
Gekas
Gephardt
Gillmor
Hulshof
Isakson
Jackson-Lee (TX)
Jefferson
Jones (OH)
Kaptur
Kasich
Kilpatrick
Kind (WI)
Kolbe
Lampson
Lantos
Markey
McDermott
McIntosh
Millender-McDonald
Miller, Gary
Mollohan
Northup
Payne
Pomeroy
Pryce (OH)
Rogers
Royce
Rush
Scott
Serrano
Shows
Simpson
Spratt
Taylor (NC)
Thurman
Towns
Waters
Watt (NC)
Weldon (PA)
Weygand
Wise

□ 1840

So (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title was amended so as to read: ''Concurrent resolution expressing the sense of Congress rejecting the conclusions of a recent article published in the Psychological Bulletin, a journal of the American Psychological Association, that suggests that sexual relationships between adults and children might be positive for children''.

A motion to reconsider was laid on the table.

Stated for:

Mrs. NORTHUP. Mr. Speaker, on rollcall No. 278, I was inadvertently detained. Had I been present, I would have voted ''yes.''

Mr. GEKAS. Mr. Speaker, on rollcall No. 278, I was involved in a conference off the floor and missed the vote. Had I been present, I would have voted ''aye.''

Mr. FLETCHER. Mr. Speaker, on rollcall No. 278, I was unavoidably detained. Had I been present, I would have voted ''yes.''

CONCERNING UNITED NATIONS GENERAL ASSEMBLY RESOLUTION ES–10/6

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the concurrent resolution, House Concurrent Resolution 117, as amended.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. SALMON) that the House suspend the rules and agree to the concurrent resolution, House Concurrent Resolution 117, as amended, on which the yeas and nays were ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 365, nays 5, not voting 64, as follows:

[Roll No. 279]

YEAS—365

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Archer
Bachus
Baird
Baldacci
Ballenger
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Becerra
Bentsen
Bereuter
Berman
Berry
Biggert
Bilirakis
Blagojevich
Bliley
Blumenauer
Blunt
Boehner
Bonilla
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Capuano
Cardin
Carson
Castle
Chabot
Chambliss
Clayton
Clement
Coble
Collins
Condit
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
Delahunt
DeLauro
DeMint
Deutsch
Diaz-Balart
Dicks
Dixon
Doggett

Dooley
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
English
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Filner
Fletcher
Foley
Forbes
Ford
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gibbons
Gilchrest
Gilman
Gonzalez
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley
Horn
Hostettler
Houghton
Hoyer
Hunter
Hutchinson
Hyde
Inslee
Istook
Jackson (IL)
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Kanjorski
Kelly
Kennedy
Kildee
King (NY)
Kingston
Kleczka
Klink
Knollenberg
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NAYS—5

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NOT VOTING—64

Armey
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Bateman
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Bono
Brady (TX)
Brown (CA)
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Millender-McDonald
Miller, Gary
Miller, George
Mollohan
Payne
Pickett
Pomeroy
Pryce (OH)
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Taylor (NC)
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□ 1847

So (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. KIND. Mr. Speaker, on rollcall No. 277, unfortunately, due to an unavoidable weather delay I missed today's rollcall vote. Had I been present, I would have vote "yea."

Mr. Speaker, on rollcall No. 278, unfortunately, due to an unavoidable weather delay I missed today's rollcall vote. Had I been present, I would have vote "yea."

Mr. Speaker, on rollcall No. 279, unfortunately, due to an unavoidable weather delay I missed today's rollcall vote. Had I been present, I would have vote "yea."

PERSONAL EXPLANATION

Ms. KILPATRICK. Mr. Speaker, due to official business, I was unable to record my vote for several measures considered in the House of Representatives today. Had I been present, I would have voted "aye" on approving the Journal; "aye" on H. Con. Res. 107; and "aye" on H. Con. Res. 117.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore (Mr. BARTON of Texas) laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 12, 1999.

Hon. J. DENNIS HASTERT,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, I have the honor to transmit a sealed envelop received from the White House on July 12, 1999 at 3:33 p.m. and said to contain a message from the President whereby he transmits the District of Columbia's Fiscal Year 2000 Budget Request Act.

With best wishes, I am

Sincerely,

JEFF TRANDAHL.

DISTRICT OF COLUMBIA'S FISCAL YEAR 2000 BUDGET REQUEST ACT—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 106–92)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Appropriations and ordered printed:

To the Congress of the United States:

In accordance with section 202(c) of the District of Columbia Financial Management and Responsibility Assistance Act of 1995 and section 446 of the District of Columbia Self-Governmental Reorganization Act, as amended, I am transmitting the District of Columbia's Fiscal Year 2000 Budget Request Act.

This proposed Fiscal Year 2000 Budget represents the major programmatic objectives of the Mayor, the Council of the District of Columbia, and the District of Columbia Financial Responsibility and Management Assistance Authority. For Fiscal Year 2000, the District estimates revenue of $5.482 billion and total expenditures of $5.482 billion, resulting in a budget surplus of $47,000.

My transmittal of the District of Columbia's budget, as required by law, does not represent an endorsement of its contents.

WILLIAM J. CLINTON.

THE WHITE HOUSE, *July 12, 1999.*

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair desires to announce that pursuant to clause 4 of rule I, the Speaker signed the following enrolled bill on Tuesday, June 29, 1999:

H.R. 4, to declare it to be the policy of the United States to deploy a national missile defense.

COMMUNICATION FROM HON. RICHARD A. GEPHARDT, DEMOCRATIC LEADER

The SPEAKER pro tempore laid before the House the following communication from the Honorable RICHARD A. GEPHARDT, Democratic Leader:

HOUSE OF REPRESENTATIVES,
OFFICE OF THE DEMOCRATIC LEADER,
Washington, DC, July 9, 1999.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I am writing to inform you that I am withdrawing my appointment of Mr. Salam Al-Marayati to the National Commission on Terrorism.

Mr. Al-Marayati was recommended for this commission by individuals who knew him to possess several qualifications, including knowledge of the subject matter, involvement in interfaith dialogue, and extensive public service experience. Upon subsequently learning of questions about this appointment, I supported efforts to refer them to those agencies that will be involved in conducting background investigations and

issuing security clearances for all members of the commission.

I have since been informed that unlike Mr. Al-Marayati, all other appointees to the commission either hold or recently held security clearances and will only require a brief update in order to begin their service. I have also been notified that in order to issue for any individual a first-time security clearance of the level likely to be required for the sensitive matters to be reviewed by the commission, the investigating agencies generally require up to twelve months or more to conduct a complete background investigation.

In light of the fact that the term of the commission is only six months, it has become evident that an appropriate security clearance is not likely to be processed in time for Mr. Al-Marayati to participate in the commission's work. This situation has therefore required that his appointment to the commission be withdrawn.

Despite these circumstances, Mr. Al-Marayati is prepared to provide input to the commission on matters of interest and concern to the American Muslim community. I hope the commission will listen to the voices of this community and address the issues of civil rights for all Americans consistent with a strong U.S. anti-terrorism policy.

Sincerely,

RICHARD A. GEPHARDT.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

LET US HONOR ALL VIETNAM VETERANS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. FILNER) is recognized for 5 minutes.

Mr. FILNER. Mr. Speaker, I rise today to speak of an urgent need that is addressed by House Concurrent Resolution 134, a resolution which we call the ''In Memory Day'' resolution introduced earlier this month.

When passed, this resolution will affirm that Congress supports the goals and ideas of what we have been calling ''In Memory Day,'' which is the third Monday of April.

Though the Vietnam Veterans Memorial is a deeply moving reminder of many courageous Americans who gave their lives for their country, it includes only the names of those who died from combat wounds. Many other brave veterans have died as a result of their service in Vietnam, but their causes of death do not fit within the criteria established by the Department of Defense for inscribing their names on the Memorial. By observing ''In Memory Day,'' we will honor these patriotic Americans and remember their sacrifice.

Veterans whose deaths were hastened by exposure to Agent Orange, for example, count among the casualties of Vietnam, but their names are not inscribed on the Memorial. Veterans who have taken their own lives as a result of the deep psychological wounds from their service are not included either, but their deaths are fundamentally tied to their experiences in Vietnam. These veterans and their families deserve recognition and support.

This year, last April 19, the Vietnam Veterans Memorial Fund held its first ''In Memory Day'' to commemorate these people who died but whose deaths do not merit inscription on the Wall. From this year forward, the ''In Memory Day'' event will be observed each year at the Wall, along with Memorial Day and Veterans Day, as one of the official ceremonies of the Vietnam Veterans Memorial Fund. Names of fallen comrades will be added to the ''In Memory Honor Roll'' each year, just as the names of those who died as a result of combat in Vietnam are added to the famous memorial at the Wall.

Many returning heroes came back from Vietnam with their health shattered, both physically and mentally. They were wounded by their time in Vietnam, and they deserve our gratitude and recognition.

I urge my colleagues to support House Concurrent Resolution 134.

WE NEED ACTION NOW ON REAL CRISIS IN FARM COUNTRY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Nebraska (Mr. BEREUTER) is recognized for 5 minutes.

Mr. BEREUTER. Mr. Speaker, during the Independence Day district work period, this Member continued his series of town hall meetings with 14 additional meetings to hear the views and questions of my constituents. Many subjects were discussed, but two subjects understandably dominated their concerns.

The first, overwhelmingly expressed, as it has been all year, related to the deplorably bad conditions for farmers and the communities and small businesses that serve farmers and depend upon agriculture. All grain, soybean, and livestock prices are very low, some unprecedently low this year, while the predictions are all equally gloomy.

World surpluses and export losses in the Asian markets, huge projected 1999 harvest numbers, coupled with the strength of the dollar as compared to our export competitors' agricultural commodities and products, have created desperate conditions for farmers.

It is reported that the U.S. Government has actually spent more in farm subsidies during the current year than during the most expensive year of the previous farm bill. But those subsidies are not appreciably alleviating what is a real crisis in farm country. Net farm income per farm in my State of Nebraska last year is a negative number after average Federal subsidies are subtracted, as contrasted to a net farm income of over $40,000 two years ago.

This Member has said for nearly a year now that no ideas or proposed solutions are off the table, all deserve consideration. No ideological blinders or pride of authorship of any current farm policies should stand in the way of finding answers quickly for turning around and meeting this farm crisis. The administration must use the export promotion tools and dollars the Congress has authorized and be more innovative and aggressive in meeting the crisis.

Without immediate and concerted actions now, thousands of farm families who have been financially responsible and good farmers will be forced from their farms. Modest accumulated savings and assets built up through years of effort and investment are being wiped out and growing debts look overwhelming.

Mr. Speaker, the bipartisan leadership and members of the Agriculture Committees of the two Houses of Congress must find solutions and proposal actions now, not after the 1999 harvest is complete. That will be too late for thousands of farmers, ranchers, and agribusiness-dependent families and communities. A whole farm infrastructure is threatened. The leaders of the two Houses also must give this matter a top priority for action.

Mr. Speaker, this Member knows these terrible economic problems are not being ignored by our agriculture committees here on Capitol Hill even if the White House and USDA seem indifferent. Solutions to our current dilemma are not obvious. The situation results from perhaps an unprecedented or at least totally unexpected combination of factors.

When this Member asked his farm constituents for ideas or solutions, few have specific answers and there certainly is little agreement. However, one comment is heard over and over again: the loan deficiency payments arrangement provides no floor for prices. And it may, in fact it is suggested, be driving commodity prices down and helping only the major grain companies. This must be examined.

Second, farmers argue in large numbers that they want to see a farmer-held reserve reinstituted.

□ 1900

That needs to be seriously considered and a decision made, one way or another, with an explanation for the decision. And, third, farmers and agriculture leaders also believe the growing concentration of companies that supply the farm population with key inputs and others which serve as their markets deserve closer and immediate scrutiny by the USDA and the Justice Department. These complaints need to be seriously addressed before it is too late.

Mr. Speaker, we need action now on a real crisis in farm country.

EDWARD R. ROYBAL CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) CAMPUS

The SPEAKER pro tempore (Mr. GIBBONS). Under a previous order of the

House, the gentlewoman from California (Ms. ROYBAL-ALLARD) is recognized for 5 minutes.

Ms. ROYBAL-ALLARD. Mr. Speaker, I have just returned from a very special event at the Centers for Disease Control and Prevention. Today, the main campus of the CDC was renamed the Edward R. Roybal CDC Campus, in honor of my father who served as a Member of this Chamber for 30 years. In addition, he was presented with the Champion of Prevention Award, CDC's most prestigious award, reserved for individuals who have made significant contributions to public health.

Quoting CDC Director, Dr. Jeffrey P. Koplan, ''All his life, no matter where or at what level he sat, Edward R. Roybal has made the public's health his personal and professional priority. His leadership has prevented the illness and health of many Americans.''

Many of my colleagues who served with my father during his tenure from 1963 to 1993 will recall his zeal and commitment to health promotion and disease prevention and the very special place CDC has in his heart. I hope that this and future Congresses will remember and emulate his belief in protecting the Nation's health and safety through prevention and applied research and programs. Our whole family is very proud of my father, but none more than my mother who has stood next to him through all his accomplishments and who through her support made many of those accomplishments possible.

TRIBUTE TO FRED ZOLLNER, NBA PIONEER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. SOUDER) is recognized for 5 minutes.

Mr. SOUDER. Mr. Speaker, I rise today to pay tribute to a great Hoosier from Fort Wayne, the late Fred Zollner, who was just selected for the Basketball Hall of Fame. Too often we forget our history.

Fred Zollner moved the Zollner Pistons Company from Duluth, Minnesota, in 1931 to the east side of Fort Wayne. During the 1930s the piston plant doubled in size, aided by hefty government military contracts because of war preparations.

Sports Illustrated described Zollner this way:

''He is short and stocky, a dapper man sporting peak lapels, a silk shirt, a constant tan, and an unruly coiffure that suggests he is about to mount a podium and conduct Beethoven's Ninth. He is the sort who would not harm a fly. Rather than swat one, he would catch a cold holding the door open until the fly got ready to leave.''

In 1938, Mr. Zollner had formed a company softball team for a local industrial league. In 1945, the Pistons instigated the National Softball League, which they hoped would open the way to major league softball. They won multiple national championships. Players were celebrities. By the late 1950's as I was growing up, softball was no longer as significant, but I remember my dad talking about Leo Luken and Bernie Kampschmidt as if they were Nellie Fox and Ernie Banks, my baseball heroes.

After having success in softball, in 1939 Zollner fielded a team in a Chicago industrial league tournament and never looked back. The Fort Wayne Zollner Pistons, now known as the Detroit Pistons, were not Fort Wayne's first pro basketball team. The Fort Wayne Knights of Columbus, the Caseys, and the Fort Wayne Hoosiers were. And the Fort Wayne General Electrics played in the NBL, the National Basketball League, in 1937. The Fort Wayne Zollner Pistons left Fort Wayne at the end of 1957 but continue today as the Detroit Pistons.

There were many eventful years in Fort Wayne. For most of the Fort Wayne era, the Pistons played at the North Side High School gym. The enthusiastic fans and confined quarters gave the Pistons a significant homecourt advantage. Minneapolis Lakers' star Slater Martin was quoted on the courtside seating at North Side: ''I never really saw the fans get physical with the players. But I did have them pull the hair on my legs.''

Fred Zollner was a key in keeping the National Basketball League solvent. Carl Bennett, whose personal history with the Pistons is so intertwined with Zollner as to be inseparable, said that Zollner never wanted anyone to know how he kept the league—and pro basketball—alive.

He was constantly upgrading his team which eventually led to repeat national titles. The Zollner Pistons were multiple times national champions. Two of their famous players were ''Mr. Basketball,'' Bobby McDermott, who had long set shots from past half-court; and Paul ''Curly'' Armstrong from Fort Wayne. These are some of the late 1940s cards that I have in my collection.

They were also responsible for the invention of the 24-second clock, because George Mikan, who was not only a giant at 6′10″ but a talented athlete as well, had this huge height advantage. They tried a different way to win. In Minneapolis, as the crowd hollered, they stalled. It remains, and always will, as the lowest scoring game in NBA history, 19–18. But the Zollner Pistons won and the league said this will never happen again.

Fred Zollner, along with Carl Bennett, met then with the people from the BAA in Fort Wayne and merged the leagues which then became the NBA from the leagues in Fort Wayne.

Fred Zollner's vision for Fort Wayne was for the Fort Wayne Zollner Pistons to be to the NBA what Green Bay was to professional football. But, alas, that was not to be. Fort Wayne was just too small.

He saw the writing on the wall in the mid 1950s, but the final event was when they made the national championship, the NBA playoffs, but the Fort Wayne Coliseum had booked the national bowling tournament so the Pistons were booted out of the auditorium and had to play their games in Indianapolis. The next year they moved to Detroit.

To quote a couple of the long-term people associated with this, Carl Bennett, who crusaded to get Fred Zollner into the Basketball Hall of Fame, said: ''If somebody would have asked me when I was a kid what I wanted to do with my career, I would have told them exactly what I did for Fred Zollner's organization. It was fun and extremely rewarding.''

There are two books out. Indiana had three of the original members of the NBA. ''Pioneers of the Hardwood'' refers to that. The other is the Zollner Piston Story by Roger Nelson.

George Yardley, a Hall of Famer, said about Fort Wayne:

''My wife and I didn't know what to expect when we got to Fort Wayne. We had never seen snow before. Major league sports to Fort Wayne was the Pistons. They were great basketball fans. But more importantly, they were great people. They wanted you to know that Fort Wayne was a great place to live, and they did everything they could to illustrate that to you. To this day I believe that Fort Wayne has some of the coldest weather and warmest people in the country.''

In Fort Wayne we no longer have the Pistons basketball team, but we do have nearly 1,000 Zollner Pistons jobs that are part of the backbone of our community. We have the pride of having been there in the early days of the NBA, the first meetings occurring in Fort Wayne, and now having one of our community leaders being honored by his selection into the Basketball Hall of Fame. And we still have some of the coldest weather and the warmest people in America.

I rise today to pay tribute to a great Hoosier from Fort Wayne, the last Fred Zollner, who was just selected for the Basketball Hall of Fame. Too often we forget our history.

Fred Zollner moved Zollner Pistons from Duluth, Minnesota in 1931 to the east side of Fort Wayne. During the 1930s the piston plant doubled in size, aided by hefty government military contracts because of war preparations.

Sports Illustrated described Zollner this way:

''He is short and stocky, a dapper man sporting peak lapels, a silk shirt, a constant tan, and an unruly coiffure that suggests he is about to mount a podium and conduct Beethoven's Ninth. He is the sort who would not harm a fly. Rather than swat one, he would catch a cold holding the door open until the fly got ready to leave.''

Holiday magazine said: ''Zollner is a soft-voiced, curly-headed manufacturer, a friendly man with a taste for expensive, striped suits, and the engaging knack of making them look as if he'd worn them to bed.''

In 1938 Mr. Zollner had formed a company softball team for a local industrial league. In 1945 the Pistons instigated the National Softball League, which they hoped would open the

way to major league softball. They won multiple national championships. Players were celebrities. By the late 50s, as I was growing up, softball was no longer as significant but I remember my father talking about Leo Luken and Bernie Kampschmidt as if they were Nellie Fox and Ernie Banks, my baseball heroes.

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There were many eventful years in Fort Wayne.

For most of the Fort Wayne era, the Pistons played at the North Side High School gym. The enthusiastic fans and confined quarters gave the Pistons a significant homecourt advantage. Minneapolis Laker's star Slater Martin was quoted on the courtside seating at North Side: ''I never really saw the fans get physical with the players. I had them pull the hair on my legs through.''

Fred Zollner was key in keeping the NBL (National Basketball League) solvent. He gave direct financial aid to other teams, he purchased players for cash to help keep teams afloat, and did other things to keep the league going. Carl Bennett who's personal history with the Pistons is so intertwined with Zollner as to be inseparable said that Zollner never wanted anyone to know how he helped the league—and pro basketball—alive.

Zollner treated his players well, being known throughout the league as a generous owner. He was the first owner to purchase a plane for the team. He did this even though he did not like to fly. It gave the Pistons such an advantage—players weren't as tired from traveling—that the league re-configured its schedule to the disadvantage of Fort Wayne.

Zollner was constantly upgrading his team—which eventually led to repeat national titles. The nation knew he was serious when he signed ''Mr. Basketball''—Bobby McDermott of the New York Celtics, then the most famous player in all of basketball famous for the towering two-hand set-shots typically from half-court—or beyond. Paul ''Curly'' Armstrong was another favorite.

The Zollner Pistons were also responsible for the 24-second shot clock. When George Mikan, who was not only a giant of his day at 6′10″ but a talented athlete as well, changed the nature of basketball with his huge height advantage, the Pistons decided to try a different way to win. In Minneapolis, as the crowd hollered, they stalled. It remains—and always will—as the lowest scoring game in NBA basketball history. 19–18. But the Fort Wayne Zollner Pistons won. But the league said never again.

Fred Zollner, coordinated by his able basketball specialist Carl Bennett, was key in creating the NBA as we know it today. The NBL and the BAA (Basketball Association of America) were competing for players in a market in which few were able to make money. The BAA had franchises in big cities with big arenas (Madison Square Garden for example) but few fans and not the best players. The NBL was a mixed bag but had four very strong teams—the Fort Wayne Zollner Pistons, the Rochester Royals (later moved to Cincinnati in Hoosier Oscar Robertson days), George Mikan's Minneapolis Lakers (now the Los Angeles Lakers—ever wonder where the lake was in LA?), and the Indianapolis Krautskys (named after local grocery store owner Frank Krautsky). These teams actually dominated the NBA for most of its first years.

Maurice Podoloff, the Commissioner of the BAA, came to Fort Wayne to Carl Bennett's home. After preliminary discussions, they were joined the next day by Fred Zollner and then the Indianapolis Krautsky's owners in Fort Wayne. The agreement to pull the four teams from the NBL and join with the BAA was the start of the NBA. Additional changes occurred over the next few years but the core remains until today.

The Fort Wayne Zollner Pistons brought many thrills to northeast Indiana, including one of the early NBA All-Star games which features such stars as George Mikan (whose 1948 basketball card is the most valuable of all time), Bob Cousy and Dolph Schayes. The then brand new Allen County War Memorial Coliseum was a showpiece arena, packed to the ceiling with over 10,000 fans. Over 8,000 came to see the Zollner Pistons defeat the Boston Celtics, during Bill Russell's first visit there.

Fred Zollner's vision for Fort Wayne was for the Fort Wayne Zollner Pistons to be to the NBA what Green Bay was to professional football. But, alas, it was not to be. New York, Chicago, Boston and other cities had millions of people to draw from whereas Fort Wayne had less than 200,000. But Fred Zollner not only brought big-time basketball to a smaller size city, but he was instrumental in the founding of the NBA and much of its development.

Zollner saw the writing on the wall in the mid-fifties. He knew that the big-city teams weren't thrilled to come to Fort Wayne. What may have finally pushed him over the edge, according to long-time sports broadcaster and Fort Wayne civic leader Hilliard Gates, was a situation that developed in 1955. Fred Zollner wanted badly to win an NBA championship. The Zollner Pistons made it to the finals. But the Fort Wayne Coliseum had booked the national bowling tournament so the Pistons were booted out of Fort Wayne for the NBA finals. Now bowling was big in Indiana—bowling still is very popular in Indiana—but it probably wasn't the wisest move. The Fort Wayne Pistons lost four games to three, so the record should show that they did win all the games played in Indianapolis.

Dick Rosenthal, who played as a Piston and later was the University of Notre Dame's athletic director, said about Fred Zollner: ''He was a man of vision. Fred nurtured professional basketball from a very iffy proposition to a major business venture. He embodied the soul of the organization and the league. Professional basketball had come a long way. The game owes a great deal to the pioneer spirit of an owner like Fred Zollner.''

Carl Bennett, who crusaded to get Fred Zollner into the Hall of Fame, and who for most of the years of the Fort Wayne Zollner Pistons did most everything from coaching to managing to player personnel decisions, said: ''If somebody would have asked me when I was a kid what I wanted to do with my career, I would have told them exactly what I did for Fred Zollner's organization. It was fun and extremely rewarding.''

For basketball buffs, there are two books that most of this special order was based upon. Rodger Nelson has written the Zollner Piston Story, covering both the basketball and softball teams. Todd Gould has written a book titled Pioneers of the Hardwood, about not only the Pistons but other early pro Indiana basketball teams as well. Indiana, in the second year of the merged leagues, had 3—three—of the NBA teams.

Let me close with several quotes from the Pioneers of the Hardwood, from former Fort Wayne Zollner Piston basketball stars.

Frank Brian: ''Whenever I hear the song 'Back Home Again in Indiana' I get real nostalgic, because Indiana was like a second home to me. The fans were so congenial and really loved their basketball. Basketball was its own special culture there. When anybody ever asks me about the fans in Indiana, there's only one word I can say—unbelievable. Yes, sir, unbelievable. It was great.''

Hall-of-Famer George Yardley, the first Piston and the first NBA player in history to score 2000 points in a season, said, ''If it's wintertime, and it's Indiana, it must mean basketball. The fans there were really wonderful. I loved it, truly loved it. It was the greatest experience in the world.''

Yardley, a California boy and Stanford grad, also said about Fort Wayne: ''My wife and I didn't know what to expect when we got to Fort Wayne. We had never seen snow before. Major league sports to Fort Wayne was the Pistons. They were great basketball fans. But more importantly, they were great people. They wanted you to know that Fort Wayne was a great place to live, and they did everything they could to illustrate that to you. To this day I believe that Fort Wayne has some of the coldest weather and warmest people in the country.''

In Fort Wayne we no longer have the Pistons basketball team. We still have nearly 1000 Zollner Pistons jobs that are part of the backbone of our community. We have the pride of having been there in the early days of the NBA and now having one of our community leaders being honored by his selection into the Basketball Hall of Fame. And we still have some of the coldest weather and warmest people in the country.

TRIBUTE TO U.S. WOMEN'S NATIONAL SOCCER TEAM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Mrs. MEEK) is recognized for 5 minutes.

Mrs. MEEK of Florida. Mr. Speaker, I rise today to pay tribute to the United States women's national soccer team. Our soccer team won the women's World Cup. This tournament was held this past weekend in Pasadena, California.

We are all very proud of our women's soccer team. The 1999 women's soccer team has boldly gone where no United States soccer team has gone before. And along the way, Mr. Speaker, they have taught us all that anything is possible if you dare to dream; that by raising the bar of expectations, there can be no limits; that if you are allowed to

fully realize your potential, you can have it all. They did, Mr. Speaker. They fought very, very hard.

The championship of our women's soccer team won on the field in competition this weekend was more than a feel-good athletic victory but a victory for American women everywhere. From Liberty City in my district to Houston, to Los Angeles, the lives and hopes of young women everywhere have been expanded and transformed by a new set of American heroes, real-life role models who are confident, strong and female.

Their victory, however, was not just a victory for one team but a victory for all girls and all women and a victory for all America. And the culmination of a very long process, of title IX. Not too long ago, people said women athletics was perhaps a waste of time and money, that women could not perform. This victory shows, Mr. Speaker, that all that was needed for women was the opportunity to compete on an equal level.

I am a former athlete, Mr. Speaker. I ran track and played basketball in college more than a few years ago. I know the importance of role models in life and sports. I had outstanding role models like Lua Bartley and Babe Minor. Now, Mr. Speaker, little girls and women all across America have a new set of real-life American role models who are driven, determined, aggressive, tough and committed. That is our United States 1999 women's national soccer team.

This weekend's victory was a coming of age for women. In a real sense, it is something you cannot touch or you cannot quantify. Because little girls all over the world, Mr. Speaker, saw strong, independent and capable women playing soccer these past 3 weeks, they will realize that they are not crazy for wanting to do something out of the ordinary, to excel themselves in athletics. They are saying to themselves, ''If they can play soccer and win, I can be a CEO of a Fortune 500 company.''

Thank God for all of the dedicated soccer moms, Mr. Speaker, in this country that have driven their girls back and forth to rehearsal over and over again. May they continue to provide the continued support that fosters World Cup winners.

I am proud of our women's soccer team and what they have done for our national psyche and for the psyche of Americans from coast to coast. Girl power and the power of women, Mr. Speaker, live on.

IN MEMORY OF ASTRONAUT CHARLES ''PETE'' CONRAD

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Mr. Speaker, 20 years ago today, the NASA space laboratory Skylab fell to the earth in a rain of blue, red and orange fire over the Indian Ocean in Australia. I rise today to honor the memory of an astronaut who largely contributed to the success of that program.

Charles ''Pete'' Conrad, who died last Thursday in a motorcycle accident at the age of 69, began service to his country as a U.S. Navy aviator after graduating from Princeton with an engineering degree. It continued when he was selected as a member of NASA's second class of nine astronauts. He flew on two Gemini missions, setting a space fight endurance record on Gemini 5, and commanded Gemini 11 which docked with another spacecraft, leading the way to the Apollo missions.

He is best known, though, for the distinction of being the third man to walk on the Moon. Apollo 11 captured the world's imagination, but the mission missed its landing site by several miles. Commander Conrad's mission proved that not only could we go to the moon but we can land on our target. This mission goal was essential if any scientific exploration of the moon was going to take place. Unlocking the mysteries that the moon presents requires the ability to excavate specific sites. Apollo 12 and Pete Conrad proved this to be possible.

Five years later, when Skylab was launched into orbit atop a Saturn V rocket, major damage was sustained which would have to be repaired in space if the microgravity laboratory program was to be useful. Pete Conrad answered the call to duty on the first manned mission to the space station. He and his crew mates repaired the damage in three exhaustive EVAs in addition to conducting a number of other experiments over the 3 weeks they spent aboard the station.

When he left NASA, Pete Conrad was never far away. His enterprising spirit took him into the fertile environment of the commercial space industry, first with McDonnell Douglas and then on his own with Universal Space Lines and several sister companies. The visionary Pete Conrad recognized that it will be up to private industry to truly open the commercial markets of space, so he created companies to design reusable launch vehicles and build ground tracking systems, with the goal of making it easier, cheaper and safer to put people and equipment into space.

Through my work on the Committee on Science, I had the pleasure of meeting Pete Conrad, as a matter of fact, most recently several months ago. I have always been impressed by the force of his personality. He seemed to exemplify the maxim of ''attitude is altitude.'' At 5 feet 6 inches, Pete Conrad personified this quip with his eye toward enterprise and adventure.

□ 1915

Though highly regarded as a truly terrific pilot, he had a reputation as a jokester. Upon setting foot on the Moon, he cheered, ''Whoopee, that may have been a small one for Neil, but that's a long one for me.''

Just last year he joked that he looked forward to his 77th birthday saying, ''I fully expect that NASA will send me back to the Moon as they treated Senator Glenn, and if they don't do so, why then I will have to do it myself.''

The life of Charles P. Conrad, Jr., serves as an example of the patriotism and sense of adventure that sets the United States apart and makes us all, as Americans, unique. I am proud to have known him in life, I honor him in death, and I marvel, as we all do, at his legacy.

INTRODUCTION OF H.R. 2448

The SPEAKER pro tempore (Mr. GIBBONS). Under a previous order of the House, the gentlewoman from Hawaii (Mrs. MINK) is recognized for 5 minutes.

Mrs. MINK of Hawaii. Mr. Speaker, I rise today to introduce H.R. 2448, a bill to restore fairness to our immigration system. Family reunification is a fundamental principle of U.S. immigration law. Another key principle gives American citizens priority over non-citizens when they seek to bring their relatives here.

Most of the time, Americans get their petitions handled first.

But an aberration arises when Americans seek to bring their unmarried sons and daughters here from the Philippines. In this case, U.S. citizens wait several years longer than legal residents.

The Department of State reports that such U.S. citizen petitions are backlogged to October 1, 1987, while legal resident petitions are backlogged only to August 1, 1992, a difference of five years. The law was never designed to make citizens wait longer than legal residents, and we must correct this problem.

Mr. Speaker, I would like my colleagues to imagine how devastating it is to achieve American citizenship, only to find that this move significantly postponses your own child's visa. It is a heartbreaking task to have to inform constituents of this sad fact.

My bill fixes this irregularity. Simply put, it ensures that a legal resident who files for a son or daughter to immigrate will not have to wait longer for his children to arrive after he gains U.S. citizenship.

U.S. citizenship is a great honor. By passing H.R. 2448, we can ensure that it remains a great privilege as well. I urge my colleagues to support this legislation.

H.R. 2448

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

SECTION 1. PREVENTING IMMIGRANTS FROM WAITING LONGER FOR IMMIGRANT VISAS AS A RESULT OF RECLASSIFICATION FROM FAMILY SECOND PREFERENCE TO FAMILY FIRST PREFERENCE.

(a) IN GENERAL.—Section 203 of the Immigration and Nationality Act (8 U.S.C. 1153) is amended by adding at the end the following new subsection:

''(h) ASSURING IMMIGRANTS DO NOT HAVE TO WAIT LONGER FOR AN IMMIGRANT VISA AS A RESULT OF RECLASSIFICATION FROM FAMILY SECOND PREFERENCE TO FAMILY FIRST PREFERENCE.—Notwithstanding any other provision of law, in the case of a petition that has been approved to accord preference status under subsection (a)(2)(A) may be deemed to

provide continued entitlement to status under that subsection in the case of any alien petitioner who is subsequently naturalized as a United States citizen, if a visa is not immediately available to the beneficiary under subsection (a)(1).''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) takes effect on the date of the enactment of this Act and applies to petitions filed before, on, or after such date, without regard to when an alien petitioner was naturalized as a citizen of the United States.

REPUBLICANS IN CHARGE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Colorado (Mr. SCHAFFER) is recognized for 5 minutes.

Mr. SCHAFFER. Mr. Speaker, returning today after a week-long Fourth of July district work period, I had an opportunity over that break to meet with so many Coloradans who celebrated the 223rd anniversary of the signing of the Declaration of Independence and the launching of our great Nation. Many of those individuals look forward to the future of our country with great hope and optimism for some who are disturbed somewhat by the tenor of the political process here in Washington, D.C., and that was emphasized perhaps most dramatically just this morning before I hopped on the plane to come back to Washington.

I held a town meeting, as I do every Monday morning half the distance between Fort COLLINS and Loveland in my district. It allows constituents an opportunity to meet and discuss over breakfast the many issues facing us, but there was a woman who stood up and commented on a remark that she had seen, and I had seen it as well in the media, about a colleague of ours here in the House from the Democrat side of the aisle, said that there was a Member of the minority party, saw no reason for the Democrats to cooperate or to compromise or to work with the majority party in Congress; that it would be to their political advantage to see a Congress that did nothing.

Well, it is the kind of disturbing comment that I think strikes most Americans as unfortunate certainly, and they are hoping that there are those who are willing to stand up in spite of those kinds of sentiments and lead the country regardless.

The rantings of Democrats might lead one to believe Congress is doing nothing important, but important things are being accomplished despite Democrat opposition and liberal stonewalling.

As my colleagues know, 7 months having passed since the bizarre series of events and criminal denials leading to the second impeachment of a sitting President, America is still reeling from its bewildering constitutional exercise. Self-serving claims of our liberal counterparts to the contrary, Mr. Speaker, America does not suffer a do-nothing Congress.

Still, the several important Republican accomplishments seem to have been lost on the morass of most pathetic adventures at the White House. Much of the distraction can clearly be blamed on the unfortunate slide further into the gutter of a darkening American political culture. Months of intense persistence and live impeachment news coverage coupled with round-the-clock, Hollywood-style political analysis by neophyte pundits has cast a warped and unhealthy light on this Congress.

Mr. Speaker, our democratic republic needs and craves active participation by citizens who earnestly care about our future, and now more than ever this pursuit must emanate from a genuine desire to secure a better America to ensure a stronger republic and honor those brave men and women who lived and died defending our great country.

What we saw in 1998, however, was a sort of Jerry Springer show meets C-Span where the American people were given front row seats and encouraged to cheer whenever one politician threw furniture at another. To be sure, certain politicians supplied ample fodder for these exhibitions, and many I confess contributed directly to the further denigration of American politics. But there were many more in Congress who dutifully fulfilled their constitutional responsibility and took very seriously their oaths to preserve and protect our republic. These are the same Members who, despite the frenzied pressure and ridicule of the Oval Office and the media, advanced the vitally important process of governing.

Mr. Speaker, Republicans can be proud. Our proposals to deliver a balanced budget are on schedule, including a much-needed replenishment of our national defense and programs. Republicans are also spearheading education initiatives to return autonomy to parents and States in managing their schools; and biggest of all, we have passed the balanced budget blueprint saving Social Security and Medicare while still providing much-needed tax relief for American families and their businesses.

Furthermore, Mr. Speaker, the balanced budget amendment resolution, H.J. Res. 1, which I introduced on the first day of the 106th Congress, will constitutionally bind the government to spending no more than it collects in Federal revenues. Republicans will keep spending in line to allow us to begin paying down the massive debt accrued over 40 years of Democrat taxing and spending policies.

But despite the surreal Clintonesque atmosphere which perverted the current political order in Washington, Mr. Speaker, there remain committed Republicans, loyal hard-working Americans who are legitimately concerned for our country and who wish to see it move forward for the good of our children. Our challenge now is to lead the rest of America to abandon Jerry Springer politics in favor of the same common sense and divine providence upon which our Founders relied when they launched the greatest republic in the history of human civilization.

PATIENTS' BILL OF RIGHTS ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MOORE) is recognized for 5 minutes.

Mr. MOORE. Mr. Speaker, I am here today to express my support for a Patients' Bill of Rights act in the strongest and most personal terms. I have been in office less than 200 days, and I have grown tired of explaining to my constituents why this Congress does not want to extend basic rights and protections to patients in this country.

One of my constituents who suffers from ovarian cancer was refused surgery by her HMO on the grounds that the surgery was experimental, although this particular procedure had a greater success rate than other procedures approved by the HMO.

And on a more personal basis, my wife about 4 years ago was told by her physician she needed surgery. We scheduled an appointment with her physician, and he happened to be a high school classmate of mine and treated my wife for about 14 years. During the conference with her physician, I asked the doctor what needed to be done to accomplish the surgery, and he told me that it would be simple.

Number one, we just needed to schedule surgery, and number two, he would write a letter to her insurance company in California and get authorization for this surgery. Well, he wrote the letter, and 6 days later he got back a letter from the insurance company saying:

Dear Dr. Sullivan, before we approve this surgery and authorize payment for this surgery, we want you to do this test and this test and this test.

Dr. Sullivan was furious about this letter back from the insurance company because essentially it was his attitude that she was, my wife was his patient. Everything this insurance company knew about my wife's case was from medical records provided by Dr. Sullivan to this insurance company in California, and yet they were trying to tell him how to practice medicine in Kansas.

After about 5 months of wrangling back and forth, finally there was approval and authorization for this surgery, and it worked out fine. But the point is every time I tell this story back in my district, I see heads nod in the crowd because people have had a similar experience with an insurance company; and I think it is time in this country that we extend basic protections and rights to patients who need them to assure a balance between insurance companies and patients to make sure that we are talking about patients here and not just about profits.

Mr. Speaker, the Senate is debating managed care reform this week. Let us give this issue a fair hearing in the

House of Representatives and give my constituents the fairness they deserve.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2465, MILITARY CONSTRUCTION APPROPRIATIONS ACT, 2000

Mr. DREIER, (during the Special Order of Mr. PALLONE) from the Committee on Rules, submitted a privileged report (Rept. No. 106–227) on the resolution (H. Res. 242) providing for consideration of the bill (H.R. 2465) making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 1999, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2466, DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

Mr. DREIER, (during the Special Order of Mr. PALLONE) from the Committee on Rules, submitted a privileged report (Rept. No. 106–228) on the resolution (H. Res. 243) providing for consideration of the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes, which was referred to the House Calendar and ordered to be printed.

PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening I have some of my colleagues, and I want to thank the previous speaker, my colleague from Kansas (Mr. MOORE), for talking about the Patients' Bill of Rights and the need for managed care reform.

The reason that we are here tonight to talk about the Patients' Bill of Rights and managed care reform primarily is because the Senate began debate today on the Patients' Bill of Rights, and I wanted to point out, Mr. Speaker, that while it is true that the debate has begun today in the other body, and we are certainly appreciative of that, it was only because Democrats over the last few weeks before the July 4 break insisted almost to the point of filibustering and saying that they would not continue the appropriations process in the Senate if there was not an opportunity to bring up the Patients' Bill of Rights and deal with the issue of HMO reform.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman will suspend.

The gentleman will refrain from characterizing Senate actions.

The gentleman from New Jersey may continue.

Mr. PALLONE. Mr. Speaker, what I wanted to point out this evening, though, is that even though it is true that the HMO reform debate has begun, that we still have a problem in the sense that the Republican leadership is unwilling to support or, I think, ultimately even have considered particularly here in the House of Representatives the Patients' Bill of Rights, and I just wanted to start out this evening, if I could, by pointing out a few things that occurred and that were in the newspaper the last week or so on this issue, and then I want to yield to the two Congresswomen that are here tonight to join me.

One of the things that was in today's paper, in the New York Times, was an article by Robert Pear which is entitled, Managed Care Lobbyist Is Ready For The Debate; and essentially what this article says is that the HMO industry has commenced because of what is happening in the other body, that the HMO industry has commenced a huge lobbying effort not only by hiring lobbyists and paying them a lot of money to try to put an end to the Patients' Bill of Rights and not allow true HMO reform to pass, but also by spending millions of dollars on TV and in advertisements to try to kill any kind of HMO reform.

And just to give my colleagues an example of this, this is in today's New York Times. It says, it says specifically here, that the association and its business allies, and this is the HMO industry, have flooded the air waves and newspapers with advertisements opposing legislation to regulate HMOs through an umbrella group known as the Health Benefits Coalition.

They spent $2 million on advertising last year and have already spent more than that this year with a new burst of advertising planned for this week while the other body debates this issue. The advertisements attack the main democratic bill by name, and of course it goes on to explain that HMOs are mostly profit making.

The other thing that particularly galled me was that when they talked about the lobbying effort here in the Congress, it says that what they are trying to essentially say is that it is not necessary to have new laws to regulate HMOs because the HMOs are being told now that they should voluntarily adopt a code of conduct that will provide for patients' protections.

I thought that was interesting given the fact that just in the last week since we had the July 4 break, we have seen articles in the same newspaper, in the New York Times, talking about the long delays by HMOs that were cited in a New York report. This came out in New York. It was put out by Mark Green, the city's public advocate, and it talks about how patients' rights are being ignored.

Again, if it is not necessary to pass HMO reform, why is it that we have a report showing that it is needed and in fact that patient protections are being ignored?

Also the previous Friday in the New York Times was an article that said that HMOs will raise Medicare premiums or trim benefits. So not only do we have the HMOs essentially saying that they are not going to provide the patient protections on a voluntary basis, but also they are talking about raising premiums, trimming benefits for their patients who are part of their plan.

☐ 1930

So I would maintain, and we are going to talk about this for a long time tonight and other days, that in fact we do need legislation. We do need the Patient's Bill of Rights. I am pleased with the fact that the other body has at least started the debate on this issue.

Mr. Speaker, I have two Members who are here tonight and who are joining me.

I yield to the gentlewoman from California (Ms. LEE), who I know has been an advocate for the Patients' Bill of Rights and for HMO reform ever since she started here in the U.S. Congress.

Ms. LEE. Mr. Speaker, I thank the gentleman for yielding, and also for conducting this special order tonight, and for his hard work on this.

Mr. Speaker, let me just say that I rise in strong support of the Democratic Patients' Bill of Rights, which will provide fundamental measures to fix the current health insurance system, as well as provide patients with access to basic needed care.

Patients should not have to face numerous obstructions when they seek basic health care services. The Democratic Patients' Bill of Rights will allow patients to have more access to the care that they need. With the passage of this bill, individuals will have more access and the ability to receive emergency medical services, essential medication, as well as necessary services from specialists and OB–GYN care.

It also has provisions for women's and children's health benefits. Prescription drugs will be made more readily available to patients. Many patients cannot obtain certain prescription drugs because many HMOs refuse to pay for them. Unfortunately, patients do not get adequate medication needed to successfully treat their condition in these instances.

The Democratic Patients' Bill of Rights allows patients to obtain the needed medications, even if their HMO does not have them on their approved list. We should not have to gamble with patients' health. The quality of life should be a priority in all debates surrounding health care issues.

This bill will allow for more access and freedom for our patients and doctors when making decisions concerning an individual's health. Appropriate

health care should be a medical decision, not a business decision.

This bill addresses the importance of allowing patients to appeal their health plan's decision, as well as holding HMOs accountable for their actions. This only makes sense. It is outrageous that currently consumers have no recourse against HMOs that deny adequate health care to them, and they are paying for it. This is wrong. People are growing more and more frustrated with an inadequate health care system that does not listen to the needs of people.

I support universal, accessible health care for all, but until we have the political will to say that health care is a basic right, and that our Federal Government must guarantee this right, regardless of income or employment status, this bill is a good first step.

We must pass legislation with these very modest provisions. We have waited long enough and have allowed too many people to suffer. I urge my colleagues to support putting people rather than profits first by supporting H.R. 358.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman, and I think that in many ways that really is the key. What we are talking about with the Patients' Bill of Rights are commonsense patient protections that, frankly, when we mention them to our constituents, they are surprised that they are not already the law, or they are not already required.

I will give the example with the gag rule that says that if a particular procedure is not covered by the HMO in the insurance policy, the doctor cannot mention it to us, cannot mention that procedure or treatment. When I tell that to my constituents, they are shocked to think that a doctor can be told by the insurance company that they cannot mention a procedure just because it is not covered, the so-called gag rule.

We are just looking for commonsense protections here, but the reality is that there is so much money being spent to counteract our efforts to try to legislate and come up with HMO reform. That is really what we are up against. So many of these HMOs are for profit, and basically the profit is the bottom line for them.

We have seen so many examples, and we had a couple before a hearing we had about 6 months ago where, because the HMO was seeking to be purchased by a larger group, they were actually changing the policy of what was covered for certain kinds of procedures in order to save costs, because they knew that a few months down the line they wanted to be purchased, and they wanted to show that their profits were good, and they needed to change the policy on what they would cover as a result of it.

So I think the gentlewoman is right on point when she points out that it is profits over patients in many cases.

Ms. LEE. Mr. Speaker, if the gentleman will continue to yield, I think all of us here, regardless of party affiliation, can cite instances of patients who have either gotten sicker or who have died as a result of certain medical decisions that were not made on the basis of the health care benefit to them, but rather, based on the profit motive.

That is just wrong. We want to see that stopped. I am convinced that this bill will stop that. We have to make sure that all of our people in this country have the best type of medical care, and in fact that they and their doctors are the ones making these decisions, not the business agents or insurance companies.

Mr. PALLONE. I appreciate that, Mr. Speaker.

One of the two issues that I point out constantly that really show the distinction between what the Democrats have proposed in the Patients' Bill of Rights as opposed to the legislation that the Republicans have put forward, one is this whole issue of who is going to make the decision of what type of medical procedure we have, what type of operation, how long we stay in the hospital.

The problem right now is that the insurance companies make those decisions. What we are saying with the Patients' Bill of Rights, with the Democratic bill, is that that decision should be made by the doctor and patient.

The other thing, of course, is the enforcement. We say that there should be external independent review, separate and apart from the HMO, and if that fails we should be able to go to court and sue the HMO if they do not provide the proper care. Of course, the Republican bill does not get into that kind of enforcement.

So I think one of the things we need to do is draw those distinctions, if you will, between the Democrats' bill, the Patients' Bill of Rights, and some of the other things that are being proposed that really do not get to the problem in a comprehensive way.

Ms. LEE. We absolutely must show the distinction and difference, because I don't believe the American public knows that there is a difference. People just want to make sure that their medical decisions are made between themselves and their physicians. That is what they are asking us for.

Also, people want to make sure that when they are denied, they know why they are denied and they can appeal this process. For the life of me, I know all of us have constituents who have called us and said, I just received a call back or a form in the mail saying that this procedure which my physician has designated as the appropriate procedure has been denied. What do I do? We cannot respond at all.

I believe that under our bill, patients will be able to respond very effectively and will be able to receive the type of health care that they need. Under the Republican bill, they will not. The public needs to understand this.

So I appreciate the gentleman's having this special order tonight, because this is the only way we can get the information out to the general public.

Mr. PALLONE. I appreciate what the gentlewoman said. It is just very true. One of the biggest problems that people have is that when they have been denied certain types of treatment, they are in bad shape, they are seeking an operation, they are not feeling well by definition, or otherwise they would not need the treatment.

It is at that very time when they have to go through all these hurdles that currently exist, most of which do not lead to anything anyway, because under the current law, the HMO can define what is medically necessary. Then they can have an internal process to review what they have defined as medically necessary. So we never really have somebody independent, outside, that can review the decision and take an appeal. I want to thank the gentlewoman again.

Mr. Speaker, the gentlewoman from the Virgin Islands is herself a physician, and I know she has been part of our Health Care Task Force for a few years now, and has spoken out frequently on the issue of the Patients' Bill of Rights. The gentlewoman deals from firsthand information.

Mr. Speaker, I yield to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN.)

Mrs. CHRISTENSEN. Mr. Speaker, I thank the gentleman and I want to join the gentlewoman from California (Ms. LEE) in thanking the gentleman for leading this special order, and all of the other special orders, hearings, and activities to highlight this very important issue to all Americans, an issue that is represented quite well in the Democratic Patients' Bill of Rights.

At one time it was thought that managed care was a panacea, not only to curb skyrocketing health care costs, but also to provide better health care for more people. As a physician from the outside, I had serious doubts about the outcome of a health care delivery system created to cut costs, rather than to heal and keep people well.

As time has gone on, my worst fears have actually been realized. For 2 years now, 2 years or more, we have been trying to pass an important piece of legislation, one that the American people care about and one that they desperately want and need. It is aptly called the Patients' Bill of Rights, and speaks to rights that we Democrats want to return to the people and to the doctors that they choose to put themselves under their care.

But it is about something even more important. It is about life and it is about the quality of one's life. It is about putting health care decisions back in the hands of those who are trained to make those decisions.

Today, after managed care has come to cover the great majority of persons who are insured by their employer, what has happened paradoxically is that the American people have less access to health care, rather than more.

We have an obligation to fix that, and that is just what we, the Democrats, are trying to do through the Patients' Bill of Rights.

This Congress must make this commitment to our constituents a reality, and then we must move on to provide health insurance for all the other Americans, many of them people of color, who have none at all.

I am a physician, a family physician. I was very fortunate to have been able to practice the old way, taking the time to speak with and getting to know my patients and their families, using what I had learned and what I continued to learn to provide preventative care and treatment for their illnesses when they needed it, to be free to fully inform them of all of their treatment options, to refer them for specialty consultation when needed, and remain the manager of their care, and yes, even being held accountable for the decisions that I made about their health care.

That is the way medicine should be practiced. It is not that way anymore, in many cases, and specifically in most managed care organizations. That is why I am here to join the gentleman this evening to support the Patients' Bill of Rights. I join my colleagues in calling on the leadership of this body to bring the bill to the floor.

The American people have lost their faith in our health care system, and as a physician, I know just how important it is to have confidence in the person and the facility where you receive your care.

They rightfully want to have their doctors make the decisions about their health care, not some paperpusher miles away. They want to be able to get to an emergency room when, in the judgment of the one who knows their body best, themselves, something seems to have gone seriously wrong. They want to go there with the peace of mind that they will be seen without undue delay, and that the visit will be paid for. They want to be able to discuss their care fully with their doctor, to know all of the implications and available therapies. They insist on participating in the decision on when a specialist is needed, and they want to be able to see one when one is.

Just as the doctor or the provider has always been accountable for the judgments they make, the managed care organization, when the decision is theirs, must also be held accountable. So just as Americans have lost faith in managed care, they are about to lose their trust in this body because the leadership has failed to address this issue that they, the people of America, rank as the most important to them and their families.

I applaud the other side for taking up S. 6 this week, but it is important that they and we pass a comprehensive bill. Piecemealing this issue will not fix it. Just as we physicians must treat the whole patient or the whole person, this Congress has to fix the entire system.

So before I close, I also want to remind my colleagues that providing access to necessary health care, which H.R. 3605, the Democratic Patients' Bill of Rights, does, is an important step. It still is a part of what we need to do.

This bill does also begin to address another issue important to providers of color and the people we serve. Managed care organizations operating in communities of people with color often do not include traditional community providers within their system. The providers who work there are not always culturally competent. In many localities, minority providers are closed out and with them, their patients, who are often sicker, and thus undesirable to the HMO because providing care for them will cut into the all-important profits.

Further, there are still too many Americans who do not have any insurance coverage at all. The system will not be right until all of us have access. This Nation can never be all that it holds out itself to be to the rest of the world until all of its citizens and residents have access to equitable, quality health care. The Democratic Patients' Bill of Rights is a great first step and a very important first step.

I may have left the practice of private medicine, but seeing that good health care is available to all is still very important to me. My colleagues on this side of the aisle and I am sure a few on the other side will join us as well and continue to work as long as we need to to see that this comprehensive bill of rights becomes a reality.

I thank the gentleman for giving me this time this evening.

□ 1945

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman for what she said and for being a leader on all of the issues of health care reform but particularly on the issue of the Patients' Bill of Rights and managed care reform.

The gentlewoman mentioned some of the piecemeal approaches that we are hearing from the Republican leadership, and I just wanted to remind my colleagues and maybe we could just spend a few minutes explaining why we are here tonight.

Essentially, the problem that we face as Democrats is that the Republican Majority in the House has been unwilling to bring up the Patients' Bill of Rights. And since we do not control the procedure either in committee or on the floor of the House, we are forced essentially just to speak out and explain why it is unfair that the Patients' Bill of Rights has not been brought up here in the House of Representatives.

Obviously, what we have tried to do from the beginning of this year is to have a hearing on the bill in committee, which has not been allowed, and then to mark it up and bring it to the floor. When none of that was possible for the last 6 months, we then tried the discharge petition process, where we come down to the floor and sign a petition the way our constituents petition us and basically the way the rules provide that if a majority of us sign a petition, that the bill comes to the floor, the Patients' Bill of Rights would come to the floor without going to committee. That is, of course, difficult, too, because we have to get a majority, and I believe because of the delegate status of the gentlewoman from the Virgin Islands, she is not even allowed to sign the petition. Or maybe she can sign it, but it does not mean anything that she signs it, which I think is also unfortunate and should be changed.

But now that we have gotten a significant number of Members to sign the petition, I know we had over 180 before the July 4th break, we are starting to see the Republican leadership get a little restless and come up with other ideas about how to avoid a debate on this issue.

One of the things they did was to bring up a series of piecemeal bills that took little pieces of the patient protections that we have in the Patients' Bill of Rights and basically brought them up in committee and tried to get them out of committee. Fortunately, there were a few, I think two or three, Republicans who did not want to go along with that because, as the gentlewoman said, they wanted a comprehensive approach like the Patients' Bill of Rights, so that has gotten bogged down.

Mr. Speaker, I am not sure what the latest tactics are to deal with that piecemeal approach. We do have some Republicans that are joining us in the effort and feel that this really should be a bipartisan issue, but unfortunately it has not been because the Republican leadership continues to not allow the Patients' Bill of Rights to be brought up.

Mr. Speaker, I just wanted, if I could, to again say that the problem with these piecemeal bills is essentially what I talked about before with the gentlewoman from California (Ms. LEE) which is the two key points: The fact that doctors and patients should make decisions about what kind of treatment or care they get and not the insurance company is absent in those piecemeal bills. And, of course, there is no real enforcement. There is no real opportunity to go outside the HMO to make an appeal. There is no opportunity to sue in a court of law if someone is seriously damaged.

So I think it is important that we keep raising this issue and even though we do have the other body now bringing up the issue of HMO reform, it is not at all clear whether or not we are going to really see action on the Patients' Bill of Rights. So we will have to wait and see what develops in that regard.

Mrs. CHRISTENSEN. Mr. Speaker, I agree with the gentleman from New Jersey. He said earlier that it is a common sense bill and it is what the people

of America have said they want. They want their doctors who have been trained to sit with them and make the decisions about their health care. They want someone that they can have a personal relationship with. And that personal relationship between the patient and the physician is a very important one, and it is not there in managed care the way it is when the doctor can make the decisions.

And, of course, if the managed care organization is making the decisions, then they ought to be held accountable for making those decisions. But the Patients' Bill of Rights that we are talking about, which is comprehensive, is what the American people have said that they want.

Mr. PALLONE. Mr. Speaker, I will give an example.

Of course, the insurance companies always say that they do not make the decisions and it is really up to the physician. But, as the gentlewoman knows, that is not the case.

I remember when my son was born, he is about 4 years old now, and we were at Columbia Hospital for Women here in Washington; and at that time my wife delivered him through C-section. I was told that, generally, the standard in the industry before HMOs came along was to allow the woman to stay in the hospital approximately 4 days.

We had a standard BlueCross, and this actually was applying not just to HMOs but in general, but basically what had happened is that a lot of the HMOs have moved to allowing just 1 day for natural delivery and then 2 days for C-section. The physician that we had said that he really wanted my wife to stay in the hospital at least another day, for the third day, but he said that he could not authorize it because the insurance company would not allow it. I asked the question at the time, I said, ''I do not understand. Aren't you the one that makes the decision?'' And he said, ''In theory I am, but if I allow too many people stay the extra day then they will penalize me or I may not be able to be part of the network or whatever.''

And so, even though they may say that that it is up to the doctor, the reality is that the physicians are under these kind of financial or other licensure penalties, not licensure but to be able to stay in the network to not allow it. So, effectively, they control the process and they make the decisions and that is what we need to change.

Mrs. CHRISTENSEN. Right. And I believe one of the articles, that we had talked about someone who had gone into an emergency room and one of the things that our bill provides for is reasonable judgment allowing for emergency room care and having that care covered and also allows for things like pain, which make a lot of sense to be a reason why someone might decide to go to an emergency room.

There are many stories of persons who have gone into emergency rooms with something like chest pain and, while waiting for an approval, those first few minutes are some of the most critical minutes, and the person had an arrhythmia and died. And so our bill is very important, and it is a matter of life, as I said, and quality of life for American citizens.

Mr. PALLONE. Well, basically, being from a legal background, I always think about the legal aspects of this. But the way I see it, essentially what the Patients' Bill of Rights does in the emergency room situation is to essentially put the burden on the HMO in that circumstance rather than on the patient. In other words, right now if the patient gets chest pains and feels they may be having a heart attack and they go to the emergency room, the HMO can find every excuse, assuming they did not have a heart attack and they survived, the HMO can say that they should have had prior authorization. We would have known that chest pain does not necessarily mean a heart attack.

What we say in our bill is say it is the ''reasonable person'' formula. If the average person would think, if they have chest pains, that they have to go to the emergency room, that is good enough. They do not have to prove after they had the heart attack to justify getting the emergency room care paid for, which of course makes sense.

The other thing, and the gentlewoman would know this better than I, the other aspect of our bill is that in order to, as we said since we want to leave it to the doctor and the patient to decide what is medically necessary, we use the standard practice in that particular specialty. So that the reference that the HMO has to make to, for example, a certain kind of cardiac care or pediatric care is to the standards for that pediatric college or cardiac college. I do not know the terms. The standard is that set by that specialty, medical specialty, rather than just by the insurance company; and that is a big difference as well.

Mr. Speaker, what I was trying to do tonight, and I appreciate the input from the two gentlewomen, the two Congresswoman who so far participated in this debate, was to draw a distinction between the Democrats' Patients' Bill of Rights and some of the proposals that the Republican leadership has put forward. I tried to point out that, on the one hand, the Republican leadership here in the House has consistently refused to bring up HMO reform, not only the Democrats' Patients' Bill of Rights but any kind of legislation, over the last 6 months in essentially a stalling, delay tactic because of the support that the leadership receives from the HMOs and from the insurance industry.

But now that the time has come when it is very difficult for the Republican leadership to continue to delay because we have a sufficient number of signatures on this discharge petition, that we are getting close to the point where we could actually bring the bill up, they are now turning to a different device to bring up legislation that they pretend is some kind of HMO reform but really is not and does not pass the test to really provide comprehensive patient protections to the average American.

Mr. Speaker, I want to make reference in that regard to an op-ed article by Bob Herbert in The New York Times that appeared just prior to the break on Thursday, July 1. To the extent it talks about the action in the other body, I will not get into that because we are not supposed to talk about what happened in the Senate.

But the op-ed does make the point that the Republicans really do not want to bring up HMO reform, true HMO reform like the Democrats' Patients' Bill of Rights, and that they will do whatever they can to try to avoid the issue and prevent a bill from passing here in the House of Representatives, even though the American people have repeatedly spoken out and say that they want HMO reform and they want the type of comprehensive approach that the Democrats have put forward in the Patients' Bill of Rights.

I just wanted to make reference to certain sections of this op-ed which I think is very significant, and it refers to the GOP right wing, The Restless Radicals, and it talks about the fight. And it says that the fight over HMO reform was not over the merits of the legislation but over the Republican Majority's refusal to even allow debate on a series of Democratic proposals aimed at curbing abuses by insurance companies and HMOs.

I will just quote certain sections here.

''There is strong support among the public and among health care professionals for the Democratic proposals, known as the Patients' Bill of Rights. The Republicans have offered much weaker legislation and have not been anxious to permit a public airing of the differences.

''Virtually all leading patient and medical groups have supported the Democratic proposal'' in the Senate, ''Senator [TOM] DASCHLE's proposal,'' says Senator EDWARD KENNEDY. ''These groups do not care whether Democrats or Republicans are on a piece of legislation. They just want a strong bill. And virtually every single leading——''

The SPEAKER pro tempore (Mr. GIBBONS). The gentleman will refrain from quoting Members of the other body.

The gentleman may continue.

Mr. PALLONE. Mr. Speaker, the references that I will continue with are from the article, not from the other body. This is, as I said, an opinion that was by Bob Herbert in his column in The New York Times on Thursday in which he said, ''A few days ago I spoke by phone with Steve Grissom,'' a constituent or someone basically from North Carolina who has had health problems. And he said, ''A few days ago I spoke by phone with Steve Grissom of

Cary, North Carolina. He is 50 years old and suffers from leukemia and AIDS, which he contracted through a blood transfusion. Mr. Grissom is locked in a harrowing dispute with his insurance providers over payment for medical equipment and a continuing supply of oxygen that could determine whether he lives or dies.

''Said Mr. Grissom: I've been a Republican all my life. I don't think I've ever missed a vote. Now is the first time in my life that I've considered changing my party affiliation because I see a real lack of compassion in the Republican Party. They're hearing from the HMOs and they're hearing from the lobbyists with their fat checkbooks, and they're not hearing from people like me who are in desperate need of this kind of consumer protection.''

□ 2000

Mr. Speaker, I think it really says it all. As we said before when we had the two Congresswomen on the floor, the bottom line is that all that the Democrats are proposing are common sense patient protections within the context of HMOs.

The only reason that we are getting opposition from the Republicans is essentially because of the fact that the insurance companies do not want this legislation brought to the floor, do not want a debate, and do not want a vote on it.

I would like to, if I could, just take a few minutes to point to the differences substantively between the Democratic bill and the Republican bill. There are really a few key points in the Democratic bill that I would just summarize right now and why the Democratic Patients' Bill of Rights would make a real difference for American families.

First, it holds managed care plans responsible for denial of care with real, reliable and enforceable appeals and remedies. This is the enforcement that we talked about before that involves an independent review of any denial of treatment outside of the confines of the HMO and includes also, ultimately, the right to sue the HMO for damages.

Second, it guarantees patients the right to see a specialist when they need to do so. It is so crucial today. So much medical care is provided through specialists. If one does not have access to a specialist within the network of one's HMO, one should be able to go outside the network to get a specialist who can cover the concern or deal with the medical concern that one has.

Third, it guarantees that vulnerable patients can stay with their own doctor even if their own doctor is no longer in their health care plan.

Fourth, it bans financial incentives to reward physicians for prescribing less care.

Fifth, it returns health care decisions to health care professionals and their patients, which again we discussed earlier this evening.

Now, if I could just elaborate on a few of these points. When we talk about providing patients with access to care, which is so important, there are really a number of things in the Democratic bill that relate to access. Some of them we discussed a little bit earlier this evening.

One is access to emergency room care. The Democrats' Patients' Bill of Rights allows patients to go to any emergency room during a medical emergency without having to call a health plan first for permission. Emergency room physicians can stabilize patients and begin to plan for post-stabilization care without fear that health plans will later deny coverage.

Another access point, access to needed specialists. The Democrats' Patients' Bill of Rights ensures that patients who suffer from a chronic condition or disease that requires care by a specialist will have access to a qualified specialist. If the HMO network does not include specialists qualified to treat a condition such as a pediatric cardiologist to treat a child's heart defect, it would have to allow the patient to see a qualified doctor outside its own network at no extra cost.

The Patients' Bill of Rights also allows patients with serious ongoing conditions to choose a specialist to coordinate care or to see their doctor without having to ask their HMO for permission before every visit.

Another access, very important obviously for women, access to an OB/GYN. The Democrats' Patients' Bill of Rights allows a woman to have direct access to OB/GYN care without having to get a referral from her HMO. Women would also have the option to designate their OB/GYN as their primary care physician.

Also on the issue of access, my colleague from California mentioned earlier that Democratic Patients' Bill of Rights makes needed prescription drugs available to patients. Currently, many HMOs refuse to pay for prescription drugs that are not on their preapproved list of medications. As a result, patients may not get the most effective medication needed to treat their condition.

The Democrats' Patients' Bill of Rights ensures that patients with drug coverage would be able to obtain needed medications even if they are not on their HMOs approved list.

Now, the other issue that was mentioned by the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), who is a physician who has practiced, is the idea of freeing doctors to practice medicine. This is what so many of my constituents complain about, that accountants should not make medical decisions. Yet, some managed care organizations interfere with doctors' medical decisions and restrict open communication between patients and doctors. The Democrats' Patients' Bill of Rights protects the doctor/patient relationship and frees doctors to practice medicine.

Most important, it prohibits insurers from gagging doctors. Patients have a right to learn from their doctor all of their treatment options, not just the cheapest. The Democrats' bill prevents HMOs from interfering with doctors' communications with patients. Doctors cannot be penalized for referring patients to specialists or discussing costly medical procedures.

The Patients' Bill of Rights provides that doctors and patients, rather than insurance company bureaucrats, are once again allowed to make medical decisions. Now, how do we do that? Well, under our bill, HMOs are prevented from inappropriately interfering with doctors' judgments and cannot mandate drive-through procedures or set arbitrary limits on hospital lengths of stay.

In addition, doctors and nurses who advocate on behalf of the patients will be protected from retaliation by HMOs. Also important in this whole idea of allowing doctors to freely practice medicine is to limit improper financial incentives.

Some managed care organizations use improper financial incentives to pressure doctors to deny care to their patients. The Democrats' Patients' Bill of Rights limits insurance companies' ability to use financial incentives to get doctors to deny care. HMOs and insurers also would have to disclose to all patients information about any incentives that they use.

Now, I just want to talk about one more aspect of the Democratic bill, and then I want to talk briefly about the Republican bill that is being put up in opposition to it. This is with regard to enforcement and the whole idea of bringing the appeal when one has been denied treatment.

When health plans deny needed care, patients and doctors reserve the right to appeal the decision and to receive a timely response. To protect patients and give them a meaningful right to appeal, the Democrats Patients' Bill of Rights establishes a sound, independent and timely external appeals process. What we do with our bill is to ensure that patients who are denied care by an insurance company can appeal the decision to an independent reviewer with medical and legal expertise and receive a timely decision that is binding on the HMO.

Finally, I would like to talk a little bit about why it is necessary to have the ability to sue. I think a lot of people do not realize that they can sue the HMO if they have been denied treatment or if they have suffered damages because they did not get proper treatment.

But today, even if an HMO has been involved directly in dictating, denying, or delaying care for a patient, it can use a loophole in the statute called ERISA, the Employment Retirement Income Security Act of 1974. The HMO can use ERISA to avoid any responsibility for the consequences of its actions.

ERISA was designed to protect employees from losing pension benefits

due to fraud, mismanagement, and employer bankruptcies during the 1960s. But it has had the effect of leaving patients harmed by their HMO's decisions to deny or delay care with no effective remedy.

Now, what the Democrats do in our Patients' Bill of Rights is to close this loophole and ensure that, like any other industry, HMOs can be held accountable for their actions. Since HMOs have the financial incentive to deny care to patients, they should bear responsibility if such denials cause harm. Employers, under our bill, are shielded from liability unless they make the decision to deny care. But the HMO is not. The HMO can be sued because they are in fact making the decision.

Now I just wanted to, if I could, briefly talk about these sham piecemeal bills that the Republican leadership has brought up in the last few weeks after we started to get a number of signatures to our discharge petition and it seemed as though at some point in the near future we were likely to get enough signatures to bring the Patients' Bill of Rights to the floor. So the Republican leadership has rolled out eight piecemeal bills which they call HMO reform but are really not.

Let me just point out some of the things that are left out in this Republican approach. First of all, the bills only cover people who obtain health insurance through their employer. They fail to extend patient protections to the millions of people that purchase health insurance individually.

Obviously, the patient protections that we are talking about should apply to all health plans, not just plans that are provided by the employer. Also, the Republican bills pretend to secure patients' rights, but they contain no way to enforce those rights other than the weak penalties currently available through ERISA. So the outside independent review, the ability to sue is not there.

The piecemeal bills are inconsistent and incomplete. For example, one of them is supposed to protect against so-called gag clauses where the physician is told that he cannot speak out about a particular procedure that is not covered. But it does not. But the bill the Republicans have put forward to try to deal with these gag clauses does not prohibit plans from retaliating against doctors who discuss the plans' financial incentives. Well, the reality then is essentially the doctors are still gagged and cannot speak their mind.

There are so many other examples. Let me give one other example in an effort to try to address the Democrats' initiative with regard to OB/GYN care. The Republican bill purports to guarantee women direct access to routine OB/GYN care, but it would allow a plan to require a woman to obtain such services from a generalist.

So these are the kinds of games that we are seeing with this piecemeal approach that the Republicans have put forward. They pretend that they are dealing with some of the patient protections, but in fact they do not.

Mr. Speaker, what I would really like to point out is that, on the one hand, I am pleased to see that the other body is taking up the issue of HMO reform, but I think that it is crucial, first of all, that we in the House bring up the issue and allow for a debate on the Patients' Bill of Rights.

But even more so, it is necessary for us to bring up a bill, a strong comprehensive approach like the Democrats' Patients' Bill of Rights, allow it to be brought to the floor, vote on it, go to conference with the Senate, and have a strong piece of legislation like the Patients' Bill of Rights go to the President.

President Clinton has repeatedly said that he would sign the Patients' Bill of Rights if it comes to his desk. I notice that, during the break, actually over this past weekend, he again used an opportunity I think when he was out on the West coast in Los Angeles to criticize the GOP, the Republican leadership, for trying to avert a vote on true HMO reform.

We are not going to rest, those of us in our party, and I know some of the Republicans as well who care about this issue are not going to rest until we have a comprehensive bill passed by both houses and on the President's desk.

This is what the American people demand. This is what they deserve. It only makes sense to do so if we are really going to provide protections for patients throughout the country.

LAS VEGAS FLOOD

The SPEAKER pro tempore (Mr. GIBBONS). Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

Ms. BERKLEY. Mr. Speaker, a flood damage assessment team from the Federal Emergency Management Agency arrived in my hometown of Las Vegas this afternoon.

It may be a bit strange to many of my colleagues to hear the words ''flood'' and ''Las Vegas'' in the same sentence. People usually do not think of flooding as a problem that happens in a desert environment. But the potential for flash flood disaster constantly lurks in the summertime in southern Nevada.

I have lived in Las Vegas for 38 years, and I have seen a lot of flash floods. But last Thursday brought rain and flooding like I have never seen before. We were hit with what weather experts called the 100-year flood.

With more than an inch of rain falling per hour, rivers of water swept across the Las Vegas Valley. The metropolitan area was brought to a standstill. Many neighborhoods were under several feet of water. Heroic rescue crews from our police and fire departments and other agencies saved dozens of people, men, women, and children who were stranded in high waters with frighteningly strong undercurrents, in many cases, danger of being swept to their death by the raging waters. Sadly two people did die.

Helicopter rescue teams crisscrossed the valley, hoisting to safety people who could not escape the onslaught of water and mud that swept down from the surrounding mountain sides. One security officer, Cornell Madison of Las Vegas, repeatedly waded into high waters to rescue trapped motorists. He is one of many, many people who disregarded their own personal safety to help others.

The waters subsided rapidly, and our tourism services were back in full swing within a day. But things did not turn out so well for hundreds of residents whose homes were heavily damaged or destroyed. Many small businesses also suffered heavy losses. In some parts of the city, the devastation was overwhelming, as flood channel banks were ripped apart by fast-flowing run-off waters that were over 10 feet high. Homes were literally torn from their foundations and dumped into the torrent.

Residents were able to flee in time to save their lives, but they had to return to find themselves either homeless or facing massive repair and cleanup expenses.

☐ 2015

There is also damage to public infrastructure totaling many, many millions of dollars. I personally helicoptered over the Las Vegas Valley to see firsthand the devastation below, and I went to the worst affected area, the Miracle Mile Mobile Home Park, rolled up my pants legs and went to talk to those residents who had lost everything.

I greatly appreciate FEMA's decision to send in damage assessment teams to help the local governments in my Congressional District identify the losses and advise on how the damage can be mitigated. They will be in the field tomorrow and I will be in communication with them.

I also appreciate the interest and responsiveness of the Small Business Administration in the wake of this disaster. I know that our Federal disaster relief agencies will quickly act upon any requests from local and State officials for assistance. And as representative for the areas that were the hardest hit by this devastating flood, I will continue to communicate the needs of the Las Vegas community to Federal agencies.

The people of Las Vegas have banded together to help one another during this time of dire need for many of our residents. Now is the time for our Federal Government to come into Southern Nevada and lend a helping hand to a community ravaged by flood.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mrs. THURMAN (at the request of Mr. GEPHARDT) for today on account of illness in the family.

Ms. BALDWIN (at the request of Mr. GEPHARDT) for today and Tuesday, July 13, on account of illness in the family.

Mr. POMEROY (at the request of Mr. GEPHARDT) for today on account of personal business (funeral).

Ms. JACKSON-LEE of Texas (at the request of Mr. GEPHARDT) for today on account of inclement weather.

Mr. KIND (at the request of Mr. GEPHARDT) for today on account of a weather delay.

Mr. COMBEST (at the request of Mr. ARMEY) for today and July 13 on account of a death in the family.

Ms. KILPATRICK (at the request of Mr. GEPHARDT) for today on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. PALLONE) to revise and extend their remarks and include extraneous material:)

Mr. FILNER, for 5 minutes, today.

Ms. ROYBAL-ALLARD, for 5 minutes, today.

Mrs. MEEK of Florida, for 5 minutes, today.

(The following Members (at the request of Mr. SOUDER) to revise and extend their remarks and include extraneous material:)

Mr. BURTON of Indiana, for 5 minutes, July 13 and July 14.

Mr. BEREUTER, for 5 minutes, today.

Mr. SOUDER, for 5 minutes, today.

Mrs. MORELLA, for 5 minutes, today.

Mr. DIAZ-BALART, for 5 minutes, July 13.

Mr. SCHAFFER, for 5 minutes, today.

(The following Members (at the request of Mrs. MEEK of Florida) to revise and extend their remarks and include extraneous material:)

Mrs. MINK of Hawaii, for 5 minutes, today.

Mr. MOORE, for 5 minutes, today.

SENATE BILLS AND CONCURRENT RESOLUTION

Bills and a concurrent resolution of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 323. An act to redesignate the Black Canyon of the Gunnison National Monument as a national park and establish the Gunnison Gorge National Conservation Area, and for other purposes; to the Committee on Resources.

S. 376. An act to amend the Communications Satellite Act of 1962 to promote competition and privatization in satellite communications, and for other purposes; to the Committee on Commerce.

S. 416. An act to direct the Secretary of Agriculture to convey to the city of Sisters, Oregon, a certain parcel of land for use in connection with a sewage treatment facility; to the Committee on Resources.

S. 700. An act to amend the National Trails System Act to designate the Ala Kahakai Trail as a National Historic Trail; to the Committee on Resources.

S. 768. An act to establish court-martial jurisdiction over civilians serving with the Armed Forces during contingency operations, and to establish Federal jurisdiction over crimes committed outside the United States by former members of the Armed Forces and civilians accompanying the Armed Forces outside the United States; to the Committee on Armed Services, in addition to the Committee on the Judiciary for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

S. 776. An act to authorize the National Park Service to conduct a feasibility study for the preservation of the Loess Hills in western Iowa; to the Committee on Resources.

S. 1027. An act to reauthorize the participation of the Bureau of Reclamation in the Deschutes Resources Conservancy, and for other purposes; to the Committee on Resources.

S. Con. Res. 36. Concurrent resolution condemning Palestinian efforts to revive the original Palestine partition plan of November 29, 1947, and condemning the United Nations Commission on Human Rights for its April 27, 1999, resolution endorsing Palestinian self-determination on the basis of the original Palestine partition plan; to the Committee on International Relations.

ADJOURNMENT

Ms. BERKLEY. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 17 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, July 13, 1999, at 9 a.m., for morning hour debates.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

2858. A letter from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting the Department's final rule—Imported Fire Ant; Quarantined Areas and Treatment [Docket No. 98–125–1] received May 19, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2859. A letter from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting the Department's final rule—Karnal Bunt Regulated Areas [Docket No. 96–016–24] (RIN: 0579–AA83) received June 3, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2860. A letter from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting the Department's final rule—Mediterranean Fruit Fly; Removal of Quarantined Area [Docket No. 98–083–4] received June 3, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2861. A letter from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting the Department's final rule—Mexican Fruit Fly Regulations; Removal of Regulated Area [Docket No. 98–082–4] received June 10, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2862. A letter from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting the Department's final rule—Oriental Fruit Fly; Designation of Quarantined Area [Docket No. 99–044–1] received June 10, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2863. A letter from the Administrator, Food Safety and Inspection Service, Department of Agriculture, transmitting the Department's final rule—Use of Soy Protein Concentrate, Modified Food Starch, and Carrageenan as Binders in Certain Meat Products [Docket No. 94–015DF] (RIN: 0583–AB82) received June 7, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2864. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Difenoconazole; Pesticide Tolerance; Technical Amendment [OPP–300863A; FRL–6089–3] (RIN: 2070–AB78) received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2865. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Cyfluthrin: [cyano[4-fluoro-3- phenoxyphenyl]-methyl-3-[2,2-dichloroethenyl] -2,2-dimethylcyclopropane carboxylate]; Pesticide Tolerance [OPP–300887; FRL–6088–9] (RIN: 2070–AB78) received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2866. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Aminoethoxyvinylglycine; Temporary Pesticide Tolerance [OPP–300858; FRL–6080–4] (RIN: 2070–AB78) received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2867. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Sulfosate; Pesticide Tolerance [OPP–300878; FRL–6086–6] (RIN: 2070–AB78) received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2868. A letter from the Chief, Programs and Legislation Division, Office of Legislative Liaison, Department of the Air Force, transmitting notification that the Commander of the United States Air Force Academy is initiating a cost comparison of the Communications functions at the United States Air Force Academy, Colorado, pursuant to 10 U.S.C. 2304 nt.; to the Committee on Armed Services.

2869. A letter from the Chief, Programs and Legislation Division, Office of Legislative Liaison, Department of the Air Force, transmitting notification that the Civil Engineer Squadron at MacDill AFB will become a Native American owned firm; to the Committee on Armed Services.

2870. A letter from the Director, Defense Procurement, Department of Defense, transmitting the Department's final rule—Defense Federal Acquisition Regulation Supplement; Contract Actions for Leased Equipment [DFARS Case 99–D012] received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

2871. A letter from the Director, Defense Procurement, Department of Defense, transmitting the Department's final rule—Defense

Federal Acquisition Regulation Supplement; Congressional Medal of Honor [DFARS Case 98–D304] received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

2872. A letter from the Senior Civilian Official, Department of Defense, Deputy Director of Central Intelligence for Community Management, transmitting a report regarding the continuity of performance of essential operations that are at risk of failure because of information technology and national security systems that are not Year 2000 compliant; to the Committee on Armed Services.

2873. A letter from the Legislative and Regulatory Activities Division Office of the Comptroller of the Currency, Department of the Treasury, transmitting the Department's final rule—Organization and Functions, Availability and Release of Information, Contracting Outreach Program [Docket No. 99–07] (RIN: 1557–AB65) (RIN: 99–07) received May 27, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

2874. A letter from the General Counsel, Department of the Treasury, transmitting a draft of proposed legislation to authorize appropriations for the United States contribution to the HIPC Trust Fund, administered by the International Bank for Reconstruction and Development; to the Committee on Banking and Financial Services.

2875. A letter from the General Counsel, Federal Emergency Management Agency, transmitting the Agency's final rule—Suspension of Community Eligibility [Docket No. FEMA–7713] received May 19, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

2876. A letter from the General Counsel, Federal Emergency Management Agency, transmitting the Agency's final rule—Final Flood Elevation Determinations—received May 19, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

2877. A letter from the General Counsel, Federal Emergency Management Agency, transmitting the Agency's final rule—List of Communities Eligible for the Sale of Flood Insurance [Docket No. FEMA–7712] received May 19, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

2878. A letter from the General Counsel, Federal Emergency Management Agency, transmitting the Agency's final rule—Changes in Flood Elevation Determinations [Docket No. FEMA–7285] received May 19, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

2879. A letter from the General Counsel, Federal Emergency Management Agency, transmitting the Agency's final rule—Changes in Flood Elevation Determinations—received May 19, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

2880. A letter from the Director, Office of Thrift Supervision, transmitting the Office of Thrift Supervision's 1998 Annual Report to Congress on the Preservation of Minority Savings Institutions, pursuant to 12 U.S.C. 1462a(g); to the Committee on Banking and Financial Services.

2881. A letter from the Assistant General Counsel for Regulations, Special Education and Rehabilitative Services, Department of Education, transmitting the Department's final rule—Notice of Final Funding Priority for Fiscal Year 1999 for a Disability and Rehabilitation Research Project—received June 7, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

2882. A letter from the Administrator, National Highway Traffic Safety Administration, Department of Transportation, transmitting a report on the efforts of the Administration's collaboration with the National Center on Sleep Disorders Research, to develop a public education program to combat drowsy driving due to fatigue, sleep disorders and inattention; to the Committee on Commerce.

2883. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; Louisiana: Reasonable-Further-Progress Plan for the 1996–1999 Period, Attainment Demonstration, Contingency Plan, Motor Vehicle Emission Budgets, and 1990 Emission Inventory for the Baton Rouge Ozone Nonattainment Area; Louisiana Point Source Banking Regulations [LA–29–1–7403; FRL–6370–8] received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2884. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; Utah; Foreword and Definitions, Revision to Definition for Sole Source of Heat and Emissions Standards, Nonsubstantive Changes; General Requirements, Open Burning and Nonsubstantive Changes; and Foreword and Definitions, Addition of Definition for PM10 Nonattainment Area [UT–001–0018; UT–001–0019; UT–001–0020; FRL–6368–8] received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2885. A letter from the Director, Office of Regulations Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Implementation Plans; Phoenix; Arizona Ozone Nonattainment Area, Revision to the 15 Percent Rate of Progress Plan [AZ–005–ROP; FRL–6371–2] received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2886. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Interim Final Stay of Action on Section 126 Petitions for Purposes of Reducing Interstate Ozone Transport [FRL No. 6364–4] (RIN: 2060–AH88) received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2887. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Hazardous Waste Management System; Modification of the Hazardous Waste Program; Hazardous Waste Lamps [FRL–6371–3] (RIN: 2050–AD93) received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2888. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Sustainable Development Challenge Grant Program [FRL–6370–4] received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2889. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; Revised Format for Materials Being Incorporated by Reference for Florida; Approval of Recodification of the Florida Administrative Code [FL–62–1–9610a; FL–66–1–9729a; FRL–6352–5] received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2890. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; Delaware; Reasonably Available Control Technology Requirements for Nitrogen Oxides [DE011–1020; FRL–6357–7] received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2891. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Implementation Plans Florida: Approval of Revisions to the Florida State Implementation Plan [FL–61–2–9823a; FRL–6352–3] received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2892. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Record Keeping Requirements for Low Volume Exemption and Low Release and Exposure Exemption; Technical Correction [OPPT–50636; FRL–6068–5] received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2893. A letter from the Special Assistant to the Chief, Mass Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations. (Manzanita, Cannon Beach and Bay City, Oregon) [MM Docket No. 98–189; RM–9377; RM–9475) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2894. A letter from the Special Assistant to the Chief, Mass Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations. (Deer Lodge, Hamilton and SHELBY, Montana) [MM Docket No. 99–70 RM–9380] received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2895. A letter from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations. (Cannon Ball, North Dakota) [MM Docket No.99–4 RM–9429]; (Velva, North Dakota) [MM Docket. 99–5 RM–9430]; (Delhi, New York) [MM Docket No. 99–7 RM–9432]; (Flasher, North Dakota) [MM Docket No. 99–37 RM–9450]; (Berthold, North Dakota) [MM Docket No. 99–38 RM–9451]; (Ranier, Oregon) [MM Docket No. 99–39 RM–9464]; (Richardton, North Dakota) [MM Docket No. 99–40 RM–9465]; (Wimbledon, North Dakota) [MM Docket No. 99–41 RM–9466] Received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2896. A letter from the Special Assistant to the Chief, Mass Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations. (Tumon, Guam) [MM Docket No. 98–113 RM–9296] received June 9, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2897. A letter from the Director, Regulations Policy and Management Staff, Food and Drug Administration, transmitting the Administration's final rule—Indirect Food Additives; Adjuvants, Production Aids, and Sanitizers [Docket No. 98F–0824] received May 25, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2898. A letter from the Director, Regulations Policy and Management Staff, Food and Drug Administration, transmitting the

Administration's final rule—Secondary Direct Food Additives Permitted in Food for Human Consumption; Boiler Water Additives [Docket No. 97F–0450] received June 7, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2899. A letter from the Director, Office of Congressional Affairs, Office of General Counsel, Nuclear Regulatory Commission, transmitting the Commission's final rule—Formal and Informal Adjudicatory Hearing Procedures; Clarification of Eligibility to Participate (RIN: 3150–AG27) received June 14, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2900. A letter from the Chairman, Nuclear Regulatory Commission, transmitting the Commission's report entitled ''Report to Congress on Abnormal Occurrences, Fiscal Year 1998'' for events at nuclear facilities, pursuant to 42 U.S.C. 5848; to the Committee on Commerce.

2901. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule—NRC Generic Letter 99–02, ''Laboratory Testing of Nuclear-Grade Activated Charcoal''— received June 14, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

2902. A letter from the Chairman, Nuclear Regulatory Commission, transmitting the quarterly report on the denial of safeguards information for the period of January 1, through March 31, 1999, pursuant to 42 U.S.C. 2167(e); to the Committee on Commerce.

2903. A letter from the Chairman, Securities and Exchange Commission, transmitting authorization requests for fiscal years 2000 and 2001, pursuant to 31 U.S.C. 1110; to the Committee on Commerce.

2904. A letter from the Director, Congressional Relations, U.S. Consumer Product Safety Commission, transmitting the Commission's Annual Report for Fiscal Year 1998, pursuant to 15 U.S.C. 2076(j); to the Committee on Commerce.

2905. A communication from the President of the United States, transmitting his declaration of a National emergency with respect to the threat to the United States posed by the actions and policies of the Afghan Taliban and an executive order to deal with this threat, pursuant to 50 U.S.C. 1703(b); (H. Doc. No. 106—90); to the Committee on International Relations and ordered to be printed.

2906. A letter from the Director, Defense Security Cooperation Agency, transmitting the Department of the Army's proposed lease of defense articles to Greece (Transmittal No. 10–99), pursuant to 22 U.S.C. 2796a(a); to the Committee on International Relations.

2907. A letter from the Acting Director, Defense Security Cooperation Agency, transmitting notification concerning the Department of the Army's proposed Letter(s) of Offer and Acceptance (LOA) to the Taipei Economic and Cultural Representative Office for defense articles and services (Transmittal No. 99–19), pursuant to 22 U.S.C. 2776(b); to the Committee on International Relations.

2908. A letter from the Acting Director, Defense Security Cooperation Agency, transmitting notification concerning the Department of the Army's proposed Letter(s) of Offer and Acceptance (LOA) to the Taipei Economic and Cultural Representative Office for defense articles and services (Transmittal No. 99–18), pursuant to 22 U.S.C. 2776(b); to the Committee on International Relations.

2909. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that the President has authorized funds from the U.S. Emergency Refugee and Migration Assistance Fund to meet the urgent and unexpected needs relating to the program under which the United States will provide refuge in the United States to refugees fleeing the Kosovo crisis, pursuant to 22 U.S.C. 2601(c)(3); to the Committee on International Relations.

2910. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that the President is considering Mark Wylea Erwin, of North Carolina, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Mauritius and to serve concurrently and without additional compensation as Ambassador Extraordinary and Plenipotentiary of the United States of America to the Federal and Islamic Republic of the Comoros and to the Republic of Seychelles, pursuant to 22 U.S.C. 3944(b)(2); to the Committee on International Relations.

2911. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that the President is considering Johnnie Carson, of Illinois, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Kenya, pursuant to 22 U.S.C. 3944(b)(2); to the Committee on International Relations.

2912. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that the President is considering Gregory Lee Johnson, of Washington, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Kingdom of Swaziland, pursuant to 22 U.S.C. 3944(b)(2); to the Committee on International Relations.

2913. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that the President is considering A. Peter Burleigh, of California, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of the Philippines, and to serve concurrently and without additional compensation as Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Palau, pursuant to 22 U.S.C. 3944(b)(2); to the Committee on International Relations.

2914. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that the President is considering Larry C. Napper, of Texas, to be Ambassador during tenure of service as Coordinator of the Support for East European Democracy Program, pursuant to 22 U.S.C. 3944(b)(2); to the Committee on International Relations.

2915. A letter from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting Copies of international agreements, other than treaties, entered into by the United States, pursuant to 1 U.S.C. 112b(a); to the Committee on International Relations.

2916. A letter from the Assistant Secretary for Export Administration, Department of Commerce, transmitting the Department's final rule—Entity List: Addition of Entities located in the People's Republic of China; and Correction to Spelling of One Indian Entity Name [Docket No. 970428099–9105–09] (RIN: 0694–AB60) received June 1, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on International Relations.

2917. A letter from the Assistant Secretary for Export Administration, Department of Commerce, transmitting the Department's final rule—Addition of Macau to the Export Administration Regulations [Docket No. 990318078–9078–01] (RIN: 0694–AB89) received June 1, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on International Relations.

2918. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the first of six annual reports by the Department of State on enforcement and monitoring of the Convention on Combating Bribery of Foreign Public Officials in International Business Transactions of the Organization for Economic Cooperation and Development; to the Committee on International Relations.

2919. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a report concerning efforts made by the United Nations and the Specialized Agencies to employ an adequate number of Americans during 1998; to the Committee on International Relations.

2920. A letter from the Commissioner, Social Security Administration, transmitting the Office of the Inspector General's Semiannual Report, pursuant to 22 U.S.C. 3944(b)(2); to the Committee on Government Reform.

2921. A letter from the Director, OCA, WCPS, SWSD, Office of Personnel Management, transmitting the Office's final rule—Prevailing Rate Systems; Abolishment of Kansas City, MO, Special Wage Schedule for Printing Positions (RIN: 3206–AI11) received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

2922. A letter from the Executive Director, Committee For Purchase From People Who Are Blind Or Severely Disabled, transmitting the Committee's final rule—Additions to the Procurement List—received May 19, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

2923. A letter from the Executive Director, Committee For Purchase From People Who Are Blind Or Severely Disabled, transmitting the Committee's final rule—Procurement List Additions—received June 3, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

2924. A letter from the Chairman, International Trade Commission, transmitting the Semiannual Report of the Inspector General of the U.S. International Trade Commission for the period October 1, 1998 through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

2925. A letter from the Executive Director, Interstate Commission on the Potomac River Basin, transmitting the audited Fifty-Eighth Financial Statement for the period October 1, 1997—September 30, 1998, pursuant to 31 U.S.C. 3512(c)(3); to the Committee on Government Reform.

2926. A letter from the General Counsel, Legal Services Corporation, transmitting the Legal Services Corporation's Inspector General's Semiannual Report for the period of October 1, 1998 through March 31, 1999, and the corresponding report of the Corporation's Board of Directors; to the Committee on Government Reform.

2927. A letter from the Chairman, National Credit Union Administration, transmitting the NCUA Inspector General's semi-annual report for October 1, 1998 through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

2928. A letter from the Chairman and General Counsel, National Labor Relations Board, transmitting the Semiannual Report of the Office of the Inspector General (OIG) of the National Labor Relations Board for the Period October 1, 1998 through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

2929. A letter from the Director, Employment Service Staffing Reinvention Office, Office of Personnel Management, transmitting the Office's final rule—Reemployment Rights of Employees Performing Military

Duty (RINS: 3206–AG02 and 3206–AH15) received June 1, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

2930. A letter from the Director, Employment Service, Office of Personnel Management, transmitting the Office's final rule—Statutory Bar to Appointment of Persons Who Fail to Register Under Selective Service Law; Technical Amendment (RIN: 3206–AI72) received June 1, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

2931. A letter from the Director, WCPS, OCA, SWSD, Office of Personnel Management, transmitting the Office's final rule—Prevailing Rate Systems; Abolishment of the Lubbock, Texas, Nonappropriated Fund Wage Area (RIN: 3206–AH88) received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

2932. A letter from the Chairman, Postal Rate Commission, transmitting the annual report on International Mail Costs, Revenues, and Volumes; to the Committee on Government Reform.

2933. A letter from the Chairman of the Board of Governors, Postal Service, transmitting the Semiannual Report of the Inspector General and the Postal Service management response to the report for the period ending March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

2934. A letter from the Secretary of Veterans Affairs, transmitting the Semiannual Report of the Office of Inspector General for the period October 1, 1998, through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

2935. A letter from the Administrator, Small Business Administration, transmitting the annual report on the state of internal controls over financial and administrative activities, pursuant to 31 U.S.C. 3512(c)(3); to the Committee on Government Reform.

2936. A letter from the Chairman, Federal Election Commission, transmitting the Commission's final rule—Treatment of Limited Liability Companies Under the Federal Election Campaign Act [Notice 1999–10] received June 29, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on House Administration.

2937. A letter from the Director, Office of Sustainable Fisheries, National Marine Fisheries Service, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule—Fisheries of the Northeastern United States; Northeast Multispecies Fishery; Commercial Cod Harvest [Docket No. 990318076–9109–02; I.D. 052199E] received May 27, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

2938. A letter from the Fisheries Biologist, Office of Protected Resources, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule—Listing Endangered and Threatened Species and Designating Critical Habitat: Petition To List Eleven New Species Genus of Bryozoans From Capron Shoal, Florida, as Threatened or Endangered Under the Endangered Species Act (ESA) [Docket No. 990520140–9140–01; I.D. 041699A] received June 15, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

2939. A letter from the Acting Director, Office of Sustainable Fisheries, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule—Fisheries of the Northeastern United States; Atlantic Mackerel, Squid, and Butterfish Fisheries; 1999 Specifications [Docket No. 981106278–8336–02; I.D. 060999A] (RIN: 0648–AL76) received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

2940. A letter from the Senior Attorney, Federal Register Certifying Officer, Department of Treasury, transmitting the Department's final rul—Transfer of Debts to Treasury for Collection (RIN: 1510–AA68) received April 22, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

2941. A letter from the Director, Policy Directives and Instructions Branch, Immigration and Naturalization Service, transmitting the Service's final rule—Adjustment of Status; Continued Validity of Nonimmigrant Status, Unexpired Employment Authorization, and Travel Authorization for Certain Applicants Maintaining Nonimmigrant H or L Status [INS No. 1881–97] (RIN: 1115–AE96) received June 1, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

2942. A letter from the Secretary of Transportation, transmitting the Sixteenth Annual Report of Accomplishments Under the Airport Improvement Program for Fiscal Year 1997, pursuant to 49 U.S.C. app. 2203(b)(2); to the Committee on Transportation and Infrastructure.

2943. A letter from the the Assistant Secretary of the Army, Civil Works, the Department of the Army, transmitting a recommendation for authorization of a flood damage reduction and recreation project for the Upper Guadalupe River, Santa Clara County, California; (H. Doc. No. 106–89); to the Committee on Transportation and Infrastructure and ordered to be printed.

2944. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Sikorsky Aircraft Model S–76A Helicopters [Docket No. 99–SW–26–AD; Amendment 39–11205; AD 99–11–04] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2945. A letter from the Program Analyst, Office of Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Boeing Model 747–300 and -400 Series Airplanes [Docket No. 99–NM–45–AD; Amendment 39–11212; AD 99–14–04] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2946. A letter from the Program Analyst, Office of the Chief Counsel, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; The New Piper Aircraft, Inc. PA–23, PA–30, PA–31, PA–34, PA–39, PA–40, and PA–42 Series Airplanes [Docket No. 98–CE–77–AD; Amendment 39–11209; AD 99–14–01] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2947. A letter from the Program Analyst, Office of the Chief Counsel, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; LET Aeronautical Works Model L33 SOLO Sailplanes [Docket No. 98–CE–120–AD; Amendment 39–11210; AD 99–14–02] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2948. A letter from the Program Analyst, Office of Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Pilatus Aircraft Ltd. Models PC–12 and PC–12/45 Airplanes [Docket No. 98–CE–122–AD; Amendment 39–11211; AD 99–14–03] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2949. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; MT-Propeller Entwicklung GMBH Model MTV–3–B–C Propellers [Docket No. 97–ANE–36–AD; Amendment 39–11206; AD 97–21–01 R1] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2950. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Bell Helicopter Textron Canada (BHTC) Model 206L–4 Helicopters [Docket No. 98–SW–62–AD; Amendment 39–11203; AD 99–13–10] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2951. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Boeing Model 777 Series Airplanes [Docket No. 99–NM–116–AD; Amendment 39–11198; AD 99–13–05] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2952. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Robinson Helicopter Company (Robinson) Model R44 Helicopters [Docket No. 98–SW–71–AD; Amendment 39–11204; AD 99–13–11] (RIN: 2120–AA64) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2953. A letter from the Administrator, Federal Aviation Administration, Department of Transportation, transmitting a report on the FAA domestic positive passenger-baggage match program; to the Committee on Transportation and Infrastructure.

2954. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Modification of Class E Airspace; Kokomo, IN [Airspace Docket No. 99–AGL–21] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2955. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Modification of Class E Airspace; Juneau, WI [Airspace Docket No. 99–AGL–22] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2956. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Modification of Class E Airspace; Neillsville, WI [Airspace Docket No. 99–AGL–23] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2957. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Modification of Class E Airspace; Savanna, IL [Airspace Docket No. 99–AGL–19] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2958. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the

Department's final rule—Modification of Class E Airspace; Hamilton, OH [Airspace Docket No. 99–AGL–18] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2959. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Modification of Class E Airspace; Willmar, MN [Airspace Docket No. 99–AGL–17] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2960. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Establishment of Class E airspace; De Kalb, IL [Airspace Docket No. 99–AGL–20] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2961. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Alexander Schleicher Segelflugzeugbau Model ASK 21 Gliders [Docket No. 91–CE–25–AD; Amendment 39–11149; AD 95–11–15–R1] (RIN: 2120–AA64) received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2962. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Boeing Model 777 Series Airplanes [Docket No. 99–NM–116–AD; Amendment 39–11198; AD 99–13–05] (RIN: 2120–AA64) received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2963. A letter from the Program Analyst, Office of the Chief Counsel, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Lockheed Model L–1011–385 Series Airplanes [Docket No. 97–NM–11–AD; Amendment 39–11202; AD 99–13–08] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2964. A letter from the Chief, Office of Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule—Safety Zone: Rowayton Fireworks Display, Bayley Beach, Rowayton, CT [CGD01–99–081] (RIN: 2115–AA97) received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2965. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule—Special Local Regulations; 4th of July Celebration Ohio River Mile 469.2–470.5, Cincinnati, OH [CGD08–99–042] (RIN: 2115–AE46) received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

2966. A letter from the Deputy General Counsel, Office of Size Standards, Small Business Administration, transmitting the Administration's final rule—Small Business Size Standards; Engineering Services, Architectural Services, Surveying, and Mapping Services—received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Small Business.

2967. A letter from the Deputy General Counsel, Office of Size Standards, Small Business Administration, transmitting the Administration's final rule—Business Loan Program—received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Small Business.

2968. A letter from the Deputy General Counsel, Office of Disaster Assistance, Small Business Administration, transmitting the Administration's final rule—Disaster Loan Program; Correction—received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Small Business.

2969. A letter from the Deputy General Counsel, Office of Surety Guarantees, Small Business Administration, transmitting the Administration's final rule—Surety Bond Guarantees—received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Small Business.

2970. A letter from the Deputy General Counsel, Office of Financial Assistance, Small Business Administration, transmitting the Administration's final rule—Business Loan Program—received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Small Business.

2971. A letter from the Director, Office of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—VA Acquisition Regulation: Improper Business Practices and Personal Conflicts of Interest and Solicitation Provisions and Contract Clauses (RIN: 2900–AJ06) received June 1, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.

2972. A letter from the Director, Office of Regulations Management, Veterans Benefits, Department of Veterans Affairs, transmitting the Department's final rule—Reinstatement of Benefits Eligibility Based Upon Terminated Marital Relationships (RIN: 2900–AJ53) received June 7, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.

2973. A communication from the President of the United States, transmitting his determination to implement action to facilitate a positive Adjustment to competition from imports of lamb meat, pursuant to 19 U.S.C. 2253(b); (H. Doc. No. 106–91); to the Committee on Ways and Means and ordered to be printed.

2974. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule—Weighted Average Interest Rate Update [Notice 99–33] received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

2975. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule—Consolidated Returns—Limitations on the Use of Certain Losses and Deductions [TD 8823] (RIN: 1545–AU31) received June 28, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

2976. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule—Department Store Inventory Price Indexes—[Rev. Rul. 99–30] received June 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

2977. A letter from the General Counsel, Department of Defense, transmitting a report on Prisoners Transferred from United States Disciplinary Barracks, Fort Leavenworth, Kansas, to Federal Bureau of Prisons; jointly to the Committees on Armed Services and the Judiciary.

2978. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting certification that Panama and Costa Rica have adopted a regulatory program governing the incidental taking of certain sea turtles, pursuant to Public Law 101–162, section 609(b)(2) (103 Sat. 1038); jointly to the Committees on International Relations and Appropriations.

2979. A letter from the Director, Defense Security Cooperation Agency, transmitting notification concerning the transfer of up to $100M in defense articles and services to the Government of Bosnia-Herzegovina, pursuant to 10 U.S.C. 118; jointly to the Committees on International Relations and Appropriations.

2980. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification of the intent to obligate funds for an additional program proposal for purposes of Nonproliferation and Disarmament Fund activities; jointly to the Committees on International Relations and Appropriations.

2981. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a report on violence in Indonesia during the May 1998 riots; jointly to the Committees on International Relations and Appropriations.

2982. A letter from the Secretary, Judicial Conference of the United States, transmitting a draft of proposed legislation entitled the ''Federal Courts Improvement Act of 1999''; jointly to the Committees on the Judiciary and Government Reform.

2983. A letter from the Secretary of Health and Human Services, transmitting a Memorandum which serves as the ''Implementation Plan for Veterans Subvention''; jointly to the Committees on Veterans' Affairs, Ways and Means, and Commerce.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

[Submitted on July 2, 1999]

Mr. BLILEY: Committee on Commerce. H.R. 805. A bill to amend title 18, United States Code, to affirm the rights of United States persons to use and sell encryption and to relax export controls on encryption; with an amendment (Rept. 106–117 Pt. 2). Ordered to be printed.

Mr. TALENT: Committee on Small Business. H.R. 413. A bill to authorize qualified organizations to provide technical assistance and capacity building services to micro-enterprise development organizations and programs and to disadvantaged entrepreneurs using funds from the Community Development Financial Institutions Fund, and for other purposes; with an amendment (Rept. 106–184 Pt. 2). Referred to the Committee of the Whole House on the State of the Union.

[Pursuant to the order of the House on July 1, 1999 the following reports were filed on July 2, 1999]

Mr. HOBSON: Committee on Appropriations. H.R. 2465. A bill making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2000, and for other purposes (Rept. 106–221). Referred to the Committee of the Whole House on the State of the Union.

Mr. REGULA: Committee on Appropriations. H.R. 2466. A bill making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes (Rept. 106–222). Referred to the Committee of the Whole House on the State of the Union.

[Submitted July 12, 1999]

Mr. SENSENBRENNER: Committee on Science. H.R. 1551. A bill to authorize the Federal Aviation Administration's civil

aviation research and development programs for fiscal years 2000 and 2001, and for other purposes; with an amendment (Rept. 106–223). Referred to the Committee of the Whole House on the State of the Union.

Mr. YOUNG of Alaska: Committee on Resources. H.R. 1243. A bill to reauthorize the National Marine Sanctuaries Act; with amendments (Rept. 106–224). Referred to the Committee of the Whole House on the State of the Union.

Mrs. MYRICK: Committee on Rules. House Resolution 242. Resolution providing for consideration of the bill (H.R. 2465) making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2000, and for other purposes (Rept. 106–227). Referred to the House Calendar.

Mr. HASTINGS of Washington: Committee on Rules. House Resolution 243. Resolution providing for consideration of the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes (Rept. 106–228). Referred to the House Calendar.

REPORTS OF COMMITTEES ON PRIVATE BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calender, as follows:

Mr. YOUNG of Alaska: Committee on Resources. S. 361. An act to direct the Secretary of the Interior to transfer to John R. and Margaret J. Lowe of Big Horn County, Wyoming, certain land so as to correct an error in the patent issued to their predecessors in interest (Rept. 106–225). Referred to the Private Calendar.

Mr. YOUNG of Alaska: Committee on Resources. S. 449. An act to direct the Secretary of the Interior to transfer to the personal representative of the estate of Fred Steffens of Big Horn County, Wyoming, certain land comprising the Steffens family property (Rept. 106–226). Referred to the Private Calendar.

TIME LIMITATION OF REFERRED BILL

Pursuant to clause 5 of rule X the following action was taken by the Speaker:

[The following occurred on July 2, 1999]

H.R. 850. Referral to the Committee on International Relations extended for a period ending not later than July 16, 1999.

H.R. 850. Referral to the Committee on Armed Services and the Permanent Select Committee on Intelligence extended for a period ending not later than July 23, 1999.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. GOODLING:

H.R. 2467. A bill to require labor organizations to secure prior, voluntary, written authorization as a condition of using any portion of dues or fees for activities not necessary to performing duties relating to the representation of employees in dealing with the employer on labor-management issues, and for other purposes; to the Committee on Education and the Workforce.

By Mr. ANDREWS:

H.R. 2468. A bill to amend the Elementary and Secondary Education Act of 1965 to require States, in awarding subgrants under the State charter school grant program, to give priority to charter schools that will provide a racially integrated educational experience; to the Committee on Education and the Workforce.

H.R. 2469. A bill to establish State revolving funds for school construction; to the Committee on Education and the Workforce.

By Mr. GREENWOOD (for himself, Mr. SHAYS, Mr. NORWOOD, Mr. LATOURETTE, Mr. BURR of North Carolina, and Mr. UPTON):

H.R. 2470. A bill to ensure confidentiality with respect to medical records and health care-related information, and for other purposes; to the Committee on Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. EDDIE BERNICE JOHNSON of Texas (for herself, Mrs. KELLY, Mrs. CAPPS, Ms. CARSON, Mrs. CHRISTENSEN, Mrs. CLAYTON, Ms. DANNER, Mrs. JONES of Ohio, Mr. FROST, Mr. GREEN of Texas, Mr. GONZALEZ, Mrs. LOWEY, Mrs. MCCARTHY of New York, Mrs. MEEK of Florida, Ms. ESHOO, Ms. MCKINNEY, Ms. MILLENDER-MCDONALD, Ms. WATERS, Ms. SLAUGHTER, Mr. BENTSEN, Ms. JACKSON-LEE of Texas, Mr. CONYERS, Mr. CLAY, Mr. RANGEL, Mr. DIXON, Mr. OWENS, Mr. TOWNS, Mr. LEWIS of Georgia, Mr. PAYNE, Ms. NORTON, Mr. JEFFERSON, Mr. BISHOP, Mr. CLYBURN, Mr. HASTINGS of Florida, Mr. HILLIARD, Mr. RUSH, Mr. SCOTT, Mr. WATT of North Carolina, Mr. WYNN, Mr. THOMPSON of Mississippi, Mr. FATTAH, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. FORD, Mr. MEEKS of New York, Ms. LEE, and Ms. KILPATRICK):

H.R. 2471. A bill to amend the Public Health Service Act to provide for screenings, referrals, and education regarding osteoporosis; to the Committee on Commerce.

By Mr. MCINTOSH:

H.R. 2472. A bill to suspend temporarily the duty on dimethoxy butanone (DMB); to the Committee on Ways and Means.

H.R. 2473. A bill to suspend temporarily the duty on dicholor aniline (DCA); to the Committee on Ways and Means.

H.R. 2474. A bill to suspend temporarily the duty on diphenyl sulfide; to the Committee on Ways and Means.

H.R. 2475. A bill to suspend temporarily the duty on trifluralin; to the Committee on Ways and Means.

H.R. 2476. A bill to suspend temporarily the duty on diethyl imidazolidinnone (DMI); to the Committee on Ways and Means.

H.R. 2477. A bill to suspend temporarily the duty on ethalfluralin; to the Committee on Ways and Means.

H.R. 2478. A bill to suspend temporarily the duty on benefluralin; to the Committee on Ways and Means.

H.R. 2479. A bill to suspend temporarily the duty on 3-amino-5-mercapto-1,2,4-triazole (AMT); to the Committee on Ways and Means.

H.R. 2480. A bill to suspend temporarily the duty on diethyl phosphorochoridothiate (DEPCT); to the Committee on Ways and Means.

H.R. 2481. A bill to suspend temporarily the duty on refined quinoline; to the Committee on Ways and Means.

H.R. 2482. A bill to suspend temporarily the duty on 2,2'-dithiobis(8-fluoro-5-methoxy [1,2,4]triazolo[1,5-c] pyrimidine (DMDS); to the Committee on Ways and Means.

By Mr. MCKEON:

H.R. 2483. A bill to authorize the Secretary of the Army, acting through the Chief of Engineers and in coordination with other Federal agency heads, to participate in the funding and implementation of a balanced, long-term solution to the problems of groundwater contamination, water supply, and reliability affecting the Eastern Santa Clara groundwater basin in California, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. MINGE:

H.R. 2484. A bill to provide that land which is owned by the Lower Sioux Indian Community in the State of Minnesota but which is not held in trust by the United States for the Community may be leased or transferred by the Community without further approval by the United States; to the Committee on Resources.

By Mr. STEARNS (for himself, Mr. SHOWS, Mrs. MYRICK, and Mrs. CUBIN):

H.R. 2485. A bill to amend title X of the Public Health Service Act to permit family planning projects to offer adoption services; to the Committee on Commerce.

By Mrs. TAUSCHER (for herself, Mr. GREENWOOD, Mr. BARRETT of Wisconsin, Ms. CARSON, Mr. ENGLISH, Mr. FARR of California, Ms. JACKSON-LEE of Texas, Ms. KILPATRICK, Mr. KUCINICH, Ms. LEE, Mrs. MALONEY of New York, Ms. MILLENDER-MCDONALD, Mrs. MORELLA, Ms. NORTON, Ms. PELOSI, Mr. RANGEL, Mr. SANDLIN, Mr. THOMPSON of Mississippi, Mrs. THURMAN, and Mr. WAXMAN):

H.R. 2486. A bill to provide for infant crib safety, and for other purposes; to the Committee on Commerce.

By Mr. KUYKENDALL:

H. Res. 241. A resolution expressing the sense of the House of Representatives with regard to the United States Women's Soccer Team and its winning performance in the 1999 Women's World Cup tournament; to the Committee on Government Reform.

MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

150. The SPEAKER presented a memorial of the Legislature of the Commonwealth of Guam, relative to Resolution No. 60 memorializing Guam's Delegate to Congress, to petition the United States Congress to include certain language in the proposed Omnibus Territories Act; to the Committee on Resources.

151. Also, a memorial of the Senate of the State of Nevada, relative to Senate Joint Resolution No. 19 memorializing Congress permanently to mitigate the consequences of the provisions of Section 110 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996; to the Committee on the Judiciary.

152. Also, a memorial of the Legislature of the State of Maine, relative to H.P. 1595 Joint Resolution memorializing the United States Congress to reauthorize the Northeat Interstate Dairy Compact; to the Committee on the Judiciary.

153. Also, a memorial of the General Assembly of the Commonwealth of Puerto Rico, relative to Resolution No. 110–A memorializing Congress to remove the United States Navy from the territory it occupies on the island of Vieques; jointly to the Committees on Armed Services and Resources.

154. Also, a memorial of the Senate of the State of Illinois, relative to Senate Resolution No. 70 memorializing Congress to hold

the Health Care Financing Authority accountable for the timely implementation of a fair prospective payment system; jointly to the Committees on Ways and Means and Commerce.

155. Also, a memorial of the Senate of the Commonwealth of Pennsylvania, relative to Resolution No. 10 memorializing Congress to support the concept of creating interest-free loans to state and local governments and school districts to provide for capital projects for schools, roads, bridges, water and sewer projects, waste disposal projects, public housing, public buildings and environmental projects; jointly to the Committees on Banking and Financial Services, Transportation and Infrastructure, and Education and the Workforce.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII,

Mr. FRANK of Massachusetts introduced A bill (H.R. 2487) for the relief of Phin Cohen, M.D.; which was referred to the Committee on the Judiciary.

ADDITIONAL SPONSORS TO PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 8: Mr. SMITH of Washington and Mr. THORNBERRY.

H.R. 44: Mr. BOUCHER, Mr. KOLBE, Mr. HALL of Ohio, and Mr. HALL of Texas.

H.R. 65: Mr. CAMP, Mr. GOODE, and Mr. KOLBE.

H.R. 82: Mr. MENENDEZ, Ms. LEE, Mr. POMEROY, and Mr. BROWN of Ohio.

H.R. 194: Mr. LATOURETTE.

H.R. 205: Mr. CAMPBELL and Mr. SMITH of Jersey.

H.R. 229: Mr. KLECZKA.

H.R. 230: Mr. BECERRA, Mr. JACKSON of Illinois, Mr. HILLIARD, Mr. KLECZKA, and Mr. RAMSTAD.

H.R. 274: Mr. LUTHER, Mr. MARKEY, Mr. WELDON of Florida, Mr. FORBES, Mr. KNOLLENBERG, Ms. BALDWIN, and Mr. LAFALCE.

H.R. 296: Mr. ENGLISH, Mr. TERRY, and Mr. MCINTOSH.

H.R. 303: Ms. CARSON, Mr. WELDON of Florida, Mr. LEWIS of Kentucky, Mr. DEUTSCH, Mr. KENNEDY of Rhode Island, Mr. CAMP, Mr. FORBES, Mr. KOLBE, Mr. OLVER, and Ms. SANCHEZ.

H.R. 329: Ms. WATERS.

H.R. 353: Mr. CUMMINGS, Ms. KAPTUR, Mr. BEREUTER, Mr. GILCHREST, Mr. TAYLOR of North Carolina, and Mr. WATT of North Carolina.

H.R. 405: Mr. TIERNEY, Mr. CLEMENT, Mr. SHAYS, Mrs. ROUKEMA, Mr. ANDREWS, and Mr. BRADY of Pennsylvania.

H.R. 407: Mr. WHITFIELD and Mr. DOOLITTLE.

H.R. 423: Mr. CALVERT.

H.R. 424: Mr. RAMSTAD.

H.R. 430: Mr. HILL of Montana.

H.R. 456: Mr. MCINTOSH.

H.R. 488: Mr. MARTINEZ, Ms. JACKSON-LEE of Texas, and Mr. PAYNE.

H.R. 531: Mr. ARMEY, Mrs. CUBIN, Ms. LEE, and Mr. MEEHAN.

H.R. 534: Mr. BLILEY, Mr. BRADY of Pennsylvania, and Mr. GOODLATTE.

H.R. 583: Ms. WOOLSEY.

H.R. 585: Mr. SMITH of New Jersey.

H.R. 590: Mr. THORNBERRY.

H.R. 637: Ms. SLAUGHTER.

H.R. 675: Mr. INSLEE

H.R. 750: Mr. PRICE of North Carolina.

H.R. 783: Mr. BAKER and Mr. STRICKLAND.

H.R. 784: Ms. SLAUGHTER and Mr. TURNER.

H.R. 804: Mrs. CUBIN.

H.R. 809: Mr. DUNCAN.

H.R. 827: Ms. SLAUGHTER and Mr. CAPUANO.

H.R. 845: Ms. LEE and Mr. GUTIERREZ.

H.R. 889: Mrs. LOWEY.

H.R. 890: Mrs. LOWEY.

H.R. 914: Mr. RAHALL.

H.R. 919: Mr. CAPUANO and Ms. MILLENDER-MCDONALD.

H.R. 925: Mr. ALLEN, Mr. BRADY of Pennsylvania, and Ms. LEE.

H.R. 933: Ms. LEE and Mr. DAVIS of Illinois.

H.R. 939: Mr. CAPUANO.

H.R. 1020: Mr. HOLDEN Ms. BALDWIN, Mr. INSLEE, Mrs. MORELLA, and Mr. RUSH.

H.R. 1037: Ms. JACKSON-LEE of Texas, Mr. MENDENDEZ, and Mrs. LOWEY.

H.R. 1046: Mr. SABO, Mr. RILEY, and Mr. BOUCHER.

H.R. 1053: Ms. NORTON.

H.R. 1083: Mr. PETERSON of Pennsylvania and Mr. OBERSTAR.

H.R. 1090: Mr. PRICE of North Carolina, Mr. CANADY of Florida, Mrs. CHRISTENSEN, Mr. SANFORD, Mr. PHELPS, Mr. ABERCROMBIE Mr. HINCHEY, and Mr. BALDACCI.

H.R. 1096: Mr. BROWN of California.

H.R. 1111: Mr. WEINER Mr. GREENWOOD Mr. BOUCHER and Mr. HALL of Texas.

H.R. 1163: Mr. SNYDER.

H.R. 1168: Mr. HOEFFEL and Mr. HALL of Ohio.

H.R. 1173: Mr. CAMPBELL and Mr. JACKSON of Illinois.

H.R. 1174: Ms. DUNN.

H.R. 1219: Mr. BACHUS and Mr. MANZULLO.

H.R. 1246: Mr. FORBES.

H.R. 1248: Ms. ESHOO.

H.R. 1256: Mrs. WILSON.

H.R. 1265: Mr. OSE.

H.R. 1285: Ms. JACKSON-LEE of Texas.

H.R. 1287: Mr. FORBES.

H.R. 1290: Mr. HANSEN.

H.R. 1313: Mr. BONIOR and Mr. BENTSEN.

H.R. 1317: Mr. HULSHOF.

H.R. 1322: Mr. ENGLISH.

H.R. 1323: Mr. ROEMER, Ms. KILPATRICK, Ms. ESHOO, Mr. TALENT, Ms. MILLENDER-MCDONALD, Ms. LEE, and Mr. ISAKSON.

H.R. 1324: Mrs. MORELLA, Mr. LANTOS, Mr. HINCHEY, Mrs. MALONEY of New York, Mr. MARKEY, and Mr. FALEOMAVAEGA.

H.R. 1325: Mr. BRADY of Pennsylvania, Mr. ROTHMAN, Mr. HULSHOF, and Mr. BECERRA.

H.R. 1330: Mrs. BIGGERT.

H.R. 1344: Mr. LAFALCE.

H.R. 1355: Mrs. BIGGERT and Ms. BROWN of Florida.

H.R. 1358: Ms. ESHOO.

H.R. 1366: Mrs. CUBIN and Mr. FORBES.

H.R. 1389: Mr. TIERNEY, Mr. DEAL of Georgia, Mr. WAMP, Mr. HUTCHINSON, and Mr. TURNER.

H.R. 1465: Mrs. THURMAN, Mr. METCALF, Mr. PASTOR, Mr. COOK, Mrs. BONO, Mr. GORDON, and Mr. GEJDENSON.

H.R. 1470: Mr. FRELINGHUYSEN.

H.R. 1478: Mr. SNYDER.

H.R. 1485: Mr. BLUMENAUER and Mr. CAPUANO.

H.R. 1505: Mr. DAVIS of Illinois.

H.R. 1590: Mr. ABERCROMBIE.

H.R. 1592: Mr. PITTS, Mr. SKELTON, Mr. EHLERS, Mr. THOMAS, Mr. MCINTOSH, and Mr. HAYWORTH.

H.R. 1650: Mr. THOMPSON of Mississippi, Mr. OBERSTAR, Mrs. MALONEY of New York, Ms. LOFGREN, Ms. PRYCE of Ohio, Mr. BAIRD, Mr. FOLEY, Mr. DOYLE, and Mr. WEINER.

H.R. 1660: Mr. LUCAS of Kentucky, Ms. KAPTUR, Mr. SPRATT, Mr. LANTOS, and Mr. THOMPSON of California.

H.R. 1710: Mr. GOODLATTE.

H.R. 1775: Mr. WYNN.

H.R. 1794: Ms. PELOSI, Mr. SOUDER, Mr. BOUCHER, Mr. SHERMAN, Mr. MCNULTY, and Mr. BRADY of Pennsylvania.

H.R. 1810: Mr. MANZULLO, Mr. SHIMKUS, and Mr. SHOWS.

H.R. 1824: Mr. PITTS and Mr. SWEENEY.

H.R. 1861: Mr. HOUGHTON and Mr. RAHALL.

H.R. 1869: Mr. FORBES.

H.R. 1881: Mr. UNDERWOOD.

H.R. 1885: Mr. LUTHER.

H.R. 1907: Mr. LARGENT, Mr. BARTLETT of Maryland, Mr. FRANKS of New Jersey, Mr. FRANK of Massachusetts, and Mr. BILBRAY.

H.R. 1917: Mr. DIAZ-BALART, Mr. GOODE, Mr. TIERNEY, Mrs. CAPPS, and Ms. LEE.

H.R. 1921: Mr. RADANOVICH.

H.R. 1926: Mrs. NORTHUP, Mr. DEFAZIO, and Ms. SCHAKOWSKY.

H.R. 1933: Mrs. CUBIN.

H.R. 1937: Mrs. BIGGERT.

H.R. 1967: Mr. DAVIS of Illinois.

H.R. 1990: Ms. CARSON.

H.R. 2003: Mr. DAVIS of Illinois.

H.R. 2022: Mr. BURTON of Indiana and Mr. FORBES.

H.R. 2023: Mr. BURTON of Indiana and Mr. FORBES.

H.R. 2038: Mr. MATSUI, Mr. SUNUNU, and Mr. RAMSTAD.

H.R. 2054: Mr. HULSHOF.

H.R. 2056: Mr. MALONEY of Connecticut and Mr. SOUDER.

H.R. 2077: Mr. BERMAN, Mr. CAMPBELL, and Ms. ESHOO.

H.R. 2116: Mrs. CUBIN and Mr. TANCREDO.

H.R. 2121: Mr. HASTINGS of Florida, Ms. STABENOW, Ms. KILPATRICK, Mr. KENNEDY of Rhode Island, Mr. SUNUNU, and Mr. KING.

H.R. 2125: Mr. MCGOVERN and Mrs. CHRISTENSEN.

H.R. 2136: Mr. HOUGHTON, Mr. TURNER, and Mr. PETERSON of Pennsylvania.

H.R. 2172: Mr. DOYLE, Mr. PICKERING, and Mr. ROTHMAN.

H.R. 2202: Mr. FARR of California, Mrs. MINK of Hawaii, Mr. MCDERMOTT, Mr. BEREUTER, Mr. ACKERMAN, Mr. MARKEY, Ms. ESHOO, Mr. CONYERS, and Mr. HILL of Indiana.

H.R. 2221: Mr. DEMINT.

H.R. 2243: Mr. PETERSON of Pennsylvania and Mr. BOUCHER.

H.R. 2255: Ms. SCHAKOWSKY.

H.R. 2282: Mr. BEREUTER, Ms. PRYCE of Ohio, Mr. SOUDER, Mr. BOEHLERT, Mr. GARY MILLER of California, Ms. JACKSON-LEE of Texas, and Mr. LAFALCE.

H.R. 2288: Mr. MCDERMOTT and Mr. BRADY of Pennsylvania.

H.R. 2300: Mr. RYUN of Kansas, Mr. HUNTER, Mr. BRADY of Texas, Mr. CANADY of Florida, Mr. LEWIS of California, Mr. NUSSLE, Mr. SMITH of Texas, Mr. OSE, Mrs. CUBIN, Mr. RADANOVICH, and Mr. HYDE.

H.R. 2303: Mr. WATTS of Oklahoma.

H.R. 2331: Mrs. BONO.

H.R. 2337: Mr. SAM JOHNSON of Texas and Mr. BECERRA.

H.R. 2339: Mr. WISE, Mrs. KELLY, and Mr. LEWIS of Georgia.

H.R. 2367: Mr. FRANK of Massachusetts.

H.R. 2370: Ms. LOFGREN, Ms. SCHAKOWSKY, and Ms. JACKSON-LEE of Texas.

H.R. 2414: Mr. GARY MILLER of California.

H.R. 2436: Mr. PITTS and Mr. SALMON.

H.R. 2444: Ms. LEE and Mr. GONZALEZ.

H.R. 2445: Mr. WEINER.

H.R. 2453: Mr. SUNUNU.

H.R. 2457: Mrs. CAPPS, Ms. DANNER, Ms. LEE, Mr. WYNN, and Mr. NADLER.

H.J. Res. 55: Mr. ENGLISH, Mr. WELDON of Florida, and Mrs. MALONEY of New York.

H. Con. Res. 30: Mr. HALL of Texas and Mrs. CUBIN.

H. Con. Res. 34: Ms. BERKLEY and Mr. KILDEE.

H. Con. Res. 97: Mr. LEWIS of Georgia, Mr. JACKSON of Illinois, Ms. BALDWIN, Mr. WOLF, Ms. PELOSI, Mr. POMBO, Mr. PETERSON of Minnesota, Mr. PAYNE, Mr. DEFAZIO, Mr. RUSH, and Mr. GEORGE MILLER of California.

H. Con. Res. 107: Mr. WELDON of Pennsylvania and Mr. BACHUS.

H. Con. Res. 116: Mr. ROMERO-BARCELO.

H. Con. Res. 119: Mr. SPRATT.

H. Con. Res. 120: Mr. MASCARA, Mr. FILNER, Mrs. FOWLER, Mr. GEORGE MILLER of California, Mrs. CUBIN, Mr. SAXTON, and Mr. MATSUI.

H. Con. Res. 132: Mr. PAYNE, Ms. WOOLSEY, Ms. KILPATRICK, Mr. MEEKS of New York, and Mr. HALL of Ohio.

H. Con. Res. 136: Mr. HALL of Ohio, Mr. POMEROY, Mr. KENNEDY of Rhode Island, and Mr. RUSH.

H. Con. Res. 140: Mr. LANTOS.

H. Con. Res. 145: Ms. MCCARTHY of Missouri, Mr. FOLEY, Mr. PALLONE, and Mr. UNDERWOOD.

H. Res. 57: Mr. LANTOS.

H. Res. 107: Mr. CAPUANO, Mr. KENNEDY of Rhode Island, Mr. CUMMINGS, Mr. BROWN of Ohio, and Mr. GUTIERREZ.

H. Res. 201: Mr. KLECZKA, Mr. BERRY, Mr. CUNNINGHAM, Ms. MILLENDER-MCDONALD, and Mr. BARRETT of Wisconsin.

H. Res. 214: Mr. PETERSON of Pennsylvania.

PETITIONS, ETC.

Under clause 3 of rule XII, petitions and papers were laid on the clerk's desk and referred as follows:

30. The SPEAKER presented a petition of South San Francisco Unified School District, Board of Trustees, relative to Resolution No. 99–55 petitioning Congress to restore parity to two classes of students by appropriating funds for IDEA to the full authorized level of funding for 40 percent of the excess costs of providing Special Education and related services; to the Committee on Education and the Workforce.

31. Also, a petition of Benicia Unified School District, relative to Resolution No. 98–99–35 petitioning Congress to restore parity to two classes of students by appropriating funds for IDEA to the full authorized level of funding for 40 percent of the excess costs of providing special education and related services; to the Committee on Education and the Workforce.

32. Also, a petition of the County of Jefferson, New York, Office of the County Administrator, relative to Resolution No. 126 petitioning the President and Congress to support the enactment of legislation providing for the establishment of a Northeast Dairy Compact to regulate the pricing of milk used only for fluid consumption in the Northeast region, regardless of where the milk originates; to the Committee on the Judiciary.

AMENDMENTS

Under clause 8 of rule XVIII, proposed amendments were submitted as follows:

H.R. 2466

OFFERED BY: MR. DEFAZIO

AMENDMENT NO. 1: Insert before the short title the following new section:

SEC. ____. None of the funds appropriated or otherwise made available by this Act may be used to carry out, or to pay the salaries of personnel of the Forest Service who carry out, the recreational fee demonstration program authorized by section 315 of the Department of the Interior and Related Agencies Appropriations Act, 1996 (as contained in section 101(c) of Public Law 104–134; 16 U.S.C. 460l–6a note), for units of the National Forest System.

H.R. 2466

OFFERED BY: MR. DEFAZIO

AMENDMENT NO. 2: Insert before the short title the following new section:

SEC. ____. None of the funds appropriated or otherwise made available by this Act may be used to assess a fine or take any other enforcement action against a person for failure to pay a fee imposed under, or for violation of any other admission or user fee requirements of, the recreational fee demonstration program authorized by section 315 of the Department of the Interior and Related Agencies Appropriations Act, 1996 (as contained in section 101(c) of Public Law 104–134; 16 U.S.C. 460l–6a note), regarding admission to units of the National Forest System and the use of outdoor recreation sites, facilities, visitor centers, equipment, and services at such units.

H.R. 2466

OFFERED BY: MR. FARR OF CALIFORNIA

AMENDMENT NO. 3: At the end of the bill, insert after the last section (preceding the short title) the following new section:

SEC. ____. None of the funds made available in this Act may be used to authorize, permit, administer, or promote the use of any jawed leghold trap or neck snare in any unit of the National Wildlife Refuge System except for research, subsistence, conservation, or facilities protection.

H.R. 2466

OFFERED BY: MR. HAYWORTH

AMENDMENT NO. 4: Page 76, line 16, strike ''and such new'' and all that follows through ''committed'' on line 22.

Page 80, strike line 11 and all that follows through ''agreements:'' on line 23.

H.R. 2466

OFFERED BY: MR. KUCINICH

AMENDMENT NO. 5: Page 105, beginning at line 11, strike '', or be expended'' and all that follows through line 14 and insert a period.

H.R. 2466

OFFERED BY: MR. MCGOVERN

AMENDMENT NO. 6: Page 2, line 13, after the dollar amount, insert the following: ''(reduced by $1,000,000)''.

Page 3, line 8, after the dollar amount, insert the following: ''(reduced by $1,000,000)''.

Page 19, line 16, after the dollar amount, insert the following: ''(increased by $30,000,000)''.

Page 69, line 14, after the dollar amount, insert the following: ''(reduced by $29,000,000)''.

H.R. 2466

OFFERED BY: MR. MICA

AMENDMENT NO. 7: Page 19, line 20, before the dollar amount, insert ''$9,000,000 is for grants to the State of Florida for acquisition of land along the St. Johns River in Central Florida, and of which''.

Page 19, line 20, after the dollar amount, insert ''(reduced by $9,000,000)''.

H.R. 2466

OFFERED BY: MR. GEORGE MILLER OF CALIFORNIA

AMENDMENT NO. 8: Page 17, line 13, after the dollar amount, insert the following: ''(increased by $4,000,000)''.

Page 36, line 23, after each of the two dollar amounts, insert the following: ''(reduced by $4,000,000)''.

H.R. 2466

OFFERED BY: MR. GEORGE MILLER OF CALIFORNIA

AMENDMENT NO. 9: Page 17, line 13, insert after the dollar amount the following: ''(increased by $4,000,000)''.

Page 38, line 4, insert after the dollar amount the following: ''(reduced by $4,000,000)''.

H.R. 2466

OFFERED BY: MR. GEORGE MILLER OF CALIFORNIA

AMENDMENT NO. 10: Page 57, line 8, insert before the period the following: '': *Provided further*, That of the funds made available by this paragraph, $199,749,000 shall be for timber sales management and $123,776,000 shall be for wildlife and fisheries habitat management''.

H.R. 2466

OFFERED BY: MR. GEORGE MILLER OF CALIFORNIA

AMENDMENT NO. 11: Insert before the short title the following new section:

SEC. ____. None of the funds appropriated or otherwise made available by this Act may be used to construct timber access roads in the National Forest System.

H.R. 2466

OFFERED BY: MR. NEY

AMENDMENT NO. 12: Page 39, line 25, after the dollar amount, insert the following: ''(reduced by $5,000,000)''.

H.R. 2466

OFFERED BY: MR. SANDERS

AMENDMENT NO. 13: Page 6 line 4, after the first dollar amount, insert the following: ''(increased by $20,000,000)''.

Page 69, line 14, after the dollar amount, insert the following: ''(reduced by $50,000,000)''.

H.R. 2466

OFFERED BY: MR. SANDERS

AMENDMENT NO. 14: Page 70, line 22, after the dollar amount, insert the following: ''(increased by $13,000,000)''.

Page 70, line 25, after the dollar amount, insert the following: ''(increased by $13,000,000)''.

Page 71, line 5, after the dollar amount, insert the following: ''(increased by $13,000,000)''.

Page 71, line 19, after the dollar amount, insert the following: ''(reduced by $13,000,000)''.

H.R. 2466

OFFERED BY: MR. SANDERS

AMENDMENT NO. 15: Page 71, beginning on line 5, strike '', contingent on a cost share of 25 percent by each participating State or other qualified participant,''.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 106th CONGRESS, FIRST SESSION

Vol. 145 WASHINGTON, MONDAY, JULY 12, 1999 No. 97

Senate

The Senate met at 12 noon and was called to order by the President pro tempore [Mr. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Dear God, omnipresent Lord of all life, we do not presume to invite You into this Chamber or into the deliberations of this week. You are already here. This is Your Nation; this historic Chamber is the sanctuary for the sacred work of government. All the Senators are here by Your choice, and all of us who work to support their leadership have been led here by Your providence.

The one place You will not enter without our invitation is our soul. You have ordained that we must ask You to take up residence in our inner being and to control our thinking, desires, vision, and plans. The latch string to our hearts is on the inside. You stand at the door of each of our hearts, persistently knocking. We open the door and receive You as absolute Sovereign of our lives. Just as You reign as Sovereign of this Nation and our ultimate Leader to whom we relinquish our own will and control, may Your very best for your beloved Nation be accomplished through what is debated and decided this week. You are our Lord and Savior. Amen.

PLEDGE OF ALLEGIANCE

The PRESIDENT pro tempore. Senator ROBERTS from Kansas is now designated to lead the Senate in the Pledge of Allegiance.

The Honorable PAT ROBERTS, a Senator from the State of Kansas, led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDENT pro tempore. The acting majority leader is now recognized.

SCHEDULE

Mr. ROBERTS. Mr. President, today the Senate will immediately proceed to a period of morning business until 1 o'clock. By previous consent, at 1 p.m. the Patients' Bill of Rights will be the pending business. Amendments to that legislation are possible. However, any votes ordered will not take place until tomorrow at a time to be determined by the two leaders. Following this week's debate on health care, the Senate will resume consideration of the remaining appropriations bills. It is imperative that these funding bills be completed prior to the next legislative break.

As a reminder to all Senators, a cloture vote on the pending lockbox amendment to S. 557 is scheduled to take place on Friday, July 16.

MEASURE PLACED ON CALENDAR

Mr. ROBERTS. Mr. President, I understand there is a bill at the desk due for its second reading.

The PRESIDENT pro tempore. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 1218) to amend title 18, United States Code, to prohibit taking minors across State lines in circumvention of laws requiring the involvement of parents in abortion decisions.

Mr. ROBERTS. Mr. President, I now object to further proceedings on this matter at this time.

The PRESIDENT pro tempore. The bill will be placed on the calendar.

Mr. ROBERTS. I yield the floor.

MORNING BUSINESS

The PRESIDENT pro tempore. The able Senator from Nevada.

Mr. REID. Mr. President, it is my understanding we are now in the hour of morning business. Is that true?

The PRESIDENT pro tempore. The Senator is correct.

TITLE IX

Mr. REID. Mr. President, this past Saturday we watched a very interesting spectacle. It was an athletic contest. There were no arguments with referees. There was no vile language. There were no lewd gestures. There were no demands by the participants for more money. There were no pleas from any of the players that they didn't get a fair opportunity to play, that they should have had more opportunities to shoot for a goal. It appeared to be a real team effort, a team effort by daughters and mothers.

We watched a great athletic contest between the United States and China for the World Cup soccer championship. The U.S. women's soccer team won on penalty kicks. There could not have been a more exciting game.

I have had the opportunity to watch many soccer games, as my youngest boy played on three national championship soccer teams at the University of Virginia. It is a great sport. Certainly the sport was exemplified in the work of these women last Saturday. Throughout the tournament, the U.S. team emphasized what it means to play as a team. This was a team effort. It was team spirit that helped them win on Saturday.

There were really no standouts, even though there are great athletes on both sides. The final penalty kick was by Brandi Chastain, but she was just one of the players that day. Briana Scurry made her most crucial save against China's third penalty kicker, Liu Ying, by diving to her left based particularly on instinct. Kristine Lilly saved what looked to be China's winning shot with a header while standing at the goal line in the first overtime. Mia Hamm, who

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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is a superstar, the Michael Jordan of women's athletics, led the attack. While she failed to score, she kept pressure on the Chinese for most all of the game. Michelle Akers, at 33 the oldest team member, a woman who suffers from Epstein-Barr, or chronic fatigue syndrome, played as if she would never be fatigued until the last minute of regulation play. She literally was carried off the field, succumbing to dehydration and exhaustion. She was certainly a stalwart of this team effort.

This team has captured America's heart. A crowd of over 90,000 people watched that game. Cumulative attendance for the U.S. team's 6 victories was 412,486, an average of almost 70,000 a game. The 90,000-plus that watched this game was the largest crowd to watch an athletic contest among women. This team, that averaged 70,000 people watching each of its contests, was a constant reminder that this event was seen as a bellwether for women's athletics in America. Could women's teams fill stadiums? Could they draw advertising and television viewers in a nonolympic event? The answer to each of those questions was a resounding yes.

While most of their success is a result of the hard work and dedication of each team member to the sport of soccer, their brilliant play on the field, and their personalities off the field, they were aided even more in the fact this came about as a result of title IX.

There are many heroes in bringing about title IX. We could name Molly Yard, who more than four decades ago started talking about why women deserve to be treated equally in athletics. We could talk about Senators Birch Bayh from Indiana and George McGovern of South Dakota who led the way in the Senate against sex discrimination in higher education programs.

But there is no need to talk about any one individual. The fact is that title IX makes a great case for American women.

I indicated that my youngest son is a good athlete. He really is a great athlete. But the fact of the matter is, he inherited his athleticism from his mother, not from his father. The fact is, his mother and I went to high school together.

The only thing that his mother, my wife, could do in high school was be a cheerleader. As athletic as she was, she could not do anything else because there was nothing else for her to do. She was not entitled to play any other athletics. Title IX says that is not the way it is to be.

Title IX has been an outstanding program. It has allowed women to build their character and athleticism just as men did for many decades. They are building their character, as seen in this team, this women's athletic team—the World Cup champions.

Women are now seen as sports stars in their own right, not through their sons but through themselves, from Mia Hamm in soccer to Sheryl Swoopes in basketball, and as shown by the inspiring story of Dr. Dot Richardson, the captain of the American Olympic softball team, who left her triumph in Atlanta to go to medical school. That is what title IX is all about. And Dot Richardson exemplifies what has been accomplished on and off the field because of women's athletics.

Before the passage of title IX, athletic scholarships for college women were rare, no matter how great their talent. After winning two gold medals in the 1964 Olympics, swimmer Donna de Varona could not find a college anyplace in the United States that offered a swimming scholarship. She was one of the finest, if not the finest swimmer in the world at that time. She could not find one because it did not exist.

It took time and effort to improve the opportunities for young women. Two years after title IX was voted into law, an estimated 50,000 men were attending U.S. colleges and universities on athletic scholarships but only about 50 women.

In 1973, the University of Miami in Florida awarded the first athletic scholarships to women—a total of 15 in swimming, diving, tennis, and golf. Today, college women receive about a third of all the athletic scholarships that are given. That is good. It should be half. But a third is certainly a step in the right direction.

It is important to recognize that there is no mandate under title IX that requires a college to eliminate men's teams to achieve compliance.

The critical values learned, though, are that women are entitled to equality. Those things learned from sports participation—including teamwork, standards, leadership, discipline, self-sacrifice, and pride in accomplishment—are equally important for young women as they are for young men.

These women who have captured America's attention over the last 3 weeks are all children of title IX. They came to age athletically at a time when high schools and colleges were required by law—a law that we passed—to treat them fairly.

These women have set an excellent example for the thousands and thousands of young girls who have followed their World Cup play over the last 3 weeks.

I was listening to something on public radio this morning where they interviewed young girls who attended their celebrations yesterday. They were saying they wanted to be just like them. That is important.

So I congratulate all them and wish them continued success in the future.

I have a resolution that I would like to introduce later in the day. I certainly invite everyone to join with me. I would certainly be willing to take a back seat to the women of the Senate, as we do a lot of times around here, to allow them to be first in line to sponsor this resolution. So at a later time today, I would like to introduce this resolution and hope that it would clear both sides of the aisle to give these women the recognition they deserve today, to congratulate the U.S. women's soccer team on winning the 1999 Women's World Cup championship.

Mr. DORGAN. I wonder if the Senator will yield?

Mr. REID. I am happy to yield.

Mr. DORGAN. I have come to the floor to speak on another issue, but I watched the entire soccer game on Saturday. It was exciting and wonderful. I also thought about the fact that it is an example of a regulation that works. Title IX says: Equal opportunity; you must provide equal opportunity in academics and athletics.

Before title IX, of course, there was not equal opportunity. I think Saturday's game was such a testament to the regulations and requirements from title IX that have improved athletics and academics in this country.

Mr. REID. I appreciate very much my friend from North Dakota commenting. I say to my friend from North Dakota, it is extremely interesting that young girls recognize that they do now have equal opportunity.

I was at a small school in rural Nevada and getting ready to speak to a group of students who were assembling. I was in a holding room waiting to speak, and there were two girls in the room with me. They were wearing their letter sweaters. One of them was a sprinter and one played softball.

I said: Do you know why you can participate in athletics?

They said: No. Why?

Because we passed a law saying if boys have a program in athletics, girls have to have something that is equal to the program the boys have.

They did not know that. They just thought girls had always participated in athletics. One of the girls said: I would just die without my athletics.

Title IX is a program that of which we should all be proud. It has really done a great deal to equalize athletics for boys and girls in America. That is the way it should be.

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER (Mr. ROBERTS). The Senator from North Dakota is recognized.

PRIVILEGE OF THE FLOOR

Mr. DORGAN. Mr. President, I ask unanimous consent that Tony Blaylock, a fellow on my staff, be given floor privileges today.

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

COMPREHENSIVE TEST BAN TREATY

Mr. DORGAN. Mr. President, we are now turning to a 4-week period here in the Senate in which we will work, prior to the August recess, on a range of issues—today beginning with the Patients' Bill of Rights, and then turning to appropriations bills and other matters.

I want to call to everyone's attention two issues that are of vital concern that I think ought to be and must be part of the Senate agenda. The first is an issue dealing with the Comprehensive Test Ban Treaty.

The Comprehensive Test Ban Treaty is something that has been before the Senate now for some long while. Efforts to achieve a nuclear test ban treaty originated with President Eisenhower. It has been around a long time. This President, after long negotiations through many administrations, finally signed the treaty. It has now been sent to the Senate for ratification. But it has languished in the Senate for 658 days, during which time there has not been even a hearing on the Comprehensive Nuclear Test Ban Treaty.

I will put up a couple of charts to describe the circumstances with this treaty.

The rule in the Senate requires that the Senate should consider treaties as soon as possible after their submission.

In fact, the Limited Nuclear Test Ban Treaty in 1963 was considered by the Senate in 3 weeks; SALT I, 3 months; the ABM Treaty, 10 weeks; ABM Treaty Protocols, 14 months; START I, 11 months.

We have had the Comprehensive Test Ban Treaty before the Senate for 658 days with not even a hearing. I think that is a shame. This treaty ought to be part of this Senate's agenda. If we do not have a hearing and do not ratify this treaty by the end of September, we will have only a limited role when a conference is formed in October of the countries that have ratified this treaty to discuss its entry into force. It does not make any sense to me.

This country ought to lead on issues concerning the nonproliferation of nuclear weapons. One way to lead on those issues is to ratify the Comprehensive Test Ban Treaty. It does not make any sense for the treaty to have been signed, negotiated and sent to this Senate, and then to have it languish for all of these days.

I would like to put up a chart which shows a concern that some of the critics have. They say: Well, gosh, with all this Chinese espionage, the last thing we want, is to do something with respect to a treaty on banning nuclear tests.

The Cox report on the Chinese espionage makes references to the CTBT. The report says it will be more difficult for the Chinese to develop advanced nuclear weapons if we have this treaty in place. If the People's Republic of China violated the Comprehensive Test Ban Treaty by testing surreptitiously to further accelerate its nuclear development, we could detect it given the monitoring system imposed by the treaty. If the Chinese are signatories to the treaty and the Russians are signatories to the treaty—and they are waiting for us—and we can stop testing, the only conceivable way they could validate any kind of nuclear stockpile is through the use of advanced computers. The restrictions imposed by the CTBT make it extremely difficult or impossible to improve nuclear weapons designs except by high performance computers.

The Cox report appears to make the point that it is more important for us to restrict the shipment of advanced computers to the Chinese. The point is this—we deserve an opportunity to debate the Comprehensive Nuclear Test Ban Treaty. We should have done so long ago. I don't mean to argue the merits of it on the floor today.

My hope is, we will not go through July as if this treaty doesn't exist. It was negotiated, signed, and has been before the Senate over 600 days. There hasn't been one hearing. There ought to be a hearing. It ought to be brought to the floor so the American people can, through this Senate, debate that treaty.

Finally, support for the nuclear test ban: 75 percent, 74 percent, 85 percent, 80 percent, these are national polls over time, always consistently high support for this kind of a treaty. This Congress has a responsibility. I say to my colleagues who really don't want to do this: You have a responsibility to the country to do this. I hope that in the month of July we can make progress in passing this Comprehensive Nuclear Test Ban Treaty.

Mr. REID. Mr. President, I ask unanimous consent to send a resolution to the desk.

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

THE FARM CRISIS

Mr. DORGAN. Mr. President, let me turn to an additional issue I believe Congress and the President must consider in the month of July. It deals with the urgent farm crisis that exists in farm country across America.

If there was a massive earthquake, a series of tornadoes, fires, or floods across the Midwest, we would see Congress, the Federal Emergency Management Agency, virtually everyone involved through the Federal agencies responding immediately. The President would likely fly out and view it. Congress would send emergency help. Federal agents would be there en masse setting up offices to help.

Yet in farm country we have a crisis that is just as real, not as dangerous to human health or human life as a tornado or a flood, perhaps, but just as real and just as dramatic as natural disasters.

The chart here shows what has happened to the price of wheat since 1996. You can see what has happened to the price of wheat. We have mostly wheat farmers up in our part of the country. The price of wheat has collapsed like a lead weight. Ask yourself: If your income collapsed, if a Senator's income collapsed like that, do you think there would be howls of protest? Do you think that would be an emergency? How about the minimum wage, if it went down like this? How about if the stock market looked like this? Do you think there would be a problem in this country? Of course, there would.

This is a huge problem in the farm belt. Family farmers are finding themselves on the precipice of going broke in record numbers. I had a call this morning from a family farmer who nearly choked up on the phone saying: I don't think my son and I can continue. We can't continue when prices have collapsed. We don't have the income to continue family farming.

For them it is a dream, a lifestyle, a way of life. It is not just a business.

This Congress, while prices have collapsed, largely is content to sort of meander around and talk as if it were theory. It is not theory. It is a crisis.

This chart shows what is happening across the farm belt. The red indicates the counties that have lost more than 10 percent of their population, 1980–1998. Take a look at the red. What does that show? The middle part of America is being depopulated, especially now with prices collapsing, people moving out and not in.

The question is, ''What are we going to do about that?'' Congress has a responsibility to do something about it and so does this President. This Congress passed the Freedom to Farm bill. The presumption of Freedom to Farm is, we will reduce support prices and you rely on the marketplace. If the marketplace has collapsed prices, there has to be a safety net. If you don't have a safety net, you won't have family farmers left.

Freedom to Farm hasn't worked, and this Congress needs to understand that and do something about it. The President also has a responsibility. He signed the Freedom to Farm bill. He complained a little about it when he signed it, but he signed it and said: We will make some improvements.

The Freedom to Farm bill hasn't worked. Our trade policies are bankrupt and not working. Concentration of agricultural industries means that farmers face monopolies in every direction. All of these combined together are conspiring to leave this country without family farmers in its future, and that will be, in my judgment, a massive failure for America.

In the month of July, in the coming 4 weeks, the President has a responsibility, in my judgment, to come to Congress with a bold approach in dealing with this issue. Congress has a responsibility to deal with it, as well, in a bold manner.

I know some in Congress say: We don't intend to do anything until the President sends us something. They didn't have that reticence about adding $6 billion to the defense bill. When the emergency bill came up for defense, they said: We don't care what the President said. We think he should have $6 billion more.

This is a joint responsibility. The Congress needs to act and the President needs to act. We need to do it together, and it needs to be done now.

Not later, now. If we don't take action soon, we won't have family farmers left. We won't have to worry about an emergency family farm bill because there won't be family farmers around to respond to.

Again, if there was an earthquake or a flood or fire or tornado or perhaps even some hog disease, as Will Rogers used to say, you'd have all the Federal agents coming out to talk about the hog disease. They would want to know, ''what is happening here and will it spread to other hogs?''

One way to get attention, it seems to me, is for Congress and the President to decide that this is a farm crisis. It is in my part of the country, with the collapse in prices and the natural disaster that has kept about 3 million acres from being planted in North Dakota because it was too wet. The floods and the worst crop disease in this century, all piled on top of family farmers' shoulders at a time when prices are collapsed. To add to their burden, we have a trade agreement that allows the Europeans to spend 10 times as much on their farm program as we do and undercuts prices on sales to foreign governments. We let them do that in excess of ours—we won't even use our export program for reasons I don't understand—at a time of mounting burdens on family farmers in a way that is fundamentally unfair.

We had better decide as a country that family farming matters to our future. If we don't, they won't be around. When they are not around, corporations will farm our country coast to coast. The price of food will go up and this country will have lost something and every small town will have lost something important.

This is not just about farmers. It is about small towns and Main Streets and boarded-up business and economies that are empty shells in a lot of our small communities.

My message is very simple: We have a responsibility this month. We have a responsibility now, all of us, and so does the President, to have a meeting. I want the White House to have a meeting on this with Republicans and Democrats. I want us to come together with an emergency package that responds to the farm crisis, does it boldly, does it in a way that helps real family farmers, and does it in a way that gives family farmers some hope that their future is a future in which they can make a decent living raising America's food supply.

If I might make one additional point: We have to rely on foreign markets as well. We produce more food than we consume in this country. Yet I heard last week that the amount of imported food in this country has doubled in the last 7 years.

We had protests at the Canadian border last weekend. It is unfair the level of imports coming from Canada. The thing I don't understand, however, is the grain market, all these folks that worship at the altar of the marketplace in the grain market. The grain market says to our farmers: Your food that you produce has no value. Yet all the testimony we hear from all around the world, Sudan included, tells us that old women are climbing trees foraging for leaves to eat because there is nothing to eat. We know that a substantial portion of the world's population goes to bed at night with an ache in their belly because of hunger.

It makes no sense for us to be told that our food has no value when people go to bed hungry each night. I want the White House and the Congress together to boldly respond to this issue in the coming weeks. This 4-week period is critical. We must put this on the agenda in a bipartisan way and do so boldly.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana is recognized.

THE AGRICULTURE CRISIS

Mr. BAUCUS. Mr. President, I commend the Senator from North Dakota for his statement. He is on target. He raises an issue that so far this Congress has not dealt with. It is as precipitous, as calamitous, as tragic, frankly, as the Senator indicated. I very much hope that Senators heard the statement of the Senator from North Dakota. I also hope the White House heard his statement, and others, too.

I do not know exactly what the answer is, but I do know we need an answer. We need a solution to the problems our farmers are facing because the conditions he described in North Dakota are the same conditions one would find in my State, particularly the eastern half, which produces a lot of grain and some barley. But it is a wheat-producing area that is experiencing very difficult conditions.

TEMPORARY TRADE RELIEF FOR THE U.S. LAMB INDUSTRY

Mr. BAUCUS. Mr. President, I want to acknowledge, and I very much appreciate, the action taken last week by the President in response to the recommendations of the International Trade Commission—otherwise known as the ITC—on relief for the American lamb industry. As you know, the industry has gone through very difficult times these last few years. Imports have surged dramatically and lamb prices have dropped precipitously. The package of trade relief and adjustment assistance announced by the President will help the industry adjust. It will allow our producers and feeders to keep their businesses and prosper in the future.

I am very grateful to the President and the staff of many agencies for their work on behalf of the American lamb industry and the American workers in that industry.

This was an important decision. Why? For several reasons. First, of course, it provides significant relief to the lamb industry, which is very important in my home State, as well as elsewhere in the Nation. Second, however, it demonstrates that section 201 of U.S. trade law can work. This is the so-called ''safeguard provision.'' It is designed to prevent serious disruption to the domestic industry whenever there is an import surge.

Third, the decision was important because I hope it shows a renewed commitment by the Clinton administration to assist American industries. This includes the agriculture sector that faces unprecedented challenges in the U.S. market for reasons not of their own making.

Section 201 has been little used in recent years. Both Democratic and Republican administrations have been reluctant to agressively apply its provisions. For example, in the mid-1980s President Reagan would not follow an ITC recommendation for trade relief for the American footwear industry.

That failure was a major contributor to the introduction of many legislative proposals that could have significantly closed the American market to foreign products. American industries and workers—whether in manufacturing, agriculture, or services—must think the Federal Government will use all available tools to help them when they are challenged suddenly by surges in imports. This is especially important today, when global financial disruption can change competitive positions of countries overnight.

In the case of lamb, we see an industry that has been severely damaged by imports. Without relief, the injury to the industry would have continued to worsen. The number of sheep being raised is at an all-time low. Prices have dropped precipitously. Lending institutions are increasingly unwilling to extend credit.

The industry did what it was supposed to do. It used the domestic legal process authorized by the WTO. That process is enforced through section 201 of the U.S. trade law. This is how the process should work and, in this case, is working.

I believe the reluctance of the executive branch over the past 15 years to take action under section 201 has been a serious mistake. The most recent example of this is the late action that was taken by the administration to deal with the surge of steel imports. The volume of steel imports now seems to be under control. But we are still faced with a dilemma. How can we ensure that the next time the steel sector, or any other sector, is threatened by a precipitous spike in imports, strong and rapid measures will be taken to provide relief to those industries?

Earlier this session, I introduced the Import Surge Relief Act. It would improve and expedite the way our Government deals with import surges. It would ease the standard that must be met to demonstrate that there is a causal link between imports and injury to an American industry. It would

speed up the process for addressing import surges. It would provide for an early warning about import surges so action can be taken before the American industry is irreversibly damaged. All this is perfectly legal under the WTO.

Let me address a few remarks to the principal exporters of lamb to the United States—Australia and New Zealand. There has been a lot of misinformation coming from the industry and governments in those two countries.

This is not an attack on the lamb industry in Australia or New Zealand. Rather, it is a measure taken under U.S. trade law to provide temporary—and I underline the word ''temporary''—relief to a devastated American industry. The actions announced by the President are compatible with the WTO. Australia and New Zealand will continue to ship large quantities of lamb to the United States. Their exports would be able to grow each year.

The only difference is that the American lamb industry will stay in business and American workers will keep their jobs. Australia and New Zealand have the right to appeal to WTO. I am sure they will do that, and I am confident that the appeal will not be successful. Everyone should understand that this action was necessary to provide temporary relief to an industry that was hurting.

Let me conclude by again thanking the President and the administration officials who made possible this important action to provide remedies to the devastated lamb industry in the United States.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. KYL). Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is now closed.

PATIENTS' BILL OF RIGHTS ACT OF 1999

The PRESIDING OFFICER. Under the previous order, the Senate will now proceed to the consideration of S. 1344, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 1344) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage.

The Senate proceeded to consider the bill.

Ms. COLLINS. Mr. President, I yield myself such time as I may consume from general debate on the bill under the unanimous consent agreement.

I am pleased that the Senate has begun debate on the Patients' Bill of Rights and the Patients' Bill of Rights Plus. There is a growing unease across this Nation about changes in how we receive our health care. People worry that if they or their loved ones become ill, their HMO may deny them coverage and force them to accept either inadequate care or financial ruin, or perhaps even both. They believe that vital decisions affecting their lives will be made not by a supportive family doctor but, rather, by an unfeeling bureaucracy.

Our goal this week should be to join together to work in a bipartisan way to enact legislation that accomplishes three major purposes.

First, it should protect patients' rights and hold HMOs accountable for the care they promise.

Second, it should expand, not contract, Americans' access to affordable health care.

And, third, it should improve health care quality and outcomes.

I believe all of us should be able to agree that medically necessary patient care should not be sacrificed to the bottom line and that health care decisions should be in the hands of medical professionals, not insurance accountants or trial lawyers.

We do face an extremely delicate balancing act as we attempt to respond to concerns about managed care without resorting to unduly burdensome Federal controls and mandates that will further drive up the cost of insurance and cause some people to lose their health insurance altogether.

That is the crux of the debate we are undertaking this week. The crux of this debate is how can we make sure that we address those critical concerns we all have about managed care without so driving up the cost of the health insurance people have—as the Kennedy bill would do—that we jeopardize coverage for thousands, indeed millions, of Americans.

As the President's Advisory Commission on Consumer Protection and Quality noted in its report, ''costs matter . . . the Commission has sought to balance the need for stronger consumer rights with the need to keep coverage affordable. . . Health coverage is the best consumer protection.''

I think President Clinton's quality commission hit it right. I believe they have stated exactly what the debate is before us. I, therefore, have been alarmed by recent reports that American employers everywhere, from giant multinational corporations to the tiny corner store, are facing huge hikes in medical insurance averaging 8 percent and sometimes soaring to 20 percent or more.

This is a remarkable contrast to the past few years when premiums rose less than 3 percent, if at all. I am particularly concerned about the impact these rising costs are having on small businesses and their employees.

A survey of small employers conducted by the United States Chamber of Commerce earlier this year found that, on average, small businesses were hit with a 20-percent premium hike last year. More important, of the small employers surveyed, 10 percent were forced to discontinue health care coverage for their employees because of these premium increases. Over half of the employers surveyed indicated that they switched to a lower cost plan, while an overwhelming majority indicated that they had passed the additional costs of these premium hikes on to their employees through increased deductibles, higher copays, or premium hikes.

This, too, is very troubling since it will induce many more employees, especially lower wage workers and their families, who are disproportionately affected by increased costs, to turn down coverage when it is offered to them. Indeed, in the HELP Committee, on which I serve, we saw a GAO report which indicated that an increasing number of American employees are turning down the health insurance offered by their employers because they simply cannot afford to pay their share of the costs.

It is no wonder that the ranks of uninsured Americans increased dramatically last year to 43 million people—the highest percentage in a decade. This is happening at a time when our economy is thriving. Imagine what could happen in an economic downturn.

We know that increasing health insurance premiums cause significant losses in coverage. That is the primary reason that I am so opposed to the Kennedy bill. According to the Congressional Budget Office, the Kennedy bill, that has been laid down before us, will increase health insurance premiums by an additional 6.1 percent over and above the premium increases we have already experienced or are likely to experience as a result of a resurgent increase in health care inflation.

The CBO report goes on to note that:

> Employers could respond to premium increases in a variety of ways. They could drop health insurance [coverage] entirely, reduce the generosity of the benefit package [in other words, cut back on the benefits that are provided], increase cost-sharing by [their employees], or increase the employee's share of the premium.

CBO assumed that employers would deflect about 60 percent of the increase in premiums through these strategies. In other words, 60 percent of this increased cost is going to go right to American workers. The remaining increase in premiums would be passed on to workers in the form of lower wages. In short, it is the workers of America, it is the employees, who will be paying this increased cost.

Lewin Associates, a well-respected health consulting firm, in a study for

the AFL-CIO, has estimated that for every 1 percent increase in premiums, 300,000 Americans have their health insurance jeopardized. Based on these projections, passage of the Kennedy bill would result in the loss of coverage for more than 1.8 million Americans. That is more than the entire population of my home State of Maine.

The Kennedy bill should be more aptly titled the ''Patients Bill of Costs'' because ultimately it will be the patient who will get hit with higher health care costs if the Kennedy bill is approved.

Our legislation, by contrast, provides the key protections that consumers want without causing costs to soar. It responsibly applies these protections where they are needed. The legislation does not preempt but, rather, builds upon the good work that States have done in the area of patients' rights and protections. States have had the primary responsibility for the regulation of health insurance since the 1940s.

I spent 5 years in State government as a member of the Governor's cabinet and was responsible for the Bureau of Insurance. I know State insurance regulators have done a good job in protecting the rights and needs of their consumers in their State. In fact, they have been far ahead of the Federal Government in responding to concerns about managed care.

For example, 47 States have passed laws prohibiting ''gag clauses'' that restrict communications between patients and their doctors. As a consequence, as the CBO notes in its report on the Kennedy bill, ''Several studies have shown that few plans impose such restrictions today.''

Forty States have requirements for emergency care. All 50 States have requirements for grievance procedures. And 36 States require direct access to an OB/GYN.

States have acted without any mandate from Washington, without any prod from Washington, to protect their consumers. Moreover, one size does not fit all; what might be appropriate for one State may not fit for the consumers in another.

Florida, for example, provides for direct access to a dermatologist, which is understandable given the high rate of skin cancer in that State. In the State of Maine, another kind of mandate may be more appropriate. Similarly, what may be appropriate for California, which has a high penetration of HMOs, may simply not be necessary in a rural State such as Wyoming where there is little or no managed care. In such States, a new blanket of heavyhanded Federal mandates in coverage requirements will simply drive up costs and impede, not enhance, health care. That is why the National Association of Insurance Commissioners supports the approach we have taken in our bill.

Currently, Federal law prohibits States from regulating the self-funded, employer-sponsored health plans that cover 48 million Americans. Our bill, which is intended to protect the unprotected consumer, extends many of the same rights and protections to these individuals and their families that those in State-regulated health plans already enjoy.

For the first time, people in self-funded plans will be guaranteed the right to talk freely and openly with their doctors about treatment options without being subjected to any kind of ''gag clauses'' that limit their communications. They will be guaranteed coverage for emergency room care that a ''prudent layperson'' would consider medically necessary without having to get prior authorization from their health plan. They will be able to see their OB/GYN or pediatrician without a referral from their plan's ''gatekeeper.'' They will have the option of seeing a doctor who is outside the HMO's network. They will also be guaranteed access to nonformulary drugs when it is medically necessary, and they will have an assurance of continuity of care if their health care plan terminates its contract with their doctor or hospital.

The opponents of our legislation contend that the Federal Government should preempt the States' patient protection laws unless they have already enacted identical protections. However, the States' approaches vary widely—for good reasons. Moreover, if we start adopting a Washington-knows-best approach to health care, we will have HCFA deciding whether a State has met the test of a Federal regulation. Our experience with other laws should show that is not a good idea.

Other provisions of our bill provide new protections for additional millions of other Americans. These are the procedural protections that are in our bill. A key provision of our bill builds upon the existing regulatory framework under ERISA to give all 124 million Americans in employer-sponsored plans the assurance that they will get the care they need when they need it.

The legislation will enhance and improve current ERISA information disclosure requirements and penalties and strengthen existing requirements for coverage determinations, grievances and appeals, including—and this is the most important provision of our bill—the addition of a new requirement for strong, independent, external review that is available at no cost to the patient.

All 124 million Americans in employer-sponsored plans will be entitled to clear and complete information about their health plan—about what it covers and what it does not cover, about any cost-sharing requirements, and about the plan's providers. Helping patients understand their coverage before they need to use it will help to avoid disputes about coverage later.

The goal of any patients' rights legislation should be to resolve disputes about coverage up front when the care is needed, not months or even years later in a courtroom, as the Kennedy bill proposes. Our legislation would accomplish this goal by creating a strong internal and external review process. Both appeals processes are available at no cost to the patient.

Here is how it would work. First, patients or doctors who are unhappy with an HMO's decision could appeal it internally through a review conducted by individuals with appropriate expertise who are not involved in the initial decision. Moreover, this review would have to be conducted by a physician, if the denial is based on a determination that the service is not medically necessary or that it was experimental treatment. Patients would expect results from this review within 30 days, or 72 hours, in cases where delay poses a serious risk to the patient's health.

Let's say that after this internal review process is completed, the patient or the physician is still unhappy with the decision; let's say that the internal review upheld the HMO's decision. There is still another protection in our bill. Patients turned down by this internal review would then have the right to a free, independent, external review conducted by medical experts who are completely independent of the insurance plan.

This review must be completed within 30 days, and even faster, if there is a medical emergency or a risk to the patient's life or health. Moreover, the decision of these outside reviewers is binding on the health plan. It is not binding on the patient.

If you have been denied care you think you need, you can apply for an internal review. If you are not happy with that review, you can go on to an independent external review, and the decision of the physician, who has to have expertise in the condition at issue, is binding on the health plan, but it is not binding on you, if you are still unhappy. If you are still unhappy with the decision made, the patient would still have the right, would retain the right to sue in Federal or State court for attorney's fees, for court costs, for the value of the benefit, and injunctive relief. Really, it is a three-stage appeals process: First, an internal review, an external appeal, and then you can still go to court to sue for the benefit and for your attorney's fees and court costs.

The purpose of our legislation is to place treatment decisions in the hands of doctors, not insurance company accountants, and not in the hands of trial lawyers. If your HMO denies treatment that your physician believes is medically necessary, you should not have to resort to a costly and lengthy court battle to get the care you need. You should not have to hire a lawyer. You should not have to file an expensive lawsuit to get the treatment.

Our approach contrasts with the approach taken in the Kennedy bill, which encourages patients to sue their health plans. I simply do not believe you can sue your way to quality health care. We should solve problems about

health care coverage upfront, when the care is needed, not months or even years later, after the harm has occurred.

Let's look at the experience with medical malpractice cases. According to the GAO, it takes an average of 33 months to resolve malpractice cases. This does nothing to ensure a patient's right to timely and appropriate care. Moreover, patients receive only 43 cents out of every dollar awarded in malpractice cases. Exposing health plans and employers to greater liability would force plans to cover unnecessary services that do not benefit patients in order to avoid costly litigation and to make decisions based not on the best practice protocols but, rather, on the latest jury verdicts and court decisions or out of fear of being sued.

The noted Princeton health economist Uwe Reinhardt was quoted in this Sunday's Washington Post as saying that he believes the financial impact of the Kennedy bill's liability provisions would be profound. He noted:

> In the end, we're back again to basically the open-ended deal where the individual physician makes a judgment and no one dares question it.

Mr. President, all of us treasure the relationships we have with our physicians. We are also well aware of studies that have shown there have been unnecessary hysterectomies, for example, or the use of mastectomy when removal of a lump from a breast would suffice. That is why we need to have reviews based on the best medical evidence and decisionmaking possible.

The President's Advisory Commission on Consumer Protection and Quality specifically rejected expanded lawsuits for health plans because the commission believed it would have serious consequences for the entire health care industry. I agree with that assessment. The last thing we need is to introduce more costly litigation into our health care system.

At a time when the tort system of the United States has been criticized as inefficient, expensive, and of little benefit to the injured, the Kennedy bill would be bad medicine for American families, workers, and employers, driving up the cost of health insurance and jeopardizing coverage for some who need it most.

Our concern is not just theoretical. I met with a group, a very good group of Maine employers who care deeply about their employees. They expressed to me their serious concerns about the Kennedy proposal to expand liability for health plans and employers. For example, the representative from Bowdoin College in Maine talked about how moving to a self-funded ERISA plan had enabled the college to greatly improve the coverage it provided to Bowdoin's employees and to offer affordable coverage to them.

Since the college is self-funded, it has actually been able to lower premiums for its employees while at the same time providing an enhanced benefit package with such features as well baby care, free annual physicals, and prescription drug cards with low copayments. The people at Bowdoin College told me that the Kennedy proposal to expand liability would seriously jeopardize their ability to offer affordable coverage for their employees. In fact, they told me they would probably abandon their self-funded plan and go back into the insurance market and, thus, buy a plan that would have fewer benefits for their employees in order to avoid this increased risk of liability and litigation.

Similar concerns were expressed to me by the Maine Municipal Association, which represents cities and towns throughout Maine, L.L. Bean, Bath Iron Works, and many other responsible Maine employers.

Unlike the Kennedy bill, the Republican bill contains key provisions that will help hold down the cost of health care while improving health care quality and holding HMOs accountable.

For example, I am particularly pleased that our bill contains a proposal, introduced by my colleague, the senior Senator from Maine, that prohibits insurers from discriminating on the basis of predictive genetic information. Genetic testing holds tremendous promise for individuals who have a genetic predisposition to breast cancer and other diseases and conditions with a genetic link. However, this promise is significantly threatened when insurance companies use the results of such testing to deny or limit coverage to consumers on the basis of genetic information.

Our legislation also establishes the agency for health care research and quality, an initiative of our physician in the Senate, Mr. FRIST from Tennessee. The purpose of these provisions is to foster an overall improvement in health care quality, to bridge the gap between what we know and what we do in health care today.

Most important, the Republican bill will expand access to health insurance for millions more Americans by making it more affordable. This is the key difference between the two alternatives before the Senate. Our bill would expand access to health care, a critical issue at a time when we have 43 million uninsured Americans. The Kennedy bill would constrict access and jeopardize coverage for many Americans. The biggest obstacle to health care in the United States today is simply cost. This is due, in part, to the Tax Code's inequitable treatment of people who do not receive health insurance through their employers. Some 25 million Americans are in families headed by self-employed individuals, and, of these, 5 million are uninsured. The Republican bill will make health insurance more affordable for these Americans by allowing self-employed individuals to deduct the full amount of their health care premiums.

I have never understood the policy behind our Tax Code that allows a large corporation to deduct 100 percent of the cost of the health insurance premiums that it is providing to its employees but restricts a self-employed individual to a deduction of only 45 percent. Our bill would move that to 100 percent immediately. This would help reduce the number of uninsured working Americans. It would help make health insurance more affordable to the 82,000 people in Maine who are self-employed. They include our lobster men, our hair dressers, our electricians, our plumbers, and the owners of our gift shops, which we hope all of you will visit this summer along the coast of Maine. It includes so many hard-working Mainers for whom the cost of health insurance is simply out of reach.

Mr. President, I believe that the Republican approach strikes the right balance, as we effectively address concerns about quality and choice without resorting to unduly burdensome Federal controls and expensive, bureaucratic, new Federal mandates that will further drive up costs and cause some Americans to lose their health insurance altogether.

I urge my colleagues to join in supporting the Republican health task force legislation.

I reserve the remainder of our time.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The distinguished minority leader is recognized.

Mr. DASCHLE. Mr. President, this is truly a historic day. My Democratic colleagues and I have been trying for nearly 2 years to bring this debate to the floor of the Senate.

For the past 2 years, I have listened to people and their complaints about the health care system. I have come to the conclusion that the reason the insurance companies call them HMOs is that H-M-O sums up their patient philosophy: Having Minimal Options.

I thank the majority leader. It is no secret that Senator LOTT faced considerable pressure to prevent this debate. On behalf of the 161 million Americans who need the protections in our bill, we thank him for agreeing, finally, to bring this debate to the floor.

Most of all, I want to acknowledge my Democratic colleagues. We would not be having this debate were it not for their steadfast determination and hard work. That is particularly true of the senior Senator from Massachusetts, Mr. KENNEDY. They have each taken considerable risks to demand that this Senate listen to and deal with the real problems America's families are having with their HMOs. Every one of them deserves recognition.

The general debate on this bill is supposed to last 3 hours—which, according to an HMO, is enough time for a woman to check into a hospital, deliver a baby, and be sent home. Senator KENNEDY and I and others intend to use these 3 hours to talk about the extraordinary difference in approach between the Democratic and the Republican plans.

There are no bills pending in this Congress that will have a greater impact on the lives and health of America's families than this bill. There are no decisions we will make that will have a more profound effect than the decisions we make this week.

The issues we will debate these next 4 days are literally life-and-death issues.

The insurance industry has spent tens of millions of dollars to try to prevent us from ever having this debate. Many of our Republican colleagues responded and worked with them. The Republicans seem to protect insurance companies the way Briana Scurry protects a soccer goal. The insurance industry has spent millions of dollars on ads designed to confuse and frighten the American people, and intimidate us. They hope that by repeating untruths often enough they will be able to kill this bill and keep their license to practice bad medicine.

The truth is, this whole debate comes down to one critically important question: Who should make medical decisions, doctors or insurance company accountants?

We have all heard the horror stories.

In Georgia, a 6-month-old boy was burning up with a 105-degree fever. His mother called her HMO twice and begged to be allowed to take her son to the emergency room. Both times the HMO refused. She finally decided to take him to the hospital anyway. By the time they arrived, the infection that was causing the fever had destroyed the circulation in the baby's extremities. Both his hands and feet had to be amputated.

In Washington, DC, a 12-year-old boy was diagnosed with a cancerous tumor in his leg. His oncologist recommended a treatment that could save the leg. But when the doctor's office called the boy's HMO, they were told the only treatment the HMO would pay for was amputation. Four months and several appeals later, the HMO finally agreed to pay for the treatment the doctor ordered. But by then, the cancer had spread; the leg had to be amputated.

In Kentucky, a man with prostate cancer needed one chemotherapy injection a month. The injections cost $500 each. His insurance company policy said they were fully covered. But when the HMO changed administrators, the man was told he would have to pay $180 a month out of his own pocket. He didn't have $180 a month, so he had to go with the only other treatment his doctor said could control his cancer. He was castrated. The day he returned from the hospital, he got a letter from his HMO saying they had made a mistake; the HMO would now pay the $500 after all.

Three different people, three different parts of the country, but they all have one thing in common: They were all powerless against their insurance companies.

Unfortunately, I could go on and on.

Two years ago, 130 million Americans said they or someone they knew had a problem with a health insurance company. Last year, that number had grown to 154 million Americans.

When we first introduced our bill, nearly 2 years ago, a lot of our Republican friends said we didn't need a Patients' Bill of Rights. Today, they have a bill of their own. We consider that progress. But we still have big differences of opinion about what a Patients' Bill of Rights should do.

Our bill covers 161 million Americans. Their bill covers 48 million people; it leaves out more than 100 million Americans.

Our bill lets health care professionals make medical decisions about your health. Their bill lets insurance company accountants make those decisions.

Our bill guarantees you the right to see a qualified medical specialist, including pediatric specialists for your children. The Republican bill doesn't guarantee that either you or your children will be able to see qualified medical specialists.

If your HMO refuses to pay for care your doctor says you need, our bill allows you to appeal that decision to an independent review board. Their bill contains an appeal process, too—except they let the HMO decide what decisions can be appealed. They also let HMOs handpick and pay the people who hear the cases.

Finally, our Patients' Bill of Rights is enforceable. Theirs isn't.

CBO estimates that the most our Patients' Bill of Rights would increase premiums is 4.8 percent over 5 years—less than 1 percent a year. That comes out to less than $2 per beneficiary—less than $2 a month to guarantee that your health insurance will be there when you need it.

Last month, when we offered our Patients' Bill of Rights, a Republican colleagues voted to kill it, without discussing its specific pieces. Yet, they claim they support nearly all the protections in our plan.

So this week, we intend to offer our plan again, piece by piece. Let's debate each of the protections in our plan. Maybe when our colleagues really look at our proposals, they will decide they can support some of the protections in our bill. The American people deserve to know exactly where each of us stands on each of these protections.

Let me just say a word at this point about the kind of debate we expect this week. By agreeing to this debate, we are assuming our Republican colleagues intend to allow a real, honest debate. That means debating and voting on each of the major protections in our Patients' Bill of Rights. If we have that sort of debate, then, whether we win or lose, we will certainly agree not to bring the Patients' Bill of Rights up again this year. Up or down, win or lose, if the debate this week is fair and honest, we will not offer our Patients' Bill of Rights again this year.

But, if we are not able to do that, if we don't have a real debate, if we are not permitted to offer our protections as amendments so that the Senate can discuss and vote on each of them, if there are those who try to prevent an honest debate by using parliamentary tricks, we are putting them on notice now: This debate will certainly not end on Thursday. We will continue to offer the protections in our plan as amendments for as long as we have to until we finally have that honest debate.

We know from experience that we can pass bills that protect the health of American families when we want. Together, Republicans and Democrats passed a bill allowing people to take their health care with them when they change jobs. Together, we passed a bill to help working parents purchase private, affordable health insurance for their kids. Together we can pass a real, meaningful Patients' Bill of Rights this week.

AMENDMENT NO. 1232

(Purpose: To provide the text of Senate Bill 326 (106th Congress), as reported by the Committee on Health, Education, Labor, and Pensions of the Senate, as a complete substitute)

Mr. DASCHLE. Mr. President, I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Dakota (Mr. DASCHLE) proposes an amendment numbered 1232.

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

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

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

Mr. DASCHLE. Mr. President, let me explain the amendment I have just offered. This amendment is the Republican HMO reform bill. We are offering it as a substitute to the Democratic bill for one reason.

Senator LOTT has been very candid and open about his intentions. His intention, of course, is to offer at the end of this debate a Republican bill that has not been debated or amended or scrutinized in any way.

By offering as our first amendment the Republican substitute, we now lay down a dual track for the week—their bill and our bill. Both bills are subject to amendments. Both are subject to consideration. Both are subject to the debate that we had anticipated when we reached this agreement.

We will be offering amendments to the Republican bill. We would love nothing more than for our bill to pass without amendment. But certainly, if that is not to be, we will at least do what we can to make sure the Senate deals honestly with this issue.

By offering the Republican bill, we hope to make sure the Senate at least has an honest debate, and we have the opportunity to try to make the Republican bill what it should have been in

the first place—a good bill that deals with each of the issues and offers real protections.

I retain the remainder of our time both under the amendment as well as the general debate.

The PRESIDING OFFICER (Mr. VOINOVICH). The Senator from Texas.

Mr. GRAMM. Mr. President, let me begin by explaining how we came to be here. Then I want to take a little walk down memory lane, as Ronald Reagan used to say, and talk about the real Democrat health care bill—the bill offered in 1993. I then want to talk about the difference between the two bills—the Democratic Kennedy bill, and our bill—and why that difference is relevant to every working American family.

Then I would like to conclude by explaining why our bill is a good bill and why I am confident that if Senator KENNEDY and I could go into every house in America and sit down with people at their kitchen table, and if he could explain his bill and what he is trying to do, and if I could explain our bill and what we are trying to do, I am confident that 90 percent of the people in America would choose our bill.

We are going to have 4 days of debate. But the outcome of the debate, I think, is clear. We are going to win when the votes are cast, and we are going to win this debate because we have a better program. Our program benefits the people who do the work and pay the taxes and pull the wagon in America.

I think when the week is over that we will have discredited the approach of this bill as we discredited the bill in 1993. But, of greater importance, we will have passed a real bill that gives Americans real freedoms.

Our colleagues have lamented that we have waited this long to deal with this issue. I want to remind everyone that last year throughout the year the majority leader offered to bring this bill up, and he offered to bring it up in two different forms.

I thought the most reasonable offer was to let the Democrats write the best bill they could write that does the most that they can provide to help people with health insurance and to impose whatever restrictions they want to write. Then let Republicans put together the best bill they can put together, and bring the two bills to the floor of the Senate and let the Senate choose between one. We could then choose one or the other. That was rejected by the minority.

We then offered them the ability to bring the two bills up and each side have five amendments. That was rejected by the minority.

Not to waste a lot of time to get into a debate with the minority leader, or with other Democrats, I simply submit that we have been 2 years getting to this point because the Democrats have wanted it to be 2 years getting to this point. We could have brought up bills and voted under an orderly process 2 years ago. But, in reality, the Democrats thought they had a political issue. That is why we are only getting to this bill now. I think we are going to prove this week they don't have much of a political issue, and I think when the debate is over they are going to be glad it is over. And I think the American people are going to be glad it is over.

Let me remind my colleagues, and anybody who is watching this debate in America, that this is not the first time Bill Clinton and TED KENNEDY have wanted to rewrite the health care system of this country. I have here on this desk the Clinton health care bills, and the version of it that was sponsored by Senator KENNEDY.

Let me remind those who followed that debate in 1993—their memories might have gotten a little clouded—what this bill did. This bill said that the problem in America was that we had 43 million Americans who didn't have health insurance, and that in trying to deal with health insurance and make it available, we needed to get rid of the current health care system, and we needed to set up on a regional basis in America health care collectives that people would be forced to join. And these collectives would be run by the Government. The whole idea behind the Kennedy bill in 1993 was give up freedom to control cost.

Obviously, I wouldn't have enough time in the day or the week to go through all of these provisions. But let me just remind you of a couple of them.

In 1993, Senator KENNEDY, Senator DASCHLE, and President Clinton said: We are going to have the Government take over the health care system in your hometown—in Phoenix, AZ. There would be one health care collective run by the Government, and if you refused to join that collective, you would be fined $5,000.

That is what they wanted in 1993. That was their concept of freedom when they last asked us to let them run the health care system in America.

Then they said, if this plan did not provide the kind of health care you needed and you sought to get that health care through your physician and the health care was not allowed under this plan, the physician could be fined $50,000.

If you needed health care for your child, their concept of freedom, in 1993, in the Clinton-Kennedy health care bill, was: We know what kind of health care you need. They said: We are going to provide it in this bill, and, if you want health care outside this bill and a physician provides it for you, we are going to fine them $50,000.

That was their concept of freedom in 1993. In 1993 they said, What about the circumstance where your baby is really sick? So you go to a doctor and say, I need health care, and they, under the Clinton-Kennedy plan, say, We are not allowed to provide this kind of treatment. You say, forget about the plan, I'll pay for it out of my own pocket. In 1993, Senator KENNEDY and Senator DASCHLE and President Clinton thought so much of freedom that they said, If you pay the doctor out of your pocket for a treatment that we do not provide for, and the doctor takes the money, he can be sent to prison for 15 years. That was their concept of patients' rights in 1993. That is what they thought freedom consisted of in 1993.

I submit, this is what they still want. The bill that is before us, their bill, is step 1 toward government running the health care system, so when my mama needs to go see a doctor, she first has to talk to a government bureaucrat. We defeated that in 1993, and we are going to defeat it this week in the Senate.

What is the plan today? Unlike 1993, when our colleagues were very concerned about the cost of health care, now they are not concerned about health care cost, they are concerned about rights. So all of a sudden they have put together a bill that imposes a whole lot of government restrictions, that expands liability, so 60 percent of the premiums that go to provide insurance against medical liability will end up going to lawyers instead of to doctors and hospitals and clinics.

They have put together a bill that the Congressional Budget Office has said, when you take into account all the bureaucracy and all the legal liability, will drive up the cost of health care by 6.1 percent. That is equivalent to taking 6.1 percent right out of the paycheck of working Americans in order for them to be able to keep their insurance. Only a lot of Americans will not be able to keep their insurance. In fact, a study funded by the AFL–CIO has concluded, if you take the increase in health care costs under the Kennedy plan, 1.8 million Americans will lose their health insurance.

Mr. President, 1.8 million Americans will lose their health insurance if we should adopt the bill that the Democrats have proposed. For those who are lucky enough not to be one of the 1.8 million people who would lose their health insurance, they would pay $72.7 billion over a 5-year period more for health insurance and health costs than they are paying now.

This is not just about dollars, this is about real people and real health care. By 1.8 million people losing their health insurance, that means you would have 188,595 fewer breast examinations every year for Americans, because the Kennedy bill would take away their health insurance. It means 52,973 American women would not have mammograms who would have them under current law, because the increase in cost under this bill would take away their health insurance. It means that 135,122 Pap tests would not be undertaken, because people would have lost their health insurance and therefore lost access to that coverage. Mr. President, 23,135 American men, mostly elderly men, would lose their prostate

screening exam as a result of the health care cost increase that would be dictated by the Kennedy plan.

So what do they offer us in the name of health care rights? They offer us a bill that would drive up health insurance costs by 6.1 percent, costing 1.8 million Americans their health insurance, and for those who are lucky enough to be able to afford to keep their health insurance, they would pay $72.7 billion more for their health insurance over a 5-year period.

In return for all of these costs, what do people get? Rather than going into the details, I am going to reduce it down to a very simple example. I want to define the problem Senator KENNEDY sees—and we agree on the problem. Then I am going to explain what he provides in the name of rights that drives up costs by 6.1 percent, costs 1.8 million people their health insurance, and those who keep their health insurance pay $72.7 billion more for it.

Here is the problem. The innovation—which, by the way, has been championed by the people who are offering this amendment—is HMOs. They thought so much of them they wanted to force everybody in America into a government-run HMO. But, under HMO, there is a problem. The problem is that people lose the control they want and need over their health care. Let me reduce it down to a simple example.

When people with an HMO go into the examining room, too often, in addition to their doctor in the examining room, they have, either literally or figuratively, the HMO gatekeeper in the examining room. So they are going into the examining room—obviously, that often entails taking your clothes off. People are often a little nervous about that. They want privacy. They like to be in the examining room with their doctor, but with an HMO they find themselves with this gatekeeper virtually looking over the doctor's shoulder. They would like to be in the examining room alone with the doctor. We agree. We think they should have the right to make that choice.

But how does Senator KENNEDY fix the problem? How Senator KENNEDY fixes the problem—and you will be able to tell why it is so expensive when you look at it—the way Senator KENNEDY fixes the problem is demonstrated by this stethoscope. What people want is the doctor in the examining room with the stethoscope up against their heart, but right now they have an HMO listening in, double-checking their doctor. They would like to get this HMO gatekeeper out of the examining room. So what does Senator KENNEDY do? He says: We can fix your problem. It will cost 1.8 million of you your health insurance; those who keep the health insurance, it will cost $72.7 billion more. But look at what you get.

What you get under Senator KENNEDY's plan is this. He doesn't get rid of the HMO, that guy is still there listening in, but he brings a government bureaucrat into the examining room who will be there to keep an eye on the HMO, and to keep an eye on the doctor, and to regulate. Then, in addition to the bureaucrat, he brings the lawyer into the examining room who will be there keeping an eye on the bureaucrat and HMO and the doctor, so that he can be there to sue the doctor or the HMO.

The reason Senator KENNEDY's plan drives up health care costs by 6.1 percent and costs 1.8 million Americans their health insurance and drives up the cost for those who can afford to keep it by $72.7 billion is it costs a lot of money to bring all these bureaucrats and all these lawyers into the process.

But the point is, what people are unhappy about is the HMO gatekeepers being in the examining room. They wanted to get them out of the examining room. They do not want to bring the bureaucrats in and bring lawyers in. What they want is a health care system that looks like this: They want a health care system where you have two people in the examining room and one of them is you. You are on this end of the stethoscope, and your doctor is on the other end of the stethoscope, and there is nobody else in the room. That is what they want.

The difference between the Kennedy bill and our bill is, under his bill, he brings in the bureaucrat and the lawyer. So now you have four people in the examining room. What we do is we get rid of the HMO gatekeeper and give people real freedom.

This is such a critically important point. Our Democrat colleagues have gotten caught up in this deal about how they are going to give people rights. I think it is wonderful that it is so easy for somebody to see what they mean by ''rights'' and what we mean by ''freedom'' are two totally different things.

Under the Democrat bill, you are not free to fire the HMO your boss picks for you, but you are free to have the Government regulate it.

Under the Kennedy plan, you are not free to fire your doctor, but you can sue him.

Under the Kennedy plan, you are not free to control your health care cost, but you can share that control with a lawyer and with the Government.

What we do is give people freedom. It is an interesting paradox that the Kennedy bill debases the very term ''choice.'' It debases the very term of ''rights'' because it contains no rights; that is, no rights that are really meaningful to somebody who has a child who is sick or whose mama is ill.

We give people real rights. We give people the right to fire their HMO by guaranteeing them an alternative, which I will talk about in a minute.

We give people the right to fire their doctor.

We give people the right to take their health care money and spend it as they choose on their own family.

We give people the right to pick the protections they believe are important to their family, not those basic benefits the Government might decide in Washington would be useful.

And finally, we give people the right to control their own health care, something the Democrats do not do.

The Democrat plan means more Government, more lawyers, more rules, more uninsured and more Government control, but the one thing it does not mean, the one thing it does not provide is more freedom. Our bill provides more freedom. Let me explain two ways it does.

First of all, under the current tax system, we have a terrible inequity. If General Motors buys your health insurance for you as their employee, it is tax deductible. But if you buy it for yourself as either a small businessperson who does not have health insurance or a self-employed who does not have health insurance or somebody who works for a company that does not provide health insurance, or if you would rather buy your own health insurance rather than General Motors choosing for you, it is not fully tax deductible. The first thing our bill does is it treats you as well as current tax law treats General Motors. Under our bill, if you buy your own health insurance—let's say you are self-employed. You will get the right to the same tax treatment that General Motors does, so your health insurance is tax free.

The second and most important choice we give to people is a totally new program, a new choice. We do not force anybody to take it, but we give people the ability to buy, in addition to all the choices we provide with everything from an HMO to private practice of medicine through a medical savings account, we expand people's freedom. One of the choices we provide, which I am very excited about, is the right to buy a medical savings account. Here is how it would work.

A medical savings account is a device that really is aimed at helping people who want health care coverage but who often do not have a lot of money. The way it would work is, in addition to joining the health plan your company might try to impose on you, you have the right to take your money and buy a high-deductible insurance policy and then join with your company in setting aside money to pay the deductibles in what we call the medical savings account. Those medical savings accounts are fully tax free, just like conventional health insurance. Here is basically how it would work.

You might buy a health insurance policy with a $3,000 deductible. Normally, that policy would cost less than half as much as a first-dollar-coverage policy. Then you and your employer would begin to build up a savings account up to $3,000, which would belong to you, to cover the deductible.

Then how it works is you make the decision, when your child needs to see a doctor, which doctor your child needs to see. You are empowered to make the decision.

It is true that under the Kennedy plan, if your baby has a 104-degree fever, you could get out the phonebook and you could look under the blue pages for the U.S. Government and you could find the Health Care Financing Administration, or HCFA as they are called, and at 2 o'clock in the morning you could call up HCFA. You would, in all probability, get an answering machine if you were lucky. Maybe you would not. I do not think you are going to find the Director of HCFA at work at 2 o'clock in the morning. You can call up and leave a message, and then they, under the Kennedy plan, will set up a meeting. Maybe next Tuesday at 4:52 in the afternoon they might meet with you or talk to you on the phone.

You also could call up a lawyer. You could look under ''attorney'' in the phone page and you can pick—one thing about Senator KENNEDY's health care rights bill is it gives you no freedom with regard to doctors, but it gives you complete freedom with regard to attorneys.

Senator KENNEDY's bill is unlike the bill he put together in 1993 with President Clinton. Remember, their health care bill in 1993 did not let you sue. They have had a change in heart, it seems, so now he says you can pick up the Yellow Pages and you can look under ''attorney'' and you can pick any attorney. You have your car wrecks. Maybe you want another attorney. This one deals with car wrecks. You have injury. You have family law, criminal law, jail release, traffic tickets, bankruptcy, will and trust, personal injury, board-certified personal attorney. Anyway, you find the one who suits you. You hire that attorney, and you go to court. Eighteen months from now, you might be able to collect some money from some doctor or from some HMO.

Our bill does not work that way. Under our bill, if your baby has a temperature, you pick up the Yellow Pages. I have the Yellow Pages from Arlington and Mansfield, TX. This Yellow Pages lists all the physicians who practice medicine in that area.

Under our plan, you pick up the phone and you call up the physician you might pick. Let's say I pick Louis W. Adams, pediatric ophthalmologist, and I call him up. Under the Kennedy bill, I would have to ask him some questions. I would have to say: Are you a preferred provider? In fact, we did an experiment on that in Washington, DC. Let me show it to you.

In Washington, DC, we took a page out of the phonebook. It was page 1017. These are the physicians who were listed. The first one is Ginsberg, Susan M., M.D., and the last one is Robert O. Gordon.

Let's say you are in an HMO or you are in a PPO, and you call up—let's say you pick Philip W. Gold. You call him up and say: Dr. Gold, I need health care. I have a child who has a 103-degree temperature. Are you in the Kaiser HMO, or are you part of the Blue Cross PPO?

We found that out of the 28 doctors, 10 accepted the Kaiser HMO, 17 accepted the Blue Cross PPO. But let me tell you the amazing revelation we made. With a medical savings account, which any American could set up, under the Republican plan, you would get a checking account. This is from Golden Rule Insurance Company in Indiana. This is a medical savings account checking account. Then this is for a medical savings account that is operated by Mellon Bank, and this is a MasterCard. Then this is an American Health Value medical savings account, and this is operated through Visa.

Under the Republican plan, you would have the right to opt for a medical savings account where you would make the decision about health care for your family. We empower you—not some lawyer, not some bureaucrat—but we empower you as a parent.

So then we called up everybody on page 1017 of the Yellow Pages and we asked them three questions:

Do you take a check?

Yes. Every one of them took a check.

Do you take Visa?

Every one of them took Visa.

Do you take MasterCard?

Every one of them, all 28 of them, took MasterCard.

So the real freedom in the Republican bill is the right for you to choose—not to choose a lawyer to sue somebody 18 months from now, not to call up a government bureaucrat and fill out a form and register a protest. What kind of freedom is that? The freedom we give is the freedom to act, the freedom to hire, the freedom to fire, the freedom to say yes, the freedom to say no. That is what freedom is about.

Our Democrat colleagues believe freedom is about being able to talk to a bureaucrat. They think freedom is about the right to sue.

Under the Republican plan, freedom is the right to say to your HMO: You're fired. I don't like the way I'm being treated here. I'm leaving your HMO. I'm opting for another option. The example I gave is a medical savings account.

Freedom, under the Republican plan, is the freedom to pick up the phonebook and let your fingers do the walking. You pick the doctor: I want John V. Golding, Jr. I don't want anybody else. He is the doctor I want. I got his telephone number. I called him up and said: My mama is sick, Dr. Golding, and I would like her to come see you. Do you take a check or MasterCard or Visa? He says: Yes. I am in.

As this debate goes on, you are going to hear Senator KENNEDY, and others, say: The world will come to an end if you have medical savings accounts. They are going to use the interesting charge they use any time they are against something, and that is it is for rich people. If Democrats are not for something, they claim it is for rich people. Tax cuts are for rich people. Choice, freedom, is for rich people. They are going to say: Oh, the medical savings accounts, rich people will get medical savings accounts and poor people will not have them; it will just be terrible.

The facts are that even though we have a limited number of medical savings accounts that can be sold, even though in the year 2000 they lose this option and have to go back into the old system unless we change the law, the people who are buying medical savings accounts are primarily modest-income people. But we are going to repeal those limitations and we are going to do it this week. Uninsured people are buying medical savings accounts because it allows them to buy an affordable high-deductible policy that covers them against terrible things happening and then lets them build up savings accounts with their employer to pay the deductible.

So those who are going to criticize medical savings accounts are going to say it is for rich people, but they really do not like it because it is freedom. What they want is this. They want the old Clinton health care bill. They know that if we ever give people the right to choose, they will never nationalize health care. So medical savings accounts are, to our dear colleague from Massachusetts, like a crucifix is to a vampire. They cower, they are struck with fear at the idea that some parent would actually have the ability to fire an HMO and do it without having to call a bureaucrat or without having to hire a lawyer.

Why do they fear freedom? Because they are not for it. They want the Government to take over and run the health care system—always have, always will.

The basic question is, Who should manage care? Should it be an insurance company? Should it be the Government? Or should it be you? We believe it ought to be you. We believe that parents ought to be empowered to control health care. We believe that parents can make better decisions.

That is what this debate is about. This debate is about whether freedom means getting access to a bureaucrat or firing your HMO, whether freedom in health care means hiring a lawyer or being able to hire your own doctor. That is what the debate is about.

A final point I would like to make—and I think it is a significant point; some people would say it is a reach, but I do not think so—why, all of a sudden, are our same colleagues who in 1993 wanted the Government to take over and run the health care system and make everybody be in one big Government-run HMO—why, all of a sudden, do they want to drive up costs in the name of expanding bureaucracy and lawsuits?

Part of it is, they like bureaucracy and they like lawsuits. But that is not, in my opinion, the real story. The real story is, if, God forbid—and He is going to forbid, because we clearly have the votes to stop him but if, God forbid,

the Kennedy plan should be adopted, and health insurance went up by 6.1 percent and 1.8 million people lost their health insurance, does anybody doubt that next year Senator KENNEDY would be back with the Clinton health care bill saying: Now 1.8 million people have lost their health insurance, and we have no choice except to let the Government take over the health care system? I think that is what he would say. In fact, I think that is basically what we are debating here: Destroy the private health care system so the only alternative would be Government.

Our answer is: Let's make the current health care system better; let's have a meaningful, timely internal and external appeal if you want to stay in an HMO; let's empower people to fire HMOs and go to the private practice of medicine again if they choose; let's expand freedom as a solution to making our current system work better to make it more efficient and to empower families to make more choices.

The alternative the Democrats have is: Destroy the current system and then let's let Government take over and run the health care system.

Our answer is: Expand freedom and choice within the current system, empower families to decide, and let's forever and ever keep Government out of health care.

That is really the choice. Our Democrat colleagues believe that somehow they are going to benefit by Americans knowing they are unhappy about HMOs and they want to expand your access to bureaucrats and lawyers. We do not think that solves the problem. We think what solves the problem is to make HMOs give you an effective internal and external appeal; but we go one step further, and that is, we empower people to fire the HMO and to hire their own doctor.

We believe in freedom. We believe freedom works. It built America in every other era. Can you imagine if we had a Clinton-Kennedy car insurance bill or car repair bill so that if you are unhappy with your assigned repairman to fix your car, and if you are unhappy with what he does, you contact a bureaucrat and then, if you are unhappy with what he does, you contact a lawyer? I submit that the cost of repairing our cars would be astronomical.

We have a different system. It is one we would like in health care. That is, you pick where you go to get your car repaired, and if you do not like the work they are doing, you say to them, in a traditional American fashion: You are not doing a good job. You have not lived up to our trust. You have not done what you said you would do. And you're fired.

That is freedom. That is freedom. That is what we want. We want the right of people to choose. We don't want this substitute for the right to choose, the right to pile up costs in lawsuits or the right to deal with bureaucrats. What kind of right is that? How many wrongs do bureaucrats right? About one-tenth as many as they create.

We give you freedom. The Democrats give you bureaucracy. We help lower the cost of health care by expanding choices and expanding tax deductibility. They drive up the cost of health care by 6.1 percent. Their bill would deny health insurance to 1.8 million Americans. Their bill would drive up health care costs by $72.7 billion. Senator KENNEDY likes to claim, well, it is just a hamburger a day for however long. Well, with $72.7 billion, you could buy every McDonald's franchise in America for the 5-year cost that this will drive up health insurance.

Senator KENNEDY doesn't understand that if the company you are working for is paying your health insurance and the cost is driven up, you are still paying it. It is part of your wages. What is going to happen, according to estimates that were undertaken by the AFL-CIO—in support of this bill, by the way—is that 1.8 million people will lose their health insurance. We don't want that to happen, and we are going to stop it from happening.

This is going to be a very meaningful debate. I look forward to it. I think people will learn from it. I think in the end they are going to have two different choices about what freedom is.

If freedom to you is access to a bureaucrat and a lawyer, then you are with Senator KENNEDY. If freedom to you is the right to choose your own health care, your own doctor, the right to hire and the right to fire, the right to say what you want and people either do it or you get somebody else, if that is what freedom means in your hometown, if you would rather be able to pick up the Arlington-Mansfield phonebook when your baby is sick and look up ''physician'' rather than look up ''attorney'' or, rather than look in the Blue Pages for HCFA, if that is what you would like to have, you are with us. On the other hand, if you think your answer is at HCFA in the Blue Pages or with an attorney, then you want to be with Senator KENNEDY. It is about as clear a choice as you could possibly have.

When the debate is over this week, not only will we have won the vote, but I think, more importantly, we will have won the debate. We will have ended, hopefully forever, any dream of ever getting back to the Clinton health care bill, where every American is forced into a health care collective and, when your momma gets sick, she talks to a bureaucrat instead of a doctor. They tried that in 1993. Eighty-two percent of the American people thought this might be a good idea. Finally, when a few of us stood up and fought it, it was like sticking a great big inflated balloon with a pin. Suddenly, once people understood it, they were against it. They understood that what was at stake wasn't just health care, but what was at stake was freedom.

That is what this is about—the right to choose. Don't get confused about it, as we go through the debate.

I thank the Chair for its indulgence. I yield the floor and reserve the remainder of our time.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I am very hopeful we will be able to get into the substance of the differences between the approaches taken in the two bills. We heard a great deal of rhetoric, of course, earlier in the afternoon. We have had a brief presentation by the Democratic leader, Senator DASCHLE.

At the outset, one point worth highlighting, as we begin this debate, is that there isn't a single health or medical organization in the United States that supports the position being advanced by that side of the aisle—not one.

This really isn't or shouldn't be a Democratic or Republican debate. Republicans are members of HMOs as well as Democrats. Children are Republicans as well as Democrats. Women who need clinical trials are Republicans and Democrats. Those who have been in the vanguard of protecting women's health issues have been Republicans as well as Democrats. On children's issues, disabled issues, there have been Republicans as well as Democrats.

I cannot remember a single piece of legislation that has been considered on the floor of the Senate in the time that I have been here where you have such overwhelming support for one side and virtually no support for the opposition side—in this case, the Republicans—not a single instance. I made that statement during one of the brief times we had a chance to talk about the Patients' Bill of Rights debate and discussion. It has never been rebutted.

We heard earlier, in the course of the afternoon, about how the Republican proposal is really going to provide for necessary specialty care. Why is it then that every specialty organization in the country supports our bill? We heard over on the other side: Look, we are really giving the consumers a great deal of protection in our bill. Why is it that every consumer organization in the country supports our bill and opposes theirs? Every one, make no mistake about it.

We are in a situation where, as so many of us have seen, special interest groups can pay for and buy just about any statistic they want to buy, and they have done so. They have put out misrepresentations and distortions about our bill. These misrepresentations and distortions about cost are all over the airwaves. We will have a chance later in the course of this debate to address the issue of costs. We will have a chance to make a presentation about what independent studies have concluded about the cost of our particular proposal. Despite the fact that we will introduce and present

these independent studies, do you think that will than alter and change people's minds? Absolutely not. You are going to hear distortions and misrepresentations. You have already heard them over the course of this afternoon.

I was sitting here when our good friend from the State of Maine was speaking about the importance of the types of protections included in their Patients' Bill of Rights. The interesting fact is, their proposal doesn't cover any members of HMOs. Isn't that amazing? Listen to this: It doesn't cover any of the patients of HMOs. That is what brought about all of this concern. We can ask ourselves: Is there a concern today? The answer is yes, and not just because we say so.

I heard talk about the importance of the State insurance commissioners. I ask our colleagues on the other side of the aisle to call their State commissioners and hear about the complaints that we are hearing. Call them this afternoon; call them tomorrow. Call them before we finish this debate and find out: There are two and three and four times more complaints today than there were a year ago or 2 years ago. Those are the facts. You would not know these facts from the earlier debate.

This is a very interesting chart. We know there are 160 million Americans who are covered by private health insurance. On this particular chart, the ''Republican Plan Excludes More Than 100 Million People,'' there are 48 million people covered through self-funded employer plans. That is the total group that is covered by the Republican plan.

There are 75 million people whose employers provide coverage through insurance policies or an HMO—that is what I thought this debate was really all about. They are not protected in the Republican plan. We listened this afternoon to assertions about all the protections included in the Republican plan. But these 75 million people are not protected under the Republican plan. They are not phased in next year or in 2 years. They are out; the Republican bill doesn't apply to them.

State and local government workers, they are left out of the Republican bill. People buying individual policies, some 15 million, are left out. Who are they, Mr. President? They are the small shopkeepers.

They are the farmers and the mom-and-pop stores that have to go out and buy these health plans. They are the one of the most vulnerable groups in our society.

Do you know what was missing in the other side's presentation? The fact that the top 10 HMOs in this country, last year, made $1.5 billion. Isn't that interesting? We see crocodile tears coming from the other side of the aisle about the cost of protecting patients. Then we find out the profits of the major HMOs and the multimillion dollar salaries paid to their CEOs. We hear about the $100 million being spent by the insurance companies to defeat our proposal.

How much is that going to add? Why don't you address that, I say to our friends on the other side. Over $100 million. You know, generally around here—and the American people understand it—you can look at who is for a piece of legislation and who is against it in terms of who will benefit and who will lose out. It is not a bad way of looking at it. Sometimes issues are so complex that the balance is not completely clear. But on this issue, all the health care groups that favor adequate protections are in favor of our Patients' Bill of Rights. On the other side is the insurance industry—one industry, the insurance industry. That is it.

Can we have some explanation by the other side, as we start this debate, about how they justify that? That is the bottom line. It is one industry. The Republican program is the profit protection program for the insurance industry. It is a bill of goods. It is a bill of wrongs. The Democratic proposal is the Patients' Bill of Rights.

So as we start off on this issue, it is our hope, as we have mentioned before, to review for this body and the American people exactly what we intend to do. We have commonsense protections which have been developed over the last decade. What we want to ensure is that any bill passed will at least provide these commonsense protections. Perhaps legislation isn't going to be so all-inclusive as to include every commonsense protection. I hope it will.

These are commonsense protections. You can ask where they all come from? Where did these patient protections that are included in the DASCHLE proposal come from? That is a fair question. We say they come from at least one of four different evolutions. You have the insurance commissioner's recommendations; Insurance commissioners, representing Republicans and Democrats, making recommendations. The President's bipartisan commission made what they call, not majority recommendations but unanimous recommendations. Do we understand that? Unanimously, Republicans and Democrats have said: Here are five or six protections we recommend, and we have included those recommendations.

The only difference is that the bipartisan commission recommended that the protections be voluntary. Well, if every one of the companies complied with that recommendation, we would probably not be here today. They have not complied, and they will not comply. We also include protections included in Medicare and Medicaid, and protections recommendations by the health plans themselves. Those four groups have made the recommendations that are included in our proposal. That is why our bill has the unanimous support of the health professions.

I will not take further time this afternoon. But I will point out, as we start this debate, that no health care debate this year is more important to every family. Yes, Medicare is enormously important. Yes, the issue of medical records privacy is important. Yes, home health care for our elderly is enormously important. There are other important issues concerning basic medical research.

But the issue of health care quality is most important. The issue of whether your child, your wife, your loved one, your family member, receives the kind of health care that well-trained, committed medical professionals, doctors and nurses, who are trained and dedicated to try to provide the best in health care, want to provide, is most important.

This legislation belongs to the nurses of this country, the doctors of this Nation, the cancer researchers, the children's advocates, and to the disabled organizations. Every one of those organizations supports our bill. Over the course of this week we will have an opportunity to address each and every one of these items. Hopefully, the American people will speak through their representatives and the result will be sound patients' protection legislation.

Mr. WELLSTONE addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I will be very brief because we are anxious to get on with this debate. I want to add to the words of Senator KENNEDY.

This debate is a very personal debate for many of us, for both Democrats and Republicans. It is really heartbreaking to sit down with a family and talk to a father whose son was denied experimental treatment for cancer and wonders whether or not his son might have lived if he had been able to obtain that treatment. It is really disheartening to meet with a railroad worker whose wife talks to you about her husband and how he is fighting cancer but how every day she is on the phone battling these insurance companies to find out whether or not they will provide coverage for the treatment.

That is what this debate is really all about. I think that, by the end of the week, it is going to be really clear what the differences are between the two proposals. This Republican bill that is on the floor—the Daschle amendment—altogether covers 48 million people. But for those citizens who aren't working for a Fortune 500 company, who are small businesspeople, family farmers, and others, there is no patient protection. That is a huge difference. There is a huge difference between the 2 proposals of 115 million Americans. The Republican plan doesn't cover the 115 million Americans that the Democratic plan does. Quite often, I don't talk in terms of Democrat or Republican, but here it makes a difference.

Second of all, people are so desperate to make sure that if their child needs to see a pediatric oncologist, or a parent with Parkinson's needs to see a

neurologist, they will have access to that specialty care. The Republican plan does not guarantee that that will be the case. The Democratic plan makes it crystal clear to these managed care plans: Make sure you have those specialists available for people, and make sure that if it is not in your network, they will have access to whoever can provide the best care for their child or their parent.

Third is the question of consumer choice and continuity of care.

This Republican bill on the floor of the Senate, does not guarantee the continuity of care and doesn't give you the right, really even if you have to pay a little bit more in premium, to go outside the network of the managed care plan and take your child or your parents to the best expert or make sure your family members see the best specialist. This is called the point-of-service option.

I will have an amendment that deals with that.

Fourth, I heard my colleague from Maine speak about the appeals process. But, in all due respect, if people are not able to go to an independent, external appeal from these managed care plans dominated by these insurance companies and make sure that those independent panels are not picked by the companies, I don't call that independence.

The Republican plan has the external appeals process controlled and dominated by the very companies that you have a grievance against.

The Democratic plan provides for an independent appeals process backed by an ombudsman program that can help families.

I will conclude because there are other Senators who want to speak.

I think that this debate is all about representative democracy.

I think this debate goes far beyond the issues at hand, although I agree with my colleague from Massachusetts; I think this is the most important debate of our session.

This debate is all about whether or not the Senate belongs to the insurance companies of America or belongs to the people of Minnesota or Nevada or Massachusetts or North Dakota—the people around the country. That is what this debate is all about.

I look forward to debating into these specific amendments. I hope that people in the country will be engaged.

I say to all of my colleagues that I believe people will hold us accountable.

This is an opportunity to do well for people. This is an opportunity to provide families with some protection. This is an opportunity to be willing to stand up against some powerful economic interests—the insurance companies of America that dominate so many of these managed care plans—and be advocates for the people we represent back in our States.

Republicans, no matter what you call your plan—no matter what the acronym is—it is swiss cheese. You have too many loopholes in this plan. You don't provide protection for consumers. The people in Minnesota are not going to be in favor of an insurance company protection plan. They want it to be a Minnesota family protection plan.

That is what I am going to fight for all week.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I yield 5 minutes to the Senator from North Dakota on the substitute.

The PRESIDING OFFICER. The Senator from North Dakota is recognized for 5 minutes.

Mr. DORGAN. Mr. President, we are finally going to have a debate on the issue of the Patients' Bill of Rights. It will not be a debate about theory. It will not be a debate about past proposals for health care reform. It will be a debate about real protections for real people in this country.

We have two plans before us.

One is a patients' protection act that we have offered that has the support of virtually every health care organization in this country.

The other is a piece of paper with a name—just a name, just an empty vessel—that pretends that it provides protection but in fact it doesn't.

Let me describe, if I might, some of the details of these plans. I want to be very brief, but I want to do it by talking about protections for people.

This young boy's name is Ethan. Ethan was born in 1992 after a difficult birth. During his delivery, oxygen was cut off from Ethan, so he was born with significant problems that required special therapy. But the HMO denied the special therapy for Ethan because they said the probability of him being able to walk by age 5—a 50-percent potential of being able to walk by age 5—was insignificant. They called a 50-percent chance of being able to walk insignificant.

So corporate profits take precedence over patients' protection, and Ethan does not get the therapy he needs.

Or let me show you another example. Dr. GANSKE, a Republican in the U.S. House, used this chart to show a young child with a serious facial birth defect, a cleft lip. No one looking into the face of that young child could say that correcting this birth defect should not be done.

Yet Dr. GANSKE did a survey of reconstructive surgeons and found that 50 percent of the doctors who had patients like this have had the corrective surgery denied by HMOs. These HMOs said this procedure was not ''medically necessary.''

Would any parent in the world believe that this is not ''medically necessary''?

Dr. GANSKE, a Republican Congressman from the U.S. House, certainly doesn't believe that. He has been a champion for this kind of patients' protection act.

Here is an example of what a young child with that deformity can look like after reconstructive surgery.

Isn't that wonderful? Is that a ''medical necessity''? You bet it is. Of course, it is. But health insurance only works if patients get what they pay for.

Dr. GANSKE sent something around the other day that I pulled out in preparation for this debate. I want to describe this just briefly because I think it illustrates the difference between an empty vessel with the same title and a patients' protection bill that gives real protection to real people.

At 3:30 in the morning, Lamona Adams found her six-month infant boy, Jimmy, panting, sweaty, and moaning. He had a temperature of 104. So she phoned her HMO to ask for permission to go to the emergency room.

You have to do that, by the way—get permission to go.

The voice at the other end of the 1–800 number told her to go to Scottish Rite Hospital. ''Where is it?'' asked Lamona. ''I don't know—find a map,'' came the reply. It turns out that the Adams family lived south of Atlanta, Georgia, and Scottish Rite was an hour away on the other side of the Atlanta metro area.

Lamona held little Jimmy while his dad drove as fast as he could. Twenty miles into the trip while driving through Atlanta, they passed Emory University Hospital's ER, then Georgia Baptist's ER, then Grady Memorial's ER. But they pushed on to Scottish Rite Medical Center—still 22 miles away, because they knew that if they stopped at an unauthorized hospital, their HMO would deny treatment and they would be left with the bill.

They knew Jimmy was sick, but they didn't know how sick. After all, they weren't trained professionals.

They pushed on to where the HMO said they could stop.

With miles yet to go, Jimmy's eyes fell shut and wouldn't open.

Lamona frantically called out to him. But he didn't awaken. His heart had stopped.

Imagine Jimmy's dad driving as fast as he could to the ER while his mother is desperately trying to keep him alive.

They finally pulled into the emergency room entrance. Jimmy's mother leaped out of the car and raced into the ER with Jimmy in her arms calling, ''Help my baby! Help my baby!''

They gave him mouth-to-mouth resuscitation while a pediatric ''crash cart'' was rushed to the room. Doctors and nurses raced to see if the miracles of modern medicine could save his life.

He was intubated and intravenous medicines were given and he was cardiopulmonary resuscitated again. He was a tough little guy. He survived despite the delay in treatment by his HMO. But he didn't survive whole.

He ended up with gangrene in both his hands and feet, and the doctors had to amputate both of Jimmy's hands and feet.

This is a picture of little Jimmy before his illness, and then afterward. His folks drove past three hospital emergency rooms because the HMO said he had to go to the fourth one miles and miles and miles away. And this young boy has no hands and no feet now because of that.

We have two plans on the floor.

One of the plans, our bill, says that families have a right to the emergency care they need at the nearest hospital.

The other plan says they offer such a right—until you read the fine print. The other side will tell you they have a good plan, but they have an empty vessel.

On the issue of emergency care, little Jimmy, his parents, and others across this country will understand that it doesn't improve care when HMOs are allowed to determine which emergency rooms they will allow patients to stop at to get emergency treatment for these children.

My point is this: We are going to debate theory all week. But it is not theory that is important. What is important is children like Jimmy, children like Ethan, or children like this little boy who has a severe birth defect of the face and was told by an HMO that this deformity need not be fixed.

We know that is not right.

This debate is about profits, patient care, insurance companies, and the rights of patients who are sick.

I think at the end of the day and at the end of this week all of us will see that there are two plans. One is supported by virtually every medical and consumer group in the country because they know it allows real protections to allow doctors to practice medicine—not an insurance accountant thousands of miles away making decisions about patients' health care.

The PRESIDING OFFICER (Ms. COLLINS). The Senator from Oklahoma is recognized.

Mr. NICKLES. Madam President, what is the time situation on the amendment?

The PRESIDING OFFICER. On the amendment, there are 10 minutes remaining for the Senator from Oklahoma and 23 minutes for the Senator from Massachusetts.

Mr. NICKLES. What about the remaining time on the bill?

The PRESIDING OFFICER. On the underlying bill, there are 63 minutes for the Senator from Oklahoma and 80 minutes for the minority.

Mr. NICKLES. I yield to my colleague from Wyoming 10 minutes on the amendment, and if he desires additional time on the bill, I will yield that as well.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

Mr. ENZI. Madam President, during the last few months I have patiently watched the minority come to the Senate floor and threaten to hold up the legislative process until they received a full debate and amendment process on the President's Patients' Bill of Rights. On May 25, leaders of the minority put that request in writing by sending a letter to the distinguished majority leader asking for a debate on their bill. That time has arrived. No tricks, no gimmicks. This debate will allow us to determine if the President's bill is everything they say it is.

Last Friday, the President, while in Los Angeles, suggested that by debating his bill the Republicans are trying to hide their plan from the voters. This comment begs the question: Why wouldn't the Democrats want to debate their own bill? Aren't they getting exactly what they asked for?

They asked for it by holding up the agriculture bill. They asked for it by holding up appropriations. Now they have what they asked for. Perhaps they would rather have an issue to talk about—not legislation.

Our presence today and throughout this week clearly illustrates we are not hiding anything from the voters. Who is hiding? My mom can watch this on her television in Sheridan, WY—and she probably is.

We have every intention of offering our bill during this debate. Be assured, the Senate will vote on our bill. We are not interested in hiding. We are interested in showing that we have a better bill. If anyone should be nervous, it is the President. If I had to defend his bill, I would be pretty nervous too.

I am glad we are debating his legislation. Perhaps all the rhetoric we have heard during the last few weeks, and even today, will be replaced with some substance. Sound policy conquers rhetoric. We are confident of this as the debate unfolds. The bill left standing will be our Patients' Bill of Rights Plus.

I commend our leadership for the work they have done to put together our Patients' Bill of Rights. On January 13, 1998, the majority leader created the Republican health care task force, pouring the foundation for a comprehensive piece of legislation to enhance quality of care without increasing the number of uninsured Americans. During the last 18 months, the task force in the Senate Committee on Health, Education, Labor, and Pensions has worked together to make our bill live up to its title—a Patients' Bill of Rights our Nation's consumers and patients can be proud of.

Aside from the title, the scope of the President's bill and our bill is quite different. I agree it is important we explain the difference between the two measures. The amendments Senators offer this week will clearly show those differences. I am proud of our bill's scope. It respects State's jurisdiction. The President's would apply across the board—a nationalized bureaucracy, budget busting, a one-size-fits-all national approach.

I remember the last time this administration pushed a health care package of this size and scope. It was back in 1993 when the President and Mrs. Clinton launched an aggressive campaign to nationalize the delivery of health care under the guise of ''modest reform.'' The sales pitch back then wasn't any different from what it is now, backed with scores of anecdotes illustrated from Presidential podiums across the country. These stories will pull on the heart strings of all Americans and are intentionally aimed at injecting fear and paranoia into all persons covered or not covered by private health insurance.

I am in Wyoming almost every weekend. I am quick to ask my constituency interested in the President's bill to look at the fine print. It is no surprise to me that most of them already have. The American people aren't easily fooled. They haven't forgotten the last time the President and Mrs. Clinton tried to slip nationalized health care past their noses. Anyone can put lipstick on a pig, give it a Hollywood-style debate, and hope for a political slam dunk. Expecting the public to close its eye and kiss this pig, however, is an entirely different matter.

I remember the reaction Wyoming residents had to the 1993 ''Clinton Care'' plan. I was a State senator at the time. I recall how the President and Mrs. Clinton rode a bus across America, promoting their plan to federalize our Nation's health care system. The people of Wyoming also remember the detour they took when they got to the Wyoming border. Instead of entering our home State, they chose a more populated route through Colorado. That was an unfortunate choice. They missed their chance to receive an education on what rural health care is about. Had they driven all 400 miles across southern Wyoming, they would have seen for themselves why federalized national bureaucracy, one-size-fits-all legislation doesn't work in rural, underserved States.

Wyoming has 480,000 people scattered over 98,000 square miles. My hometown of Gillette has 22,000 people—fourth largest in the State. It is 145 miles to another town of equal or greater size, and it isn't even in our State. Many of the people in my State have to drive up to 125 miles one way just to receive basic health care. More important is the difficulty we face in enticing doctors and health care professionals to live and practice medicine in rural areas. I am very proud of Wyoming's health care professionals. They practice with their hearts, not with their wallets.

In a rural, underserved State such as Wyoming, only three managed care health plans are available, and that covers just six counties of our State. Once again, this is partly due to my State's small population. Managed care plans generally profit from high enrollment, and, as a result, the majority of plans in Wyoming are traditional indemnity plans commonly known as fee-for-service. In fact, the vast majority of regulated health insurance in Wyoming is handled by the State.

Some folks might wonder why I am so concerned about the scope of the President's bill if it doesn't affect Wyoming that much. I am worried because a number of Wyoming insurers offer managed care plans elsewhere. Any premium hike spurred by a federalized bureaucracy, national one-size-fits-all bill would be distributed across the board. We would get an increase when

we didn't receive a benefit, thereby causing increases in the fee-for-service premiums in Wyoming. Simply put, my constituents could easily end up paying for services they will never get.

Expecting my constituents to pay more dues to the President's national health care system poses a potential threat to exclude them from health insurance coverage altogether. That is entirely unacceptable. Moreover, it further hinders our ability to keep physicians in Wyoming. If the President's bill passes, it will actually drive down the number of health care professionals we have in our State.

Our Patients' Bill of Rights is not a federalized, national health care system. It stays within the traditional, regulatory boundaries established and already built in by the Employee Retirement Income Security Act, ERISA, of 1974. ERISA applies to self-insured plans, meaning employers who fund their own insurance plans for their own employees—all 48 million. These plans lie outside the regulatory jurisdiction of the States. Since it is the responsibility of the federal government to regulate ERISA plans, our bill stays within that scope.

The President and the Senate minority, however, argue that our bill should apply to all plans and all persons—including those already regulated by the states. Our bill's goal is to improve health care quality through better information and improved procedures as well as rights for consumers and patients, without significantly increasing the cost of health coverage and the number of uninsured Americans. By legislating within the federal jurisdiction of ERISA only—and not usurping state jurisdiction—we accomplish our goal.

Unfortunately, that hasn't silenced the claims made by the President and the Senate minority. These claims are no different than those made by the President and Mrs. Clinton back in 1993. He wants nationalized healthcare—plain and simple. Americans have been down this road before. The states, however, have been in the business of regulating the health insurance industry far longer than Congress or any President. The President wants all regulatory decisions about a person's health insurance plan to be made from Washington. The reason this won't work is that it fails to take into account the unique type of health care provided in states like Wyoming.

While serving in the Wyoming Legislature for 10 years, I gained tremendous respect for our state insurance commissioner's ability to administer quality guidelines and insurance regulations that cater to our state's consumers and patients. State regulation and respect for their jurisdiction is absolutely, unequivocally essential. I firmly believe that decisions which impact my constituents' state regulated health insurance should continue to be made in Cheyenne—not Washington.

You can call Cheyenne and talk to the same person each day, if you need to. But since you can talk to the same person, you do not have to make as many calls. Here you have to spend half of your time explaining to the person the problem that didn't get followed-up on the last time you called. The President and the Senate minority want to crate that all up and ship those decisions back here to Washington.

By advocating federalized, national one-size-fits-all health care, done through a bureaucracy, the President's bill would increase the number of uninsured. Perhaps that's something he wants. We know that the President and Mrs. Clinton prefer a national, Federal health care system in lieu of private health insurance. Their 1993 plan is evidence of that. By increasing the number of uninsured, maybe he hopes that these folks will join him in his campaign for a Washington-based health care system. I sure hope that is not the case, but as long as the President continues to dodge that issue, I am forced to assume that this is his position.

By keeping the scope of this bill in perspective, we also control that cost which directly impacts access. Affordable access to health care is an even higher priority than quality. If it is not affordable, quality does not exist. By issuing federalized, national one-size-fits-all mandates and setting the stage for endless litigation, the President's bill could dramatically raise the price of premiums—barring people from purchasing insurance. That is the bottom line for American families—the cost. We all want as much consumer and patient protection as the system can support. There is not a member in the Senate who does not support consumer and patient protection. But if Americans are expected to pay for the premium hikes spurred by the President's bill, they'll most often go without insurance. That is why we must keep the scope of this bill in perspective.

The President has repeatedly accused the Senate majority of being in the pocket of the insurance industry. I take great offense to that charge. That same blanket claim was also made during the tobacco debate last summer, even though I never took a dime from the tobacco industry. Just last Friday, the President said that we are being captive to the ''raw political interest of health insurers'' and said that our party's leaders had resorted to delaying debate on his plan for cynical political reasons. How does the President respond to claims that his plan was written on behalf of special interests like organized labor and trial lawyers? I'd sure like to get his thoughts on that.

The President's bill would allow a patient to sue their own health plan and tie up state courts with litigation for months or years. The only people that benefit from this would be trial lawyers. The patient, however, would be lucky to get a decision about their plan before their ailment advanced or even took their life. A big settlement does not do you much good if you win because you died while the trial lawyers fiddled with the facts. Folks are not interested in suing their health plan. They watch enough court-TV shows to know how expensive that process is and how long it takes to get a decision made. This is not L.A. Law—it is reality. Our Patients' Bill of Rights avoids all this by incorporating an expedited external appeals process that does not exceed 72 hours. Getting quick decisions saves lives. We insist on a decision before the patient dies!

The President apparently has no problem expanding the scope of federal jurisdiction, but he is silent when it comes to increasing access for the uninsured. Our Patients' Bill of Rights delivers on access. It would increase access to coverage by removing the 750,000 cap on medical savings accounts (MSA's). MSA's are a success and should be made available to anyone who wishes to control his or her own health care costs. Moreover, persons who pay for their own health insurance would be able to deduct 100 percent of the cost if our bill becomes law—equalizing the taxes, making coverage more affordable. This would have a dramatic impact on folks in Wyoming. These provisions would, without a doubt, pave the way for quality health care to millions of Americans without dismantling access and affordability due to federally captured state jurisdiction.

While the President's bill has been pitched as being essential to enhancing the quality of care Americans receive, I hope that my colleagues will carefully evaluate the impact that any federalized, national one-size-fits-all approach would have on our nation's health care system. As I have encouraged my constituents to read the fine print, I also ask them to listen carefully to this week's debate. I hope they'll see for themselves how the President's legislation effects their home state. Rural states deserve a voice, too. Only our Patients' Bill of Rights would provide them that podium from which they can be heard.

Madam President, I yield the floor and reserve the remainder of our time.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. I yield 5 minutes to the Senator from New Mexico.

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

PRIVILEGE OF THE FLOOR

Mr. BINGAMAN. Madam President, I ask unanimous consent that Robert Mendoza, a fellow on my staff, and Matt Maddox on my staff be granted the privilege of the floor during the pendency of this bill, and also that same privilege be granted to Ellen Gadbois and Arlan Fuller, fellows from Senator KENNEDY's office.

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

Mr. BINGAMAN. Madam President, I rise to discuss managed care reform, an extremely important issue which we are finally getting to a debate this week. We have an opportunity this week to substantially improve the

quality of life for 161 million Americans, including 900,000 New Mexicans, many of whom have contacted me through letters and phone calls and faxes, telling about their desire for some reform of the managed care system.

Our goal this week seems to me very clear. The American people—and I believe every family who spends their hard-earned dollars on health insurance—need to receive nothing less than the finest of medical care available. We are trying to ensure that through this legislation. That is the task we have set, to guarantee the people of this country critical patient protections.

It is clear the reasons are valid, why we should do this. First, survey after survey reports the American people are demanding the passage of patient protections such as those contained in the Democratic bill that I supported, which Senator KENNEDY offered in the committee. In my State, there are 350,000 New Mexicans who will not have critical patient protections if the bill we pass at the end of this week leaves medical decisions up to non-medical insurance personnel. There are 200 patient groups and health care provider organizations, physicians, workers' unions, and employee groups, that stand behind the need for these patient protections. There are 30 million Americans who have had trouble seeing a specialist, women and children with special needs who either had critical care delayed or, worse, had that care denied. I heard my colleague from Wyoming just now say providing this access to specialized care will dramatically increase premiums.

The statistics are clear. The Congressional Budget Office did an analysis and determined that the increase in premium costs would be, at the most, 4.8 percent over a 10-year period. Providing this specialized care or access to specialists would be a one-tenth-of-1-percent increase in cost, less than $2 per patient per month for the entire array of patient protections about which we are talking. This is a very modest amount which Americans are willing to pay.

Americans who live in rural areas, such as my State and the Senator from Wyoming was talking about his State, have to travel an hour or more to get to a doctor when there is an appropriate health care provider just down the road. We are trying to ensure those other appropriate health care providers also be made available to those patients.

Even if you put aside all of these particular reasons for passing the bill, clearly the main reason we should pass it is that it is the fair thing to do.

There was a very good editorial in this morning's Washington Post which I believe all Members should read. Let me refer to it for a moment. It talks about the managed care debate coming up in the Senate this week. It says:

> The objective is, or ought to be, to legitimize the containment of these costs by giving the public a greater guarantee that the process will be fair. Republicans resist the increased regulation this would entail. In the past they have tried to deflect the bill; now they offer weak legislation that is mainly a shell.

My colleague from North Dakota said the Republican proposal is an empty vessel. The Washington Post says it is ''mainly a shell.''

It goes on to say:

> The stronger Democratic bill is itself fairly modest. Much of it is ordinary consumer protection. Patients would have to be fully informed about the costs and limits of coverage, including any arrangements a plan might have with physicians or other providers that might give them an economic incentive to cut costs. No gag orders could be imposed on physicians to keep them from disclosing the range of possible treatment, without regard to cost. A plan would be required to have enough doctors to meet the likely needs of the enrollees. Patients could not be unfairly denied access to emergency care or specialists. . . .

It goes on:

> The Republican bill professes to provide many of the same protections, but the fine print often belies the claim.

Madam President, the debate is going to be very constructive this week. The distinctions between the Democratic bill, which contains real protections, and the Republican bill, which the Washington Post refers to as ''mainly a shell,'' will be made clear to the American people. I hope very much we will step up to the challenge and pass something that contains some substantive protections for the people of my State. We will have other opportunities to debate specific amendments in the future.

I see the Democratic leader is ready to speak. I yield the floor, and I appreciate the chance to speak.

The PRESIDING OFFICER. Who yields time? The minority leader is recognized.

Mr. DASCHLE. Madam President, I commend the distinguished Senator from New Mexico for his excellent statement and for his leadership on this issue. He has been very much a part of the effort from the very beginning and has lent the caucus and the Senate an extraordinary amount of his expertise on this issue, and we are deeply grateful to him.

AMENDMENT NO. 1233 TO AMENDMENT NO. 1232

(Purpose: To ensure that the protections provided for in the Patient's Bill of Rights apply to all patients with private health insurance)

Mr. DASCHLE. Madam President, we yield back the remainder of the time on the substitute, and I send an amendment to the desk on behalf of the distinguished Senator from Massachusetts, Mr. KENNEDY.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

> The Senator from South Dakota [Mr. DASCHLE], for Mr. KENNEDY, for himself, Mr. REID, Mr. DURBIN, Mr. WELLSTONE, Mr. WYDEN, Mr. REED, Mrs. MURRAY, Mr. DASCHLE, and Mr. CHAFEE, proposes an amendment numbered 1233 to amendment No. 1232.

Mr. DASCHLE. Madam 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 printed in today's RECORD under ''Amendments Submitted.'')

Mr. DASCHLE. Madam President, I yield the floor.

The PRESIDING OFFICER. Who yields time? Does the Democratic leader yield time?

Mr. DASCHLE. Madam President, I yield the remainder of the time to the distinguished Senator from Massachusetts for him to manage.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KENNEDY. Madam President, there are several of my colleagues on the floor. As I understand, we have 50 minutes; is that correct?

The PRESIDING OFFICER. The Senator is correct.

Mr. KENNEDY. I yield myself 7 minutes.

PRIVILEGE OF THE FLOOR

Madam President, I ask unanimous consent that David Doleski from Senator WELLSTONE's office and Steven Snortland from Senator DORGAN's office be granted the privilege of the floor.

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

Mr. KENNEDY. Madam President, as we start this debate, there are a series of issues before us. One of the most important and most significant is who is covered under the two different approaches before the Senate. One approach has been advanced by Senator DASCHLE, of which many of us are cosponsors, and the other approach on the other side has been reported out of the Health, Education, Labor, and Pensions Committee. Senator FRIST and the Republican leadership are cosponsors.

In our proposal, we provide that virtually every individual who has health insurance will have the protections included in our bill. Under the Republican proposal, we are finding out that the total numbers covered are only those in what they call ERISA plans. There are 163 million total individuals who have health insurance covered under our bill. The other side covers only 48 million, and excludes 113 million. They are only covering a third of all Americans.

We can ask ourselves: If their proposal is so solid and makes so much sense, why don't they cover all Americans? We heard the principal advocates for the Republicans go on about what good things their particular proposal is going to do. Then why not cover all the people in the country instead of only a third?

They will find out that under their proposed legislation, they do not cover anyone who receives their health care through health maintenance organizations. Isn't it extraordinary that this

whole development, the need for patient protections, is a result of insurance companies making medical decisions in the interest of the company profitability rather than the health interests of the patient? That is the basic reason this whole issue has developed.

Their solution is to advance a program that does not even cover all Americans. I am still waiting to hear why. If their program is so wonderful, as has been stated in the Senate, I still wonder why they are not covering everyone. Can they explain how they justify to people, living side by side, that one will be covered and the other one will not be covered under the Republican plan? They certainly are not covering the 15 million people who are buying individual policies. These are generally small business men and women, farmers, and individuals who are buying individual policies. They are excluded under the Republican plan. State and local government workers are excluded, and the 75 million whose employer provides fully funded coverage, the largest category, are all excluded. Only 48 million are covered under the Republican plan.

I tried to read through every explanation to understand. Then I started to read the proposals advanced in the House of Representatives.

There are five different Republican House proposals. But all the Republican proposals in the House of Representatives cover all Americans. Why is it that the Republican bills in the House of Representatives cover all Americans and over here in the Senate the Republicans only cover a third of Americans? I thought there might be some explanation.

The Democrats cover all Americans. When we say ''all,'' we mean all. When we say ''protections,'' we mean protections. That is what this legislation is all about. We want to make sure we will have the opportunity, over the course of this week, when we are talking about protections for the type of specialty care that a child might need—such as a child who has cancer—that they are guaranteed they will be covered by the protections we have included in our bill.

We want to ensure that all women are going to be guaranteed the protections we have included. We want to make sure that all of those with some type of physical or mental challenge are going to be guaranteed the protections we have included—not just a quarter, not just a third, not just a half, not just three-quarters but all of them.

So I find that on the most basic and fundamental issue, the plans differ greatly. We are all asked: Well, look, Senator, the Republican proposal has emergency protections and you have emergency protections. Can you tell us what the differences are?

The fact is that virtually two-thirds are excluded from the Republican proposal, before we even discuss the loopholes they have written so that their legislation does not provide adequate protections that have the support of the emergency room physicians.

We heard this afternoon how the Republican bill provides protections for emergency room care and specialty care. The fact is that none of those professional groups that are dealing with children every single day and none of the specialists that are dealing with the most complicated cases are supporting their plan. All are supporting our plan.

It is for this reason I would have thought we would be able to bring Republicans and Democrats together. Let's decide whether we really want to deal with the issue. Let's start off this debate on the first day, on Monday, and say: OK, let's go ahead and make sure whatever we are going to do is all inclusive in protecting the children, not only those covered by self-funded employer plans. I do not know how many children in this country know whether they are getting their health care as a result of a self-funded employer plan or whether it is the employer providing the services through insurance programs.

I say, let's deal with children. Let's deal with all the children. That is what our bill does. And that, I believe, is fundamental.

The PRESIDING OFFICER. The time has expired.

Mr. REID. I ask the Senator from Massachusetts to yield me 10 minutes from the bill.

Mr. KENNEDY. I yield that time.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. I can remember the first time I went to New York as a young man. My wife and I, of course, traveled the streets of New York. We walked, and there were a lot of fascinating things. But one of the things I will never forget is the people on the streets who were involved in shell games. I did not participate in any of them, but they would try to get people to come. They would move these little markers around. You could never win. No one ever won. None of the people they got to participate in these shell games ever won. I had had enough experience from going to carnivals as a young man not to participate in those games because there are certain games you can never win.

What is happening with the majority is they have a shell game going on. They are here today pronouncing what is so good about their bill. But the fact of the matter is, it is a shell game. Because you pick it up, and what they talk about is never there. The important part of what they are talking about is never there. Pick it up, and it is gone.

What am I talking about? The Senator from Massachusetts has talked about the bill of the Republicans covering only about one-fourth, about 25 to 30 percent, of the people that our bill covers. That is part of the shell game. You pick it up and 75 percent of it is missing.

We are talking about passing a real patient protection act, a bill that covers 161 million Americans, not 25 percent of 161 million Americans who receive health care through some form of managed care.

Our bill is not a bill that omits 113 million Americans. Our bill ensures access to the closest emergency room without prior authorization and without higher costs.

There have been lots of stories told about people wanting to go to an emergency room but having to check first. I participated in an event this afternoon where an emergency room physician talked about what is happening with managed care and how an emergency room physician never has the opportunity, under managed care, to really do what they need to do because of: How did that patient get there? Did they come on their own? Did they get prior approval?

Our bill is not a shell game. As to emergency care, you pick up the shell and under it the Republicans give you nothing. Our bill ensures access to qualified specialists, including pediatric specialists, unlike the Republican bill, a bill that limits access to specialists and does not guarantee that children may see a pediatric specialist.

We live in a world of specialization. When your child is sick, you want your child to go to someone who is a pediatric specialist. Whether it is a pediatric oncologist specialist, whether it is a pediatric orthopedic specialist, you need to be able to take your child to the person who can render the best care. But when you pick up this Republican shell where they talk about ''they get everything,'' and you want a pediatric specialist, it is empty; you cannot get it.

Our bill, the minority bill, guarantees that women may designate their obstetrician/gynecologist as a primary care provider. Why is that? Because that is, in fact, the reality in America. Women go to their gynecologists. That person treats them when they have a cold, when they are sick from something dealing with whatever the cause might be. They look to their gynecologist as their primary care physician.

Under our legislation, it guarantees that women may designate their OB/GYN as a primary care provider. But what happens under the Republican bill? It makes no guarantees and limits this to only a few select women.

Again, you look up and you see this shell game and you see all these promises. You think you are going to score big. You pick up this shell, and there is nothing there for women that guarantees their OB/GYN as a primary care provider.

The junior Senator from Wyoming came to the floor and again tried to move this shell around. What was his shell game? The junior Senator from Wyoming said that this was national health insurance—those bad words: national health insurance. Of course, this

has nothing to do with national health insurance, absolutely nothing. But, of course, this is part of the shell game: We want to frighten people; we want to frighten and confuse people, as the health insurance industry is doing as we speak by spending millions of dollars with false and misleading advertisements.

The insurance industry, as the Senator from Massachusetts pointed out, opposes this legislation. Hundreds of groups support this legislation—hundreds of groups.

I ask unanimous consent to have printed in the RECORD a partial list of those organizations that support this legislation.

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

GROUPS SUPPORTING THE DEMOCRATIC PATIENTS' BILL OF RIGHTS

ABC for Health, Inc.
Access Living.
AIDS Action.
AIDS Law Project of Pennsylvania.
Alamo Breast Cancer Foundation and Coalition.
Alcohol/Drug Council of North Carolina.
Alliance for Lung Cancer Advocacy, Support, and Education (ALCASE).
Alliance for Rehabilitation Counseling.
Alzheimer's Association—Greater Richmond Chapter.
Alzheimer's Association—New York City Chapter.
American Academy of Child and Adolescent Psychiatry.
American Academy of Emergency Medicine.
American Academy of Neurology (AAN).
American Academy of Pediatrics.
American Academy of Physical Medicine and Rehabilitation.
American Association for Marriage and Family Therapy.
American Association for Psychosocial Rehabilitation.
American Association for Respiratory Care.
American Association of Children's Residential Centers.
American Association of Nurse Anesthetists.
American Association of Pastoral Counselors.
American Association of Private Practice Psychiatrists.
American Association of University Women (AAUW).
American Association on Mental Retardation (AAMR).
American Autoimmune Related Diseases Association (AARDA).
American Board of Examiners in Clinical Social Work.
American Cancer Society.
American Chiropractic Association.
American College of Emergency Physicians (ACEP).
American College of Obstetricians and Gynecologists (ACOG).
American College of Physicians (ACP).
American Counseling Association.
American Federation for Medical Research.
American Federation of Home Health Agencies.
American Federation of Labor & Congress of Industrial Organizations (AFL–CIO).
American Federation of State, County and Municipal Employees (AFSCME).
American Federation of Teachers.
American Gastroenterological Association.
American Group Psychotherapy Association.
American Heart Association.
American Lung Association.
American Medical Association (AMA).
American Medical Rehabilitation Providers Association.
American Music Therapy Association.
American Network of Community Options and Resources.
American Nurses Association (ANA).
American Occupational Therapy Association.
American Optometric Association.
American Orthopsychiatric Association.
American Physical Therapy Association.
American Podiatric Medical Association.
American Psychiatric Nurses Association.
American Psychoanalytic Association.
American Psychological Association (APA).
American Public Health Association.
American Society of Clinical Oncology.
American Speech-Language-Hearing Association.
American Therapeutic Recreation Association.
Anxiety Disorders Association of America.
The Arc.
Arc of Washington State.
Asian and Pacific Islander American Health Forum.
Association for the Advancement of Psychology.
Association for Ambulatory Behavioral Healthcare.
Association of Behavioral Healthcare Management.
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).
Bazelon Center for Mental Health Law.
Brain Injury Association.
California Advocates for Nursing Home Reform.
California Breast Cancer Organizations.
Cancer Care, Inc.
Candlelighters Childhood Cancer Foundation.
Catholic Charities of the Southern Tier.
Center for Patient Advocacy.
Center for Women Policy Studies.
Center on Disability and Health.
Children and Adults with Attention Deficit Disorder.
Child Welfare League of America.
Children's Defense Fund.
Clinical Social Work Federation.
Coalition of Wisconsin Aging Groups.
Colorado Ombudsman Program—The Legal Center.
Communication Workers of America—Local 1039.
Consortium for Citizens with Disabilities Health Task Force.
Consumer Federation of America (CFA).
Consumers Union.
Corporation for the Advancement of Psychiatry.
Crater District Area Agency on Aging.
Council of Vermont Elders.
Dekalb Development Disabilities Council.
Delta Center for Independent Living.
Disabled Rights Action Committee.
Eastern Shore Area Agency on Aging/Community Action Agency.
Epilepsy Foundation.
Families USA Foundation.
Family Service America.
Family Voices.
Federation for Children with Special Needs.
Florida Breast Cancer Coalition.
Friends Committee on National Legislation.
Friends of Cancer Research.
Gay Men's Health Crisis.
Gazette International Networking Institute (GINI).
General Clinical Research Center Program Directors Association.
Genzyme.
Glaucoma Research Foundation.
Goddard Riverside Community Center.
Health and Medicine Policy Research Group.
Human Rights Campaign.
Independent Chiropractic Physicians.
International Association of Psychosocial Rehabilitation Services.
League of Women Voters.
Lukemia Society of America.
Managed Care Liability Project.
Mary Mahoney Memorial Health Center.
Massachusetts Association of Older Americans.
Massachusetts Breast Cancer Coalition.
Meals on Wheels of Lexington, Inc.
Mental Health Association in Illinois.
Mental Health Net.
Minnesota Breast Cancer Coalition.
NAACP.
National Abortion and Reproductive Rights Action League.
National Alliance for the Mentally Ill (NAMI).
National Alliance of Breast Cancer Organizations.
National Association for Rural Mental Health.
National Association for the Advancement of Orthotics and Prosthetics.
National Association of Childrens Hospitals (NACH).
National Association of Developmental Disabilities Councils.
National Association of Homes and Services for Children.
National Association of Nurse Practitioners in Reproductive Health.
National Association of People With AIDS (NAPWA).
National Association of Protection and Advocacy Systems.
National Association of Psychiatric Treatment Centers for Children.
National Association of Public Hospitals.
National Association of School Psychologists.
National Association of Social Workers.
National Black Women's Health Project.
National Breast Cancer Coalition (NBCC).
National Caucus and Center on Black Aged, Inc.
National Coalition for Cancer Survivorship.
National Community Pharmacists Association.
National Consumers League.
National Council for Community Behavioral Healthcare.
National Council of Senior Citizens.
National Hispanic Council on Aging.
National Marfan Foundation (NMF).
National Mental Health Association (NMHA).
National Multiple Sclerosis Society.
National Parent Network on Disabilities.
National Partnership for Women & Families.
National Patient Advocate Foundation.
National Therapeutic Recreation Society.
NETWORK: A National Catholic Social Justice Lobby.
Nevada Council on Developmental Disabilities.
Nevada Council on Independent Living.
Nevada Forum on Disability.
Nevada Health Care Reform Project.
New York City Coalition Against Hunger.
New York Immigration Coalition.
New York State Nurses Association.
North American Brain Tumor Coalition.
North Carolina State AFL–CIO.
North Dakota Public Employees Association—AFT 4660.
Oklahomans for Improvement of Nursing Care Homes.

Older Women's League (OWL).
Ombudservice.
Opticians Association of America.
Oregon Advocacy Center.
Paralyzed Veterans of America.
Pregnancy Planning Services, Inc.
Physicians for Reproductive Choice and Health.
President Clinton.
Reform Organization of Welfare (ROWEL).
RESOLVE.
Rhode Island Breast Cancer Coalition.
Rockland County Senior Health Care Coalition.
San Diego Federation of Retired Union Members (FORUM).
San Francisco Peakers Senior Citizens.
Service Employees International Union (SEIU).
Service Employees International Union (SEIU)—Local 205.
Service Employees International Union (SEIU)—Local 585, AFL–CO CLC.
South Central Connecticut Agency on Aging.
Southern Neighborhoods Network.
Susan G. Koman Breast Cancer Foundation.
Tourette Syndrome Association, Inc.
United Automobile, Aerospace and Agricultural Implement Workers of America (UAW).
United Cerebral Palsy Association.
United Church of Christ, Office for Church in Society.
United Senior Action of Indiana.
University Health Professionals Union—Local 3837, CFEPE/AFT/AFL–CIO.
US TOO International.
Vermont Public Interest Research Group.
Voice of Seniors.
Voluntary Action Center.
Volunteer Trustees of Not-For-Profit Hospitals.
West Side Chapter NCSC.
Western Kansas Association on Concerns of the Disabled.
Women in Touch.
Y–ME National Breast Cancer Organization.

Mr. REID. This isn't national health insurance. This is something that the junior Senator from Wyoming and others would like you to think is. You can follow these shells. You pick one up, and, of course, again it is misleading. Our legislation ensures access to needed drugs and clinical trials. It is not a bill that imposes financial penalties for needed drugs. Of course, their bill does not guarantee access to clinical trials for cancer patients, among others.

What does this mean? Again, not speculation but facts. We were at an event at 2 o'clock today, and there was a man there whose 12-year-old son last August got cancer. It was a rare form of cancer. During his chemotherapy, the managed care entity suddenly said: We don't cover you. What was he going to do? He wrote numerous letters and called numerous people. In short, by the time the managed care entity finally agreed to cover it and that it was certainly something which was necessary, and by the time his family and friends gathered together to help pay for this, the boy was almost dead, and he died in February, just a few months ago.

Our bill ensures access to needed drugs and clinical trials, not this shell game where you say: Here, my 12-year-old son is sick; I have been told this will cover me. You pick up the shell. It is empty. There is nothing under there. You lose again.

Our legislation prohibits arbitrary interference of HMO bureaucrats. What does that mean? It means that insurers cannot overrule doctors' medical decisions. What we need is a bill that reestablishes the patient-doctor relationship, not one that allows clerks in Minneapolis or Baltimore or Sacramento to make decisions for my friends, relatives, and constituents in the State of Nevada. We want the doctors making those decisions. Our legislation does that. The Republican version does not do that. It is a part of the shell game that shuffles these shells around. People think they have won, but they pick up the shell and, again, they have lost.

The minority legislation prohibits gag clauses and improper financial incentives to withhold care. What does this mean? There are many organizations around the country that give incentives to keep people out of hospitals, incentives to keep people from having certain types of care rendered. Why? Because if they do that, they get bonuses.

Our legislation also prevents HMOs from prohibiting doctors and other medical care specialists from telling patients what is really wrong. They can't be fired if they do so. Again, our legislation is not a shell game. It is not a shell game, as the majority legislation is a shell game. The majority would like you to believe that under every one of those shells you have a winner, but the fact of the matter is, every shell you pick up under the Republican version is empty; you lose again.

The minority bill holds HMOs accountable when their decisions lead to injury or death. There have been people who have talked about how this bill is going to be overtaken by the lawyers. Let me give you a little statistic about medical malpractice cases. In the State of Nevada, since we have become a State, there have been fewer than 40 medical malpractice cases tried by a jury. We became a State in 1864.

I say that HMOs should be treated like everyone else. I went to dinner in Reno a couple weeks ago with a woman who is a manager of a managed care entity. She said: HARRY, I like your bill except for the lawyers. I said: Why should you be any different from anybody else in America? We all have to deal with lawyers. You should, too.

This legislation will not increase costs more than the cost of a cheeseburger and a very small order of fries every month. We can go through a list of people who have indicated that that, in fact, is the case, contrary to what the junior Senator from Wyoming and others have said today.

Madam President, I ask unanimous consent for 3 additional minutes, since the manager is not here. I will take that off the bill.

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

Mr. REID. Madam President, the fact that lawyers are involved will make managed care entities do better work. The history of this is certainly adequate. In the State of Texas, as an example, where they have a Patients' Bill of Rights, it doesn't cover enough people, but it covers some people. By the way, it is a Patients' Bill of Rights that George W. Bush vetoed. They came back and passed another one, and he refused to sign that. He is going around talking, in his Presidential run, about what a great Patients' Bill of Rights they have in Texas. Everyone should understand, he vetoed the bill and refused to sign the second one. The fact of the matter is, the Texas experience indicates that it doesn't increase cost; it just makes the health care entity, the managed care entity, do a better job.

Our bill holds HMOs accountable when the decisions lead to injury or death. This is not a bill, as the Republican bill, that maintains protections for HMOs that injure or kill patients. I was startled today to hear one of the majority talk about how their bill would reimburse costs for somebody who has been aggrieved, whatever the medical care would have been. That is what happens now under HMOs. That is why it makes it so bad.

We want a bill that takes care of patients, a bill that takes care of patients based on doctors' decisions, not clerks' decisions. We want a bill that is more concerned about patients than about profits.

I yield the floor.

Mr. NICKLES addressed the Chair.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

Mr. NICKLES. Madam President, I will speak in general on the bill, but I am on amendment time.

Mr. REID. Will the Senator yield for a unanimous consent request?

Mr. NICKLES. Surely.

Mr. REID. On behalf of Senator KENNEDY, the manager of the bill, I ask unanimous consent that the time I used, so there is no misunderstanding, be charged to the amendment and not the underlying bill.

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

Mr. REID. I express my appreciation to the Senator from Oklahoma.

PRIVILEGE OF THE FLOOR

Mr. NICKLES. Madam President, I ask unanimous consent that the list of staff I now send to the desk be granted the privilege of the floor during consideration of S. 1344, the Kennedy-Daschle health care bill.

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

The list is as follows:

HEALTH CARE TASK FORCE

Senate office	Staffer
Brownback	Rob Wassinger
Collins	Priscilla Hanley
DeWine	Helen Rhee
Enzi	Chris Spear
	Raissa Geary

HEALTH CARE TASK FORCE—Continued

Senate office	Staffer
Frist	Anne Phelps
	Sue Ramthun
Gramm	Don Dempsey
	Mike Solon
Gregg	Alan Gilbert
Hagel	Steve Irizarry
Hutchinson	Kate Hull
Jeffords	Paul Harrington
	Kim Monk
	Tom Valuck (fellow)
	Carole Vannier (fellow)
Lott	Sharon Soderstrom
	Keith Hennessy
Nickles	Stacey Hughes
	Meg Hauck
Mack	Mark Smith
RPC/Craig	Michael Cannon
Roth	Kathy Means
	Bill Sweetnam
	Dede Spitznagel
Santorum	Peter Stein
Sessions	Libby Rolfe

Mr. NICKLES. Madam President, I will speak in general about the bill and maybe correct some statements that I believe are factually incorrect. I think it is important to deal with facts.

I have heard a lot of opinions. I heard that the Republican bill that many of us worked together on was a shell. I am kind of offended by that, I mention to my colleague.

First, let me say, when we are considering health care, we should make sure we don't do any damage. We should do no harm. Maybe we should repeat the physicians' Hippocratic oath: Do no harm.

When I look at the proposal of Senator KENNEDY, the Democrats' bill, I see it doing a lot of harm. If that bill was enacted, a lot of people would become uninsured. That is harm. As a matter of fact, it is estimated as many as 1.8 million, almost 2 million, people would become uninsured if we passed his bill. We already have 43 million uninsured Americans. Let's not add to it. Let's not make it worse. Unfortunately, I think that is what would happen.

We shouldn't be dramatically increasing health care costs. That is not going to help solve the problem. Cost is a big problem. We had a little press conference today. We had several self-employed people who said: I can't afford health insurance. One said they didn't have it. One said they barely had it and, if the cost went way up, they would lose it. They would have to cancel it for themselves and their employees. We don't want to do that. That is doing harm. That is doing damage. That is doing damage, frankly, to the best health care system in the world. I am not saying the health care system we have in the country today is perfect. Does it make mistakes? You bet. Can we make it better? Sure we can. Let's do that.

But I don't think we make it better by coming up with a whole laundry list of Federal mandates stacked on top, duplicating State mandates, saying: The Federal Government knows best. Yes, this is going to cost you a lot of money. Oh, yes, Mr. Employer, you can be sued. The employer saying: Thank you very much, but I don't have to provide this benefit in the first place and, if you are going to sue me for it, I will just drop it. I hope my employees take care of their health care needs on their own. I will give them a little money. I hope they do it.

You and I know, in many cases they won't do it. We shouldn't do harm; we shouldn't do damage to the system.

I heard my colleagues, from Massachusetts and from Nevada, say: Well, our bill doesn't cost much. It costs about the cost of a cheeseburger, maybe a cheeseburger and fries.

Let's look at the reality. The Congressional Budget Office says the Kennedy bill would increase health care costs by 6.1 percent. I understand they may amend it to make it 4.8 percent. What people haven't caught onto is, that is in addition to health care inflation that is already in the system. The cost of health care is going up. It is estimated to go up 9 percent, by a national survey of plans by William Mercer. So health care costs are going up 8 or 9 percent. You add another 5 or 6 percent on top of it, that means if we pass the Kennedy bill, health care costs will be up by 15 percent. What if it is 14 percent? I think that is too high. I think if health care costs go up that percentage, you are going to have a lot more people uninsured.

Then what about: Well, it only costs as much as a Big Mac. I have the greatest respect for Senator KENNEDY, but I do not know how good his math is. Let me use some people who are pretty good at math, the Congressional Budget Office. They are not Democrats. They are not Republicans. They're not people who say: Let's come up with some bad information on the Kennedy bill.

They said, Senate bill 6, the Kennedy Patients' Bill of Rights, will increase health care premiums by 6.1 percent, resulting in an $8 billion reduction in Social Security payroll taxes over the next 10 years, an $8 billion reduction in Social Security payroll taxes. The total reduction in payroll over that period of time is $64 billion over the next 10 years. Now, $64 billion in lost wages is a lot more than a Big Mac. As a matter of fact, I think it equates to $355 more per family per year. That is not a Big Mac. That is about $30 a month. That is not $3 a month, or $2 a month, as Senator KENNEDY alluded to. That is about $30 a month. That is a big hit. That means that is $30 less that an employer will have to compensate his employees. Where does that money come from? That is real money. According to CBO, $64 billion over the next 10 years is the cost of the Kennedy bill. Where does that come from? From lost wages of employees. A whole lot of employees say: Thank you very much, Senator KENNEDY, but I want the money. Thank you, but I want to keep my health insurance. Don't price it out.

So I think it is funny, in a way, that I hear it will only cost $2 a month. That is not accurate. CBO says it would cost $355 per year per family. So I mention that, and I think it is important that we use facts. I think everybody is entitled to their own opinion, but they are not entitled to their own facts. The fact is that the Kennedy bill would cost families hundreds of dollars per year and would increase the number of uninsured in the millions.

Right now, there are 43 million uninsured Americans. That equals the population of 9 States—the population of the States that I have in yellow on the chart. If we pass the Kennedy bill, we can add 3 more States, North Dakota, South Dakota, and Wyoming. The entire population of those States would be uninsured. We should not be doing that. Democrats and Republicans, from the outset, should not do any harm and we should not increase the number of uninsured.

Another thing we should not do is increase the complexity of plans. My friend and colleague, Senator DASCHLE sent that to the desk for Senator KENNEDY. He said we need to expand the scope, that the Republican plan only covers 48 million Americans, and we cover 161 million Americans, and those other 100 million Americans have no protections whatsoever.

Well, this chart, compliments of Senator GREGG from New Hampshire, shows you the complexity of the Kennedy plan. Now, this is very graphic, and I am sure anybody looking at it closely would say that looks like a mess. And it is, because what it does it, it says: States, we don't care what you have done. We know better. The Federal Government knows best.

Again, I have great affection and admiration for my colleague, Senator KENNEDY. He has always thought the Federal Government knows best when it comes to health care. He has always supported national health care and thought the Federal Government should write the plan and insist on the benefits. We know best, so States get out of the way. The Federal Government will tell you how to run your health care business. We don't care if you have had experience over the last 50 years in administering insurance, health care, having insurance commissioners, and having quality inspectors. We don't care if you have that. We know better. The Federal Government, HCFA, Health Care Finance Administration, knows better and should be making these decisions.

Under the Kennedy bill, we are going to overlay on top of all the State regulations a Federal-Government-knows-best plan. We are going to dictate that you have all these things. This little chart kind of shows the complexity of it. Health care is fairly complex anyway with State administrations. But this says we are going to overlay, on top of what the States do, complex Federal mandates. States, you must do as the Federal Government decided.

What if there is competition? What if the State has an emergency room provision for their State-regulated plans? We are going to say: We are sorry, but we know better, so you have to comply

with ours. The State says: We think ours is better. But we are going to have to have a Government bureaucrat who knows best. Senator KENNEDY knows best, HCFA know best, the Government knows best.

That is the problem with the Kennedy bill. Unfortunately, in many cases, the Government doesn't know best. There are lots and lots of State mandates, and I pulled out a few on this chart. Forty-two States have a Bill of Rights. My colleague from Nevada said the Texas Governor vetoed a Bill of Rights. I see on the list that Texas has a Bill of Rights. I happen to see that Texas has a total of 42 mandates. Probably many of them—the Senator from Texas says it may be too many. It is probably increasing the cost of health care, but the State of Texas is doing it.

Maybe we are the source of all wisdom. I don't know what the State of Texas has, but is it really in our prerogative and our right to say: Texas, you don't know what you are doing; we know what is best. So whatever you have in your mandates, we are going to mandate something more, something more expensive. We are going to dictate to you. I think that is a mistake.

There is a basic difference in philosophy between Senator KENNEDY and Dr. FRIST, who will be here shortly to discuss this. I might mention, I think the plan we proposed, as far as scope is concerned—we said, let's regulate the unregulated and protect the unprotected. There were a lot of plans that aren't covered by State insurance, and we said those plans should have some basic protections, so we put them in. Those plans weren't covered by the State mandates. That is the reason we put them in there. My Democrat colleagues said they are unprotected, out of luck, as if the States have no role whatsoever. The States don't know what they are doing. HCFA knows better. HCFA is not a cure-all for health care.

Here is an example. On a bill that we passed last year, I have a couple comments. This was in a bill we passed:

> HCFA, as a regulatory authority to enforce consumer protections, stands by the Health Insurance Portability and Accounting Act of 1996. In States that failed to enact these provisions, according to the General Accounting Office, HCFA admits that it has ''pursued a Band-Aid or minimalist approach'' to enforcing these consumer protections. The General Accounting Office also found that HCFA lacks ''appropriate experience'' in regulating private health insurance.

So GAO said HCFA is not doing a very good job. The Kennedy bill says turn it all over to HCFA. We don't think the States are good enough. We are going to turn it over to HCFA and let them do it better. GAO also said that HCFA is doing a crummy job. They should not be trying to regulate insurance throughout the country. They have a big job. What about the health insurance portability bill, the Kennedy–Kassebaum bill? People have been bragging on it. It is interesting to find out that the State of Massachusetts has not yet complied. Five States have not complied. I doubt that that means the State of Massachusetts doesn't care about insurance portability. My guess is that it is probably just as portable in Massachusetts as it is in other States. But they have not met congressional criteria. Therefore, HCFA is supposed to administer their plans. Guess what? They are not doing it. They have not done it. I don't want them to do it; I will be frank. Even though that is a law we have already passed, I don't think Federal regulation of health care in Massachusetts is going to make it any better. As a matter of fact, it might make it worse. I think that might be a mistake.

Look at the number of health care mandates on this chart. My State of Oklahoma has 26. The State of Texas has 42. Florida has 44. States have an average, I think, of 30-some or 40. Again, is it really necessary for us to come in and say: States, thank you very much, we are sure you are well-intended, but we know better. We have decided this, and we have had hearings. Our emergency room provision has to be better than yours. Our access to specialists has to be better than yours. We don't know what yours is, but we know ours is better. A colleague showed pictures and said: Look at this child; he was denied the health care. The plan said it was not medically necessary; therefore, the child didn't get the health care. So we are going to change all the laws of all the States because somebody finds some horror stories.

I have said in the past that there have been mistakes. There always will be. There will be some mistakes. We have to decide what is the best way to solve the problem. Is the solution to the problem coming up with more Government mandates—a Federal Government takeover of health care, which is really, in effect, what the Kennedy Patients' Bill of Rights is. Is that the solution? Or will it make it worse? Look at other countries that have really tried socialized medicine, government-controlled medicine, government dictates from A to Z. Is their health care better or worse than in the United States? It is worse. It is much worse. All you need for evidence of that is people in their states continue to come to the United States for quality health care, including their leaders, and including their top officials. They want to have health care in the United States because we have the best quality health care system in the world.

We need to make sure that we do no harm to that system. We absolutely need to make sure that if we can make improvements on the system, let's do so, but let's not make it worse.

Let's not pass this government-knows-best, one-size-fits-all, Washington, DC, HCFA, you are going to run it, and that we have confidence in the government bureaucrats that we are going to hire, and solve all the problems.

Mr. GRAMM. Will the Senator yield before he gets off this point?

Mr. NICKLES. I am happy to yield to my friend from Texas.

Mr. GRAMM. This is very important. Senator KENNEDY keeps standing up and really setting up the straw man and knocking him down, it seems to me.

I want to pose this as a question.

He is saying this bill covers 160 million people, whereas our bill covers only 48 million people.

But isn't it true that under our bill we cover those that are in self-funded plans where the Federal Government has jurisdiction and where the States don't have the freedom to legislate patients' rights? So we deal with the Federal jurisdiction and allow the individual States to set up their own program. But Senator KENNEDY wants to do the same thing that he did in the Clinton-Kennedy health bill of 1993, and that is to have the Federal Government set mandates even though 43 States have passed their own laws.

Is that not the distinction we are talking about? Senator KENNEDY believes that only he knows anything about this and that the State legislature in Texas does not know anything about health care and doesn't care anything about Texas. But Senator KENNEDY knows about it. In fact, he helped President Clinton do the 1993 bill, which would have put everybody into a health care collective run by the Federal Government—one big HMO very much similar to and with all the compassion of the IRS. But now he says that States aren't competent, even though 43 of them have passed patients' bills of rights. He is trying to preempt those States, whereas I understand our bill simply goes to the people who can't, because of Federal law, be covered by State patients' rights.

Is that correct?

Mr. NICKLES. That is correct. I appreciate my colleague making that distinction.

I have a list of all of the mandates that the State of Texas has. I have a list that says 42 States have a State bill of rights.

I might say that those States might have a more far-reaching bill of rights than the proposal that Senator KENNEDY offers. They may; I don't know. But I happen to think they are probably a lot closer to the people in that State. I happen to think if there are complaints, they are more likely to be resolved favorably by the State regulators than they would be by bureaucrats in HCFA that have no idea of how to regulate health care plans.

That quote that I just read from GAO said that HCFA pursued a Band-Aid or minimus approach to enforcing consumer protections, and that HCFA lacks appropriate experience in regulating private health insurance.

The GAO has already studied HCFA's results, and they have failed. Yet Senator KENNEDY's bill says to States: We want HCFA to regulate their insurance.

I just disagree with that. I disagree with that very strongly.

When I see the pictures of the health care catastrophes where somebody was denied care, or somebody didn't get care, I am very sympathetic to the families. But I don't think they are going to get more protection by turning it over to the Federal Government. I think, frankly, they get less.

Mr. GRAMM. If the Senator will yield further, does the Senator believe that HCFA cares more about the people of Oklahoma than the State representatives—the State senator and the Governor—who may not know the Oklahoma needs the way Senator KENNEDY and HCFA know them?

Mr. NICKLES. I will answer the Senator's question. No, I don't. I don't think HCFA knows the State of Oklahoma. I think HCFA is an organization that has a lot of responsibilities, and most of which are not doing a very good job—most of which haven't done a very good job, frankly, regulating Medicare. They have caused a lot of problems, as the Senator from Maine can attest to, whether you are talking about home health care, or whether you are talking about information to seniors. I know for a fact they haven't given information to seniors which was mandated by law under the Medicare changes in 1997.

I am looking at HCFA. I am sure there are some very good quality people who are very concerned about health care in general. But I don't want to turn over all insurance regulation to them, because GAO says they don't have appropriate experience. Frankly, I don't think they can do it as well. I know they shouldn't be doing it. I think that is a responsibility that can and should be left to the States. The States may make mistakes. Individuals may make mistakes. I want to make sure that I point this out before we see—I am sure—dozens more charts of somebody who was denied care.

Ms. COLLINS. Mr. President, will the Senator yield for a question?

Mr. NICKLES. Let me finish this point. I haven't made this point just yet. It is important.

We will have countless charts showing somebody who needs a cleft pallet replaced, or somebody who has lost an arm by mistake, or somebody was not treated. Obviously, any lay person would say, Why didn't that person get health care?

If you pass our plan, we were going to see them and make sure they get health care.

The distinction that I want to make is that the bill that we have before us on the Republican proposal is that every health care plan in America has an internal appeal done by a doctor. The internal appeal is done by a doctor. It is done by a physician. If for some reason that physician still determines that it wasn't medical necessary, that physician can appeal it to an outside, independent expert to make the determination of whether or not it was medically necessary, or whether or not the treatment should go forward.

Hopefully that would solve the pictures, or the horror stores that we have seen.

It wouldn't be decided by politicians. It would be decided by an independent expert in that field who has no financial incentive whatsoever and no connection to the health insurance industry—as I heard one of my colleagues say, Oh. Yes. They are bought and paid for. That is not correct.

What we are offering instead of a lot of litigation and the probability that people will be dropping plans like crazy is the chance for people who need health care to get. If they are denied health care coverage, they get an appeal. If their life is threatened, or if it is dangerous, they can get it immediately, and they can get it done by an independent review board. So they get the health care they need—not get a lot of litigation, and not in the process uninsured millions of Americans.

Ms. COLLINS. Will the Senator yield for a question?

Mr. NICKLES. Sure.

Ms. COLLINS. Will the Senator agree that it is absolutely irresponsible to be proposing a vast expansion of HCFA's authority in regulating the private insurance market given HCFA's record, which includes missing 25 percent of the implementation deadlines in the balanced budget amendment of 1997; of taking 10 years to implement a 1987 law establishing nursing home standards; of yet to have updated 1985 fire safety standards for hospitals; when it is utilizing 1976 health and safety standards for the treatment of end-stage kidney disease; when it is shown that it has been unable to handle the responsibilities that Congress gave it under the Health Insurance Portability and Accountability Act?

Is that part of the Senator's concern about taking away the authority from State governments that are doing an excellent job in providing patient protections, and instead relying on the Federal Government and the agency of HCFA to do that job?

Mr. NICKLES. I certain concur with my colleague from Maine that turning the responsibility over to HCFA won't make any improvement. It will make it worse.

I might qualify part of the Senator's statement. I am not sure that States are doing an excellent job in every area. I think they will do a much better job than they would be if it is turned it over to the Federal Government. I think they would be much closer to fixing the problem, and they could fix the problem of the absence of quality. I think they can fix that much, much better than we can by dictating it from Washington, DC.

Ms. COLLINS. If the Senator will yield on one further point for a question, would the Senator agree that the health committee legislation is an attempt to protect the unprotected consumers, to reach out to those health care consumers that the States are prohibited from protecting, and that, indeed, the assertions we are hearing from Senator KENNEDY, our colleague, and others, and that we are leaving more than 100 million Americans completely unprotected is absolutely false because they are protected under State laws that the States enacted without any prompt from Washington, without any encouragement from Washington, and in fact the States are far ahead of Washington in this debate?

Mr. NICKLES. To answer my colleague from Maine, the Senator is exactly right—although I say we protect the unprotected. Even in the State-regulated plans, we make sure all those plans have an appeals process.

ERISA, which is a national law that does deal with fiduciary standards, deals with reporting standards. We make sure there is also an appeals process that covers 124 million people. Maybe our colleagues on the other side forget that. That is a basic process which we think is much better than saying, let's go to court; you were denied coverage, let's go to court and sue. It may be 3 or 4 years and the plaintiff may eventually get something—or the trial lawyer may get most of the money. We say, instead of going that way, let's go through an appeals process. We formulate an excellent internal and external appeals process for 124 million Americans, broad based, for any employer-based plan.

That is a fundamental asset in our plan that will improve quality health care throughout the country.

Ms. COLLINS. I thank the Senator. I certainly agree with his analysis.

Mr. NICKLES. I yield the floor.

Mr. KENNEDY. Mr. President, how much time do we have?

The PRESIDING OFFICER (Mr. HUTCHINSON). The Democrats have half an hour on the amendment.

Mr. KENNEDY. I yield 10 minutes to the Senator from Illinois.

Mr. DURBIN. There was a historic event that just occurred on the floor of the Senate. Those who look through the CONGRESSIONAL RECORD are going to find something truly amazing has just occurred. This debate on health insurance reform started at 1:10 p.m. It wasn't until 3:59 p.m., almost 3 hours later, that the first Republican Senator referred to our amendment as ''socialized'' medicine. Almost 3 hours passed on the Senate floor before the Republicans turned to that old, beat up shibboleth—socialized medicine. That may show there has been some progress. In years gone by, that would have been raised in the first 5 minutes.

However, I think it is important my friends on the Republican side of the aisle, who were supporting the approach favored by the insurance industry, stop and consider for a moment that the world has changed dramatically since we used to simplify debate into terms of socialized medicine and the medical practice that most Americans want.

I say to Senators on the floor for the Republican side, do the Senators not consider it odd, if State regulation—which you are lauding—is so effective, that the American Medical Association is suggesting they may have to unionize across America to deal with these health insurance companies? Isn't it strange, if State regulation and State bills of right for patients are so effective, that over 200 medical organizations and others support the Democratic approach for a national standard of protection for all American citizens? If the States are doing such a great job protecting so many people, why are so many medical professionals unhappy? Why are so many families across America calling our office, writing letters, telling these horror stories which we have recounted on the floor of the Senate and will recount during the course of this week?

There may not be a more important debate on the floor of the Senate this year for America's families. We are going to decide this week whether or not you can count on your health insurance. A lot of people across America can't count on it. When it comes down to the tough time, a 12-year-old boy with cancer, as Mr. and Mrs. Ray Cerniglia discussed this afternoon, they had to fight their HMO. A couple, facing the tragedy of a 12-year-old with a rare, dangerous cancer, summons the courage to deal with it. They go for the best medical help they can find. That isn't enough. Now they have to worry about fighting the insurance company.

The Republican approach is: So what. That's business. That is the way things are.

We on this side of the aisle disagree. We believe, along with the medical professionals in America, that American families deserve better. The Republican approach is an approach supported by one group: the insurance industry. The insurance industry is spending millions of dollars on television ads distorting what this debate is all about.

I heard my Republican colleagues talk about States rights; we should leave it to the States to decide whether or not America's families should have good health insurance protection.

Take a look at what the States have already done:

Twelve States haven't done a thing about access to emergency services. If you have a serious accident in your backyard, you can take that little boy who fell out of the tree and broke his arm to the nearest emergency room and not fumble around looking at your insurance policy, wondering if you will be covered.

Thirty-one States have not enacted laws for independent appeals. If an insurance company denies coverage, you have an opportunity for an independent appeal. The Republican approach is an in-house appeal by the insurance company.

Thirty-eight States have not protected families that want to make certain they have access to the right medical specialists. But the Republican bill is one that doesn't guarantee that right to literally over 100 million Americans.

The list goes on and on.

Many of the Republicans who oppose this plan to protect America's families and their health insurance argue ''States rights.'' It is an old argument.

Senator KENNEDY, Senator DASCHLE, and others have said: Yes, if you bring these new protections into law, as we would like to have for every American regardless of where they live, the cost of health insurance will go up—$2 a month.

I see crocodile tears on the floor of the Senate as they bemoan the increased costs of health insurance policies if we pass our bill—$2 a month. Isn't it worth $2 a month to have access to a specialist when you need it? Isn't it worth $2 a month to know your doctor is giving you the best medical advice and his decision is not being overridden by some health insurance clerk? I think it is worth that and more.

They on the other side argue that our approach is too much government. It isn't empowering government. We are empowering families across America to have negotiable rights with the insurance companies, that they can stand up and say these are our rights, this is for what we stand.

This isn't a right for government. It is a right for families—families in the most precarious situations in their lives, facing the most serious illnesses. That is what we are doing here. We are empowering families and individuals to stand up to these health insurance companies.

We have seen from the letters—I have seen them from Illinois; every Senator has—how helpless people feel when they have someone in their family who is near death and they are sitting there fighting with some faceless clerk at an insurance company, begging for the care their doctor says their little boy or their little girl needs.

We give these families power with this Patients' Bill of Rights. Why the Republicans oppose this, I don't know. I can understand why the insurance industry opposes it. They have a pretty good thing going on. They make the decisions and they can't even be sued when they are wrong. You can't even take them to court.

I had an interview the other day in Chicago. One of the reporters afterwards said: Let me get this straight. We can't sue these health insurance companies when they make the wrong decision? I said: That is right. It is the only business in America that can't be held accountable for its wrongdoing.

Think about their wrongdoing. It is a matter of life and death. A health insurance company denies a basic treatment and someone can die as a result and they wouldn't be held accountable.

The thing that troubles me, too, is the Republicans leave so many people behind. What they call ''our Patients' Bill of Rights'' is an empty promise. Mr. President, 113 million Americans without health insurance—no protection in the Republican bill; no protection in a bill supported by the insurance industry.

Look what it means in some of the States of the Senators who have been on the floor today. I say to the Senator from Oklahoma, 1,574,000 people in Oklahoma are not protected by the Republican bill; 79 percent of privately insured are not protected under the Republican plan. Who are these people? They are farmers. They are self-employed people, wheat growers in Oklahoma.

Look at the State of Maine, the potato growers. Farmers there, 557,000 of them, are not protected by the Republican bill; 70 percent of the privately insured are not protected by the Republican bill. State of Texas: We have heard a lot about big government there, haven't we? Over 6 million residents of Texas are not protected by the Republican bill, 59 percent of them.

Yes, it is true. There is a State Bill of Rights in Texas. Governor George W. Bush vetoed it, and it was overridden by the State legislature. It is on the books. But basically we say everybody in America—Texas, Illinois, you name it—deserves the same kind of protection. If the Republicans had their way, in my home State of Illinois, almost 5 million people would not be protected, would not receive the benefit of the reforms we are talking about in health insurance; 59 percent of those privately insured not protected by the Republican plan.

Who are those folks? Let me show you a picture of some of them. This is my home State, farmers left unprotected by the Republican ''Patients' Bill of Wrongs.'' This is a gentleman I know by the name of Tom Logsdon. His 24-year-old daughter was diagnosed with breast cancer. She has gone through a lot. The Republicans would not protect her, would not protect her family because they are self-employed people. They are farmers. They do not believe there should be this kind of protection for those folks. I disagree. I think these families and families across America deserve the same continuity of care, the same protection. I think, frankly, when you look at the choice in this bill, you can understand why the insurance companies support the Republican bill and oppose the Democratic bill.

Here is the only way we are going to get this bill passed. We have to hope that five or six Republican Senators will break ranks and decide to join us in a bipartisan effort to really provide coverage and protection for people across America. If that does not happen, if this breaks down along partisan lines, we will spend a week in debate and the American people will say: What happened? Nothing will have happened. I hope before this debate is concluded we have that bipartisan support.

I yield the remainder of my time.

The PRESIDING OFFICER. Who yields time?

The Senator from Nevada.

Mr. REID. On behalf of Senator KENNEDY, I yield the Senator from North Dakota 5 minutes.

The PRESIDING OFFICER. The Senator from North Dakota is recognized for 5 minutes.

Mr. DORGAN. Mr. President, I have sat and listened quietly and patiently to the debate over this amendment. I was thinking to myself that, if ever there were an Olympic sport for sidestepping, I surely have seen some gold medal winners this afternoon. The issue in this amendment is, whom does this piece of legislation protect? Whom does the Patients' Bill of Rights protect?

Some people view this debate as a debate between a bunch of wind generators in blue suits, and they do not know whom to believe. So here is an editorial from USA Today—not from Republicans, not from Democrats. The headline of this USA Today editorial reads: ''100 Million Reasons GOP's Health Plan Fails. That's How Many People Proposal Will Leave Unprotected.'' Let me read what it says:

> Judging from the health insurance reform package announced this week by Senate Republicans, at least the title is correct. The proposal is called the Patients' Bill of Rights. If you are waiting for this perfunctory plan to protect you, you'll need to be patient indeed, many of the plan's key protections are restricted to the 51 million Americans who get their insurance through self-insured employer-sponsored plans subject to direct Federal regulation. But another 100 million or so whose health plans are subject to state regulation are excluded.

Again, USA Today says this plan is an empty shell. This plan does not match the needs the American people ought to expect will be met.

I have heard debate this afternoon I would have expected 100 years ago in this Chamber. Back in the years when suspenders and spittoons adorned this Chamber, you would have heard exactly the same debate on every issue. Meat inspection? Let the States do it. The Federal Government should not be involved. Pollution control? Let the States do it. Nursing home regulation? Let the States do it. Minimum wage? The Federal Government should not be involved. That is a debate a century old, and it is old and tired.

The question here is, What kind of legislation are we going to pass that protects American families? Are we going to pass a bill that includes the 100 million people their side leaves out? You were told to be careful of stories about children who tug at your heart because somehow that is not reflective of the whole issue. Jimmy, here, is never going to stroke his mother's face, may never be able to shoot a basket. He has no arms and no legs. Why? Because in the middle of the night when 6-month-old Jimmy was desperately ill, his dad had to drive past the first hospital, drive past the second hospital, drive past the third hospital, in order to get to the hospital they approved for this little boy to get emergency treatment. As a result, he lost his hands and his feet. Our opponents bill does not provide a guarantee that this young boy would have gotten emergency treatment at the first, second, or third hospital. No such guarantee exists in their plan. If it did, it would not apply to 100 million Americans.

They say don't let these stories affect you. That is what this is about. It is about patient care. It is about real people. It is about Jimmy, it is about Ethan, it is about the people I have talked about on the floor of the Senate.

Let me conclude just by pointing out the differences in titles. They brought a bill to the floor of the Senate with the title the Patients' Bill of Rights. That is the same name as the piece of legislation we authored. Ours contains real protections; theirs does not.

Abe Lincoln was debating Douglas, and he could not get Douglas to understand his point. Finally he said to Douglas: Let me ask it this way. He said:

> Tell me, how many legs does a horse have?

And Douglas said,

> Four, of course.

Abe said,

> Now if a horse's tail were called a leg, how many legs would a horse have?

And Douglas said,

> Five.

And Abe Lincoln said,

> No, that's where you are wrong. Simply calling a tail a leg doesn't make it a leg at all.

You can call this proposal that has been offered by the majority party whatever you like, but it does not make it a patients' protection act. As USA Today says in its editorial, if you think you are going to get protection from the Republican patient protection plan, you had better be patient, because it leaves out 100 million Americans. There is a lot of misinformation that has been given on the floor of the Senate today and a lot of sidestepping on the important issues. But I say when this debate is over, do not, as the Senator from Oklahoma suggests, dismiss the concerns and stories that are raised about individual people. After all, the only question really important in this debate is how it affects the individual patients, the men, women, and children who seek treatment in our health care system.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

Several Senators addressed the Chair.

Mr. NICKLES. I yield to the Senator from Maine such time as she desires.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, we have heard it again. Once again we have heard the myth that is being perpetrated on the other side of the aisle that the bill approved by the health committee leaves millions of Americans unprotected, completely unprotected. You heard it again. That is simply not true. These Americans live in States that have enacted patient protections very similar to the ones included in the health committee bill to apply to those plans where people truly are unprotected. Those are the ERISA plans, the self-funded plans that the States cannot regulate because of a Federal preemption.

According to the CBO, 80 percent of the U.S. population lives in States with laws guaranteeing access to emergency care; 77 percent of Americans work in organizations offering employee health plans with a point-of-service option. The Kennedy mandates, with direct access to OB/GYN, already exist in States containing almost 70 percent of the population. We know that 47 States have enacted laws to prohibit gag clauses, something we all agree need to be prohibited. Why do we need to duplicate and preempt the good work of the States? Why not build on the good work of the States?

The State of Maine has enacted 35 mandates—35 patient protections. Now, who is to say the emergency access protection of the State of Maine is somehow inferior to the one in Senator KENNEDY's bill, just because it differs from Senator KENNEDY's bill? Who is going to make these determinations? Are they going to end up in court? Is HCFA, by the Federal Government, by fiat, going to decide that Maine's was not quite right, that it should be knocked out, replaced by the Kennedy standard, because Washington knows best? Washington is the source of all wisdom in this?

The opponents of our legislation contend that the Federal Government should preempt the States' patient protection laws unless they are identical to the ones in Senator KENNEDY's legislation. However, the States' approaches to the same types of patient protection can vary widely.

States may have emergency requirements but not the exact same standards as in the Kennedy bill. That is the case with the State of Maine.

Moreover, what if the State has made an affirmative decision not to act in one of these areas because the market in their State does not require it and they are concerned about costs? What if the bill has failed in the legislature or has been vetoed by the Governor? Let me give a recent example from my home State of Maine.

Maine law requires insurance plans to allow direct access to OB/GYN care without a referral from a primary care physician but only for an annual visit. Maine's law also requires plans to allow OB/GYNs to serve as the primary care provider.

Our State legislature recently decided that those current laws, which Maine was the head of the Nation in enacting, provided sufficient access, that they corrected a problem in the

marketplace. The legislature rejected a bill that would have expanded the direct access provision primarily out of concern that it would drive up premium costs.

I note for my colleague from Massachusetts, this decision was made by a legislature controlled by the Democratic Party. This was not some Republican legislature that made this decision, but rather the legislators in Maine were satisfied with the current law and decided not to expand it because they were concerned about the additional costs that would be incurred.

In cases such as this, the Kennedy proposal for a one-size-fits-all model would just simply preempt the decision made by the State legislature. That is why the National Association of Insurance Commissioners supports the approach that was taken in the legislation reported by the Health Committee.

In a March letter to the committee, the NAIC pointed out:

> The states have already adopted statutory and regulatory protections for consumers in fully insured plans and have tailored these protections to fit the needs of their states' consumers and health care marketplaces. In addition, many states are supplementing their existing protections during the current legislative session based upon particular circumstances within their own states. We do not want states to be preempted by Congressional . . . actions.

The letter continues:

> It is our belief that states should and will continue the efforts to develop creative, flexible, market-sensitive protections for health care consumers in fully insured plans, and Congress should focus attention on those consumers who have no protections in self-funded ERISA plans.

That is exactly what our plan would do. I ask unanimous consent that the letter from the National Association of Insurance Commissioners be printed in the RECORD at the conclusion of my remarks.

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

(See Exhibit 1.)

Ms. COLLINS. Mr. President, current Federal law prohibits the States from regulating the self-funded, employer-sponsored health plans that cover 48 million Americans. Our legislation, which is intended to protect the unprotected, to reach those consumers in self-funded plans that the States are prohibited from regulating, would extend many of the same rights and protections to the Americans covered by these plans that are already enjoyed by Americans who are under the State-regulated plans.

The States have been ahead of the Federal Government in this area. They have acted over the past 10 years to correct problems in the managed care marketplace by enacting specific consumer protections. Our bill extends those kinds of protections to those plans that the States cannot reach. We go beyond that, though, when it comes to the procedural protections, the all-important internal and external appeal procedures that are in our legislation. We provide that to all plans across the board. Again, another myth perpetuated by those on the other side of the aisle that somehow our appeals process does not cover these Americans.

We have produced a good bill. It builds on, but does not preempt, the good work of the States. It provides protections to those 48 million Americans whom the States cannot protect. It balances carefully the need to have reforms that ensure that essential care is provided, that no one is denied care that an HMO has promised. It holds HMOs accountable for their decisions. It puts decisions in the hands of physicians, not insurance company executives or accountants and not trial lawyers. It carefully strikes a balance of providing important consumer protections without driving up the costs, as the Kennedy bill would do, in a way that would jeopardize, that would undermine health insurance coverage for millions of Americans.

Mr. President, I reserve the remainder of our time.

EXHIBIT 1

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS,
Washington, DC, March 16, 1999.

Hon. JAMES JEFFORDS,
Chair, Senate Health, Education, Labor, and Pensions Committee, Washington, DC.

DEAR SENATOR JEFFORDS: We are writing this letter in response to some concerns raised by your office regarding the testimony of the National Association of Insurance Commissioners (NAIC) Special Committee on Health Insurance (''Special Committee'') before the Senate Health, Education, Labor, and Pensions (HELP) Committee on March 11, 1999. The hearing focused on the rule of the states and the federal government in enacting patient protections for consumers in group health plans. Specifically, concerns have been raised over the Special Committee's testimony and whether the Special Committee now supports a federal floor.

We understand why the members of the Senate HELP Committee would get the impression from our oral testimony that the members of the Special Committee are supportive of a federal floor. During our testimony we may have implied that the members of the Special Committee would accept a federal floor in any federal patient protection legislation. The members of the Special Committee have not made a determination that a federal floor is acceptable. It is our belief that states should and will continue the efforts to develop creative, flexible, market-sensitive protections for health consumers in fully insured plans, and Congress should focus attention on those consumers who have no protections in self-funded ERISA plans.

Rather, the members of the Special Committee are interested in strengthening the distinction between self-funded ERISA plans, which are clearly outside the purview of state law, and fully insured plans. State insurance departments want to ensure that citizens in their states who are covered by fully insured ERISA plans can still rely on the state to address their questions, complaints and grievances and can still expect the same level of protections already established by the states. The states have already adopted statutory and regulatory protections for consumers in fully insured plans and have tailored these protections to fit the needs of their states' consumers and health care marketplaces. In addition, many states are supplementing their existing protections during the current legislative session based upon particular circumstances within their own states. We do not want states to be preempted by Congressional or administrative actions.

During our testimony, we highlighted our Statement of Principles on Patient Protections (''Statement of Principles''), which were created to assist Congress in developing patient protection legislation. The Statement of Principles highlights the elements that we believe must be included in any patient protection legislation and reflects the NAIC's commitment to consumer protection. We suggested that these principles be used as guidelines in drafting any federal legislation.

The principles are as follows:

Principle 1: Federal legislation establishing patient protection laws should reinforce the ERISA saving clause and not preempt existing state health care consumer protection laws, particularly as these protections apply to fully insured health plans.

Principle 2: Federal legislation establishing patient protection laws should ensure a basic level of protections for all health care consumers, focusing particular attention on those consumers in self-funded ERISA plans who do not currently have such protections.

Principle 3: Federal legislation establishing patient protection laws should preserve the state infrastructure already in place.

Principle 4: Federal legislation establishing patient protection laws should ensure that all health care consumers, whether under fully insured or self-funded plans, have access to an appropriate regulatory body for answers to their questions, complaints and grievances.

Principle 5: Federal legislation establishing patient protection laws should establish an appeals process to resolve disputes and enforce decisions for those consumers, such as those in self-funded plans, without access to such a process.

The members of the Special Committee appreciate the efforts of Congress to provide patient protections to all consumers, and we offer the above principles as guidelines in developing such legislation. In doing so, we urge Congress to focus its legislative activity on consumers in self-funded ERISA plans, which are under the federal government's exclusive jurisdiction, and to preserve the state protections that already exist for consumers in fully insured ERISA plans. Again, we have not endorsed the concept of a federal floor with regard to patient protections.

On behalf of the members of the Special Committee, we would like to thank you for the opportunity to testify before the Senate HELP Committee and for the opportunity to clarify our position. If any members of the NAIC can be of further assistance, please feel free to contact Jon Lawniczak at (202) 624–7790.

Sincerely,

GEORGE REIDER, Jr.
President, NAIC.

KATHLEEN SEBELIUS,
Secretary-Treasurer, NAIC.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, we have 15 minutes left; is that true?

The PRESIDING OFFICER. The Senator is correct.

Mr. REID. I yield 7½ minutes to the junior Senator from North Carolina and 7½ minutes to the senior Senator from Rhode Island.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. EDWARDS. I thank the Chair.

Mr. President, I will briefly respond to the remarks by Senator COLLINS from Maine, for whom I have tremendous respect. She and I have worked together on a number of issues. I know she believes deeply in the cause she advocates this afternoon. I have great professional and personal respect for her. This is an issue on which I happen to disagree with her for a number of reasons.

First, she suggests their plan—the plan she is referring to I assume is the Republican plan—is one that adequately protects patients' rights because of laws enacted in States across the country. If that is so, why is there such an enormous public outcry for reform? The American people believe deeply that patient protection legislation is desperately needed across this country. If these laws already exist and are already in place and are working, why in the world does anybody need to do anything? The reality is that these laws are not in place and they are not working. Let me give a few examples.

For example, access to clinical trials, which is a critical component of our bill: 47 States of the 50 have no provision for access to clinical trials.

External appeals, which are absolutely essential: 32 States have no provision for independent external appeals.

Access to specialists: 39 States have no provision allowing people to designate a specialist as their primary care provider, and 36 States have no provision for standing referrals to specialists.

Continuity of care: 30 States have no continuity of care provisions.

This list goes on and on.

The reality is, No. 1, that the majority of States have none of the protections we are talking about in the Democratic Patients' Bill of Rights. That is the reason there is an enormous public outcry. That is the reason we have a health care crisis in this country today, and it is the reason I respectfully disagree with my colleague, the Senator from Maine.

The second reason is, to the extent a State has passed any kind of patient protection legislation and that legislation conflicts in any way with ERISA, it is preempted. It is absolutely preempted, under existing law, if we never pass anything. Even the laws that have been passed, to the extent those laws conflict in any way with the existing ERISA statutes, are preempted by ERISA.

The bottom line is this: No. 1, if State laws adequately dealt with this problem, we would not have the public outcry, the horror stories which we have heard and will continue to hear in this Senate over the course of the next week.

No. 2, the fact of the matter is, to the extent those laws exist—and they do not exist in the majority of States on the critical issues—to the extent they do exist, they are preempted by ERISA.

I do want to mention one other thing on the issue of cost because there has been a lot of discussion about cost from the Senator from Oklahoma and the Senator from Maine.

First of all, it is critically important to recognize that to the extent we get a patient to a specialist soon, and we do that in our bill, to the extent we allow women to go directly to an OB/GYN as their primary care provider, to the extent we allow patients who are in a critical emergency to go the nearest hospital and be seen by an emergency room department or physician and thereby save that patient's life or reduce the amount of long-term care that patient receives—in every one of those instances we are reducing long-term health care costs in this country.

So I want us to recognize, first, that to the extent we are talking about increased costs, they are only talking about short-term costs, not long-term costs. The truth of the matter is that long-term costs will be reduced by passage of the Patients' Bill of Rights for the very same reason that preventive medicine reduces health care costs in this country, because we are going to get folks to the doctor they need to see sooner; they are going to get the care they need quicker.

The net result of that is that they do not need the ongoing, chronic, long-term care that many patients, unfortunately, have to get because they do not see the physician they need to see as quickly as they need to see them. That is what the external review process does. That is what the internal review process does.

I might add, those two things work in concert with the fact that, under our bill, an HMO can be held accountable in court for what they do. I want the American people to recognize what happens when an HMO cannot be held accountable, when they are treated as a privileged entity. And under existing law they are a privileged entity. They, among all the businesses and corporations and individuals in this country, get special treatment, treatment that none of our families or our children or our small businesses get. They are all held completely responsible. But HMOs, for some reason, are above the rest of us. They are a cut above the rest of us. They get special treatment. They cannot be held accountable in court.

So what happens when an HMO makes an arbitrary and capricious decision and a child suffers a serious injury as a result and has a lifetime of medical care in front of them—for example, a 7-year-old child? If the HMO can be held responsible, the HMO bears that cost, as well they should bear that cost because they are responsible for it.

But what happens if the HMO does not bear the cost? We know where the cost goes. It goes to us. It goes to the American taxpayer. Because those kids do not have the money to pay for chronic, long-term care over the course of their lives. They are paid out of Medicaid. They are paid with taxpayer dollars. The net result of that is that the cost an HMO or a health insurance company would bear has been shifted to the American taxpayer. That is wrong. We know it is wrong. That is one of the things we are trying to do something about in this bill.

I have to add one other thing. The Senator from Oklahoma said over and over during the course of his argument that what our bill proposes is that the Government knows the answer, that the Government has the solution. My response to that, with all due respect, is existing law and the bill of the other side would say the HMO has the answer, the health insurance company has the answer.

I say to the American people, and to my colleagues, we have tried that. We have tried leaving this in the hands of the HMO. We have tried leaving it in the hands of the health insurance industry. And it has not worked.

With that, I conclude by saying I think it is critically important that we cover all Americans, that all Americans are covered by health insurance plans. That is done under the Democratic bill.

The PRESIDING OFFICER. The time has expired.

Mr. EDWARDS. Thank you, Mr. President.

Mr. CHAFEE addressed the Chair.

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

Mr. CHAFEE. Mr. President, one of the key issues in this debate is the scope of the provisions; that is, should patient protections we are debating apply solely to those 48 million Americans enrolled in the self-insured ERISA plans or should they apply to all privately insured Americans? Obviously, there can be varied views on this subject, as we heard from the Senator from Maine, the Senator from Oklahoma, and otherwise on the floor today.

In 1996, through the Kassebaum-Kennedy law, Congress passed reforms to the private health insurance marketplace with respect to portability. In my opinion, we should use the same framework used then with respect to scope and effect on State law. Thus, we should establish, I believe, a minimum floor of Federal protection for all 164 million privately insured Americans, not just those 48 million enrolled in self-insured ERISA plans.

I see no reason for narrowing the scope of the patient protections in this next and far more consequential area of reform. Protections as critical to patients as the right to a specialist when needed should apply to all Americans, I believe.

Some of my colleagues argue that it is the individuals only in the self-insured plans—those completely out of State reach—who should benefit from these Federal protections. While it is true that States do have the authority

to legislate patient protections for these other plans, that alone, I believe, is insufficient reason to deny these basic quality improvements and safeguards to all 164 million Americans in privately insured plans. Such a system would, in my judgment, create many unnecessary and inequitable circumstances for consumers and exacerbate the already unlevel playing field which exists in the health insurance marketplace.

Congress has recognized the need for minimal Federal guarantees regarding health insurance in several instances. I think this is very important to note. For example, in addition to the portability protections included in the Kassebaum-Kennedy bill, all Americans have been granted protections for continuation of care under the so-called COBRA, the Consolidated Omnibus Budget Reconciliation Act of 1985. They have been given this protection in mental health parity. They have been given this protection in maternity lengths of stay. They have been given this protection just last fall when we passed the breast reconstructive surgery protections. And we extended that to all Americans; we did not restrict it just to the self-insured under the ERISA plans.

Republicans and Democrats alike continue to recognize the need for Federal protections that apply to the entire health insurance market. The generic nondiscrimination provisions of S. 326 would apply to plans beyond the self-insured ERISA plans.

Where is the logic in creating Federal protections applying to the entire health insurance market regarding these aspects of health insurance but not patient protections as fundamental as access to external appeal or emergency services?

Furthermore, as with many other limited preemption laws on the books, this approach would not preempt equal or stronger patient protections which have been adopted by the States.

Look at this list. These are not health matters. These are environmental matters. They are consumer and other statutes. They start with the Clean Air Act. All of these statutes provide a floor of Federal protections that the States can and, in some instances, do go beyond.

The Federal Government has come in, in all these instances, and said: This is a floor—Toxic Substances Control Act, Safe Drinking Water Act. If you in the State want to go further, fine, go ahead, but these are the minimals you have to do. That is what we are suggesting presents a real problem in the legislation that has been reported and then discussed by the Senator from Maine and the Senator from Oklahoma.

It is critical that the protections we adopt this week in the Senate apply to all Americans, including those with plans regulated by the States because State protection is extremely spotty. One justification for applying privacy protections to the entire health insurance market is that there is not a complete body of State law on privacy. For example, it is likewise true with respect to patient protections. Considering only a few of the most important patient protections, only 15 States have adopted an external review procedure and only 13 States have adopted standing referrals to specialists.

It is important to note that by not covering all Americans, many of the most vulnerable insurance customers will be left with no protection. You go out to buy a policy. You do not have employee benefit managers; you do not have somebody to look after you like that; and you are at the mercy of the insurers making decisions based solely or primarily on cost considerations.

To summarize, all Americans, I believe, should have these basic protections regardless of whether the plan they are in is regulated at the State or Federal level. In fact, most Americans probably do not know who is responsible for regulating their plan and should not have to worry when they are sick as to who is the regulator and what protections they have as a result. They should have the assurance that however their plan is regulated, it will provide them the care they need according to the most basic and commonsense principles.

I thank the Chair.

Mr. FRIST addressed the Chair.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Mr. President, how much time do we have on this side?

The PRESIDING OFFICER. Fifteen and a half minutes.

Mr. FRIST. Mr. President, I yield myself 10 minutes.

The PRESIDING OFFICER. The Senator from Tennessee is recognized.

Mr. FRIST. Let me just say at the outset that I, for one, am very glad that we are on this bill, the Patients' Bill of Rights. It is a bill that is terribly important to the American people. All of us know, as we conduct our town meetings around our various States, that we have a real problem today in that today's problem is reflected in the feeling of helplessness by patients, helplessness by physicians, helplessness by other providers when it comes to managed care. There are reasons for that.

As my colleagues know, I am a physician and was involved in the practice of medicine and training for about 20 years where every day—before coming to this body—I took care of many patients, thousands of patients, well over 10,000 patients, and the changes have been tremendous over the last 20 years as we look at how health care is delivered and the reasons for it.

Right now our society, our country is caught up in a rapidly changing health care system. In all those changes and in that evolution, many challenges have been introduced. Part of our responsibility as Senators, as trustees to the American people, is to make sure that we very gently, but in many ways very firmly, make sure these challenges are faced in a systematic way, such that a patient—again, I come back to patients. We are going to hear about cost and about managed care companies and health maintenance organizations and trial lawyers and costs going up and big budgets. I hope throughout this week we will come back again and again to patients. Patients have to be at the center of this debate.

When we talk about patients, we are talking about a Patients' Bill of Rights, a bill of rights that patients can expect when they are dealing with the health care system and with managed care and with HMOs. We also need to be talking about the quality of care that is delivered. We need to be talking about access and not ever forget about the 43 million people who don't have health insurance.

For the most part, people say: Well, let's deal with the people who have insurance, group health insurance with managed care plans. Let's make sure their rights are protected. In doing that, let's not forget that there is a whole group of people over here, 43 million people—too many people, inexcusable, I feel—who don't have any health insurance at all, making sure that when we fight for the rights of the people who do have health insurance, we don't want to drive more people to the ranks of the uninsured, who don't even have insurance in the first place.

When we talk about the Patients' Bill of Rights, whether it is the gag clause or access to specialists or scope of the plan, let's not forget that we are talking about individual patients. In trying to get rights to one segment, let's not go so far or too far in all the anger that we feel against managed care that it drives up the ranks of the uninsured.

Why is this access issue important? We know—studies document it again and again—that in America, if you have some health care insurance, the health care system does open up to you broadly. If you have no health care insurance at all, it is less likely that that health care system will open up to you broadly. So the last thing I think we want to do in this body is take rights to such an extreme that we drive up the number of uninsured, recognizing that access is a huge problem, a huge challenge for our country.

When I first started 20 years ago in the field of medicine, it was very different. The practice of medicine was basically straight out fee for service. Very few physicians were in groups. They were practicing by themselves. They had full autonomy. They were making a very good living, basically went to medical school and worked very hard. They had professional ethics of ''do no harm,'' all of which continues today, except the system around them has changed dramatically. Managed care 20 years ago was tiny. Today, managed care, coordinated care, health maintenance organizations, if you look

at the overall, nongovernment coverage is the majority of care that we give. And as a product of that, we have this pendulum which has swung back and forth over time. It is true—that is why we are debating this bill today—there is no question that that pendulum has swung way over towards managed care and away from individual patients, individual people who need that care, who will go to bed tonight worried that if they have a heart attack tomorrow, will they be taken care of appropriately, will they have access to the emergency room, will they have access to the appropriate specialist. That is where this whole Patients' Bill of Rights comes in because over the last 5 years or 10 years that pendulum has swung way in the favor of managed care.

Now, I believe we are going to hear a discussion over the next week of how we can best get that pendulum back to the middle and have that balance between patients and physicians on the one hand and managed care on the other.

One of the objectives I would like to see as we go forward in a very rational way, after we cut away all the rhetoric, going at each other and the hot debate, is to come back and say: Let's keep our eye on the ball. The ball is the patient who is in this system of managed care, and not physicians and trial lawyers and lawsuits, and make sure we say that they are going to get the very best care. If anything is going to happen to them, they know they will have certain rights in this evolving, changing world.

It has gotten to the point that it is not just anecdotal, but some managed care, some health maintenance organizations have garnered so much power, so much control that they have abused the system. The whole accusation that some HMOs are in the business of practicing medicine is hard to argue against. I think one of our objectives needs to be to make sure that we don't have insurance companies or managed care companies or HMOs practicing medicine. In other words, get that pendulum back to that patient, to that decisionmaking through that doctor-patient relationship.

On the other hand, I think it is irrational to assume that we will go back 20 years and not have managed care, not have coordinated care, not have health maintenance organizations. That being the reality, we want to have a strong Patients' Bill of Rights that looks to those patient protections that empower the patient, empower the American citizen, empower the physician and bring that pendulum back over to that doctor-patient relationship, to keep the patient in charge.

We have on the floor now a Democratic bill, a Republican leadership bill, and we have one amendment talking about the scope. We will need to come back to talk a little bit more about scope because it is one of the important issues where there is a sharp dividing line. We will hear words like ''medical necessity,'' the issue of scope, of medical specialists, but amidst all of that, let's come back to the patient.

Let me speak to what is in the Bill of Rights Plus Act, which is the Republican bill which is now on the floor, in terms of scope. Scope really means who is being covered. Does this bill cover just a targeted population, the whole population, a part of the population? You can almost look at it as a pie chart in your mind.

There are a number of provisions in each of these bills. You have to go through each of the provisions when you are talking about scope.

When we talk about the issue of comparative information in the Republican leadership bill, all group health plans would be required to provide a wide range of comparative information about health insurance coverage so that the individual patient knows what is covered and what is not covered, what that relationship is, what they have actually signed, what that contract is about, what the network descriptions are, what the cost-sharing information is. The scope is complete, all 124 million people in the Republican bill are covered by that particular provision, the information.

When we look at what I think is fundamentally the most important mechanism by which we are fixing the system, getting that pendulum back over in the middle between managed care and the patients and the physicians, it is the whole process of accountability, the grievance and appeals process, the internal review process, the external review process. Over the next 4 days, we will be talking a lot about how these appeal processes work.

If you look at the way health care is delivered, I do believe this is one of most important provisions in the Patients' Bill of Rights. Both bills address grievance and appeals, but I want to make it very clear, in terms of the Republican bill, that the scope is complete, with all 124 million Americans covered. The scope is complete. All group health plans would be required to have written grievance procedures and have an internal review process. So if you have a patient who disagrees with the coverage from the plan, or a doctor and a patient who disagree with a plan, they will have someplace to go in an internal review process. If they don't like what the internal review process says, if there is disagreement on coverage between the doctor, the patient, and the plan, they can go outside the system to an external review process.

Now, what I like very much about our plan, which I think is very important, is that our external review process has a physician in charge. It is not an insurance company; it is not a trial lawyer; it is not a bureaucrat. It is a medical—I will use the word—''specialist,'' if necessary, in that field who is independent of the doctor, the patient, and the plan.

Remember, that external appeals process all started with a disagreement on coverage; you have gone through the internal appeals process, and now you are outside. You go through an external appeals process and that person also is independent.

So we have an internal appeals process, and then we have an external appeals process, where you have an independent physician reviewing the coverage and making the decision. In addition, that independent medical expert makes the final decision on coverage—not a trial lawyer somewhere, not a court, not a lawsuit, but an independent medical specialist makes the final decision on coverage. That decision is binding; it is binding on the plan.

Therefore, we aim at the heart of what I think is broken today; that is, if there is some sort of disagreement, if the managed care is taking advantage in some shape or form of an individual patient or individual physician, we have an independent medical expert making the final decision, not some statute written here in the Congress, not some definition that we try to give it if we try to define ''medical necessity'' in statute, but somebody who is independent and outside of the system.

I mention that because when we are talking about scope, all 124 million people in plans are covered, not a segment. It has nothing to do with ERISA, and non-ERISA, and State-regulated, and Federal-regulated. All 124 million Americans are covered by both self-insured and fully insured group health plans. All 124 million Americans are in there.

Again, when we talk of scope and about the information components of our bill, everybody is covered. What I think is much of the heart and guts of this bill is the accountability provisions, the accountability of managed care, the accountability of coordinated care. Everybody is covered, all 124 million people.

Now, in our bill, we also have an important component on genetic information. As we all know, the human genome project has been tremendously successful. We have 2 billion bits of information coming out in the next several years and, with that, we raise the potential for insurance companies, or managed care companies, to use that information to discriminate against a patient. In other words, if a patient had a test, and there was an 80-percent chance that a patient would develop cancer, and that information were to get out, an insurance company might say: We are not going to insure you. That is interesting information so we are going to raise your rates.

We are not going to let that happen. That provision in our bill—which is not in the Democrats' bill—basically covers everybody. Scope is complete.

Now, the one area where scope is targeted in a particular area is what we call the consumer protections, patient protections. That is the gag clause, the access to specialists, the prudent layperson access to emergency rooms, and the continuity of care.

Mr. President, do we have 1 minute remaining?

The PRESIDING OFFICER (Mr. BROWNBACK). That is correct.

Mr. FRIST. Mr. President, I will yield 30 seconds to my colleague, Senator ENZI. Let me notify my colleague that he will have more time than that. Instead of yielding now, I will yield to him in about a minute.

Mr. President, do we have 30 seconds left on the amendment?

The PRESIDING OFFICER. The chairman will be recognized for 30 seconds.

Mr. FRIST. Mr. President, the last area, in terms of focus, where the scope narrows down, is that for the specific patient protections we cover the 48 million people. Why? Because they are not covered. They are not regulated by the States, and that is why we target that population.

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

Mr. FRIST. Mr. President, I yield the floor.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KENNEDY. Mr. President, I yield myself 3 minutes on the bill.

The PRESIDING OFFICER. The Senator is recognized for 3 minutes on the bill.

Mr. KENNEDY. Mr. President, I am not going to take the time right now. I was waiting for my good friend, Dr. FRIST, to be able to get into the questions of scope. I was waiting for Dr. FRIST to and answer why the protections included in our legislation—for example, the guarantees for emergency room care, the access to specialists who might be necessary to care for a sick child, the formulary protections that were included in our legislation, should not apply to all Americans. I was waiting to ask Dr. FRIST why the Republican House of Representatives bills protect 124 million Americans, while the Senate Republican legislation falls woefully short on those particular protections.

I hope in these next few days we come back to what this whole debate is about, the commonsense protections that are included in this bill. That is what is important. Are we really going to have the protections necessary to guarantee the prudent layperson's judgment is used in determining whether emergency room treatment is covered? Are we going to have that? Are there going to be real protections, or are we going to have in the fine print something that effectively creates a loophole? Let's get to addressing that issue.

Let's start talking about guaranteeing access to clinical trials, which are so important to women who have cancer. Clinical trials may be the only option for saving their lives—yet their medical doctor says this is in your best interest but the HMO says no. That is what this legislation is about.

The information that the Senator talked about is all very valuable, but what this is about is clinical trials. Their particular proposal requires a study of this particular provision. There isn't a clinical researcher out there, or I daresay a member of the National Cancer Institute at the NIH, who does not support the importance of clinical trials. That is what is at the heart of this. Those are the kinds of protections we are talking about here. Are we going to make sure we will finally have the accountability that is so important to assure that plans are really going to be serious in guaranteeing good quality health care?

Mr. President, on behalf of my colleagues, Senators GRAHAM and others, is it in order for me to send an amendment to the desk?

The PRESIDING OFFICER. Until the time has been used or yielded back on the first-degree amendment, a second-degree amendment is not in order.

Mr. KENNEDY. Mr. President, how much time remains on the first-degree amendment?

The PRESIDING OFFICER. There are 30 seconds on the Republican side and a minute and a half on the Democrat side.

Mr. KENNEDY. Mr. President, I yield our time.

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

The PRESIDING OFFICER. There is not sufficient time to suggest the absence of a quorum.

Mr. FRIST. Mr. President, I yield 10 minutes to Senator ENZI to speak on the general debate time.

The PRESIDING OFFICER. The Senator from Wyoming is recognized for 10 minutes on the general debate time.

Mr. ENZI. Mr. President, I am sorry that in my absence from the floor for a few minutes there was some exception taken to the comments that I made about the Democrats' proposal for this one-size-fits-all, budget-busting Federal bureaucracy bill.

I am pleased now to return to be able to talk a little bit more about States rights and to support the scope of the Republican amendment.

Among the handful of principles that are fundamental to any true protection for health care consumers, probably the most important one is allowing States to continue in their role as the primary regulator of health insurance—not a Federal bureaucracy.

This is a principle which has been recognized—and respected—for more than 50 years. In 1945, Congress passed the McCarran-Ferguson Act, a clear acknowledgment by the federal government that states are indeed the most appropriate regulators of health insurance. It was acknowledged that states are better able to understand their consumers' needs and concerns. It was determined that states are more responsive, more effective enforcers of consumer protections. And, as if we need to re-learn this lesson yet again, it is usually for the best when we let each state respond to the needs of its own consumers.

As recently as this year, this matter of fact was reaffirmed by the General Accounting Office. GAO testified before the Health, Education, Labor, and Pensions Committee, saying, ''In brief, we found that many states have responded to managed care consumers' concerns about access to health care and information disclosure. However, they often differ in their specific approaches, in scope and in form.''

Wyoming has its own unique set of health care needs and concerns. But, despite our elevation, we don't need the mandate regarding skin cancer that Florida has on the books. My favorite illustration of just how crazy a nationalized system of health care mandates would be comes from my own time in the Wyoming Legislature. It's about a mandate that I voted for and still support today. You see, unlike in Massachusetts or California, for example, in Wyoming we have few health care providers; and their numbers virtually dry up as you head out of town. So, we passed an any willing provider law that requires health plans to contract with any provider in Wyoming who's willing to do so. While that idea may sound strange to my ears in any other context, it was the right thing to do for Wyoming. But I know it's not the right thing to do for Massachusetts or California, so I wouldn't dream of asking them to shoulder that kind of mandate for our sake when we can simply, responsibly, apply it within our borders.

An extra, unnecessary layer of mandates, whether they be for certain kinds of coverage or for a protection that not everybody needs or wants, are so-called ''protections'' we simply shouldn't force people to pay for. If we were all paying for skin cancer screenings that only a few of us need or want, or if we were all paying for any willing provider mandates that only some of us need to assure access, then we'd all be one of two things—either over-charged, not-so-savvy consumers, or we'd be uninsured.

As consumers, we should be downright angry at how some of our elected officials are responding to our concerns about the quality of our health care and the alarming problem of the uninsured in this country. It is being suggested that all of our local needs will be magically met by stomping on the good work of the states through the imposition of an expanded, unenforceable federal bureaucracy. It is being suggested that the American consumer would prefer to dial a 1–800–number to nowhere versus calling their State Insurance Commissioner, a real person whom they're likely to see in the grocery store after church on Sundays.

As for the uninsured population in this country, carelessly slapping down a massive new bureaucracy on our states does nothing more than squelch their efforts to create innovative and flexible ways to get more people insured. We should be doing everything

we can to encourage and support these efforts by states. We certainly shouldn't be throwing up roadblocks.

And how about enforcement of the minority's proposal?

One of the findings of the amendment reads as follows, ''It would be inappropriate to set federal health insurance standards that not only duplicate the responsibility of the 50 State insurance departments but that also would have to be enforced by the Health Care Financing Administration (HCFA) if a State fails to enact the standard.'' In other words, not only is it being suggested that we trample the traditional, overwhelmingly appropriate authority of the states with a three-fold expansion of the federal reach into our nation's health care, they want HCFA to be in charge. HCFA, the agency that leaves patients screaming, has doctors quitting Medicare, and, lest we not forget, is the agency in charge as the Medicare program plunges towards bankruptcy.

I could go on at length about the very real dangers of empowering HCFA to swoop into the private market with its embarrassing record of patient protection and enforcement of quality standards. For example, it took ten years for HCFA to implement a 1987 law establishing new nursing home standards intended to improve the quality of care for some of our most vulnerable patients. According to the General Accounting Office, HCFA missed 25 percent of its implementation deadlines for the consumer and quality improvements to the Medicare program which were required under the Balanced Budget Act of 1977—10 years.

Even more alarming is that HCFA is still using health and safety standards for the treatment of end-stage kidney disease that are 23 years old! Equally astonishing is that HCFA has yet to update its 1985 fire safety standards for hospitals. HCFA is a federal bureaucracy at its worst, making it the last place to which we want our consumer protection responsibilities to revert.

The message is pretty clear to me. Expanding the role of the federal government well beyond its lawful authority would be a big mistake. The scope of federal authority under the Employee Retirement Income Security Act (ERISA) with regard to the regulation of health care is well understood. Duplicating, complicating and ultimately unraveling 50 years of state experience and subsequent action makes no sense. For those of my colleagues who think no one is bothered by that, I, and the 117 million Americans currently protected by State health insurance standards, beg to differ.

Our federal responsibility lies with the 48 million consumers who fall outside the jurisdiction of state regulation. That's our scope; that's our charge. That's what the states are politely reminding us of right now.

In March of this year, the National Association of Insurance Commissioners implored us not to make a mess of what they've done for health care consumers, saying, ''The states have already adopted statutory and regulatory protections for consumers in fully insured plans and have tailored these protections to fit the needs of their states' consumers and health care marketplaces. In addition, many states are supplementing their existing protections during the current legislative session based upon particular circumstances with their own states. We do not want states to be preempted by Congressional or administrative actions.'' I'm stunned that their plea is so easy for some to ignore.

I will not undo what's good in Wyoming only to offer my constituents what's good for Washington. That's my mandate from them.

When we balk at the minority's ''one-size-fits-all'' proposal, it sounds like such a cliche, but the health care needs and wants in this country are a living, breathing example of why a singular approach is a bad prescription for American consumers. No one should be forced to swallow this poison pill.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

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

The PRESIDING OFFICER. On whose time?

Mr. NICKLES. On my time equally divided.

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

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. NICKLES. 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. NICKLES. Mr. President, I ask unanimous consent to yield back the remainder of our time on the last amendment.

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

AMENDMENT NO. 1234 TO AMENDMENT NO. 1233

(Purpose: To do no harm to Americans' Health Care Coverage and expand health care coverage in America)

Mr. NICKLES. I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Oklahoma [Mr. NICKLES], for Mr. SANTORUM for himself, Mr. BOND, Mr. NICKLES, Mr. HUTCHINSON, and Mr. CRAIG, proposes an amendment numbered 1234 to Amendment No. 1233.

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

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

The amendment is as follows:

Strike all after the first word in line three and insert the following:

SENSE OF THE SENATE CONCERNING THE SCOPE OF A PATIENTS' BILL OF RIGHTS.

(a) FINDINGS.—The Senate makes the following findings:

(1) Congress agreed that States should have primary responsibility for the regulation of health insurance when it passed the McCarran-Ferguson Act in 1945.

(2) The States have done a good job in responding to the consumer concerns associated with a rapidly evolving health care delivery system and have already adopted statutory and regulatory protections for consumers in fully-insured health plans and have tailored these protections to fit the needs of their States' consumers and health care marketplaces.

(3) 117,000,000 Americans who are enrolled in fully insured plans, governmental plans and individual policies are protected by State patient protections.

(4) Forty-two States have already enacted a Patient's Bill of Rights.

(5) Forty-seven States already enforce consumer protections regarding gag clauses on doctor-patient communications.

(6) Forty States already enforce consumer protections for access to emergency care services.

(7) Thirty-one States already enforce consumer protections requiring a prudent layperson standard for emergency care.

(8) The Employee Retirement Income Security Act of 1974 (referred to in this section as ''ERISA'') expressly prohibits States from regulating the self-funded employer sponsored plans that currently cover 48,000,000 Americans.

(9) The National Association of Insurance Commissioners has recommended that Congress should focus its legislative activities on consumers in self-funded ERISA plans, which are under the Federal Government's exclusive jurisdiction, and preserve the State protections that already exist for consumers in fully insured ERISA plans.

(10) The National Association of Insurance Commissioners has expressly stated that they do not endorse the concept of a Federal floor with regard to patient protections.

(11) Senate bill 6 (106th Congress) would greatly expand the Federal regulatory role over private health insurance.

(12) It would be inappropriate to set Federal health insurance standards that not only duplicate the responsibility of the 50 State insurance departments but that also would have to be enforced by the Health Care Financing Administration if a State fails to enact the standard.

(13) One size does not fit all, and what may be appropriate for one State may not be necessary in another.

(14) It is irresponsible to propose vastly expanding the Federal Government's role in regulating private health insurance at a time when the Health Care Financing Administration is having such a difficult time fulfilling its current and primary responsibilities for Medicare.

(15) In August, 1998, the United States Court of Appeals affirmed a district court ruling that the Health Care Financing Administration failed to enforce due process requirements and monitor health maintenance organization denials of medical service to medicare beneficiaries.

(16) On April 13, 1999, the General Accounting Office testified that the Health Care Financing Administration failed to use its authority to ensure that medicare beneficiaries were informed of their appeals rights under managed care plans.

(17) The General Accounting Office testified at a July, 1998 hearing in the Ways and Means Committee of the House of Representatives that the Health Care Financing Administration missed 25 percent of the implementation deadlines for the consumer and quality improvements to the Medicare program under the Balanced Budget Act of 1997.

(18) The Health Care Financing Administration should not be given new, broad regulatory authority as they have not adequately met their current responsibilities.

(19) The Health Care Financing Administration took 10 years to implement a 1987 law establishing new nursing home standards.

(20) The Health Care Financing Administration has yet to update its 1985 fire safety standards for hospitals.

(21) The Health Care Financing Administration is utilizing 1976 health and safety standards for the treatment of end-stage kidney disease.

(22) ERISA preempts State requirements relating to coverage determinations, grievances and appeals, and requirements relating to independent external review.

(23) In a recent judicial decision in Texas (*Corporate Health Insurance, Inc. V. The Texas Department of Insurance*), the lower court held that ERISA does preempt the State's external review law as it relates to group health plans.

(b) DEDUCTION FOR HEALTH INSURANCE COSTS OF SELF-EMPLOYED INDIVIDUALS INCREASED.—IN GENERAL.—Section 162(l)(1) of the Internal Revenue Code of 1986 (relating to special rules for health insurance costs of self-employed individuals) is amended to read as follows:

''(1) ALLOWANCE OF DEDUCTION.—In the case of an individual who is an employee within the meaning of section 401(c)(1), there shall be allowed as a deduction under this section an amount equal to the amount paid during the taxable year for insurance which constitutes medical care for the taxpayer, the taxpayer's spouse, and dependents.''

(c) CLARIFICATION OF LIMITATIONS ON OTHER COVERAGE.—The first sentence of section 162(l)(2)(B) of the Internal Revenue Code of 1986 is amended to read as follows: ''Paragraph (1) shall not apply to any taxpayer for any calendar month for which the taxpayer participates in any subsidized health plan maintained by any employer (other than an employer described in section 401(c)(4)) of the taxpayer or the spouse of the taxpayer.''

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 1998.

Mr. NICKLES. Mr. President, for the information of our colleagues, let me outline where we are procedurally. We notified Members under the unanimous consent request that we would lay down S. 6, the so-called Kennedy bill, to mark up. The Democrats offered a substitute to that, the Republican bill that passed out of the Labor Committee, S. 326.

The Democrats then offered a first-degree perfecting amendment to the substitute, to the Republican bill. Their amendment dealt with scope. Their amendment says: We want the Federal Government to have far-ranging scope to overrule all State plans. All State plans must do such and such under their first-degree amendment.

I am offering a second-degree amendment on behalf of my colleagues. The amendment would do two things. One, it is the sense of the Senate that the States are the primary providers of health care, for good reasons. States have hundreds of mandates. We don't think the Federal Government should come in and say: We know best; Senator KENNEDY knows what is best; HCFA knows what is best; the Health Care Financing Administration should regulate all health care plans.

We think that would be a mistake. We don't think that, many times, the Federal Government knows best. That doesn't mean all State plans are administered perfectly. It doesn't mean that they are not without problems. We just don't think HCFA—the Health Care Financing Administration—overruling States, dictating to the States, or this Congress, or Senator KENNEDY, should be saying: States, here is what we know should be in your plan.

We state that in the sense of the Senate.

We also state some other things that come not just from Republicans but from the GAO. The Health Care Financing Administration has, in paragraph 16, stated:

On April 13, 1999, the GAO office testified the Health Care Financing Administration failed to use its authority to ensure that Medicare beneficiaries were informed of their appeals rights under managed care plans.

HCFA failed, according to the GAO. Yet Senator KENNEDY's bill says: We want to give HCFA more power.

Section 17 says the GAO testified in a July 1998 hearing in the Ways and Means Committee, House of Representatives, that the Health Care Financing Administration missed 25 percent of the implementation deadlines for consumer and quality improvements to the Medicare Program under the Balanced Budget Amendment of 1997.

Senator COLLINS alluded to that earlier.

Section 18 states the Health Care Financing Administration should not be given new, broad authority as they have not adequately met their current responsibilities.

I could go on.

Section 1 of this amendment states the States should maintain primary regulatory authority over health care.

Section 2 states that self-employed individuals should be able to deduct 100 percent of their health care premiums.

It is ironic that when we talk about health care we have such inadequate, inequitable treatment under the present Tax Code. Corporations deduct 100 percent of their health care costs; self-employed individuals deduct 45 percent. I personally am offended by that provision. I used to be self-employed, and I used to run a corporation. I wanted health care for my family in both circumstances. When I was self-employed, you could deduct almost nothing. Any person self-employed today can deduct 45 percent. Under the present Tax Code, in another 8 years they finally get to deduct 100 percent. That is a mistake. It needs to be remedied. We remedy it in this amendment. We provide 100 percent deductibility, beginning December 31, 1998—it would be effective immediately—100 percent deductibility for the self-employed.

I want my colleagues to understand that under this provision we are correcting the fact that the self-employed can only deduct 45 percent of their health care costs. We are expanding access. We are making it possible for more people to buy health insurance. I hope we will have strong bipartisan support for this provision.

This amendment is a second-degree amendment to the underlying amendment offered by Senator KENNEDY and Senator DASCHLE that tries to expand the scope that says the Federal Government knows best. We say no, the States should be the primary regulator over health insurance, and self-employed individuals should be entitled to deduct 100 percent of their health care premium.

I yield to my colleague from Arkansas such time as he desires.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. HUTCHINSON. Mr. President, I rise in very strong support of the second-degree amendment of the Senator from Oklahoma, the sense of the Senate regarding the State being the primary regulator of health insurance plans, as well as the provision supporting 100 percent deductibility for the self-employed.

We talk about scope. We talk about increasing the number of people in this country who have health insurance. This is one of the most important steps we could possibly take.

Over the next 3 days, the Senate will debate legislation that will impact the lives of every American in terms of health care benefits they receive. The Kennedy bill that we will talk a lot about in the next few days, while called the Patients' Bill of Rights, is certainly not as simple as it sounds. It involves decreased access; it involves higher costs; and it involves the quality of our Nation's health care.

In 1997, the percentage of uninsured individuals under the age of 65 in my home State of Arkansas was 28.2 percent. Arkansas ranks the lowest in the country in terms of the percentage of individuals covered by private insurance and is second to dead last in terms of the percentage of workers covered by employment-based health insurance.

An even more alarming figure is that Arkansas has the highest rate of uninsured children in the Nation. I applaud the efforts of our Governor in Arkansas and the State legislature in trying to change that, but still it is a very alarming figure.

Any legislation this body passes will have a direct impact on Arkansas workers and families. The bill introduced by Senator KENNEDY and his colleagues would increase premiums by as much as 6.1 percent according to the Congressional Budget Office. If we pass the Kennedy bill and were it signed into law, over 1.8 million people would lose their health insurance coverage.

We see heartrending portrayals of those who have been denied care under managed care plans, and we ought to be concerned about that. That is why we have a bill that is going to provide protections for 48 million Americans

under self-insured ERISA plans. But as Senator FRIST from Tennessee well pointed out, let's not forget the millions, over 40 million Americans, who are without any health insurance at all and whose numbers are going up by the day.

The Kennedy bill, by increasing premiums over 6 percent, will result in over 1 million, nearly 2 million more Americans being added to the ranks of the uninsured. Let's not forget those. Those are the ones who are most vulnerable. If we could only put up their portraits, portrayals of those millions of Americans who, day in and day out, are living without the protection that most Americans take for granted in their health insurance plans, I think we would see the Kennedy bill, the so-called Bill of Rights, in a different light altogether.

If we pass the Kennedy bill, 1.8 million people will lose health insurance coverage they now have. That is demonstrated by a Lewin study commissioned by the AFL–CIO which shows that for every 1 percent increase in premiums an additional 300,000 people will become uninsured.

My colleague, Senator KENNEDY, during the markup of the Republicans' Patients' Bill of Rights Plus Act, stated that this premium increase would be spread out over several years; therefore somehow that made it acceptable. I suspect that the 6-plus percent increase in premiums being spread out over several years and the additional 1.8 million people added to the ranks of the uninsured which occurs over several years is of little comfort to those who will lose their insurance as a result of this bill. No matter how you slice it, the total number of people impacted, the 1.8 million people impacted, remains the same. That is simply unacceptable.

Last year, 98 Members of the Senate voted for an amendment expressing their belief that Congress should not increase the number of uninsured. Clearly, the Kennedy health care bill violates this statement of belief. The uninsured population in the United States grew from 32 million to, most recently, 43 million in 1997. It is certain the Kennedy legislation will only make this growing problem even worse.

The result of passing the Kennedy health care bill is more hard-working Arkansas families, more American families will go without health care insurance. The Kennedy bill gives quality health care only to those who can afford it. On average, the Kennedy bill would cost employees an additional $183 per year according to the Congressional Budget Office, and the cost for families under the Kennedy bill is estimated to be an additional $275 per year. Whether it is $183 or $275 per year, the Kennedy bill places a huge additional expense on American families which many simply cannot afford. What the Democrats give with one hand, they take away with the other. How can you say you are protecting people when you are taking their insurance away from them?

By contrast, the Republican Patients' Bill of Rights Plus Act, I believe, is both rational and responsible. It protects those who are not covered by State regulations. It ensures that health insurance premiums will not rise more than a fraction of a percent according to CBO. It also provides important tax incentives to increase access to health insurance for the current uninsured population, including the 100 percent deductibility of health insurance premiums for the self-employed and the expansion of medical savings accounts.

There are few more effective things we could do in the area of patients' rights to expand access than to include the self-employed and give them that 100-percent deductibility that they so deserve. According to one recent poll by Public Opinion Strategies, 82 percent of the public want Congress to make health care more affordable. The Republican Patients' Bill of Rights Plus Act responds to that need and that overwhelming desire of the American people.

Does the Kennedy bill do anything for the 43 million uninsured Americans in this country? The answer to that is very simple, it is very plain, and I think it is absolutely undisputed. The Kennedy bill does nothing to assist 43 million Americans who do not currently have health insurance get that insurance they so desperately need. It does nothing. So while we hear from bleeding hearts, while we hear emotional stories, I ask my colleagues to remember, I ask the American people to remember, the 43 million who currently do not have insurance need to have it more accessible. The Republican bill does that while providing greatly enhanced protections for the 43 million Americans who are in self-insured plans under ERISA. Not only does the Kennedy bill increase cost and decrease access, it creates a whole new system of Government-run health care. The Kennedy bill would create 359 new Federal mandates, 59 new sets of Federal regulations, and would require 3,828 new Federal bureaucrats to enforce the legislation at a cost to taxpayers of $155 million per year. The question begs to be asked: Who will benefit from this new bureaucracy and maze of Government regulation? Patients? Or the bureaucrats? I think we know the answer.

It is illustrated by a chart we have already seen today. The bottom of this chart, a summary of the effects of the Kennedy bill, are all of the new mandates that would be imposed as a result of the Kennedy legislation. Flowing from these mandates are the arrows and all of the various bureaucratic agencies required to enforce the Kennedy health care bill.

It is simply a one-size-fits-all approach to regulating health care in this country. It disregards the good work that has already been done by the States in this area, as opposed to what the Republican bill does, building upon the good works the States have already done in patient protections.

Mr. President, 42 States have already enacted a Patients' Bill of Rights; 47 States already enforce consumer protections regarding gag clauses on doctor-patient communications; 40 States already enforce consumer protections for access to emergency care services; 50 States, every State already has requirements for grievance procedures; and 36 States already require direct access to an OB/GYN.

The Kennedy bill imposes a blanket of heavy-handed Federal mandates on States and throws away the States' hard work to tailor patient protections for their populations' specific needs. One size does not fit all. What may be appropriate for California may not be appropriate for a rural State such as Arkansas.

When the Congress passed the McCarran-Ferguson Act in 1945, it agreed that States should have primary responsibility for the regulation of insurance. The National Association of Insurance Commissioners has also spoken on this issue. We have heard about this on the floor of the Senate today. In a March 16, 1999, letter to members of the Health and Education Committee, the commissioners stated their concern. They said:

> It is our belief that states should and will continue the efforts to develop creative, flexible, market-sensitive protections for health consumers in fully insured plans, and Congress should focus attention on those consumers who have no protections in self-funded ERISA plans.

That is precisely what the Republican bill does. Congress needs to act to protect the 48 million Americans covered by self-insured ERISA plans. It should not override the States in the area that they have primary responsibility.

My colleague, Mr. KENNEDY, says the Republican bill leaves millions of Americans without any protection. That is false. If you are not covered by an ERISA self-insured plan, you fall under the protections enacted by your State legislature, a group in which most Americans have greater confidence, I daresay, than in their Federal officials hundreds of miles away. This is why the Republican bill applies patient protections to the 48 million Americans who currently do not have any protections. It is sound policy and it makes good sense.

The Republican bill also creates new rights for millions more Americans. For instance, all 124 million Americans in employer-sponsored health plans will have an improved internal appeals process available to them as well as a new, independent, external review process. These 124 million Americans will also be entitled to clear and complete information about their health plan, about what their health plan does

and what it does not cover, about copayments, and about other plan procedures and policies. Our bill also improves existing Federal law on insurance underwriting with regard to preexisting conditions by ensuring that all 140 million Americans' group and individual plans will not be discriminated against by health insurers on the basis of predicted genetic information. Ironically, Senator KENNEDY's bill includes several provisions that were specifically rejected by the President's Advisory Commission on health care quality.

For example, State-run ombudsman programs were rejected by the Commission. Yet they are included in the Kennedy bill. This is the President's Advisory Commission on health care quality.

The Kennedy bill also includes 12 other Federal mandates that were not specifically recommended by the President's Advisory Commission.

In its report, the Commission states that it sought to ''balance the need for stronger consumer rights with the need to keep coverage affordable.''

That is the balance we have sought to maintain in our Republican bill. It is rejected by the Democrats in the Kennedy bill; it is embodied in the Republican Patients' Bill of Rights Plus Act.

The bottom line is that cost does matter because cost is directly related to access and the number of uninsured in our country. If cost was not such a factor, why have the Democrats tried to reduce CBO's scoring of their own bill? It is a factor. It is a big factor. It is an important factor because it affects who can buy insurance and how many millions of Americans are going to go without insurance protection.

Guess how the Democrats thought about trying to reduce that CBO scoring. They sought to reduce the CBO scoring by taking away legal remedies currently available to those in ERISA health plans.

A Patients' Bill of Rights should not be about taking away existing rights. The fact of the matter is, the Kennedy bill would put health care out of reach for close to 2 million Americans. It is not in this country's best interest to pass the kind of legislation that will make insurance less affordable and less accessible to those who need it most.

I thank the Chair, and I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I rise to address the amendment.

Mr. REID. Mr. President, if the Senator will yield, I yield the Senator 3 minutes on the amendment.

Mr. DURBIN. Mr. President, the amendment proposed in the second-degree amendment by the Republican side states a principle which is universally popular in the Senate. It is this: If you are a self-employed person buying health insurance, you should be able to deduct the cost of that health insurance from your taxes like other Americans do.

I introduced legislation along these lines more than 10 years ago in the House. I introduced it in the Senate with Senator BOND of Missouri and Senator COLLINS of Maine. It is bipartisan. It is universal. It will easily pass. And it is a diversion from the debate. It is a diversion.

The Republicans want to talk about access to health insurance, which is important; the Democrats believe it is equally important to talk about the quality of the health insurance that you are buying.

It is ironic as well that the Republicans offer this amendment so that the self-employed people in America can buy insurance. When I take a look at their underlying bill, which you might find surprising, it says those same people who will now be able to buy insurance will enjoy none of the protections of the Republican bill. On the one hand they say: Buy the insurance. But on the other hand they say: We can't guarantee that it is worth buying.

The Democratic approach is consistent: Help families buy insurance, make sure the insurance policy is worth owning, make sure that in time of family crisis you are protected.

The Republican approach is: We will help you buy it, but we cannot tell you whether it is worth buying or not.

They argue it is a matter of States rights. This is such a weak argument when you consider the 200 different organizations—the American Nurses Association, the American Medical Association, all of the different groups for medical professionals—have said that State regulation is not enough; we do not have a consistent national standard of protection for American families. That is what the Democratic side is offering: a consistent national standard.

It bothers those on the Republican side. They do not want to see this consistency. They think people who live in Oklahoma deserve perhaps more rights than those who live in Maine. They think people who live in Nevada should be treated differently than people in Illinois. I disagree. Wherever you live in America, if you buy health insurance, you ought to know that it protects your family. To leave it to State legislatures and to leave over 113 million Americans behind, as the Republicans have done with their approach, is not fair.

This second-degree amendment, which allows self-employed people like farmers and businesspeople to buy health insurance, is so universally popular we can accept it with a voice vote. But let it not divert us from our mission at hand: to make sure the insurance that every American buys is worth owning.

I yield back the remainder of my time.

The PRESIDING OFFICER. Who yields time? The Senator from Oklahoma.

Mr. NICKLES. Mr. President, I was a little disappointed when I heard my colleague say the Republican amendment is a diversion. The Republican amendment is an effort to increase access to quality health care for the self-employed. We have 43 million Americans who are uninsured today. We want to help them get insurance.

A large number of the people who are uninsured are self-employed. They are in small businesses. Small businesspeople who are just starting their businesses sometimes have a hard time getting quality fringe benefit packages. Almost all of the larger corporations have health insurance and pension benefits. But most job growth is in small businesses, and a lot of small businesses have not had time yet to develop and expand a fringe benefit program, including access to quality health care.

When they find out they can deduct 100 percent of their wages but they cannot deduct but 45 percent of their health insurance cost, what do you think most self-employed people are going to do? They might tell their employees: I will just give you the money and you buy the insurance yourself; I cannot deduct it so why spend it? I want to spend my money in my business operations. Everything I spend should be deductible.

It is not. We are trying to remedy that.

I am glad my colleague from Illinois says we have bipartisan support. I know we passed a provision a year or two ago that phased it in gradually, but that is too long. We want to make it effective now. We want to make it where the self-employed get to deduct 100 percent of their health care costs just like corporations. Why not do it now? That is not a diversion.

When we promote our bill, we say Patients' Bill of Rights Plus. What is the plus? We want to increase access. That is in stark contrast to the Kennedy bill which will decrease access. Their bill dramatically increases health care costs, and when you increase health care costs, you are going to be driving a lot of people into the ranks of the uninsured. We do not want to do that. That is not a diversion. It just happens to be a fact.

We want to make health insurance more affordable. The people who cannot afford it, in many cases, are self-employed, and they get the short end of the stick in the Tax Code. They are not treated fairly in the Tax Code. We are trying to remedy that. That is what we have in our amendment.

Also, we have in our amendment a finding of the Senate that, frankly, HCFA does not do a very good job in many cases. Despite what our colleagues say—we want all these people to have assurances and we want them to have all these guarantees. They are basically saying: We want the Health Care Financing Administration of the Federal Government to regulate insurance—we are saying no, that really

should not be the prerogative of the Federal Government to duplicate, override, overrule State regulation of insurance plans.

There is a difference. I am amazed that people keep making the comment: The Republican plan leaves all these people unprotected, as if the States are not doing anything. Every State has a regulatory regimen set up to regulate health insurance under their plans, and our colleagues evidently on Senator KENNEDY's side seem to think whatever the States are doing is not good enough; we know better, in spite of the fact, if you look at HIPAA, the Health Insurance Portability and Accountability Act that Congress passed in 1996, there are five States that are not complying. HCFA is supposed to be regulating those plans, and they are not. They are not complying with the law that we passed 3 years ago. The State of Massachusetts is one of the States that is not complying. Maybe I have too much faith in the States, but I cannot help but think the State of Massachusetts is still interested in making sure employees have portability and continuity of coverage, so I am not really faulting the State. I just find it ironic that some people seem to think: Whatever the States are doing, it's not good enough. We know better. And HCFA, this grand almighty bureaucracy of the Federal Government, can do better than the States. I disagree with that.

So the second-degree amendment that we have states two things: One, findings that the primary regulatory authority of insurance should be done and handled by the States, not the Federal Government; and, two, we should help the self-insured be able to have equitable tax treatment comparable to corporations; they should be able to deduct 100 percent of their health care costs.

I just hope that our colleagues, if they agree in the primacy of States, if they believe in State regulation, if they believe in the 10th amendment to the Constitution that says all other rights and powers are reserved to the States and to the people, respectively, will adopt this amendment. I hope we will when we vote on this. For the information of our colleagues, I expect the vote will occur sometime tomorrow, most likely after the policy lunches.

Mr. President, I yield the floor.

Mr. GRAHAM addressed the Chair.

The PRESIDING OFFICER. The Senator from Florida.

Who yields time?

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

Mr. GRAHAM. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded for purposes of a parliamentary inquiry.

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

Mr. GRAHAM. Mr. President, I had thought that the Senator from Oklahoma was yielding back the remainder of the time on that amendment.

Mr. NICKLES. No.

Mr. GRAHAM. Therefore, I was going to offer the next in order second-degree amendment.

Mr. NICKLES. To clarify, I did not yield back the remainder of the time. I yielded the floor, just for the information of my colleagues.

Mr. GRAHAM. Mr. President, parliamentary inquiry. How much time is remaining on this amendment?

The PRESIDING OFFICER. The Democrat side controls 47 minutes; the Republican side controls 26 minutes.

Mr. GRAHAM. Is the time running during the quorum call?

The PRESIDING OFFICER. It was.

Mr. GRAHAM. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

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

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

Ms. COLLINS. Mr. President, I yield myself such time as I may consume on the amendment.

The PRESIDING OFFICER. The Senator from Maine is recognized for such time as she may consume.

Ms. COLLINS. Mr. President, I regret that my colleague and friend from Illinois, Senator DURBIN, has temporarily left the floor because I wanted him to hear my comments.

I want to start by commending the Senator from Illinois who has, indeed, been a leader in the effort to provide 100 percent tax-deductibility for health insurance purchased by self-employed individuals. I have been proud to be a cosponsor of the legislation he has introduced, as well as an identical bill introduced by Senator BOND, the chairman of the Senate Small Business Committee.

This issue has been an important one to me. I believe it will help many of our small business men and women throughout this Nation, including the 82,000 Mainers who are self-employed. They include, as you might suspect, many of our farmers, our fishermen, our lobstermen, our hairdressers, our electricians, our plumbers, our small shop owners. They are the ones who find it very difficult to afford the costs of health insurance.

Indeed, the part of Maine's population that has the most difficulty in affording health insurance is our self-employed individuals. By providing 100 percent deductibility for health insurance, we can assist these individuals in affording health insurance coverage. We thus will be taking a very important step toward reducing the number, the growing number, of uninsured Americans.

But this provision is important for another reason. It is important as a matter of equity. Right now a multinational corporation can deduct 100 percent of the cost of health insurance premiums for its employees, and yet the Tax Code discriminates against self-employed individuals. It allows self-employed individuals to deduct only 45 percent of the cost of the health insurance they purchase. That is simply unfair. So this corrects an inequity in our Tax Code, and it is important in terms of expanding access to health insurance.

I disagree with those on the other side of the aisle who contend, however, that somehow this very important provision does not belong on this bill, that it is a diversion of some sort. That statement tells me that my friends on the other side of the aisle still do not understand the crux of this debate. The crux of this debate is, are we going to pass legislation which will drive up the cost of health insurance to the point where we jeopardize coverage for 1.8 million Americans? That is the crux of this debate.

This debate is not only about holding HMOs accountable for the care that they promise; it is not only about improving the quality of care; it is not only about ensuring that people who are denied care that they need have the remedies to give them that care to ensure that care is provided before harm is done, but also this debate is about ensuring access to health insurance.

The single most important determining factor about whether or not people have health insurance is its cost. We face a growing problem with uninsured Americans in this country. It has gone to a record high 43 million Americans who lack health insurance. That is a terrible situation.

We should not be passing any legislation that is going to exacerbate that problem. Yet that is exactly what the Kennedy bill would do, by driving up the cost of health insurance to the point where it would jeopardize coverage for 1.8 million Americans. That is more than the population of the entire State of Maine. The last thing we need to do is to increase the pressure to drive up the cost and jeopardize insurance for working Americans.

The second part of Senator NICKLES' amendment is also important. It affirms the Federal policy that was passed back in the 1940s when Congress passed the McCarran-Ferguson Act giving the States primary responsibility for insurance regulation. Some on this side of the aisle apparently believe that we need a debate on the McCarran-Ferguson Act. Fine. Let's have a debate on that. But we should recognize that until we repeal or change the McCarran-Ferguson Act, it is the policy of this country and the law of the land that the States, not the Federal Government, have the primary responsibility for the regulation of insurance. It is a system that has worked well for more than 50 years.

As someone who was responsible for the Bureau of Insurance in the State of

Maine for 5 years, I know firsthand what a good job our State regulators do and how seriously they take their responsibility of protecting consumers. Indeed, in my capacity as commissioner of the Department of Professional and Financial Regulation, I worked hard to strengthen the consumer division of our Bureau of Insurance. We took enforcement actions against insurance companies that did not live up to the letter and the spirit of Maine's law. I can tell you that I know the people of Maine would much rather make a phone call to Augusta to the Bureau of Insurance and to ask for help—it has actually moved to Gardiner now—but to ask for help from the Bureau of Insurance's Consumer Division than to try to figure out the maze of Federal regulation and call the ERISA office in Boston for assistance. I don't think that is serving our consumers well.

I urge my colleagues to support Senator NICKLES' amendment. It is an important amendment that will help expand access to health care while reaffirming the wisdom of the policy adopted more than 50 years ago when the Federal Government gave responsibility to the States to be the primary regulator of insurance.

Mr. President, I yield the floor and reserve the remainder of the time on our side.

The PRESIDING OFFICER. The Senator from Florida.

PRIVILEGE OF THE FLOOR

Mr. GRAHAM. Mr. President, I ask unanimous consent that two members of my staff, Mr. Matt Barry and Ms. Melanie Nathanson, be granted the privilege of the floor for the balance of consideration of this legislation.

The PRESIDING OFFICER (Mr. FITZGERALD). Without objection, it is so ordered.

Mr. NICKLES. Mr. President, will the Senator mind repeating the request?

The PRESIDING OFFICER. It was floor privileges.

Mr. NICKLES. No objection.

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

Mr. NICKLES. Mr. President, how much time remains on both sides on the amendment?

The PRESIDING OFFICER. The Republican side holds 19 minutes, and the Democrat side controls 47 minutes.

Mr. NICKLES. I yield 5 minutes to our colleague from Alabama, Senator SESSIONS.

The PRESIDING OFFICER. The Senator from Alabama is recognized for 5 minutes on the amendment.

Mr. SESSIONS. I thank the Chair.

Mr. President, I appreciate very much the outstanding remarks of the distinguished Senator from Maine on her experiences dealing with insurance issues in that State.

I served as attorney general of the State of Alabama until a little over 2 years ago. I worked with the State insurance commissioner on a number of important issues. Each State in our Nation has an insurance commissioner. They have for many years worked to develop specific regulations of insurance plans within their own States.

The reason we are here—and, in my opinion, it is for a legitimate reason—is because under the Federal law known as ERISA, certain state policies are preempted. That is what this Congress should concern itself with: the kind of health care plans that cannot be regulated by the States. States have set up policies regarding health care. They have passed regulations. The insurance departments have promulgated their own regulations to address managed care concerns in their own states, and I think it is healthy that that happens.

Therefore, it is appropriate that we in Congress focus only on the policies and insurance programs that fall under the federal law ERISA.

Many have attempted to create an aura of fear by saying that health care in America is failing and in great danger, and that people can't count on their health care anymore. That is not what the people of America are saying. I am not hearing them say that to me when I travel my State. When I have town hall meetings, they are not lining up and complaining about that issue. They are, in most instances, well satisfied. We can, and we will, help and improve health care in certain areas, but I am just not hearing really outrageous cries of widespread abuse.

In fact, in March of this year, March 14 to be exact, the Mobile Press Register-University of South Alabama reported a poll of Alabamians concerning their views of health care. This is the question that was asked:

> I would like to ask you a few questions about health care. Which of the following statements best describes your family's health insurance coverage?

A number of potential answers was listed. The one that received the highest vote: We have sufficient health insurance coverage. Sixty-nine percent of the people in Alabama said: We have sufficient health insurance coverage for our family.

The second answer, which was the second highest vote getter at 7 percent, was: We probably have more coverage than we need: We have insurance, but we don't have sufficient coverage: 16 percent. We do not have health insurance at all: 6 percent.

Therefore, I suggest that what we in Congress need to do is recognize the fact that we have a good health care system in the United States. The first thing we should want to do is do no harm and not destroy it. When you have 76 percent of the people satisfied with their health care, then you have to conclude the system is doing well. In fact, we have the greatest health care system in the world.

I will make one more point. I know the Senator from Missouri would like to make some comments, and I would like to yield the floor to him.

The National Association of Insurance Commissioners has testified before our Health, Education, Labor, and Pensions Committee and on March 16, 1999, they sent a letter stating the official position of their association on the matter as to whether or not the federal government ought to have control over every plan in America.

They said this:

> It is our belief that states should and will continue efforts to develop creative, flexible, market-sensitive protections for health consumers in fully-insured plans. Those are the plans that the States can regulate and do regulate data.
>
> Congress should focus attention on those consumers who have no protections under the self-funded ERISA plans.

Now, that is exactly what this bill does. It focuses on those plans.

My time is up, and I yield the floor. I believe the legislation as proposed is precisely the course we should take.

The PRESIDING OFFICER. Who yields time?

Mr. NICKLES. Mr. President, I yield to the Senator from Missouri, who has been one of the principal sponsors of deductibility for the self-employed in the Senate. How much time do we have remaining?

The PRESIDING OFFICER. The majority side controls 14 minutes.

Mr. NICKLES. I yield the Senator 13 minutes and 30 seconds, reserving 30 seconds for myself.

The PRESIDING OFFICER. The Senator from Missouri is recognized for 13 minutes 30 seconds.

Mr. BOND. Mr. President, I thank the Chair and I thank my distinguished colleague from Oklahoma. In a gesture of goodwill, I ask that the Chair notify me when 13 minutes is up because I would like to hear a full minute from the Senator from Oklahoma. I very much appreciate the opportunity to discuss the amendment that the Senator from Oklahoma has addressed and sent to the floor.

First, let me put into context some of my views about the competing Patients' Bill of Rights. I happen to be very proud to be a supporter of the majority or Republican Patients' Bill of Rights Plus. I am proud to be one of 50 Senators who cosponsored the majority bill, and I will be proud to vote for the legislation.

As with anything we do up here, there are probably some ways you could say it is not perfect. But I believe it is the best approach we have before us that places reasonable controls on managed care companies, while also helping rather than hurting access and coverage problems.

That is something that is extremely important to many Americans—having access and getting the coverage they need.

When we look at the competing proposals, I think it is good to drop back to the first rule of medicine, which is do no harm. I am stunned that with the bill offered on the other side, described as helping patients, we are faced with the fact, according to the Congressional Budget Office and others, that

over a million people who have health insurance today probably can't afford it tomorrow, and that thousands more who were thinking they would be able to get insurance would see that opportunity snatched away if their bill, which would drive up costs, were to pass.

I wonder how anyone can support such a backwards proposition that we are willing to price people out of health care in the name of helping them. That is a fatal flaw, as I see it, in the Kennedy plan: too much cost; too little gain.

In contrast, our Patients' Bill of Rights Plus contains basic, reasonable, commonsense patient protections; access to emergency room care for which their health plan will pay. Americans shouldn't have to worry that their insurance won't pay for necessary emergency room care. Our bill guarantees that patients have information on treatment options. Doctors and patients need to be able to discuss openly all possible treatment options without gag rules.

Our bill provides access to a quick, independent, expert appeals process. Patients should get the care they need when they need it. There has been a lot of talk on the other side about how we need to open up the courts for more costly litigation. Well, frankly, we don't want to see widows or orphans having to sue because their breadwinner did not get the health care he or she needed. We want to make sure they get that care promptly, efficiently, and effectively.

I am very pleased that the Patients' Bill of Rights Plus contains important pediatric and maternal health care protections, which I introduced earlier this year in what we call the Healthy Kids 2000 legislation, which had broad support from major health care supporters, including children's hospitals and pediatricians, who are concerned about care for children.

The Patients' Bill of Rights Plus gives the right for a child to go see a pediatrician without going through a gatekeeper. It gives the right for a child to see a specialist with pediatric expertise, including going to children's hospitals when necessary. It gives the right to a woman to have direct access to an obstetrician or gynecologist without having to go through some gatekeeper. It gives the right to have a pediatric expert review a child's case when appealing an HMO decision. In other words, somebody who treats kids will be the one who will oversee the decision and be able to participate in the external review as to whether the kind of care the HMO proposes for a child is appropriate for that child.

But just as important as what is in our Republican bill, the Patients' Bill of Rights Plus, is what isn't in it. It doesn't contain the same costly bureaucratic provisions the Democratic bill has. One would have thought they would have learned something when we had the health care debates of 1993 and 1994, the Clinton plan, which had the Federal Government and its bureaucracy controlling health care. When people took a look at that dog and found out how mangy it was, it failed, not because the Republicans beat it, but because nobody was willing to get out and support it—and with good reason. The more people looked at it, the worse it looked.

Well, the Congressional Budget Office has given estimates that the Democratic bill could raise health care premiums anywhere from 5 to 6 percent, depending on which version of the bill we are discussing. I have heard people on talk shows saying that is one Big Mac a month. Five percent of basic family health insurance at $3,600 a year—my math suggests that is a whole lot more than a Big Mac a month. We are talking in the neighborhood of $180 a year.

CBO and others have told us that for every 1 percent increase in costs, a couple hundred thousand people will lose health care insurance. Under this bill, that means, under the Democratic version, over a million Americans or more could lose their health care coverage.

I speak as chairman of the Committee on Small Business because cost increases for small businesses and small business employees is a No. 1 concern. We have listened to small businesses, and we have heard from small businesses. They say: Please don't do us any more favors. Don't burden us with more costly health care plans. Small businesses are fighting to try to get economical, caring, compassionate, effective health care for their employees and for the business owners themselves. Small business owners are particularly sensitive to the issue of cost. Small businesses—the owners and their families, the employees and their families—would be the ones who would pay for an extravagant bill.

Nearly 40 years ago, President Kennedy told the Nation that a rising tide would lift all boats. Unfortunately, the bill before us turns that concept on its head, and perhaps a new doctrine is that rising costs will sink health care hopes. To me, that is a major concern.

As an alternative to this heavy-handed bureaucratic approach, the Patients' Bill of Rights Plus, offered by the Republicans, tries to increase access and coverage. Now, it is extraordinary and unconscionable that the bill we are debating, the Democratic bill, doesn't do anything to improve access to health care. It seems that the only thing our colleagues on the other side of the aisle can think of to improve access is to have Government-run care, like the Clinton health care plan of 1993 and 1994. Since that fell on its face a few years ago, they seem not to have had any good ideas about how to get more people health insurance.

We need to increase access. Perhaps the most important part of our bill is the acceleration of the full deduction of insurance costs for the self-employed. I am very pleased that our distinguished majority whip, the Senator from Oklahoma, has introduced an amendment that achieves, for this year, full deductibility of health care costs. That means there is hope that the health care premiums paid this year will be fully deductible.

Now, my colleagues, the Senator from Maine and the Senator from Alabama, have already discussed the importance of keeping insurance regulation at the State level. As a former Governor, I can tell you that government insurance regulation, run at the State level, is readily accessible, it is more professional, and it is more responsive to the needs of the citizens. That is why I agree with the portion of the amendment introduced by Senator NICKLES which talks about moving away from Federal Government takeover of health care regulation.

But I am particularly pleased that Senator NICKLES has introduced full deductibility based on the Self-Employed Health Insurance Fairness Act of 1999, which I introduced on February 3 of this year. I am very proud to have 30 bipartisan cosponsors. We are making progress when we work on a bipartisan basis to assure full deductibility of health care costs for the self-employed. I am proud to work with my colleagues on both sides of the aisle.

According to the Employment Benefit Research Institute's estimates of the March 1998 current population survey, there are 21.3 million Americans in families headed by a self-employed entrepreneur. Nearly a quarter—23.9 percent—of them have no health insurance. That is 5.1 million uninsured Americans. Even more troubling, that means that the 21.1 percent of the children in self-employed American families are uninsured; 1.3 million children have no coverage for annual checkups, let alone any major health care needs.

This amendment would address these alarming statistics by providing an immediate—I mean right now, in real time—100 percent deductibility in order to make health insurance more affordable and accessible to hard-working entrepreneurs and their families.

Let me add an additional perspective on the importance of this amendment. Today, one of the fastest growing segments of the small business community is the woman-owned business. Women are opening businesses at a very rapid rate. They are the ones with the entrepreneurial spirit. They may be operating out of their homes, they may be moving from another full-time job, or they may just have a good idea. But women are now seeing an opportunity to start up their own businesses, and we are very proud of the significant contributions they are making to our economy.

According to statistics from the National Foundation for Women Businessowners, there are now 9.1 million women-owned businesses in the United States, which compromise almost 38 percent of all U.S. businesses.

In addition, between 1987 and 1999, the number of women-owned firms increased by 103 percent nationwide—more than double. The reasons for this explosive growth are manifold. Topping the list is greater flexibility in meeting the demands of family life, and the ability to spend more time with children.

Even more impressive, the National Foundation for Women Business Owners reports that women-owned businesses employ more than 27½ million people, and that employment rate has increased by 320 percent over the past 12 years.

Today, while self-employed woman business owners can deduct 60 percent of their health care costs thanks to the strides that we made in previous years, that is still not on a level playing field with a large business which can deduct 100 percent. While the self-employed are slated to have full deductibility in 2003, what woman business owner or her family members can wait 4 more years to get sick?

By making health-care insurance fully deductible now, the added tax savings will enable many women business owners to cover their health-care needs and those of their children. In addition, it will encourage these women entrepreneurs to provide health insurance for their employees and their families.

And we're not talking about a tax break for ''the rich'' when it comes to the health-insurance deduction for the self-employed. Recent estimates based on the March 1998 Current Population Survey indicate that 68.7 percent of families headed by a self-employed individual with no health insurance earn less than $50,000 per year.

These are the people who we are trying to get health coverage. These are the people who need the benefit of full deductibility.

Coverage of these entrepreneurs and their children through the self-employed health-insurance deduction will enable the private sector to address the health-care needs of these individuals rather an expensive and intrusive government program.

Currently, S. 343, from which my amendment is derived, has the bipartisan support of 30 cosponsors. It also enjoys overwhelming support of small business organizations including the National Association for the Self-Employed, the National Federation of Independent Business, the Small Business Legislative Council, the National Small Business United, and the Health Tax Deduction Alliance, to name just a few.

I have also added a provision to the amendment to correct a disparity under current law that bars a self-employed individual from deducting any of her health-insurance costs if she is eligible to participate in another health-insurance plan. This provision unfairly affects entrepreneurs who are eligible for, but do not participate in, a health-insurance plan offered through a second job or through a spouse's employer. The bill ends this disparity by clarifying that a self-employed person loses the deduction only if she actually participates in another health-insurance plan.

It has long been my goal that the self-employed have immediate 100 percent deductibility of health-insurance costs. I have sought every opportunity to achieve that goal, and I will keep coming back until we get this job done. I commend the Senator from Oklahoma for pushing for this amendment on the bill so that we can have bipartisan, unanimous support for the effort to ensure that all Americans who are self-employed will have the same kind of benefits in terms of taxes that a large corporation or its employees do; and that is 100 percent deductibility.

I am very proud to be a cosponsor of this amendment. I ask all of my colleagues to join in supporting a very forward-looking amendment which deals with some of the significant problems in the underlying bill offered by our colleagues on the other side and makes significant changes to assure access to fair and equitable health care insurance for all Americans.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Mr. President, I thank Senator BOND for cosponsoring this amendment, in addition to Senator SANTORUM, who is also a principal sponsor of this amendment, and Senators HUTCHINSON, CRAIG, and myself who are original sponsors.

Mr. President, I inquire of my colleague from Nevada, is he prepared to yield the remainder of time on this amendment?

Mr. REID. Yes. We are.

Mr. NICKLES. Mr. President, if my colleague from Nevada is yielding back the remainder of time on the amendment, we likewise yield the remainder of time on the amendment.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

Mr. NICKLES. 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. NICKLES. Mr. President, I ask unanimous consent that the Republican manager of the bill be allotted an additional 40 minutes on the bill itself.

The PRESIDING OFFICER. Is there objection?

Mr. REID. Reserving the right to object, on second thought, I tell my friend, the majority whip, we also want 40 minutes.

Mr. NICKLES. Mr. President, I ask unanimous consent that both sides be allotted an additional 40 minutes on the underlying bill.

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

Mr. NICKLES. Mr. President, I ask unanimous consent that the second-degree amendment proposed by myself and Senator BOND and others be temporarily set aside.

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

The PRESIDING OFFICER. The Senator from Florida.

AMENDMENT NO. 1235 TO AMENDMENT NO. 1233

(Purpose: To provide for coverage of emergency medical care)

Mr. GRAHAM. I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Florida (Mr. GRAHAM), for himself, Mr. REID, Mr. CHAFEE, Mrs. MURRAY, Mr. DURBIN, Ms. MIKULSKI, Mr. SCHUMER, Mr. KENNEDY, Mr. DASCHLE, Mr. BAUCUS, Mr. FEINGOLD, and Mr. DORGAN, proposes an amendment numbered 1235.

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

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

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

Mr. GRAHAM. Mr. President, on behalf of the Senators listed, I offer an amendment relative to emergency care services.

This is a particularly critical issue because so many of the conflicts between beneficiaries and their health maintenance organizations occur in an emergency room setting.

When the Senate in 1997 adopted provisions that extended to Medicare and Medicaid beneficiaries—the same rights that this amendment will now provide to all Americans—we discussed the fact that 40 percent—40 percent—of the conflicts between Medicare beneficiaries and HMOs occurred in an emergency room setting.

Questions of coverage, type of coverage, and what would happen after the patient was stabilized was the cauldron in which many of the disagreements between HMOs and beneficiaries were fought out.

Just as the Medicare and Medicaid provisions which were adopted by the Congress and signed into law by the President have helped to relieve that tension for 70 million Americans, this amendment will attempt to do the same for the rest of Americans.

This amendment also raises a couple of other important issues.

One of those is what I call the ''big monster argument''—that anything that we do is going to inevitably lead to an escalation of cost and an escalation of Federal regulation and bureaucracy and an overwhelming of the patients' ability to get affordable health care.

I would like to point out the first sentence of this amendment. The first sentence is essentially, if the health care plan offers emergency services, then these are the standards that will have to be met.

The clear implication of that is that no HMO under this amendment is required to offer emergency room services. If the HMO wishes to go to its beneficiaries and say, Now, look, you are not covered if you go to the emergency room—you understand that—and the fee that you are going to pay for your HMO contract is predicated on the fact that emergency room services are not covered, the HMO has the prerogative of so doing. If the HMO gives the appearance that it is offering emergency room services, then it is required to offer credible emergency room services that comport to what the average American thinks they are going to get in an emergency room.

So the ''big monster argument'' that this is going to have all of these adverse effects is irrelevant as long as the HMO plays by the rules. It cannot offer emergency room services at all. But once it purports to do so, it can't bait and switch and say, Yes, you thought you were getting comprehensive emergency room coverage, but in fact you are getting something much, much less.

The second argument is what I call the ''checking off the boxes'' argument. We have heard it already. We will say, well, the plan of the Republicans offers an external appeal provision, and the Democratic plan offers an external appeal provision. So we check both of them with an equally large mark. We have an emergency room provision. You have an emergency room provision. Check, check—both get the same large mark.

The problem is that it is not just a matter of checking off the boxes. It is a matter of seeing what inside the box. What are the actual words? What is the detail? Words make a difference. Details matter. We are not talking about semantics or legalisms. We are talking about whether in the final analysis the beneficiary—the American family—gets the kind of protection that they think they paid for.

There will be other colleagues who will discuss important distinctions between the two bills. I want to focus on two of those differences.

I look forward to a debate with my Republican colleagues on these two differences, whether they are meaningful, and whether they have properly stated what the Republican provisions are. The first of those distinctions is hidden in the Republican bill in language which effectively eviscerates the ''prudent layperson standard'' that is at the heart of the emergency care provision.

What is the prudent layperson standard? This is a standard which is now in the Medicare law and the Medicaid law by action of Congress. It essentially says if a prudent layperson—a layperson of normal intelligence and knowledge of health and medical matters—thinks symptoms occurring require urgent attention, that prudent layperson can then seek the attention of the most available emergency room, and the HMO will be responsible for paying the costs of that emergency room service.

How does the Republican bill eviscerate that basic principle, which now protects 70 million Americans on Medicare and Medicaid? The Republican bill allows for the imposition of ''any form of cost-sharing applicable to any participant or beneficiary (including copayments, deductibles, and any other [form of] charges . . . if such form of cost-sharing is uniformly applied under such plan with respect to similarly situated beneficiaries.''

Now, what does that mean? It means that a patient who goes to a hospital that is not part of the network of the HMO will have to pay, according to the HMO's plans, for additional deductibles, coinsurance, and other charges, while a person who is in the same position of an emergency medical crisis, who goes to the in-network hospital will not be required to pay those additional out-of-network charges.

The practical effect of that distinction is to create a strong economic incentive for the prudent layperson who thinks they have symptoms requiring emergency attention. If they understand they could go to the emergency room which is 5 minutes away but which is not part of their HMO's network or they could go to the emergency room that is 30 minutes away and be within the network of the HMO, and that there will be a significant economic differential as to what that choice is, then you have a prudent layperson making a critical decision. Will I go to the emergency room that offers the most immediate attention to my condition, or will I go to the emergency room where the cost will be less?

How do we know this is what was meant in the Republican version of the emergency room provisions in the Patients' Bill of Rights? Because they said it in very clear language in the committee's report of this section, which appears on page 29. I will read from that report:

> The Committee believes that it would be acceptable to have a differential cost-sharing for in-network emergency coverage and out-of-network emergency coverage, so long as such cost-sharing is uniformly applied across a category (i.e. [across all] in-network, out-of-network). . .[beneficiaries and providers.]

I suggest there goes the prudent layperson definition, or the rationale for the prudent layperson definition, right out the window.

The Democratic plan provides explicitly that there will be parity payment between in-network and out-of-network emergency room services; that is, the prudent layperson would have the right to go to what is the most prudently accessible emergency room to get that service.

I suggest what is good for 70 million Medicare and Medicaid beneficiaries should be good for all Americans. Patients should not be required to call an insurance bureaucrat to see if they can get emergency room care approved before they go to the emergency room. They shouldn't have to call their HMO before they call 911. That is the very thing we are trying to prevent. Patients should be able to seek the treatment wherever it can be provided—inside or outside the network—and not be subject to economic compulsion.

That is one important differential between the Republican and the Democratic bill. That little devil was in the details.

Another provision called poststabilization is a crucial component of emergency room care. This provision relates to what happens after a person has gone to the emergency room, had that immediate treatment, and their condition is now stabilized; what happens next?

Let me give an example. A person goes to an emergency room on a Friday night with shortness of breath, high fever, pain in the left side of their chest. They are diagnosed by the emergency room as having not a heart attack but acute pneumonia. The emergency room treats the patient with intravenous antibiotics and oxygen. The emergency department then calls the HMO to request one of two things be done: that the plan take responsibility for the patient by having the patient transferred to one of their in-network hospitals, or the plan authorize the admission of the patient to the treating hospital.

Unfortunately, this is a Friday night, about 10 or 11 o'clock, and no one picks up the phone at the other end of the line. The hospital is stuck; the party is stuck. The hospital cannot transfer the patient to another facility but it can't get authorization to admit the patient to its own facility. As a result, the emergency room does admit the individual for treatment. On Monday, the patient goes home.

The health care plan has not authorized the treatment. It now denies the claim, retroactively, after the hospital services have been provided. Under the Republican bill, the patient is responsible for the noncovered hospital bill, potentially for several thousand dollars for that weekend institutionalization.

Under our amendment, the nonresponsive HMO would be financially responsible for that bill. Better yet, we see a different scenario. Under our amendment, we see the health plan with a positive incentive to coordinate the patient's care with the emergency department. The patient was transferred to a network facility, which in turn has saved all overall health costs both for the patient and the health plan—a win-win scenario.

Let me give an example of this coordination. A parent brings their young child into an emergency room with a high fever. The emergency physician rules out a life-threatening illness. She brings the fever under control, thereby stabilizing the patient. However, follow-up care is necessary to determine the cause of the high fever and the extent and nature of the illness. The emergency room calls the

plan to get the plan to refer the child to a primary care doctor. The plan doesn't call back. What is the result? The child is admitted to the hospital overnight, potentially costing the family thousands of dollars of unnecessary hospitalization and emotionally traumatizing the child.

Under the Republican proposal, the plan gets a double windfall. First, the plan saves the money of having to staff ''response capability,'' particularly on the weekend, and by not having personnel to respond to that emergency room call and to make treatment decisions. That is not all. The HMO also saves; when the emergency room treats the patient without prior authorization, the health plan can then go back and claim the care was unnecessary and refuse to pay.

What the Democratic poststabilization provision is all about is simply requiring the health plan to take responsibility for the patient by answering the phone when the emergency room calls, and then either authorizing treatment, referring followup primary care, or transferring the individual.

There are those who say this provision places an unwarranted burden on the HMO. But let's give an example of one of the Nation's oldest and largest health maintenance organizations, Kaiser-Permanente. Kaiser-Permanente endorses this position and has implemented the poststabilization requirement voluntarily. Guess what. After all the discussion about cost and the desire to maintain affordable and accessible health care, this provision has saved Kaiser-Permanente money. How could it do that? Because Kaiser has found that by coordinating care with the emergency room, it has been able to avoid unnecessary admissions through providing followup care at an outpatient facility.

I will quote from a letter signed by Mr. Don Parsons, the associate executive director for health policy development for Kaiser-Permanente. I ask unanimous consent the entire letter be printed in the RECORD immediately after my remarks.

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

(See Exhibit 1.)

Mr. GRAHAM. Mr. Parsons states:

By assuring immediate response to telephone inquiries from non-participating emergency facilities, we have been able to provide substantial assistance to the emergency doctor who otherwise is practicing in an isolated environment without access to the patient's medical record.

Our own emergency physicians on the telephone have offered peer consultations, personally approved coverage for urgently needed tests and treatment, arranged for the coordination of follow up care, and implemented critical care transportation of patients back to our own facilities. Of over 2,000 patients transported in this fashion, one third have been discharged to their homes. Without this coordination of care, these patients would have been hospitalized at needless expense.

For example, to go back to my hypothetical of the child with the high fever without signs of a bacterial infection, they could have been sent home if there were arrangements made for the child to see a doctor the next day. But absent the communication between the plan and the emergency room, the emergency room admits the child. If the insurance company plays by the rules, as Kaiser-Permanente, it will now be only out the $50 for a routine primary care visit rather than the $1,000 or more that it might be out if the child is admitted to the hospital.

So why are companies such as Kaiser coordinating poststabilization care with emergency departments? They are doing it because it is good health care and it is good business. I point out again, this is the same provision that the Congress passed in 1997 as it relates to Medicare and Medicaid beneficiaries who currently have this poststabilization coordination of care coverage.

So how the amendment is drafted, what the amendment says, what the details are, makes all the difference. This is not just a matter of checking off the box. It is a matter of looking inside that box to see if the prudent layperson provision, which both versions purport to offer—is it meaningful? The person who exercises prudence by going to the nearest emergency room, not necessarily the nearest emergency room that happens to be part of the network of the HMO, will they be financially protected?

The person who has been stabilized—and now the question is what needs to be done to deal with the underlying cause of their symptoms—will they be financially protected when the HMO fails to respond to the request for specific authorization? Those are the types of real differences that make the difference between the two alternative versions of emergency room care that are before the Senate.

I urge my colleagues to study these differences and to be mindful of the other differences that will be articulated by the other cosponsors of this amendment. I urge their support for this amendment that makes emergency room care real for the families of America.

I ask unanimous consent that two letters be printed in the RECORD: One from the American College of Emergency Physicians supporting the amendment that has been offered, and the letter from the American Heart Association supporting the emergency room provision that I and colleagues have offered.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

AMERICAN COLLEGE
OF EMERGENCY PHYSICIANS,
Washington, DC, July 12, 1999.

Hon. BOB GRAHAM,
Hon. JOHN H. CHAFEE,
U.S. Senate,
Washington, DC.

DEAR SENATORS GRAHAM AND CHAFEE: The American College of Emergency Physicians (ACEP), on behalf of its more than 20,000 physicians and the patients we serve, is pleased to support your amendment, which will protect people with health insurance who make reasonable decisions to seek emergency care from claims denials by managed care plans. Today's health care market warrants establishment of basic consumer protections to ensure coverage for emergency services, and ACEP believes that your amendment would provide such safeguards.

As emergency physicians, we applaud your efforts to prevent health plans from denying patients coverage for emergency services. Prior authorizations requirement for emergency care and ''after-the-fact'' claims denials create barriers that can place a patient's health at serious risk. Your amendment provides those covered by private managed care plans with the same ''prudent layperson'' standard that Congress provided Medicare and Medicaid patients as a part of the ''Balanced Budget Act of 1997.''

Again, ACEP is pleased to offer its support of your amendment, and we commend your leadership in proposing a bipartisan solution.

Sincerely,

JOHN C. MOORHEAD, MD, FACEP,
President.

AMERICAN HEART ASSOCIATION, OFFICE OF COMMUNICATIONS AND ADVOCACY,
Washington, DC, July 13, 1999.

Hon. BOB GRAHAM,
Washington, DC.

DEAR SENATOR GRAHAM: The American Heart Association strongly supports your amendment, to be offered today to the patient protection legislation, which will ensure prompt emergency room access. This important amendment is essential to our mission of reducing death and disability from cardiovascular diseases, the leading cause of death in America.

To reduce the devastation caused by cardiovascular diseases, the American Heart Association is committed to educating the public about the warning signs and the symptoms of heart attack and stroke. Acting on this knowledge is often the key to survival. In fact, every minute that passes before returning the heart to a normal rhythm after a cardiac arrest causes the chance of survival to fall by as much as 10 percent. Our consistent message to the public, therefore, is both to know the signs and symptoms of heart attack and stroke and to get emergency care as quickly as possible.

However, unnecessary and burdensome obstacles often stand between the patient and the emergency room door. Insurer ''pre-approval'' processes for emergency care can impede prompt treatment of heart attack and stroke. Delays in treatment can significantly increase mortality and morbidity. Our efforts to educate the public about the importance of getting prompt treatment are severely hindered by these ''pre-approval'' barriers.

The American Heart Association applauds your efforts to address these obstacles by ensuring the ''prudent layperson'' definition of emergency. Any managed care reform proposal that seeks to protect patients' rights must include this prudent layperson standard.

Thank you for your leadership on this important issue.

Sincerely,

DIANE CANOVA, ESQ.,
Vice President, Advocacy.

Mr. GRAHAM. And so, Mr. President, as I stated early in my remarks, how the amendment is drafted, and what the amendment says, makes all the difference.

It's not good enough just to check off the boxes. That's why I urge the adoption of our amendment.

EXHIBIT 1

KAISER PERMANENTE,
Washington, DC, July 7, 1999.

Hon. BOB GRAHAM,
U.S. Senate,
Washington, DC.

DEAR SENATOR GRAHAM: Since 1996, Kaiser Permanente has supported the passage of federal legislation embracing the Prudent Lay Person concept, which requires insurance coverage of emergency services provided to people who reasonably expect they have a life or limb threatening emergency. In connection with this, we support a requirement that the emergency physician or provider communicate with the health plan at the point where the patient becomes stabilized. This will allow for coordination of post-stabilization care for the patient, including further tests and necessary follow-up care. These concepts are contained in several bills currently pending before Congress. I should note, however, that our favoring of this language should not imply endorsement in its entirety of any specific bill that deals with other issues.

As a result of the Balanced Budget Act of 1997 with its ensuing regulations applicable to Medicare + Choice and Medicaid enrollees and the Executive Order applying the President's Advisory Commission's Bill of Rights to all federal employees, approximately 30 million Americans are now the beneficiaries of a financial incentive to emergency departments to communicate with the patient's health plan after the patient is stabilized. This helps to ensure that the patient's care is appropriate, coordinated and continuous. It is important that emergency departments have the same incentive to coordinate post-stabilization and follow up care for patients who are not federal employees or beneficiaries of Medicare or Medicaid. We have heard of minimal problems implementing this standard in those health plans participating in FEHBP and Medicare + Choice programs. Since a federal standard is in place and working, it is good policy to extend that standard to the general population.

For the past ten years, we have implemented on a voluntary basis a program that embraces these concepts of honoring payment for the care our members receive in non-participating hospital emergency departments up to the point of stabilization. Our Emergency Prospective Review Program has encouraged the treating physicians in such settings to contact our physicians at the earliest opportunity to discuss the need for further care. This has allowed us to make available elements of the patient's medical record pertinent to the problem at hand and to coordinate on-going care as well as the transfer of the patient back to his/her own medical team at one of our facilities. We have found this program to be considerate of the patients' needs, emphasizing both the urgency of treatment for the immediate problem as well as the continuity of high quality care.

This has been a cost-effective practice, affording the patient the highest quality of care in the most appropriate setting. By assuring immediate response to telephone inquiries from non-participating emergency facilities, we have been able to provide substantial assistance to the emergency doctor who otherwise is practicing in an isolated environment without access to the patient's medical record. Our own emergency physicians on the telephone have offered peer consultations, provisionally approved coverage for urgently needed tests and treatment, arranged for the coordination of follow up care, and implemented critical care transport of patients back to our own facilities. Of over two thousand patients transported in this fashion, one third have been discharged to their homes. Without this coordination of care, these patients would have been hospitalized at needless expense.

In summary, this program has served the needs of our patients, the treating emergency physicians, and our own medical care teams, while providing substantial savings in both clinical expense and in administrative hassle over retrospective approval of payment for services provisionally approved through the telephone call. We are strongly in favor of the post-stabilization coordination provision as an essential element of the emergency access provision of the Patients Bill of Rights.

Sincerely,

DONALD W. PARSONS, MD,
Associate Executive Director.

The PRESIDING OFFICER. Who yields time?

Mr. REID. Mr. President, I yield myself such time as I may consume on the amendment.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, just briefly, the Senator from Alabama stated the State of Alabama had this great health insurance by some poll that he had conducted by, I think, South Alabama University.

First of all, regarding coverage of emergency care, the State of Alabama is one of 12 States that does not use the prudent layperson or similar standard for emergency room treatment. In addition to that, with drug formularies, 36 States have no procedures for obtaining nonformulary drugs; Alabama is one of those. Access to clinical trials, 47 States have no access to clinical trials; Alabama is one of those. Continuity of care, 29 States have no continuity of care provisions; Alabama is one of those. Bans on financial incentives, 28 States have no ban on financial incentives to providers; Alabama is one of those. Provider protections, 21 States have no protections for providers who are terminated; Alabama is one of those. Point-of-service options, 30 States do not require that point-of-service plans be offered; Alabama is one of those. Coverage of emergency care, I have already stated 12 States do not use a prudent layperson or similar standard; Alabama is one of those.

The State of Alabama has 1,617,000 State residents who are not protected under the Republican plan; 62 percent of privately insured in Alabama are not protected under the Republican plan. So I do not know about the poll in South Alabama, but I know what the facts are. The facts are that State is similar to many States. That is why groups support our Democratic Patients' Bill of Rights.

Why do I say groups? Hundreds of groups. They are already on the record, the groups that support us, a listing of some of the groups that support us. Alliance for Lung Cancer Advocacy, Alzheimer Association, American Academy of Child and Adolescent Psychiatry, American Academy of Emergency Medicine, American Academy of Neurologists, American Academy of Pediatrics, American Academy of Physical Medicine and Rehabilitation—over 200 groups support this legislation, over 200.

In addition to that, we have a unique situation. The doctors and the nurses have joined with the lawyers to support this legislation. It is a unique day in American legislation when we can say not only do the doctors support this—the American Medical Association does, all the specialty groups—but in addition to that the lawyers support it.

I suggest people coming in, bragging about the other bill, the majority's bill, they are talking about—the junior Senator from Maine said all we want to do is ensure access. I respectfully submit they want to ensure the insurance companies continue to rip off the American public. That is what that legislation is about. That is what they are trying to ensure, and this legislation is meant to stop that.

The PRESIDING OFFICER. Who yields time? The Senator from Tennessee.

Mr. FRIST. Mr. President, I yield myself 10 minutes on the amendment.

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

Mr. FRIST. Mr. President, we have a number of issues on the floor today—the underlying bill that has been introduced and a substitute bill. We have talked some about scope today. Now we are talking about emergency services. I think it is important that people understand that both of the underlying bills do have parts which address this access to emergency medical care. It is absolutely critical that over the course of today and on future amendments on emergency care we appropriately address a bill of rights that does have a real impact because there is no way we can responsibly leave this debate without addressing the fear, the fear which is supported by anecdote—I do not know how big of a problem it is, but it is a fear and that means we have to deal with it and we should deal with it—of having a heart attack or chest pain or laceration or broken arm or a sick child and going to an emergency room, and in some way, for some reason, having that care denied or be channeled to emergency rooms that are across town, all of the sorts of things that are truly frightening and are really unconscionable. Therefore, it needs to be addressed and needs to be addressed well.

The amendment today brings up an issue of poststabilization, which I think needs to be addressed, and I will carefully look at the amendment.

Poststabilization is a point after which you have gone to the emergency room, gone through screening, and gone through treatment. Then what happens? Again, it looks at a more complete picture, and we need to make sure what we ultimately pass several days from now addresses that adequately and appropriately, given the

realities of the managed care, coordinated care, and fee-for-service system.

Let me briefly comment on what is in our Republican bill. This was discussed in the Health, Education, Labor, and Pensions Committee. We talked about emergency access, and we talked about some of the other issues as it went through the committee.

What passed out of committee, and is before this body, is as follows: We require group health plans that are covered by the scope of the bill—and the issue of scope has come forward—to pay, without any sort of prior authorization, for an emergency medical screening exam. If you go to the emergency room, that exam, using a prudent layperson standard, which has just been discussed—meaning, if you are at a restaurant and you have chest pain, you think it might be a heart attack, you know it is an emergency or you feel it is an emergency, and you go to the emergency room. They say it is indigestion, not a heart attack; therefore, they are not going to cover it. The prudent layperson —that is, the average person in terms of medical knowledge in America today—says there is no way I am going to know if it is an emergency or not, if it is serious or not. We reach out, using the prudent layperson standard, and cover that individual.

You would not have to have prior authorization. That would be for an emergency medical screening exam and any additional emergency care that is required to stabilize that condition.

Stabilization is difficult. As a physician, when I think of stabilization, because I am a heart surgeon, I think of heart failure and blood pressure, going into shock, and all sorts of bad things happening overall. Stabilization might also mean if you have a broken arm or if you have a laceration. The definitions are important as we go forward.

Mr. GRAHAM. Mr. President, will the Senator from Tennessee yield for a question?

Mr. FRIST. Let me finish walking through what is in the Republican proposal first.

The stabilization end of it is important. I mention that because we are talking about a period of poststabilization—after you are stabilized. Again, the Republican bill covers, through the screening and stabilization process, using that prudent layperson standard.

We define in our bill what a prudent layperson is, and that is an individual who possesses an average knowledge of health and medicine. I think that is as good a definition as one can generate, and the concept of prudent layperson I believe is accepted by both sides.

As to the cost-sharing aspect, again looking at what is in the Republican bill which was introduced earlier today, plans may impose cost sharing on emergency services, but the cost-sharing requirement cannot be greater for out-of-network or out-of-plan emergency services than for in-network services. That is very important, because I have heard several people allege, no, you can charge anything, you can charge much higher than what in-network cost sharing is, and that is simply not true in the Republican bill.

An individual who has sought emergency services from a nonparticipating provider or nonparticipating hospital or nonparticipating emergency physician cannot be held liable for charges beyond that which the individual would have had to pay if that physician were a member of that particular coordinated care plan or managed care plan or health maintenance organization.

The important points are basically that you do not need prior authorization. It does not matter whether or not that facility is part of that plan or that HMO's network itself. So you can go to the nearest hospital if, using that prudent layperson standard, you have a concern that you have something that does need to be treated and treated very quickly.

The prudent layperson would expect the absence of immediate medical attention to result in some sort of jeopardy to the individual's health or serious impairment—again referring back to that standard—or serious dysfunction of their body. Again, it is very difficult in terms of covering the overall realm.

The poststabilization period: What happens after you go to the nearest emergency room, using that prudent layperson standard, not having to pay anything beyond what you would have to pay if you had gone to a facility in that network, you have had the screening exam and you have had that stabilization or that initial treatment.

Poststabilization introduces: What if you are there and you had this chest pain and you found out it was just indigestion, but while you were there in that poststabilization period, the physicians find a spot on the chest x-ray that you need to rule out as lung cancer, or you have cholecystitis or right quadrant pain, and with a quick exam it is pretty clear another medical problem has been picked up. Does that fall into that poststabilization period? And, if so, does that treatment continue over time?

Those are the questions we need to debate, we need to look at. We need to make sure we do not open the door so broadly that somebody basically goes to an emergency room with a complaint and it is taken care of, but 10 other complaints are found and that is an excuse to get all your care outside of that network simply because that might potentially circumvent the whole point of having care coordinated and to have a management aspect of coordinated care.

Over the debate, as it continues tonight and in the morning, the poststabilization period is an important period we need to address. We do not want to create any huge loopholes through which people can slide. I am going to keep coming back to again and again that we have to do what is best for the individual patient, and we have to keep our focus on the patient, and we do not want to do anything that exorbitantly increases cost if it is unnecessary, if it is wasteful, because if we do that, we increasingly, by an increase in premiums—somebody is going to have to pay for it—drive people to the ranks of the uninsured.

I reserve the remainder of my time.

Mr. GRAHAM. Will the Senator yield for a question?

Mr. FRIST. I will be happy to yield.

Mr. GRAHAM. First, on the question of prudent layperson, you are correct; both bills have essentially the same language on a prudent layperson, but there is a very sharp difference in terms of the economic exposure of that prudent layperson, whether they are in a hospital as part of the HMO's network or in a hospital that is not part of the network.

The Democratic plan clearly states there must be parity of treatment; that is, if you are in an out-of-network hospital, you cannot be charged more than if you are in an in-network hospital.

The Republican bill—and I will quote from the committee report, which is on our desks, on page 29. This is the committee that reported the Republican bill, the Labor Committee. The first full paragraph states:

> The committee believes that it would be acceptable to have a differential cost-sharing for in-network emergency coverage and out-of-network emergency coverage, so long as such cost-sharing is applied consistently across a category (i.e., in-network, out-of-network) and uniformly to similarly situated individuals and communicated in advance to participants and beneficiaries. . . .

What that language seems to say to me is that under the Republican proposal, if you have a standard copay, let's say, of 20 percent if you are inside the HMO network but it is a 50-percent copay if you are out of the network, and you end up in the emergency room that is out of the network because it was the one closest to where you were when you had that chest pain, you may end up having to pay 50 percent of the emergency room bill rather than 20 percent that you would have had to pay in your in-network emergency room, which is what the Democratic bill would provide, that you would pay whatever emergency room from which you ended up receiving that emergency service.

Mr. FRIST. The question is, in essence, what I said earlier about the differential cost sharing; if you go back and look at the committee report, if you go to an emergency room, you can be charged out-of-network rates instead of in-network cost sharing. I do not have that report language before me right now, but if that is what is in the committee report, that is unacceptable to me. That is something that I am willing to work on in terms of the amendment process over the next several days because there is no question

in my mind as to the cost-sharing requirement, when you go into an emergency room, that you have to remove all barriers, that you can go to the closest emergency room, and that that cost-sharing requirement cannot be exaggerated or elevated to an out-of-network rate as we go forward.

I will work with you in terms of this whole issue that the cost-sharing requirement cannot be greater for out-of-network emergency services than for in-network services. That is a barrier that should not be there.

Mr. GRAHAM. Mr. President, that response was so satisfactory and indicated the kind of spirit which I hope this debate over the next 3½ days will sustain; that we are all trying to do what is best for patients and that we will work together to get to that end.

I have no further questions.

Mr. FRIST. Mr. President, let me just respond that I hope in my earlier comments in what I was saying about poststa-bilization—although I have not seen the wording of the amendment, but I know from committee that the Senator is committed to this—in the poststabilization end of things, in terms of how far in the process of prudent layperson recognition, the presentation to the emergency room of your choice, the cost-sharing arrangement we talked about, the medical screening, the stabilization, the poststabilization period, I, again, want to work with the Senator as we go forward.

I have to say it is a very complex issue as to how you trade back into the network, how you do that notification process. I worked in emergency rooms. I have been there. I worked for years in emergency rooms.

When somebody comes in, the last thing you want to be thinking about is a lot of phone calls and calling networks—should we or should we not take care of that individual patient? On the other hand, after things settle down and you take care of the emergency in the emergency room, you have the heart going, you have resuscitated them, then at some point in time they have to make their entrance back into the coordinated care plan.

So we have to be careful about poststabilization—at an appropriate time—but, again, doing what is right for the patient. So those two issues—the cost sharing and the poststabilization—I am committed to working with the Senator over the next several days.

I reserve the remainder of my time and yield the floor.

Mr. REID addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. I say to my friend from Florida that was an excellent question. It does appear the Senator from Tennessee has indicated that the Republican version of the emergency care aspect of that bill is lacking and that he would support the provisions you have indicated, having parity in charging from one emergency room to the other. It was an excellent question.

Mr. President, I yield 5 minutes to the Senator from Montana.

Mr. BAUCUS addressed the Chair.

The PRESIDING OFFICER. The Senator from Montana.

PRIVILEGE OF THE FLOOR

Mr. BAUCUS. I first ask unanimous consent that my assistant, Brent Asplin, be allowed floor privileges during the remainder of this bill.

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

Mr. BAUCUS. Mr. President, I want to follow up on the dialogue we had between Senator GRAHAM from Florida and Senator FRIST from Tennessee. I think we are finally getting to the heart of the matter as to on why the amendment offered by the Senator from Florida really does make sense and why it saves money and at the same time helps the patients.

I point out that this amendment contains identical language that this Senate has already passed 2 years ago with respect to Medicare and Medicaid—the same language. I frankly think it would not be wise—in fact, I think it would be a mistake—if the Senate were now to turn around and adopt a lower standard of care for Americans with private health insurance plans. It just does not make any sense.

I must also say that both bills appear to provide coverage for emergency services using the prudent layperson standard. At least that is how it appears on the surface. The prudent layperson standard is the standard that guarantees emergency care without prior authorization in any case that a prudent layperson would regard as an emergency. Both bills appear to have that same standard.

The question here is something that is a little bit different. The difference comes down to poststabilization services. The amendment before us today does offer coverage for poststabilization services. The Republican bill does not.

What are poststabilization services? They are those services needed when a patient has been stabilized after a medical emergency. That is afterwards.

Really, the debate about poststabilization comes down to two basic questions: First, is poststabilization care going to be coordinated with the patient's health plan or is it going to be uncoordinated and therefore inefficient?

The second question is: Are decisions about poststabilization care going to be made in a timely fashion; that is, when they are needed, or are we going to allow delays in the decisionmaking process that will compromise patient care and also lead to overcrowding in our Nation's emergency rooms?

Those are the two basic questions. Again, are the poststabilization services going to be coordinated with the health care plan or not; and, second, are these decisions going to be made in a timely fashion?

We have heard a lot of rhetoric about how poststabilization services amount to nothing more than a ''blank check'' for providers. That is the major argument against this amendment. Is it going to provide for a ''blank check'' for doctors, for hospitals, and for emergency care providers? If these provisions are a ''blank check,'' I might ask, then, why did one of the oldest, largest, and most successful managed care organizations in the country, Kaiser-Permanente, help create them in the first place?

Kaiser-Permanente likes this because it knows it makes sense. It helps patient care and it helps reduce costs. Kaiser-Permanente is a strong supporter of the poststabilization provisions in our bill; that is, the provisions offered by the Senator from Florida.

Why does Kaiser-Permanente support this? One simple reason. They realize that coordinating care after a patient is stabilized not only leads to better patient care but—guess what—it also saves money.

Let me give you an example of how the poststabilization services in this amendment can actually save money.

Just last week, while the Senate was in recess, I learned of a 40-year-old woman who went to an emergency room complaining of numbness on the right side of her body. The symptoms began to improve in the emergency room, and she was diagnosed with what her physicians referred to as a ''mini-stroke'' or a ''TIA.'' This condition is a warning sign for the possibility of a more serious, debilitating stroke.

The patient was stabilized in the emergency room, and the emergency physician attempted to contact the patient's physician but was unable to do so. The emergency doc tried to contact the patient's physician but could not. If the poststabilization provisions in our bill had been in place, it may have been possible to send this woman home to continue her tests as an outpatient. It would have been possible. It would have been probable because of the way she was stabilized.

But because the plan and the private physician were not available to provide coordinated and timely followup care, the emergency physician had to admit the patient to the hospital. Now, I am confused. Why don't some of my colleagues support this provision? Why don't they support a provision that provides a pathway to more efficient medical care?

Mr. President, I ask consent to speak for an additional 3 minutes.

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

Mr. BAUCUS. In this case, the outcome is very simple. A patient could have been discharged to home with follow-up care as an outpatient. Instead, she was admitted to the hospital because timely follow-up care couldn't be guaranteed through the health plan. Her hospitalization costs were much higher than the care she would have received as an outpatient.

Now, I must say, too, we have heard many stories about the retrospective denial of coverage for poststabilization services. These services are not optional medical care. That is not what we are talking about. That is a red herring. We are not talking about optional medical care. We are talking about the situation where the emergency doc has time only to make sure the patient is taken care of, either admitted to a hospital poststabilization or coordinate a plan with the patient's doctor, some similar thing, not unrelated or just tangentially related optional medical care. That is a red herring. That is not what we are talking about.

If my colleagues support the Graham-Chafee amendment, it is clear they will be voting for more efficient and more timely medical care. I hope the Republicans will join us to pass the real prudent layperson standard for emergencies. This standard has bipartisan support. It is endorsed by many professional organizations and consumer groups throughout the country.

For example, just this afternoon I received an endorsement by the American Heart Association of the prudent layperson amendment offered by Senators GRAHAM and CHAFEE. The American Heart Association states that the prudent layperson standard is ''essential to their mission of reducing death and disability from cardiovascular disease, the leading cause of death in America.''

The American Heart Association wants this amendment because they know it is right. Kaiser-Permanente wants this amendment because they know it is right. There is no reason why this amendment should not pass, particularly when the same standard applies today because of a law passed by this Congress 2 years ago, to Medicare and Medicaid.

I think it is common sense. I can't believe the objections to this amendment. I hope that after the other side thinks about it a little bit, they will realize that it does make sense and support it.

Mr. President, I ask unanimous consent to have printed in the RECORD a letter to me from the American Heart Association endorsing this amendment.

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

AMERICAN HEART ASSOCIATION,
Washington, DC, July 13, 1999.

Hon. MAX BAUCUS,
U.S. Senate,
Washington, DC.

DEAR SENATOR BAUCUS: On behalf of the 4.2 million volunteers of the American Heart Association, I urge you to support Senator Bob Graham's amendment, to be offered today to the patient protection legislation, which will ensure prompt emergency room access. This amendment is essential to our mission of reducing death and disability from cardiovascular diseases, the leading cause of death in America.

To reduce the devastation caused by cardiovascular diseases, the American Heart Association is committed to educating the public about the warning signs and the symptoms of heart attack and stroke. Acting on this knowledge is often the key to survival. In fact, every minute that passes before returning the heart to a normal rhythm after a cardiac arrest causes the chance of survival to fall by as much as 10 percent. Our consistent message to the public, therefore, is both to know the signs and symptoms of heart attack and stroke and to get emergency care as quickly as possible.

However, unnecessary and burdensome obstacles often stand between the patient and the emergency room door. Insurer ''pre-approval'' processes for emergency care can impede prompt treatment of heart attack and stroke. Delays in treatment can significantly increase mortality and morbidity. Our efforts to educate the public about the importance of getting prompt treatment are severely hindered by these ''pre-approval'' barriers.

The American Heart Association strongly supports Senator Graham's efforts to address these obstacles by ensuring the ''prudent layperson'' definition of emergency.

Thank you for your consideration of this issue. We look forward to your strong support for the Graham amendment.

Sincerely,

DIANE CANOVA, Esq.,
Vice President, Advocacy.

Mr. KENNEDY. Mr. President, HMO's across the country are denying coverage for emergency care, and patients are suffering.

A child has a severe fever, but his parents are forced to drive past the nearest emergency room to a distant facility that participates in the HMO's network. The child's hands and feet are amputated as a result of the delay in getting care.

A middle-aged man has severe chest pain and believes he is having a heart attack, but finds out at the emergency room that it was merely indigestion. His HMO denies payment for the visit, leaving him with an expensive bill for tests to rule out his symptoms.

A woman fractures her skull and is knocked out during a 40-foot fall while hiking. She is airlifted to a local hospital, but her HMO later denies coverage because she did not seek ''pre-authorization'' for emergency treatment.

A teenager dislocates his shoulder in an after-school sports program in Massachusetts. Another student's mother—who happens to be a physician—saves his arm by performing an emergency procedure while waiting for his HMO to send an ambulance to take him to the hospital.

Each case is unique, but all share a common theme. Patients are injured or stuck with the bill because their HMO tries to avoid responsibility for care that should be covered. According to a September, 1998, survey by Harvard University and the Kaiser Family Foundation, one in seven HMO patients report that their plan refused to pay for an emergency room visit, and one in ten say they have difficulty getting emergency care.

Two years ago, Congress passed legislation with strong bipartisan support in the Balanced Budget Act that put a stop to these abuses for Medicare and Medicaid patients. As a result, America's elderly, disabled and low-income citizens can seek care at the nearest hospital—without financial penalty—when they believe they are facing a medical emergency.

The Graham amendment and the Democratic Patients' Bill of Rights, which are strongly supported by the American College of Emergency Physicians, would extend those protections to all 161 million Americans with private health insurance.

The Republican leadership claims to do the same in their proposal, but their so-called protections are missing key parts or are riddled with loopholes. They apply to fewer than one-third of privately insured Americans. According to the American College of Emergency Physicians in a letter dated June 22, 1999, S. 326, as reported out of Committee, ''fails to achieve the promise of its section name. As drafted, [it] calls into serious question the underlying intent of the provision.''

First, the prudent layperson standard applies only if the HMO happens to define emergency medical care exactly as the act does. Thus, plans may be able to avoid the standard simply by changing their definition of emergency care.

Second, even if the prudent layperson standard were to apply, the Republican bill allows plans to charge patients more for going to the nearest emergency department, instead of the HMO's hospital. An amendment was offered in the committee to try to limit cost-sharing for patients who seek care at an out-of-network provider, but conflicting language in the legislation and accompanying Committee Report calls into question the true effect and intent of the amendment. The American College of Emergency Physicians calls the situation ''vague and confusing.'' Clearly, without this assurance, the protections offered by using a prudent layperson standard and removing prior authorization restrictions are moot. Patients will still feel pressured to seek care only at network hospitals—even if it means risking life or limb to get there—because they will fear the financial repercussions that may occur if they go to the nearest emergency room.

Third, the Republican leadership bill does not ensure coverage and coordination of the care that is provided after a patient is stabilized in the emergency room. This is a critically important gap, and an area in which coverage can be confusing and disputes frequent. That is why Congress included coverage for post-stabilization care in the Balanced Budget Act's protections for Medicare patients. Senator HUTCHINSON included it in the legislation he cosponsored with Senator GRAHAM last year. This year, however, Republican support for this important protection has disappeared, leaving millions of patients out in the cold.

Coverage of post-stabilization care will not significally undermine an

HMO's relationships with particular facilities or become a vehicle for a hospital or patient to manipulate the system after care is provided at a non-participating hospital. It simply ensures that patients receive all necessary care before being transferred or discharged, and that they are not left with the bill simply because the HMO turns off its phones at 5 p.m. or refuses to coordinate with the hospital.

Our plan would create a system to ensure that the treating provider and the plan begin a conversation to coordinate care as soon as practical once the patient arrives at the emergency room.

I have heard my Republican colleagues argue that this protection is unnecessary because no hospital will discharge a patient until that patient is sufficiently stabilized. That may be true, but the problem we seek to address here deals with coverage, not treatment. Thanks to the anti-dumping Emergency Medical Treatment and Labor Act, under current law patients should received the care they need when they present with symptoms in an emergency room.

But HMOs do not need to abide by this act—hospitals and doctors do. So, when the hospitals and doctors do their job and provide the care they think is necessary, the insurance company can later deny coverage for the care and patients are stuck with the bill.

The Graham amendment, which I strongly support, would put a stop to this abuse by ensuring that all parties begin discussing proper treatment and coverage options at the earliest possible moment. This amendment is based on Medicare's provisions. It says that insurance companies must use a prudent layperson standard if they cover emergency services. It says patients should not be charged more for going to the closest, but non-participating hospital. And it says that coverage should extend for necessary post-stabilization care, too. Millions of families deserve this protection, and they are waiting for its passage.

Mr. CHAFEE. Mr. President, today I urge my colleagues to join me in supporting meaningful emergency services protection for patients in managed care plans. I am happy to cosponsor this amendment with my good friend, Senator BOB GRAHAM.

This is one area where we should have little difficulty in coming to agreement—we have already extended this critical protection to Medicare and Medicaid beneficiaries as part of the Balanced Budget Act of 1997. Now it is time for the federal government to finish the job and provide all Americans with a single and consistent standard for emergency room coverage. What's good for our Medicare and Medicaid patients should be good for patients in private plans; there is no earthly justification for not extending this basic protection to all Americans. If a plan says it covers emergency medical services, then it ought to do just that—cover legitimate emergencies.

Simply put, this provision establishes reasonable standards to guarantee that patients will have their emergency services covered by their insurance company—regardless of when or where they happen to be faced with the emergency. This question of where the emergency occurs is an important one—the very nature of an emergency situation suggests that the patient will not always have the luxury of going to an emergency room that is part of the plan's network. It is important for patients who reasonably believe they need emergency medical care to receive it without delay.

There are several aspects to this provision that must be included to make it a meaningful protection for patients. I will quickly run through just a few of the most important:

First, protection from higher cost-sharing must apply to emergency services received without prior authorization. When time is of the essence, the patient should not be held to prior authorization requirements.

Second, if the patient is faced with an emergency, he or she should not be charged higher cost-sharing for going to an out-of-network hospital.

Third, the patient must have the assurance that his or her plan will arrange for necessary post-stabilization care—either at the facility where the patient is being treated for the emergency, or at an in-network facility—in a timely fashion. The best way to achieve this is through a reference to the post-stabilization guidelines already established in the Social Security Act.

This so-called ''post-stabilization'' requirement has been widely mischaracterized as requiring plans to pay for a whole host of services unrelated to the emergency condition at hand. However, I want to make clear that the requirement is really one for coordination—that is, the plan must simply communicate with the emergency facility in order to coordinate the patient's post-stabilization care. If the plan fails to communicate with the treating emergency facility, then, and only then, could the plan be held responsible for payment of post-stabilization services. Furthermore, the services must be related to the emergency condition.

Lest anyone doubt the importance of this coordination requirement—for patients and plans alike—all we have to do is look at the experience of Kaiser-Permanente, one of our nation's largest and oldest health insurers. They have found the provision easy to implement, and a money-saver. In a letter to Senator BAUCUS dated June 24, 1999 they write ''Of over two thousand patients transported in this fashion, one third have been discharged to their homes. Without this coordination of care, these patients would have been hospitalized at needless expense.''

All of these features are a part of the current law for Medicare and Medicaid beneficiaries, and have been extended to Federal employees by Executive Order. Patients in private health insurance plans deserve no less protection.

In sum, with passage of this provision, patients will no longer be in the unreasonable position of fearing that payment for emergency room visits will be denied even when these emergency conditions appear to both the patient and emergency room personnel to require urgent treatment. Patients will be assured prompt access to emergency care regardless of whether the emergency happens to occur out of range of an in-network provider.

I thank the Chair.

Mr. GRAHAM. Mr. President, how much time remains on this amendment?

The PRESIDING OFFICER. The Senator from Florida has 17 minutes 11 seconds.

Mr. GRAHAM. Mr. President, I yield myself such time as is necessary and ask to be notified when there are 5 minutes remaining for the proponents of the amendment.

When I spoke earlier, I said the devil was in the details, and I took some time to talk about two of those details, which were the question of cost sharing, whether you went to an emergency room that was inside the HMO's network or outside the network and, therefore, created an economic incentive under the Republican plan to not go to the emergency room that might be closest and most appropriate and, in instances, the life-saving emergency room. Then we talked about poststabilization care, whether the HMO could, by just not answering the telephone, not giving authorization, put the hospital and the patient in the situation where they had to take either a medical risk or an economic risk.

Let me mention two other specific areas which I think deserve the attention of the Senate where there are differences between the Republican and the Democratic proposal.

First is the issue of what is the kind of initial care that one will receive when they go into the emergency room as a prudent layperson. That is, they have exercised common sense as a layperson, that they have a symptom that could be emergent in character and, therefore, they should go to an emergency room.

In the Democratic plan, the definition of the services that will be provided are: A medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate an emergency medical condition. That is the definition of the services to which you are entitled.

In the Republican bill, here is the definition: The plan shall provide coverage for benefits without requiring prior preauthorization for appropriate emergency medical screening examinations.

Now, are we going to get into the situation a week, a month, a year after

the emergency services have been provided that there will be a raging debate between the emergency room physician and the HMO as to whether the services that were provided were appropriate? Or should we not use the language that is in the Democratic provision which clearly states that it will be those services that are within the capability of the emergency department of the hospital?

The second concern is: What is the responsibility of the prudent layperson while you are lying there on the gurney having emergency diagnosis? Under the Republican plan, it states that to the extent that a prudent layperson who possesses an average knowledge of health and medicine would determine such examinations to be necessary to determine whether emergency medical care is necessary.

Do they really mean to say that here is this person who is having symptoms of a heart attack, is stretched out, is attached to all kinds of medical equipment, is obviously in a very distressed physical condition and probably in a very distressed emotional condition, that now this prudent layperson has to be so prudent as to second-guess whether the examinations that the emergency room physician is providing are the kind of examinations that should be provided? Presumably, if the prudent layperson in that almost comatose state doesn't make the right judgment as to what examination the emergency room physician should be rendering, those services won't be covered by the HMO.

That provision is so extreme as to shock the conscience of a prudent layperson who is just reading the language in the Republican bill. I am hopeful that the kind of spirit of common sense that our colleague, Dr. FRIST, the Senator from Tennessee, expressed would apply to focusing on these provisions.

The fortunate aspect of this proposal is that we don't have to totally operate in an environment of hope and guess. As the Senator from Montana stated, it has now been almost 3 years since this Senate and our colleagues in the House of Representatives, and the President of the United States, joined hands to adopt an emergency room provision for Medicare and for Medicaid covering almost 70 million Americans. We have had 3 years of experience under virtually the identical language that is now in the amendment before us.

My exploration with emergency room physicians, who strongly support this amendment, with HCFA, the Federal agency with the responsibility for the administration of the Medicare program in conjunction with the States, of the Medicaid program, have not pointed out that there have been this parade of horribles as a result of that legislation. If someone has other evidence they would like to offer, I urge them to do so.

I do not believe such testimony was given before the Labor Committee, when it considered this legislation, that indicated there had been a cratering of health care services in the emergency room for Medicare or Medicaid beneficiaries, or an escalation of cost as a result of the actions of the Congress and the President just some 3 years ago.

So I suggest that the prudent senatorial course of action on this matter would be to adopt the amendment that is before us. It is an amendment that we have already voted on in previous years as it relates to Medicare and Medicaid. We have a positive track record. We don't need to take chances with the emergency room treatment of the other almost 190 million Americans who are not under Medicare or Medicaid.

So in the spirit of the good will expressed by our colleague from Tennessee, I look forward to a close examination, and I hope that at the conclusion of that examination we will support and reaffirm the wisdom and judgment that we made in 1997.

The PRESIDING OFFICER. Who yields time?

Mr. GRAHAM. Mr. President, I suggest the absence of a quorum and ask unanimous consent that the time be charged to the opponents of the amendment.

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

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. 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. REID. Mr. President, I ask unanimous consent that the time during the quorum call run against both sides.

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

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. 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. REID. Mr. President, I ask unanimous consent that the time not be charged against either side on this quorum call that I am going to suggest.

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

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. NICKLES. 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. HARKIN. Mr. President, today I stand in support of a strong Patients' Bill of Rights. S. 6, the Democratic leadership bill, is of immense importance to the American people.

Some may ask, is such a bill necessary? Without question, it is. Currently, over 160 million of our family, friends, neighbors and children, are paying good money for health care with no guarantee of proper and appropriate treatment.

We don't have to look too hard to see that there are too many cases where appropriate care is not being provided. We have all heard horror stories of individuals unable to see their doctor in a timely manner * * * of patients unable to access the specialist they need * * * of individuals unable to get coverage for the type of care they believed and expected was covered under their plan.

It's very simple. Insurance either fulfills its promises or it doesn't. And we've heard enough to know that in too many cases it doesn't. Employers and patients pay good money for health care coverage, only to find that they're not getting the coverage they expected. In too many cases, the coverage they expected disappears when the need arises. I didn't have to look very hard to find such situations in my own state of Iowa.

Let me tell you a story about Eric, from Cedar Falls, Iowa, who has health insurance through his employer. Eric is 28 years old, with a wife and two children. He suffered cardiac arrest while helping out at a wrestling clinic. He was rushed to the hospital, where he was resuscitated.

Tragically, while in cardiac arrest, Eric's brain was deprived of oxygen. He fell into a coma and was placed on life support. The neurosurgeon on call recommended that Eric's parents get Eric into rehab.

It was then the problems began. Although Eric's policy covered rehabilitation, his insurance company refused to cover his care at a facility that specialized in patients with brain injury.

Thankfully, Eric's parents were able to find another rehab facility in Iowa. And Eric began to improve. His heart pump was removed, his respirator was removed, and his lungs are now working fine.

But, even with this progress, Eric's family received a call from his insurance company saying they would no longer cover the cost of his rehab, because he is not progressing fast enough.

Eric's mother wrote to me, saying, ''This is when we found out we had absolutely no recourse. They can deny any treatment and even cause death, and they are not responsible.''

This week, here on the Senate floor, we have a critical choice before us. A choice for Eric and his family. A choice between real or illusionary protections. A choice between ensuring care for millions of Americans or for perpetuating the already burgeoning profit margins of the Managed Care industry.

The Republicans have offered a bill that leaves out 115 million people because most of the patient protections in the plan apply only to self-funded employer plans. This would protect only 48 million of the 161 million with private insurance.

Our bill establishes a minimum level of patient protections by which managed care plans must abide. States can—and it's my hope that states will—provide even greater protections, as necessary, for the individuals in such plans in their states. As a starting point, however, we need to pass a strong and substantive managed care reform bill.

The American people want real patient protections.

Our bill, the real Patients' Bill of Rights Act, delivers on what Americans want and need, real protection against insurance company abuse. The bill provides basic protections for Americans, such as:

Access to needed specialists, including access to pediatric specialists;

the guarantee that a patient can see a doctor who is not on their HMO's list if the list does not include a provider qualified to treat their illness;

access to the closest emergency room and coverage of needed emergency care;

the guarantee that patients with ongoing serious conditions like cancer, arthritis, or heart disease can see their oncologist, rheumatologist, or cardiologist without asking permission from their HMO or primary care doctor each time;

the guarantee that patients can continue to see their doctor through a course of treatment or a pregnancy, even if their HMO drops their doctor from its list or their employer changes HMOs;

the guarantee that patients can get the prescription drug their doctor says they need, not an inferior substitute the HMO chooses because it's cheaper;

access to quality clinical trials for those with no other hope;

the ability to appeal an HMO's decision to deny or delay care to an independent entity and receive timely, binding decisions;

and, finally, the right to hold HMOs accountable when their decisions to deny or delay care lead to injury or death. Most situations will be resolved through our appeals mechanism. However, I believe that HMOs and insurers should not have special immunity when they harm patients.

No one can argue with the need to ensure access and quality of care for Americans. Over 200 organizations representing patients, consumers, doctors, nurses, women, children, people with disabilities, small businesses, and people of faith support the Democrats' Patients' Bill of Rights.

The Majority pretends that their bill offers real patient protections, but when you read everything below the title, it reads more like an insurers' bill of rights.

We have a chance to pass real and responsible legislation. The time for real reform is now. The American people have been in the waiting room for too long.

TRIBUTE TO JEANMARIE HICKS

Mr. DASCHLE. Mr. President, today I would like to take a moment to acknowledge a remarkable young woman from Rapid City, South Dakota, Jeanmarie Hicks, who was recently selected as the National Winner in the 1999 National Peace Essay Contest sponsored by the United States Institute of Peace.

This year more than 2,500 high school students from all 50 states were asked to express their thoughts on the topic of preventing international violent conflict. Winners from each state were awarded a $1,000 college scholarship and invited to participate in a week of special activities here in Washington. The National Winner receives an additional $10,000 college scholarship.

Jeanmarie Hicks, who recently graduated as valedictorian from St. Thomas More High School in Rapid City, wrote an eloquent essay entitled ''Preventive Diplomacy in the Iraq-Kuwait Dispute and in the Venezuela Border Dispute.'' In addition to her writing skills, Jeanmarie recently took first place in South Dakota in both the National French Contest and the National Spanish Contest, and will attend the College of St. Benedict in Minnesota this fall.

I know my colleagues join me in congratulating Jeanmarie on all of her accomplishments, and I ask unanimous consent that her essay be printed in the RECORD.

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

PREVENTIVE DIPLOMACY IN THE IRAQ-KUWAIT DISPUTE AND IN THE VENEZUELAN BORDER DISPUTE

(By Jeanmarie Hicks, St. Thomas More High School, January 22, 1999)

''Too little, too late'' often in the prevention of violent conflicts holds true (Peck). When the roots of the problem are not identified in time, violence becomes the solution. Preventive diplomacy, one way of avoiding conflicts, can be defined as ''action to prevent disputes from arising among parties to prevent existing disputes from escalating into conflicts, and to limit the spread of the latter when they occur'' (Boutros-Ghali 45).

Preventive diplomacy protects peace and ultimately people, who suffer greatly in armed conflicts. Preventive diplomacy has been used in many disputes, including the border dispute in Venezuela with Great Britain in the 1890s and in this decade's Iraq-Kuwait dispute. Conflict was prevented in Venezuela. However, preventive action was not effective in Kuwait; and civilians suffered as a result.

The United States' intervention in the border dispute in Venezuela is one example of preventive diplomacy. Unfortunately, the border between Guyana and Venezuela was never clearly defined; and colonial maps were inaccurate (Lombardi 29). From the 1840s until the 1880s, Britain pushed into Venezuela over Guyana's western border by claiming the area's gold (Lombardi 29), and by asserting that the land from the Rio Essequibo to the Orinoco was part of Guyana (Schomburgk Line) according to colonial maps (Daly 2). Britain was vehement about its right to the land, and Venezuela appealed to the U.S. for aid. Under the Monroe Doctrine, the U.S. states that it will act as a police force to protect Latin America from European influence. The U.S. viewed Britain's occupation of a portion of Venezuela as a breech of the doctrine (Cleveland 93).

Conflict was imminent, as Britain began to prepare its navy for war (Boutwell 4). A solution appeared in 1895 in the person of Secretary of State Richard Olney, Enthusiastic to attempt preventive diplomacy, Olney sent a dispatch to Britain stressing the importance of the Monroe Doctrine. Lord Salisbury of Britain responded, saying that the Monroe Doctrine was not applicable in the Venezuela situation, as no system of government was being forced upon the country (Cleveland 100–101). In addition, Salisbury pointed out that the conflict was not the result of the acquisition of new territory: Guyana owned the territory in question (Boutwell 10).

Olney stressed that the issue was pertinent to American stability, and remained steadfast in his demands (Cleveland 109). When Britain refused to submit, Congress authorized the president's appointment of an investigative committee. Meanwhile, Salisbury and Olney organized a meeting for November 10, 1896. At the meeting, a treaty was written; and the U.S. threatened to use its military to remove Britain from Venezuela's border if necessary. Britain and Venezuela signed the treaty on February 2, 1897, giving Venezuela control of the Rio Orinocco and much of the land behind the Schomburgk Line (Cleveland 117–118). Thus preventive diplomacy on the part of the U.S. was successful, and war was avoided.

The use of preventive diplomacy in the recent Iraq-Kuwait dispute was less successful. Iraq had been part of the Ottoman Empire from the 1700s until 1899, when Britain granted it autonomy (Darwish and Alexander 6). When in 1961, Britain gave Kuwait independence, Iraq claimed that, historically, Kuwait was part of Iraq (Sasson 9). Iraq begrudgingly recognized Kuwait's independence in 1963.

For awhile, relations between the two countries improved as Kuwait aided Iraq monetarily in the Iran-Iraq War (1980 until 1988) (Sasson 11). After the war, however, Iraq demanded money from Kuwait for reconstruction. Then Iraq accused Kuwait of drilling oil from the border without sharing and of taking more oil than the Organization of Petroleum Exporting Countries (OPEC) quota permitted (Sasson 12). Iraq began to threaten Kuwait borders, beginning a conflict that would take thousands of soldiers away from their homes, harm civilians, and detrimentally affect the environment.

In 1990, Iraq began to mobilize near the Kuwait border (Darwish and Alexander 6). Arab nations made unsuccessful attempts at preventive diplomacy (U.S. News & World Report 99). Surrounding nations attempted unsuccessfully to meet with Saddam Hussein. Iraq invaded Kuwait, took control of its capital on August 2, 1990, and installed a puppet government under Hussein's command. Iraqi soldiers brutally raped Kuwaiti women, and killed any civilian who was considered an obstruction (Sasson 76). At this point, the United Nations Security Council and the Arab League placed an embargo on Iraqi oil as punishment. Iraq, in response, annexed Kuwait (U.S. News & World Report 95–96).

War was imminent. On November 29, 1990, Iraq showed no signs that it would retreat. The United Nations Security Council declared that the coalition should use all

means to expel Iraq from Kuwait if Iraq remained there after January 15, 1991 (Gordon and Trainor 195). In a final attempt at preventive diplomacy on January 9, James Baker of the U.S. met with Iraq's foreign minister, Tariq Aziz. Baker stressed that the coalition was willing to fight, and encouraged Iraq to leave Kuwait (U.S. News & World Report 199). Iraq, however, refused to retreat; and Hussein declared that Iraq would fight a ''holy war'' for Kuwait. The world realized that war was the only means of solving the problem (Gordon and Trainor 197–198).

Air assaults began on January 17, and land war began on February 24 (U.S. News & World Report). Iraqi civilian casualties were heavy. The land war lasted only 100 hours, but numerous oil wells were set afire, causing the emission of dangerous gases. Peace was never truly made. Hussein resisted the requirements for peace, including frequent United Nations inspections and the prohibition of possession of nuclear weapons (U.S. New & World Report 447).

The consequences of the Iraq-Kuwait conflict are grave. Civilians of both Iraq and Kuwait suffered. Fires in oil wells caused dangerous air pollution. American soldiers suffer from the so-called Gulf War Syndrome, which has caused a number of afflictions and death. The Syndrome is believed to have resulted from the biological and chemical weapons and the gases emitted by the oil wells (Eddington 1–2).

As illustrated, preventive diplomacy can affect the outcome of imminent disputes. Various factors affect its success. In the Venezuela border dispute, preventive diplomacy was effective for several reasons. First, the problem was recognized early; and neither side was truly battle-ready. Second, the problem was contained, in that only four nations (Venezuela, Britain, Guyana, and the U.S.) were involved. Finally, both sides were willing to cooperate: the U.S. supported the Monroe Doctrine, and Britain decided that the border area was not worth war.

Preventive diplomacy was not effective in the Iraq-Kuwait dispute. First, the problem was not recognized and acted upon until Iraq had mobilized in Kuwait. Second, many nations were involved in the conflict, putting Iraq on the defensive. Problem solving was made a worldwide effort rather than an isolated effort concerning Iraq, Kuwait, and a few mediators. Finally, Hussein and the Iraqis were and remain unwilling to cooperate for peace, as illustrated by the recent problems with weapons' inspections.

With increasingly powerful weapons of mass destruction, preventive diplomacy is particularly important. Moreover, preventing crises is more effective than dealing with the consequences of armed conflict (USIA Electronic Journals). Consequently, some factors could be initiated to make preventive diplomacy more effective in the future. First, nations must learn about other nations' cultures in order to learn respect for the people (''Stopping War Before It Starts''). Children should be taught about the other countries' histories and cultures in school; and current information about events abroad should be readily available to the public. Secondly, acceptable political behavior must be explicitly defined by an international council that all nations will be aware of the consequences of their actions (Kennan 83). The ownership of nuclear weapons, for example, should be limited. An international council would deal with breaches of the rule by inspections, reprimands, and military action, if necessary.

Preventive diplomacy centers must be established in all regions (Peck). Each center would have professional peacemakers and staffs, and report to the previously mentioned international council, for international cooperation is important in the prevention of war in that all nations must cooperate to maintain good relations, and thus peace (''Preventive Diplomacy in Action''). The centers would watch for signs of conflict, study causes, and train diplomats. With centers in all regions, conflicts could be dealt with immediately. The involved nations would not need to feel threatened, unless preventive diplomacy is refused, in which case, the nations in the council would unite militarily to maintain peace. If a potential conflict was identified, the center would react by gathering representatives from each party (Peck). The center's diplomats would facilitate negotiation by suggesting ways to make concessions; and hopefully, war would be prevented.

Preventive diplomacy, when used effectively as in Venezuela, aids in the avoiding of armed conflict. However, as apparent in the tragedy in the Iraq-Kuwait dispute, when preventive diplomacy is not effective, people on both sides of the conflict and resources suffer. Certain measures, including regional centers, the consolidation of the problem, and cooperation, should be taken for optimum effectiveness. Preventive diplomacy can make the difference between bloodshed and peace, which is necessary for survival in these times of technological advances in weaponry. As Abraham Lincoln said in his second inaugural address, ''Let us strive . . . to do all which may achieve a just and lasting peace among ourselves and all nations'' (qtd. in Boutwell 16).

INTELLECTUAL PROPERTY BILLS

Mr. LEAHY. Mr. President, on July 1, 1999, just before last week's recess, the Senate passed four bills which Senator HATCH and I had joined in introducing and which the Judiciary Committee had unanimously reported on the same day as Senate passage. These four bills would reauthorize the Patent and Trademark Office, update the statutory damages available under the Copyright Act, make technical corrections to two new copyright laws enacted last year, and prevent trademark dilution. Each of these bills makes important improvements to our intellectual property laws, and I congratulate Senator HATCH for his leadership in moving these bills promptly through the Committee and the Senate.

Passage of these four bills is a good start, but we must not lose sight of the other copyright and patent issues requiring our attention before the end of this Congress. The Senate Judiciary Committee has a full slate of intellectual property matters to consider and I am pleased to work on a bipartisan basis with the chairman on an agenda to provide the creators and inventors of copyrighted and patented works with the protection they may need in our global economy, while at the same time providing libraries, educational institutions and other users with the clarity they need as to what constitutes a fair use of such works.

Among the other important intellectual property matters for us to consider are the following:

Distance education. The Senate Judiciary Committee held a hearing in May on the Copyright Office's thorough and balanced report on copyright and digital distance education. We need to address the legislative recommendations outlined in that report to ensure that our laws permit the appropriate use of copyrighted works in valid distance learning activities.

Patent reform. A critical matter on the intellectual property agenda, important to the nation's economic future, is reform of our patent laws. I worked on a bipartisan basis in the last Congress to get the Omnibus Patent Act, S. 507, reported by the Judiciary Committee to the Senate by a vote of 17 to one, and then tried to have this bill considered and passed by the Senate. Unfortunately, the bill became stalled due to resistance by some in the majority. We should consider and pass this important legislation.

Madrid Protocol Implementation Act. I introduced this legislation, S. 671, to help American businesses, and especially small and medium-sized companies, protect their trademarks as they expand into international markets by conforming American trademark application procedures to the terms of the Protocol in anticipation of the U.S.'s eventual ratification of the treaty. Ratification by the United States of this treaty would help create a ''one stop'' international trademark registration process, which would be an enormous benefit for American businesses.

Database protection. I noted upon passage of the Digital Millennium Copyright Act last year that there was not enough time before the end of that Congress to give due consideration to the issue of database protection, and that I hoped the Senate Judiciary Committee would hold hearings and consider database protection legislation in this Congress, with a commitment to make more progress. I support legal protection against commercial misappropriation of collections of information, but am sensitive to the concerns raised by the Administration, the libraries, certain educational institutions, and the scientific community. This is a complex and important matter that I look forward to considering in this Congress.

Tampering with product identification codes. Product identification codes provide a means for manufacturers to track their goods, which can be important to protect consumers in cases of defective, tainted or harmful products and to implement product recalls. Defacing, removing or tampering with product identification codes can thwart these tracking efforts, with potential safety consequences for American consumers. We should examine the scope of, and legislative solutions to remedy, this problem.

Online trademark protection or ''cybersquatting.'' I have long been concerned with protection online of registered trademarks. Indeed, when the Congress passed the Federal Trademark Dilution Act of 1995, I noted that:

[A]lthough no one else has yet considered this application, it is my hope that this

antidilution statute can help stem the use of deceptive Internet addresses taken by those who are choosing marks that are associated with the products and reputations of others. (CONGRESSIONAL RECORD, December 29, 1995, page S19312).

Last year, my amendment authorizing a study by the National Research Council of the National Academy of Sciences of the effects on trademark holders of adding new top-level domain names and requesting recommendations on related dispute resolution procedures, was enacted as part of the Next Generation Internet Research Act. We have not yet seen the results of that study, and I understand that the Internet Corporation for Assigned Names and Numbers (I–CANN) and World Intellectual Property Organization (WIPO) are considering mechanisms for resolving trademark and other disputes over assignments of domain names in an expeditious and inexpensive manner.

This is an important issue both for trademark holders and for the future of the global Internet. While I share the concerns of trademark holders over what WIPO has characterized as ''predatory and parasitical practices by a minority of domain registrants acting in bad faith'' to register famous or well-known marks of others—which can lead to consumer confusion or downright fraud—the Congress should tread carefully to ensure that any remedies do not impede or stifle the free flow of information on the Internet. I know that the Chairman shares my concerns and that working together we can find legislative solutions which make sense.

As detailed below, the four intellectual property bills by the Senate will help foster the growth of America's creative industries.

S. 1257, THE DIGITAL THEFT DETERRENCE AND COPYRIGHT DAMAGES IMPROVEMENT ACT OF 1999

I have long been concerned about reducing the levels of software piracy in this country and around the world. The theft of digital copyrighted works and, in particular, of software results in lost jobs to American workers, lost taxes to Federal and State governments, and lost revenue to American companies. A recent report released by the Business Software Alliance estimates that worldwide theft of copyrighted software in 1998 amounted to nearly $11 billion. According to the report, if this ''pirated software had instead been legally purchased, the industry would have been able to employ 32,700 more people. In 2008, if software piracy remains at its current rate, 52,700 jobs will be lost in the core software industry.'' This theft also reflects losses of $991 million in tax revenue in the United States.

These statistics about the harm done to our economy by theft of copyrighted software alone, prompted me to introduce the ''Criminal Copyright Improvement Act'' in both the 104th and 105th Congresses, and work over those two Congresses for passage of this legislation, which was finally enacted as the ''No Electronic Theft Act.'' The current rates of software piracy show that we need to do better to combat this theft, both with enforcement of our current copyright laws and with strengthened copyright laws to deter potential infringes.

The Hatch-Leahy-Schumer ''Digital Theft Deterrence and Copyright Damages Improvement Act'' would help provide additional deterrence by amending the Copyright Act, 17 U.S.C. §504(c), to increase the amounts of statutory damages recoverable for copyright infringements. These amounts were last increased in 1988 when the United States acceded to the Berne Convention. Specifically, the bill would increase the cap on statutory damages by 50 percent, raising the minimum from $500 to $750 and raising the maximum from $20,000 to $30,000. In addition, the bill would raise from $100,000 to $150,000 the amount of statutory damages for willful infringements.

Courts determining the amount of statutory damages in any given case would have discretion to impose damages within these statutory ranges at just and appropriate levels, depending on the harm caused, ill-gotten profits obtained and the gravity of the offense. The bill preserves provisions of the current law allowing the court to reduce the award of statutory damages to as little as $200 in cases of innocent infringement and requiring the court to remit damages in certain cases involving nonprofit educational institutions, libraries, archives, or public broadcasting entities.

In addition, the bill would create a new tier of statutory damages allowing a court to award damages in the amount of $250,000 per infringed work where the infringement is part of a willful and repeated pattern or practice of infringement. I note that the House version of this legislation, H.R. 1761, omits any scienter requirement for the new proposed enhanced penalty for infringers who engage in a repeated pattern of infringement. I share the concerns raised by the Copyright Office that this provision, absent a willfulness scienter requirement, would permit imposition of the enhanced penalty even against a person who negligently, albeit repeatedly, engaged in acts of infringement. The Hatch-Leahy-Schumer bill avoids casting such a wide net, which could chill legitimate fair uses of copyrighted works.

S. 1258, THE PATENT FEE INTEGRITY AND INNOVATION PROTECTION ACT OF 1999

The Patent Fee Integrity and Innovation Protection Act would reauthorize the Patent and Trademark Office for fiscal year 2000, on terms that ensure the fees collected from users will be used to operate the Patent and Trademark Office and not diverted to other uses.

The PTO is fully funded and operated through the payment of application and user fees. Indeed, taxpayer support for the operations of the PTO was eliminated in the Omnibus Budget Reconciliation Act of 1990, which imposed a large fee increase (referred to as a ''surcharge'') on those who use the PTO, namely businesses and inventors applying for or seeking to protect patents on trademarks.

The fees accumulated from the surcharge were held in a surcharge account, for use by the PTO to support the patent and trademark systems. Unfortunately, however, the funds in the surcharge account were also diverted to fund other, unrelated government programs. By fiscal year 1997, almost $54 million from the surcharge account was diverted from PTO operations.

Last year, Congress responded to this diversion of PTO fees by enacting H.R. 3723/S. 507, which the chairman and I had introduced on March 20, 1997. That legislation authorized a schedule of fees to fund the PTO, but no other government program, and resulted in the first decrease in patent application fees in at least 50 years.

This PTO reauthorization bill would make $116,000,000 available to the Patent and Trademark Office, a self-sustaining agency, to pay for salaries and necessary expenses in FY 2000. This money reflects the amount in carryover funds from FY99 that PTO expects to receive from fees collected, pursuant to the Patent Act and the Trademark Act. By authorizing the money to go to PTO, the bill would avoid diversion of these fees to other government agencies and programs. Inventors and the business community who rely on the patent and trademark systems do not want the fees they pay to be diverted but would rather see this money spent on PTO upgraded equipment, additional examiners and expert personnel or other items to make the systems more efficient. This bill would ensure those fees are not diverted from important PTO operations.

S. 1260, COPYRIGHT ACT TECHNICAL CORRECTIONS ACT

In the last Congress, Senator HATCH and I worked together for passage of the Digital Millennium Copyright Act (DMCA) and the Sonny Bono Copyright Term Extension Act. This significant legislation is intended to encourage copyright owners to make their works available online by updating the copyright laws with additional protections for digital works, and conforming copyright terms available to American authors to those available overseas. The Hatch-Leahy substitute amendment to this bill adopted by the Judiciary Committee and passed by the Senate, makes only technical and conforming changes to those new laws and the Copyright Act.

S. 1259, THE TRADE AMENDMENTS ACT OF 1999

The Hatch-Leahy Trademark Amendments Act is significant legislation to enhance protection for trademark owners and consumers by making it possible to prevent trademark dilution before it occurs, by clarifying the remedies available under the Federal trademark dilution statute when it does occur, by providing recourse

against the Federal Government for its infringement of others' trademarks, and by creating greater certainty and uniformity in the area of trade dress protection.

Current law provides for injunctive relief after an identical or similar mark has been in use and has caused actual dilution of a famous mark, but provides no means to oppose an application for a mark or to cancel a registered mark that will result in dilution of the holder's famous mark. In *Babson Bros. Co. v. Surge Power Corp.*, 39 USPQ 2d. 1953 (TTAB 1996), the Trademark Trial and Appeals Board (TTAB) held that it was not authorized by the ''Federal Trademark Dilution Act'' to consider dilution as grounds for opposition or cancellation of a registration. The bill remedies this situation by authorizing the TTAB to consider dilution as grounds for refusal to register a mark or for cancellation of a registered mark. This would permit the trademark owner to oppose registration or to petition for cancellation of a diluting mark, and thereby prevent needless harm to the good will and distinctiveness of many trademarks and make enforcing the Federal dilution statute less costly and time consuming for all involved.

Second, the bill clarifies the trademark remedies available in dilution cases, including injunctive relief, defendant's profits, damages, costs, and, in exceptional cases, reasonably attorney fees, and the destruction of articles containing the diluting mark.

Third, the bill amends the Lanham Act to allow for private citizens and corporate entities to sue the Federal Government for trademark infringement and dilution. Currently, the Federal Government may not be sued for trademark infringement, even though the Federal Government competes in some areas with private business and may sue others for infringement. This bill would level the playing field, and make the Federal Government subject to suit for trademark infringement and dilution. I note that the Lanham Act also subjects the States to suit, but that provision has now been held unconstitutional. Last week, the Supreme Court held in *College Savings Bank versus Florida Prepaid Postsecondary Education Expense Board* that federal courts were without authority to entertain these suits for false and misleading advertising, absent the State's waiver of sovereign immunity. This case (as well as the other two Supreme Court cases decided the same day), raise a number of important copyright, federalism and other issues, but do not effect the provision in the bill that waives Federal government immunity from suit.

Fouirth, the bill provides a limited amendment to the Lanham Act to provide that in an action for trade dress infringement, where the matter sought to be protected is not registered with the PTO, the plaintiff has the burden of proving that the trade dress is not functional. This will help promote fair competition and provide an incentive for registration.

Finally, this bill makes a number of technical ''clean-up'' amendments relating to the ''Trademark Law Treaty Implementation Act,'' which was enacted at the end of the last Congress.

These bills represent a good start on the work before the Senate Judiciary Committee to update American intellectual property law to ensure that it serves to advance and protect American interests both here and abroad. I began, however, with the list of copyright, patent and trademark issues that we should also address. We have a lot more work to do.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business Friday, July 9, 1999, the Federal debt stood at $5,623,337,708,599.03 (Five trillion, six hundred twenty-three billion, three hundred thirty-seven million, seven hundred eight thousand, five hundred ninety-nine dollars and three cents).

One year ago, July 9, 1998, the Federal debt stood at $5,526,093,000,000 (Five trillion, five hundred twenty-six billion, ninety-three million).

Fifteen years ago, July 9, 1984, the Federal debt stood at $1,535,474,000,000 (One trillion, five hundred thirty-five billion, four hundred seventy-four million).

Twenty-five years ago, July 9, 1974, the Federal debt stood at $471,954,000,000 (Four hundred seventy-one billion, nine hundred fifty-four million) which reflects a debt increase of more than $5 trillion—$5,151,383,708,599.03 (Five trillion, one hundred fifty-one billion, three hundred eighty-three million, seven hundred eight thousand, five hundred ninety-nine dollars and three cents) during the past 25 years.

PRESIDENT BUSH'S 75TH BIRTHDAY

Mr. LUGAR. Mr. President, it would be remarkable for any American to celebrate his or her 75th birthday by skydiving, but it is even more remarkable when that person is the former President of the United States. I would expect no less however, of former president George Bush.

From the South Pacific to China to the White House, he has been as brave and bold in honorably serving his country as he has been in his private life. His leadership in holding together the international coalition during the Gulf War seems even more remarkable in recent years, as other attempts to hold together a Persian Gulf alliance have failed.

Mr. President, I am pleased to join the Senator from Connecticut, Mr. LIEBERMAN, in bringing attention to a wonderful story by the indefatigable White House Correspondent, Trude Feldman. Few people could provide such insight in profiling President George Bush on the occasion of his 75th birthday.

Mr. LIEBERMAN. Mr. President, I rise today on behalf of Senator LUGAR and myself to note the passing of another milestone for former President George Bush, a man the State of Connecticut considers a native son. President Bush recently celebrated his 75th birthday in his typically exuberant fashion, by jumping out of an airplane, just as he did on his 70th birthday.

After such a long and distinguished career of public service—which started in the South Pacific, where he put his life on the line for the cause of freedom, and which culminated in the Persian Gulf, where he put his Presidency on the line to stand up to the brutal aggression of Saddam Hussein—it's hard for some to believe that President Bush would have the interest, let alone the energy, to pursue his sky-diving habit as a septuagenarian.

But no one has ever accused the man who assembled and led the Gulf War coalition to victory of taking the easy way out. And today, much as we have grown to appreciate the fortitude and unobtrusive dignity he brought to the Presidency, so too can we admire the vitality and vigor he has brought to his life outside the Oval Office. He has shown himself to be a man for all seasons, not to mention all altitudes.

Those estimable characteristics were vividly captured in a profile recently penned by White House correspondent Trude B. Feldman to commemorate President's Bush's birthday. To pay tribute to President Bush on the passing of this important milestone, and in the spirit of bipartisanship, I would join with Senator LUGAR in asking unanimous consent to print the full text of Ms. Feldman's article in the RECORD.

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

[From the Los Angeles Times International]

GEORGE BUSH AT 75

(By Trude B. Feldman)

George Bush, the former President of the United States, just turned 75 years old, and says, ''It doesn't hurt a bit.''

In an interview to mark the milestone, he adds: ''I am blessed with good health—very good health. Oh, one hip might need replacing and the other might need a little shot of something, but I still fast-walk—13 minutes per mile—enough to get the aerobic effect going, yet not enough to pound the old joints into agony.''

Nonetheless, prior to his birthday, he took another parachute jump on the grounds of his presidential library at Texas A & M University in College Station, Texas. The next day, he participated in a fund-raising event for his Number One cause—the fight against cancer—that will highlight the role the Houston-based M.D. Anderson Cancer Center has played in that fight. (It was leukemia that took the life of the Bushes' daughter, Robin, in 1953 before her 4th birthday. George Bush's father, Prescott S. Bush, a U.S. senator from Connecticut (1953–62), also died of cancer—of the lung—on Oct. 8, 1972, at age 77.)

The father of five children—two of whom are the governors of America's second and fourth largest states—George Bush told me: ''Last November, when George W. was re-elected governor of Texas and Jeb (John Ellis Bush) was elected governor of Florida, I was happier than when I was elected President of the United States 10 years before.''

After his Inauguration as the 41st President on Jan. 20, 1989, George Bush went to the Oval Office in the White House. In the top drawer of the presidential desk, he found a handwritten note from President Ronald Reagan. On stationery headed ''Don't Let the Turkeys Get You Down,'' the note read ''Dear George, You will have moments when you want to use this stationery. Well, go to it. I treasure the memories we share and wish you the very best. You will be in my prayers. God bless you and Barbara. I will miss our Thursday lunches . . . Ron.''

As President and Vice President (from 1981 to 1989), the two men ate lunch together every Thursday in the Oval Office and shared each others' views on domestic issues and foreign affairs as well as personal sentiments. To this day, neither one has revealed those conversations. Despite their fierce competition in the presidential primaries in 1980, Mr. Bush had been genuinely loyal to Mr. Reagan in eight years as Vice President.

Five years ago, while preparing a feature for George Bush's 70th birthday, I asked Ronald Reagan about those private lunches. While not disclosing much of the substance of their sessions, he did tell me that Mr. Bush was much more than a silent partner and that his solid advice was always valued.

''From those luncheons and from our constant interaction, I got to know him well,'' Ronald Reagan told me. ''He was always informed, understanding and decent. He was also wise, honest and capable.''

Mr. Reagan added: ''No American Vice President should sit on the sidelines, waiting; he should be like an executive vice president of a corporation—active—and George was all that. He was a part of all we did—during times of crises and times of historic triumphs and achievements.''

In our interview, Mr. Reagan also recalled: ''As Vice President, George led the task force to cut away excess regulation, saving Americans 600 million man-hours of paperwork a year and making possible millions of new jobs. He also worked with our allies to strengthen NATO; and he helped make possible the new INF (Intermediate-Range Nuclear Forces) Treaty. I'd say he helped to make our world much safer.''

Ronald Reagan noted that Mr. Bush also had launched a successful major offensive against drug smuggling that succeeded in blocking a record 70 tons of cocaine from ever reaching our communities. ''In addition, he handled our Task Force on Terrorism that advised me on policy,'' Mr. Reagan said. ''He was the architect of the plans we put into effect.''

In defending Mr. Bush's role in the Iran-Contra affair—the crisis that engulfed and threatened his presidency—Mr. Reagan emphasized: ''George had been completely honest. He was supportive of our policy—to establish communication with the pragmatic leadership in Iran with the goal of eventually renewing U.S.-Iranian relations. Yes, he had some reservations, but that often happened with other issues. For example, when we discussed and debated any policy at our Cabinet meetings—some Cabinet members still had reservations after I made a decision. But once the decision was made, they supported it. That's what George did—he supported my decision.''

According to George Bush, who visited with Ronald Reagan two years ago, it was President Reagan who had set the stage for the world to change. ''President Reagan contributed by building a foundation of principles that is solid,'' Mr. Bush remembers, ''and I was proud to build upon that.''

Born in June 1924, in Milton, Mass., George Herbert Walker Bush was named for his mother's father. George Bush's mother, Dorothy, died of a stroke at age 91. ''Even at 90 she was the moral leader of our family and the idol of our children and grandchildren,'' he recalls. ''I often think of her advice on the fundamentals—to be tolerant, to turn the other cheek, to stand against discrimination and for fair play.'' He credits her with instilling in him a respect for principles and values that motivate him to this day. ''She was the personification of everything that is good, everything that is for our family—the Christian ethic,'' he adds. ''She set examples. She would discipline us, then put her arms around us and love us.''

The Rev. Billy Graham, who first met George Bush through his relationship with the senior Bushes, describes Dorothy Bush as a ''woman of God, a wonderful Bible student, who constantly emphasized spirituality, honesty and integrity.''

In an interview, Rev. Graham also told me that George Bush is ''one of the best and most loyal friends I ever had. I admire him for the way he loves his family and friends; for the way he handled his near-death experience in World War II when his plane was shot down; and for his courageous speeches on controversial issues.''

Describing George Bush as ''one of America's greatest presidents who provided excellent leadership and brought to the office close family ties and strong religious faith,'' Rev. Graham adds that Mr. Bush had also put the presidency on a high level and maintained the dignity of the office that Ronald Reagan bequeathed to him.

Rev. Graham led the prayers at George Bush's Inauguration for President in 1989 as well as for the swearing-in ceremonies for Gov. George W. Bush in 1995 and Gov. Jeb Bush in 1999.

While George Bush was the leader of the Free World, his five children knew him as their loving, attentive father—a constant, guiding influence on their lives. They, in turn, have proven to be loving children who did their part to give him a lasting place in history as well as to sustain his pride in them. In addition to the two governor sons—there are Marvin and Neil, both businessmen, and Dorothy (Doro), still the apple of her father's eye.

At the time of Doro's birth, in August 1959, in Houston, Texas, her father was in the offshore oil-drilling business. Since then, he has been a two-term congressman from Texas (1967–71); U.S. Ambassador to the United Nations (1971–73); chairman of the Republican National Committee (1973–74); chief of the U.S. Liaison office in Beijing (1974); director of the Central Intelligence Agency (1976); Vice President of the United States (1981–89), and President of the United States (1989–93).

Rather than complain about the demands on her peripatetic father's time over the years, Doro expresses pride in his achievements and reflects on their relationship. She says her father has given her a strong sense of security and has enhanced her life. ''No matter how hard he worked in his various jobs, he took time for family, friends and small kindnesses, which really meant so much,'' she adds. ''I'm now the mother of four children, and I try to instill my dad's teachings in them.''

She says that his high positions did not change him as a father—that he has always had a gentle, personal touch and, to this day, continues to care about the details in each of his children's lives. ''He still writes us special notes,'' she says, ''and his sense of humor and optimistic outlook haven't changed. And now, even on his 75th birthday, he isn't comfortable focusing attention on himself.''

George Bush says that he has allowed his children to do their own thing. ''Barbara and I decided that they were strong enough to chart their own course, to lead their own lives,'' he says. ''They do not often need fine-tuning advice from their parents.''

As for Marvin, Neil and Doro, he says, they are good children and happy out of politics. ''George and Jeb, in spite of the ugliness of the times, have decided to get into politics,'' he told me. ''Having two sons as governors is a blessing that I cannot describe. I am proud of them and I don't want to see them hurt in what, unfortunately, has become a mean, intrusive political climate. They are honest and honorable men with wonderful families of their own and with nothing to be ashamed of. But some in the press have literally gone well beyond the bounds of just plain common decency. And, as you know, I have disdain for the policies of destruction.''

Why, then, I asked, in view of today's destructive atmosphere, does George Bush want his two sons in the political arena?

''Because,'' he responds, ''I believe if good and competent people are unwilling to get involved, our whole system of democracy is diminished.''

When contemplating his legacy, does he think in terms of his two governor sons as being an extension of him?

''Regarding George W. and Jeb, I do not think in terms of legacy,'' he replies. ''I just take great pride in two extraordinarily able and strong men who, on their own—without their father's help—have already gone a long way.''

He adds that marrying the mother of his five kids was the best decision he made in his personal life. ''That was 54½ years ago,'' George Bush reminisces. ''I first met Barbara Pierce at a Christmas party, just after Pearl Harbor was attacked. I was 17 and she was 16. The U.S. was at war, so ours was a wartime romance. Ever since, to me, it has been a classic love story.

''We found we had much in common, even our sense of humor. When I graduated from Phillips Exeter Academy (a preparatory school in Andover, Mass., on June 4, 1942), I took Barbara to the senior prom.''

Eight days, later, his 18th birthday, he enlisted in the U.S. Navy as a Seaman Second Class. In 1943, he earned his wings and was commissioned as the youngest naval aviator, assigned to USS San Jacinto in the Pacific.

At the time of his marriage, on Jan. 6, 1945, a man under 21 years of age needed parental consent to marry; a woman over 18 did not. Mr. Bush's brother, Prescott, remembers that 19½-year-old Barbara was ''really ticked'' that her 20½-year-old fiancé—a war hero with a Distinguished Flying Cross—had to get his parents' permission to marry. And despite teasing suggestions that two Geminis are usually not compatible—the ''warnings'' still amuse the Bushes. (Mrs. Bush was also born in June—on the 8th.) She recalls that the timing of their wedding was determined by world events, because had it not been for the war, she believes neither family would have consented to their marrying at that young age.

Today, Mr. Bush admits to many disappointments—personally and in politics, even in the Oval Office—''but none that have shaken our happy marriage.''

As a boy, George Bush often went to Yankee Stadium (in New York) with his father and had youthful hopes of one day playing first base there. Years later, when baseball great Babe Ruth came to Yale University to present his papers at a ceremony at the stadium, George Bush, as captain of the

baseball team, was chosen to receive the papers in behalf of the university. (Mr. Bush graduated Phi Beta Kappa with a degree in economics from Yale in 1948—the year Babe Ruth died.)

''Meeting Babe Ruth,'' he recalls, ''was one of the most memorable days of my young life.''

While George Bush did not go on to a career in baseball, he is, today, one senior citizen who is the personification of the premise that there is life after 40—even after 75. He is in great demand the world over for speaking engagements on all subjects and issues. Since leaving the White House, he has visited some 55 foreign countries. Last week, he was in Korea and Thailand, as well as in Hong Kong, where he spoke at The International Bank of Asia.

On the lecture circuit, he recently addressed organizations such as the American Medical Association and the American Hotel & Motel Association.

To what does he attribute his long, happy and healthy life?

''Possibly because I was so active,'' he says. ''And I've always been involved in competitive sports.''

He still revels in fresh-air sports—fishing, swimming, high-speed boating, camping, golf and horseshoes. His passion for pitching horseshoes was once so strong that he built a horseshoe court with two pits on the grounds of the White House when he was its occupant.

''Physically, I'm still in good shape and feel young at heart,'' he says, ''but there are things I cannot do anymore, like jogging and tennis (he has played with tennis champs Billie Jean King and Chris Evert). I travel a lot and have tons of energy. Oh, once in a while, I get really tired, but I'm lucky with my physical condition.''

Does aging bother him?

''Not in the least,'' he says. ''I haven't lost interest in events, nor have my body and health deserted me. The only thing about aging that does bother me is that I want to be here on Earth long enough to see my grandkids—all 14 of them—grow up and be happily married, raising their own kids. That would be the best things that could happen to me after a full and happy and lucky life.''

He says he worries about the decline and disintegration of today's American family. ''I'm convinced that this decline leads to the many social and cultural problems facing our nation,'' he adds. ''Thank God, we have mentors and 'other points of light' willing to help the neglected kids, to read to them, to love them. But so many slip through the cracks. When the parents go AWOL, the kids are hurt and our society suffers.''

Turning to his years in the White House, Mr. Bush says that, as President, one of his best decisions was selecting Colin L. Powell as the Chairman of the Joint Chiefs of Staff. (During his years in the highest military position in the Department of Defense, Gen. Powell oversaw 28 crises, including Operation Desert Storm in the 1991 Persian Gulf War.) ''Another important decision, once it became clear we had to fight in Desert Storm, was to put full confidence in the military and not try to second-guess them or change the mission,'' Mr. Bush told me. ''My team and I did the diplomacy, and then, when we had to go to war, we let the military, under the leadership of Gen. Powell; Dick Cheney (Secretary of Defense) and Norman Schwarzkopf (commanding general of the U.S. forces in the Gulf) and others, fight and win.''

Gen. Powell, also a National Security Advisor in the Reagan White House and now chairman of ''America's Promises—The Alliance for Youth,'' told me: ''I considered George Bush a tremendous Commander in Chief. And as President of the U.S., he brought class, character and dignity to the office.''

George Bush emphasizes that the decision to commit troops to battles is the most onerous a Chief Executive can make. His most difficult moment in the Oval Office, he recalls, was when he had to decide whether or not to send someone's son or daughter to war. ''To commit one to fight—to put one in harms' way,'' he stresses, ''is the toughest of all calls.'' I did this in Panama, in the Gulf and Somalia, but I did it knowing we were going to give them full support—to enable them to complete their mission, to win and come home.

''This we did. I regret that the mission in Somalia changed after I left the White House. I do not like mission creep (an evolution of the mission away from its originally stated purpose). I was proud of our military in all three actions.''

He adds, ''You know, I miss dealing with our military because I believe in 'duty, honor, country.' My own military experience in WW II well equipped me to wrestle with the problems of military action. That also instilled in me a respect for those who do their duty for our country. I was proud to wear our uniform in WW II, and when I was Commander in Chief I took pride in my support of the military.''

Two years ago, when George Bush jumped from an altitude of 12,5000 feet and opened his parachute canopy at 4,000 feet above the Yuma Proving Ground in Arizona, he called that feat a great thrill. ''I was alone, at peace,'' he recalls. ''I was floating into the tranquil sands of Yuma.''

That jump was in keeping with a personal vow to ''some day, do it right'' (jumping from a plane) he made after Sept. 2, 1944, when he bailed out of his flaming torpedo bomber near Japanese-held Chichi Jima Island, some 150 miles from Iwo Jima. After five hours in the water, he was rescued by a submarine.

I asked George Bush if the pilot—recently downed over Serbia in the former Republic of Yugoslavia—brought back memories of when he was shot down as a Navy pilot 55 years ago.

''To some degree, yes, it did, because, like this pilot, I was shot down near the enemy,'' he remembers. ''I wasn't sure that I would be rescued. Neither was this pilot sure he would be found. I knew the Navy would go all out to find me. This pilot felt sure his comrades in arms would go the extra mile to rescue him. He prayed, and so did I—so, yes, there are some similarities.''

If George Bush could have had his life to live again, what would he have done differently?

''I would not do anything differently,'' he answers with an air of finality. ''My life has been a good one—satisfying and rewarding. I did not set a grand design for my career. I just tried to do well in each of my jobs and lead a meaningful life.

''I also tried to make a difference in the lives of others. I have always cared about the welfare of others.''

Attesting to Mr. Bush's self-assessment, former Attorney General Dick Thornburgh told me that throughout his presidency, George Bush exhibited an extraordinary sensitivity to questions of law and justice and the protection of the civil rights and civil liberties of all Americans. ''Nowhere,'' Mr. Thornburgh states, ''was this more evident than in President Bush's support for the Americans With Disabilities Act—which he signed into law on July 26, 1990.''

Mr. Thornburgh, a former governor of Pennsylvania, adds, ''This important civil rights legislation—strongly championed by the President during its considerations by Congress—provides a significant vehicle to secure access to the mainstream of American society for those 54 million Americans with physical, mental and sensory disabilities. (Thornburgh's son, Peter, now 39, was the victim of a car accident in 1960 when he was 4 months old. He suffered serious brain injuries, causing mental retardation.)

''In this, as in other endeavors, George Bush's compassion and commitment to justice for all was an inspiration to those of us privileged to serve in his administration.''

Manifesting his concern for human rights, Mr. Bush visited the infamous Nazi concentration camp at Auschwitz in Poland in 1987 when he was Vice President of the United States. He then told me that that visit made him determined not just to remember the Holocaust, but, more important, to strengthen his resolve to renew America's commitment to human rights the world over.

He quoted Nobel Peace Laureate Elie Wiesel, a Holocaust survivor who this week is in Macedonia, visiting refugees from Kosovo: ''In extreme situations, when human lives and dignity are at stake, neutrality is a sin.''

Elie Wiesel, now a professor at Boston University, spoke at a recent Millennium Evening at the White House on ''The Perils of Indifference: Lessons Learned From a Violent Century.'' He later told me that in the years he has know George Bush, he always found him to be sensitive to issues related to human rights.

''As Vice President, he directed the rescue mission that brought the surviving remnant of Ethiopian Jews to Israel,'' he adds, ''and he was instrumental in enabling a group of Nobel laureates to go to Poland, still under the dictatorship of Gen. Jaruzelski.''

If he had his presidency to live over, what would George Bush have done differently?

''I would like to have been a better communicator so I could have convinced the American people in 1992 that we were not in a depression, that the economy had recovered,'' he says. ''We handed the Clinton Administration a fast-growing economy, but I could not convince the people or the media that this was so.''

He describes as ''wonderful'' his 12 years in the White House as Vice President and President, but he continues to feel a sense of ''sadness'' that he was not given another four years ''to finish what I had begun.''

In Rev. Graham's view, George Bush lost that election ''mainly because his campaign people did not work hard enough, and some of his advisors gave him wrong advice. There was also an element of over-confidence due to the favorable polls.''

Gen. Brent Scowcroft, Mr. Bush's National Security Advisor, still considers it a ''tragedy'' that George Bush lost the 1992 election and did not have four more years ''to build the sense of closeness with other foreign leaders—which could have done so much to promote a closer world community.''

For his part, Mr. Bush continues, that if he had had his way, he would have won the election ''because I would have done a better job of getting out the facts and the benefit of our programs, and I would have gotten more legislation through Congress.

''For instance, the economy was better than it had been reported,'' he recalls, ''but the media pounded me on how bad things were. When I said we were not in recession, the press ridiculed me. It turned out that the recession ended in the spring of 1991.''

If he could turn back the clock, what decisions would he have changed?

''Given the way history worked out, raising taxes was not good because it got at my word,'' he recalls. ''People said that I broke

my word, and that is a regret. Raising taxes was my worst desision. I lost the election because of the economy. Yet, what I was saying—at the time—about the economy was true.''

On other decisions, Mr. Bush believes that his wisest was having ''mobilized the world to stand up against aggression'' in the Persian Gulf.

He describes the start of Iraq's invasion of Kuwait as ''a critical moment in world history.''

On that night—Jan. 16, 1991—he invited Rev. Billy Graham to the White House for private prayers. The next morning, Rev. Graham conducted a prayer service for the Bush Cabinet, congressional leaders and Marines at a chapel in Ft. Myer, a military compound in Virginia. ''Our prayers were for a short war,'' Rev. Graham says, ''and one that would be followed by a long period of peace in the Mideast.''

He also told me that George Bush will be remembered in history for having put together a coalition of nations in the Gulf War, and that much of that was due to his own relationship with world leaders. ''He got along well with them,'' he adds, ''and that means a great deal during crises.''

For his accomplishments, Mr. Bush cites his housing initiatives, his education program—America 2000—and his national energy strategy. He says he was more successful when he was able to work with state governors on issues such as his welfare reform programs, his crime-prevention initiative and the Americans With Disabilities Act. ''MY Administration deserved credit for those initiatives,'' he recalls, ''and we received none.''

In foreign affairs, Mr. Bush considers among his most significant achievements the START II Treaty, which he signed in Moscow (Jan. 3, 1993) during his last foreign trip as President. He also singles out Desert Storm, the U.N. coalition in 1991 to liberate Kuwait from Iraqi domination.

He says he was satisfied with START II, and, in terms of history Desert Storm led to many things, like people talking peace in the Midwest and the U.S. being the sole country to which people turn to solidify their democracies. He notes that his secretary of State, James A. Baker III, initiated the Mideast peace process that began with multilateral talks in Madrid in October 1991. ''We made dramatic strides, which history will record,'' he states. ''You would never believe that Arabs and Israelis would be talking to each other. No one thought we could get that done. Well, at least we got it started, and that happened largely because of Desert Storm.''

Mr. Bush recalls that he learned much from the courage of Russian President Boris Yeltsin, when, in August 1991, he climbed on a tank to talk to the crowd supporting him against the hard-line Communists. ''I was appreciative of what Mr. Yeltsin said about me being his first and most stalwart supporter.''

With all of his accomplishments, what continues to trouble George Bush and his associates is the perception that he was a ''wimp.'' In retrospect, how does he view that image?

''I never convinced the Washington press corps of what my real heartbeat was about,'' he says. ''I don't think I came through as a caring person, and one with a sense of humor. And the press felt I was posturing to get away from my Ivy League background when I played horseshoes or listened to country music. Some, like Newsweek (in 1988), had me down as 'wimp.' Some said I wasn't tough enough. I believe my record in life entitled me to a better assessment than that, but I couldn't get around their misperceptions.''

According to Rev. Billy Graham, George Bush is ''anything but a wimp—look how he handled the Gulf War. Everyone has faults, but he has fewer than almost any leader I have known.''

Gen. Scowcroft—co-author with Mr. Bush of ''A World Transformed'' (Knopf, 1998)—puts it this way. ''One misperception is what became known as the 'wimp factor.' That was the view that he was unwilling to make tough decisions or stand up for his beliefs. That was a total misperception because he fully demonstrated his decisive manner in the way he, as President, conducted the foreign and military policy of the United States. By the time he became President, he was not only a true foreign policy professional but he knew the leaders of virtually every country. That enabled him to establish a personal diplomacy that I believe is without parallel in the presidency. He communicated directly with an enormous number of foreign leaders. He listened to their problems, explained his views, discussed what U.S. policy was, or should be, thus adding a new and invaluable dimension to America's ability to act and be received as the leader of the world.

''Another misperception is that he is a patrician or a blue blood with an aristocratic approach. But that's not so. He is warm, friendly and outgoing. I never saw him, even as President, put on airs or any kind of imperial manner.''

Further describing George Bush, the man, Gen. Scowcroft says that in the years he has known him, he has ''developed and become broad and deeper, because he is wiling and eager to learn. He was, and is, a patient listener and has a good way of eliciting the views of others on all issues.''

He adds that, as President, George Bush's judgment was basically instinctive rather than analytical, but that it was based on extensive probing discussions with principal advisors before he made decisions.

Today, George Bush—looking younger than his age—presents a picture of a man full of vitality and brimming with confidence. He still possesses an innate sense of decency but is a complex personality. He is as tenacious as he is unassuming.

He singles out two of many turning points in his life: joining the Navy in 1942 and moving from the East Coast to Texas after graduating from Yale. ''These two moves really changed my life in many ways,'' he recalls. ''My move to Texas changed my life because I learned a lot about entrepreneurship and risk-taking.''

His first job was as a clerk in an oil-equipment company in Odessa, Texas, and he soon rose to become co-founder and president of an oil-drilling company.

Twenty years ago, as a Republican Presidential candidate, George Bush appeared on the NBC news program 'MEET THE PRESS' to explain why he should be elected President of the United States; and how he would make a difference in American life—from the Oval Office.

''I believe a man can make a difference,'' he pointed out. ''I'd like to re-awaken our sense of pride in ourselves as it applies to our relationships abroad.'' People abroad are wondering, 'Does the United States want to lead the free world anymore?'

He also told the Christian Science Monitor's Godfrey Sperling: ''I want to demonstrate, and help Americans demonstrate—given our strengths—that we can cope and solve problems, particularly our domestic economy. Once we solve these problems, I believe we can offer a better life to everybody in America. So I am motivated by that.

''I also want to re-awaken a sense of pride by putting stars in the eyes of our children.''

How has his philosophy changed over the years?

''I am not sure there has been a fundamental change,'' he told me. ''I hope I have become more tolerant of the different opinions of others. I feel even more convinced that the United States of America must stay involved in the world and be the leader.

''You know, there was a time during the Cold War days when I had only disdain for Russia and China. That has changed a lot. We must stay engaged with both nations. We must look at the big picture and work closely with both of these powers—not doing it their way, but not always bashing them, either.''

I asked George Bush for his views on the current crisis in Kosovo.

His response: ''I will not criticize President Clinton and, thus, will say nothing more.''

Concerning the revelations of surreptitious Chinese espionage allegedly involving four American administrations, Gen. Scowcroft, speaking for the Bush Administration, told me: ''In the four years as President Bush's National Security Advisor, I do not recall an issue of Chinese espionage at the nuclear labs being brought to my attention.''

Dr. Condoleezza Rice, director of Soviet and East European Affairs, national Security Council in the Bush Administration (1989–91), told me that there is no one who is more deserving of the title 'public servant' than George Bush.

''I most appreciated his integrity and his devotion to America,'' She adds. ''And I'm especially grateful to him for the way that he handled the end of the Cold War.''

Dr. Rice, now provost at Stanford University, notes that in the former president's book, ''A World Transformed,'' Mr. Bush describes his final phone conversation with Mikhail Gorbachev only moments before the Soviet president resigned and brought to an end 75 years of Soviet communism.

''Mr. Gorbachev was clearly looking for affirmation that this fateful decision would be good for the word.'' Dr. Rice points out. ''Why, might you ask, would the Soviet president call the President of the U.S. at that moment? It speaks volumes about how President Bush had managed difficult issues. He was tough, vigorously pursuing America's interests and skillful in his diplomacy.

''His leadership was quite and persistent. But he was also compassionate and humane. He found a way to treat this great, defeated, but still dangerous adversary with respect and dignity. That, more than anything, allowed the Soviet Union to slip quietly into the night—to collapse with a whimper, not a bang. We all owe President Bush a great debt for that.''

As George Bush's secretary of State, James A. Baker III traveled to 90 foreign countries as the U.S. confronted the unprecedented challenges and opportunities of the post-Cold War era. ''I think history will treat George Bush very, very well,'' Mr. Baker told me. ''He was president at a time of remarkable global changes. The world, as he and I had known it all our adult lives, changed fundamentally with the collapse of communism, the end of the Cold War and the implosion of the Soviet Union.

''In addition, during his presidency, America successfully fought the Gulf War and Panama. Through his leadership, Germany was reunified as a member of NATO and Israel and all of her Arab neighbors negotiated face to face for the first time at the Madrid peace conference.

''President Bush managed all of this with skill and dexterity. As a result, America was respected by our allies and feared by our adversaries—the way it should be.''

Secretary Baker adds: ''Another accomplishment was to make the national security apparatus of our nation work the way it should—without the usual rivalries, backbiting and counterproductive leaking to the

press. That enabled us to manage properly the historic changes that occurred around the world from 1989 to 1992.''

Baker, an intimate Bush friend of 40 years, also served in 1997 as the personal envoy of U.N. Secretary General Kofi Annan to mediate direct talks between the parties to the dispute over Western Sahara.

''Friendships mean a lot to George,'' Jim Baker writes in his book ''The Politics of Diplomacy'' (Putman, 1995). ''Indeed, his loyalty to friends is one of his defining personal strengths. Yet some have suggested it became one of his greatest political weaknesses and that out of concern for their friendship, he stayed loyal for too long to people who hurt his presidency.''

Gen Scowcroft concurs: ''If I observed any faults, it was perhaps that George Bush was too loyal in that he would support colleagues and associates even after it had become apparent that they were not adequately suited to the jobs they held or were about to hold.''

In 1974, when Mr. Bush was head of the liaison office in China, it was a restricted period as far as contact with the Chinese leaders was concerned. Nonetheless, he set out to learn about the people and the country. He even studied Chinese. He and Mr. Bush bicycled around Beijing, asked questions, invited the people to their home and developed a real feel for them and their culture.

In 1976, when Mr. Bush was appointed by President Ford to be director of the Central Intelligence Agency, Gen. Scowcroft was his (Ford's) National Security Advisor. ''I saw how George Bush was learning more and more about foreign policy,'' Gen. Scowcroft says.

''It was not so much his foreign policy expertise, although he was well versed as a result of his U.N. and China positions, but what he did in restoring the morale and self-respect of the CIA. The morale at CIA was at rock bottom after the congressional investigations of the Pike and Church committees. Even today, Mr. Bush is considered to be the agency's most revered CIA director.''

One birthday gift George Bush considers especially significant is the 258-acre complex named after him in the Central Intelligence Agency's headquarters in Langley, Va.—the first Washington, D.C.-area tribute to him.

Last October, President Clinton signed legislation authorizing the designation of the George Bush Center for Intelligence, and, in a letter, read by CIA Director George Tenet at the recent dedication ceremony, Mr. Clinton noted that when George Bush assumed his duties as director of the CIA (1976), the Vietnam War had just ended, the Watergate scandal was still an unhealed national wound, and government investigations had exposed abuses of power in connection with intelligence activities.

''Many Americans had lost faith in government and asked whether the CIA should continue to exist,'' President Clinton noted. ''George Bush restored morale and discipline to the Agency while publicly emphasizing the value of intelligence to the nation's security, and he also restored America's trust in the CIA and the rest of the intelligence community.

''I have been well served by the talented and dedicated men and women who make up the intelligence community that George Bush did so much to preserve and strengthen.''

The ceremony was attended by former CIA Directors Richard Helms, James Schlessinger, Robert Gates and William Webster. Mr. Tenet hailed George Bush—the only director to have become President of the United States—as a war hero and said that every component of the Agency ''feels indebted to him in some way—because his belief in the fundamental importance of its work never faltered.

''He was a staunch defender of the need for human intelligence—for espionage—at a tough time when it really counted.''

Mr. Tenet also pointed out that each day, the men and women of the CIA provide the President of the United States and other decision-makers the critical intelligence they need to protect American lives and advance American interests around the globe. ''Thanks in great measure to George Bush's leadership, the U.S. no longer confronts the worldwide threat from a rival superpower that we did during the Cold War,'' he stated. ''But, as the 21st century approaches, we must contend with a host of other dangerous challenges—challenges of unprecedented complexity and scope.

''The U.S. remains the indispensable country in this uncertain and chaotic world. And time and again, the CIA has proven itself to be the indispensable intelligence organization, helping America build a more secure world for people everywhere.''

Accepting a model of the sign bearing the name of the compound, George Bush—in his remarks—observed: ''My stay here had a major impact on me. The CIA became part of my heartbeat some 22 years ago, and it has never gone away. I hope it will be said that in my time here, and in the White House, I kept the trust and treated my office with respect.''

And to the assembled CIA employees, Mr. Bush added: ''Your mission is different now from what it was in my time. The Soviet Union is no more. Some people think, 'What do we need intelligence for?'

''My answer is that plenty of enemies abound . . . unpredictable leaders willing to export instability or to commit crimes against humanity. Proliferation of weapons of mass destruction, terrorism, narco-trafficking, people killing each other, fundamentalists killing one another in the name of God, and many more.

''To combat them, we need more intelligence, not less. We need more human intelligence and more protection for the methods we use to gather intelligence and more protection for our sources, particularly our human sources who risk their lives for their country.''

Mr. Bush went on to say that even though he is now a ''tranquil guy,'' he has ''contempt and anger for those who betray the trust'' be exposing the names of our (intelligence) sources.

''They are, in my view, the most insidious of traitors,'' he asserted. ''George Tenet is exactly right when it comes to the mission of the CIA and the intelligence community. 'Give the President and the policy-makers the best possible intelligence product and stay out of the policymaking or policy implementing—except as specifically decreed in the law.''

George Bush has always been hesitant to talk about himself—even as to how he made a difference as President. ''You ask others,'' he tells me, ''I am not good at talking about myself. That is part of my make-up. Some people say it is lack of character, but I can't blow my own horn. My mother taught me not to brag and she is still watching me.''

Respecting his penchant for modesty, I did ask others—including former American presidents, as well as the current one—for their reflections and comments on George Bush's milestone.

Former President Gerald R. Ford said: ''President Bush, at 75, has earned the highest compliments for his strong and effective military and diplomatic leadership in the Gulf War with Iraq.''

Former President Jimmy Carter says: ''From one septuagenarian to another, I, of course, wish George Bush a wonderful birthday and many more years of good health and much happiness.

''He is a man of integrity who served America with honor. We had a very good relationship while he was in the White House, and even though we did not agree on every issue, he treated me with respect and kindness.

''I always shared my invitations to foreign countries with him or with Secretary of State James Baker, and they were supportive of our work at the Carter Center (in Atlanta, Ga).''

Jimmy Carter adds that he and his wife, Rosalynn ''thoroughly enjoyed'' attending the opening of the Bush Presidential Library. (On Nov. 6, 1997, the library and museum, together with the George Bush School of Government and Public Service, were opened.)

President William Jefferson Clinton recalls with gratitude his wide-ranging conversations with George Bush four months ago as they flew on Air Force One to and from Jordan for King Hussein's funeral. (Former Presidents Ford and Carter were also aboard.)

''George Bush embodies the spirit of public service,'' Mr. Clinton told me. ''For me, he has also been a trusted advisor. While there are many who advise me, at times the greatest counsel comes from one who has shared the pressures and unique experience of serving in the Oval Office—one who knows exactly what you're up against and one who will tell you the truth.

''George has often done that, and while I have been the immediate beneficiary of his counsel, people here and abroad have ultimately benefited most of all.''

Richard Fairbanks, President of the Center for Strategic & International Studies (CSIS), advised Mr. Bush on policy during his 1980 presidential bid. Later, as chief U.S. negotiator for the Mideast peace process, he worked closely with Vice President Bush. Ambassador Fairbanks recalls that George Bush was seen as a pragmatic problem-solver rather than a conceptualizer, ''which is one of the reasons he encountered trouble with his famous statement that he was not comfortable with 'the vision thing.'''

Mr. Fairbanks, a member of the Council of American Ambassadors, adds that George Bush is a natural leader with real intellectual depth, but he is also a private man, who is ''not comfortable flaunting his thought processes in a public forum.''

Edwin Meese, counselor to President Reagan (1981–85) and U.S. Attorney General (1985–88), who is now The Ronald Reagan Fellow in Public Policy at The Heritage Foundation, says that he ''thoroughly appreciated the opportunity to work with George Bush as Vice President because he was an invaluable asset to President Reagan and to all of us in the Cabinet.''

In his 12 years as Vice President and President, George Bush witnessed a number of scandals, including Watergate, Irangate, Iran-Contra and the Savings and Loan bust.

On his last day in the Oval Office as president I asked him how he would advise incoming President Bill Clinton to prevent similar scandals.

''If Governor Clinton asks me, I would tell him to be very conscious of how he works with his staff; and to be sure there are no loose cannons running around the White House,'' Mr. Bush told me during that interview. ''People around a President or Vice President or any high official can make or break his image. So we each need to surround ourselves with competent and caring individuals—men and women of integrity who respect the presidency and live their own lives accordingly.''

He adds: ''There is a need for revival of ethical behavior, and exemplary conduct must come from officials and leaders. It cannot be legislated.

''What mattered to me most in the White House was integrity and responsibility. Public service has been damaged by people who don't have the judgment to place the public's business above their own self interest, and unethical conduct should not be tolerated at any level of government.''

Mr. Bush went on to say that he was determined—at all times—to treat the office of the presidency with respect and not do anything that would cheapen or diminish it.

''I still take pride in the fact that my administration was clean and free of scandal,'' he says. ''We had not been hounded by people using government jobs for personal gain. We came to the White House with high ethical standards and we left with heads high in that regard.''

And what did George Bush learn from his years in the White House that has made a lasting impact on him?

''I learned that the power to get things done is less than some people believe,'' he remembers. ''Yes, the presidency is magnified out of proportion. You can get some things done, but you can't wave a wand to have everything work the way you want it. The presidency is too complicated.

''I also learned that the White House is surrounded by history, and I left there with even more respect for America's principles, more respect for the institution of the presidency, and more respect for the civil servants, including the staff of the executive residence and the uniformed Secret Service officers, who make that magnificent museum of a place into a real home for whoever is President of the U.S. as well as for his family and guests.''

And since he departed the White House, in 1993, how, in his view, has the presidency evolved?

''Like many Americans, I have worried about the recent happenings in and around the White House,'' George Bush told me. ''But the presidency is a vital and strong and resilient institution. Just as (former President) Jerry Ford instantly restored honor to the Executive Mansion—after Watergate—so will whoever is elected President in the year 2000.

''Respect for the office is important and character and behavior in that office do count. The office is not too big for any individual, provided he or she can make tough decisions and give credit to bright and experienced people who should surround the Chief Executive.''

If George Bush could leave but one legacy, he wants it to be a return to the moral compass that must guide America through the next century.

''And,'' he adds, ''I hope historians will say that I and my Administration left the world a little more peaceful by the way we handled the unification of Germany, the liberation of Eastern Europe and the Baltics, as well as the way we worked with the Soviet leaders to bring about change there, and to get their support when we had to fight the Gulf War.''

''I also hope my legacy will include the Madrid peace conference (1992); our key role in NAFTA, the Brady Plan (plan for debt relief for Latin America), and the way we handled China after Tiananmen Square 10 years ago.

''On a personal level, I hope my legacy will be that 'George Bush did his best and served America with honor.' ''

If he could have one wish on this birthday, what would it be?

''I am not sentimental,'' he says, ''but, yes, there is a certain special quality to this milestone. For myself, I have no wishes for my birthday. I have everything a man could want. But, for the world, I would wish more peace; and for America, I wish for stronger families and better values.''

And George Bush's vision for the next century?

''I am optimistic about the 21st century,'' he told me. ''With no superpower confrontation on the horizon, I believe the next century can be one of peace—though there will always be regional conflicts. But I, for one, am still hopeful.''

And to share that hope, he likes to recount the time that his wife, Barbara, was planting a flowering bush. She was instructed to dig a deep bed, fill it with fertilizer and firmly plant the bush by covering it with water and soil.

''We were told that the plant would not bloom right away, but that it would, after a year or so, and then for a long time to come,'' he mused. ''Soon, we realized that she was planting that flowering bush for our kids and grandkids and great-grandkids.

''So despite the vicissitudes we face now, and will face in the future, I believe that that planting was not in vain. Sure, we have problems in the U.S. and overseas, and the world has the weapons to blow itself up. Yet my inner self tells me that our great-grandkids will be around to enjoy those flowers.''

AID FOR RUSSIAN AND ROMANIAN ORPHANS

Ms. LANDRIEU. Mr. President, before the recess, with the help and support of my colleagues Mr. HELMS, Mr. LEAHY, and Mr. MCCONNELL, I offered an amendment to Senate Bill 1234, which would provide some relief for the hundreds of thousands of orphans who find themselves confined to institutions and have no one to provide the love, affection and guidance that they so desperately need. Sadly, the disruption and extreme poverty which followed the end of the Cold War Era has had a devastating impact on the lives of the children in the Eastern block. In both Russia and Romania, it is the children, the future of democracy, who are struggling to survive. It is my hope that the funds designated by this amendment will allow the governments in each of these two countries to protect the health, safety and well being of their children and in doing so, build for a stronger and brighter tomorrow.

Specifically, this amendment ensures that $2,000,000 of the funding appropriated for aid to Russia and the Independent States is used to further the innovative efforts of nongovernmental organizations, such as Christian World Adoption Agency, to provide vocational and professional training for those children who are about to ''age out'' of orphanages. When this body created Independent Living, it recognized that such training and support is essential to the future of the young adults who have, for whatever reason, grown up in an institution rather than in a family. With the help of help organizations like Christian World, these children can be given the tools they need to become confident and successful adults.

Further, my amendment provides that $4,400,000 of the funds provided for aid to Eastern Europe and the Baltic States will be used to support the Romanian Department of Child Protection and their work to save the lives and improve health of the more than 100,000 Romanian children in orphanages. Just the other day, myself and several of my colleagues met with the present Secretary of the Department of Child Protection, Dr. Cristian Tabacaru. With great passion, Dr. Tabacaru painted for me a picture of the dire circumstances faced by his country's children. At present, Romania has the highest infant mortality rate in Europe. What is worse, is that 60% of these deaths are from preventable causes such as malnutrition and premature births.

The Romanian Department of Child Protection is working desperately to save their most precious resource, their children. They have instituted programs that provide nutritional supplements to these children, they have developed their first ever in-home foster care program and are working to improve the services available for those with special needs. While they have made a great deal of progress in very little time, they need and deserve our help. This small amount of money will help them out of their present crisis and to build a child welfare system of which they can be proud.

In closing, I want to again thank Mr. HELMS, Mr. LEAHY, and Mr. MCCONNELL for their support of my amendment. As we continue to aid the children of this world, we can be confident that we are building the hope of a bright and wonderful future, a future in which few children will grow up without a family to call their own.

REPORT OF THE DISTRICT OF COLUMBIA'S FISCAL YEAR 2000 BUDGET REQUEST ACT—MESSAGE FROM THE PRESIDENT—PM 46

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Governmental Affairs.

To the Congress of the United States:

In accordance with section 202(c) of the District of Columbia Financial Management and Responsibility Assistance Act of 1995 and section 446 of the District of Columbia Self-Governmental Reorganization Act, as amended, I am transmitting the District of Columbia's Fiscal Year 2000 Budget Request Act.

This proposed Fiscal Year 2000 Budget represents the major programmatic objectives of the Mayor, the Council of the District of Columbia, and the District of Columbia Financial Responsibility and Management Assistance Authority. For Fiscal Year 2000, the District estimates revenue of $5.482 billion and total expenditures of $5.482 billion, resulting in a budget surplus of $47,000.

My transmittal of the District of Columbia's budget, as required by law, does not represent an endorsement of its contents.

WILLIAM J. CLINTON.

THE WHITE HOUSE, *July 12, 1999.*

MESSAGES FROM THE HOUSE

At 1:05 p.m., a message from the House of Representatives, delivered by Mr. Hanrahan, one of its reading clerks, announced that the House has agreed to the following concurrent resolution, without amendment:

S. Con. Res. 43. Concurrent resolution providing for a conditional adjournment or recess of the Senate and a conditional adjournment of the House of Representatives.

The message also announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 10. An act to enhance competition in the financial services industry by providing a prudential framework for the affiliation of banks, securities firms, and other financial service providers, and for other purposes.

At 3:03 p.m., a message from the House of Representatives, delivered by Mr. Hanrahan, one of its reading clerks, announced that the House agreed to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 144. Concurrent resolution urging the United States Government and the United Nations to undertake urgent and strenuous efforts to secure the release of Branko Jelen, Steve Pratt, and Peter Wallace, 3 humanitarian workers employed in the Federal Republic of Yugoslavia by CARE International, who are being unjustly held as prisoners by the Government of the Federal Republic of Yugoslavia.

A message from the House of Representatives was received announcing the Speaker signed the following enrolled bill on Tuesday, June 29, 1999:

H.R. 4. An act to declare it to be the policy of the United States to deploy a national missile defense.

MEASURE PLACED ON THE CALENDAR ON JULY 8, 1999

Pursuant to the order of June 29, 1999, the following bill was read twice and placed on the calendar:

S. 1244. A bill to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage.

MEASURES PLACED ON THE CALENDAR ON JULY 12, 1999

The following bill was read the second time and placed on the calendar:

H.R. 1218. An act to amend title, United States Code, to prohibit taking minors across State lines in circumvention of laws requiring the involvement of parents in abortion decisions.

The following bill was read twice and placed on the calendar:

H.R. 10. An act enhance competition in the financial services industry by providing a prudential framework for the affiliation of banks, securities firms, and other financial service providers, and other purposes.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, which were referred as indicated:

EC–4051. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to the Jerusalem Embassy Act of 1995, the report of Presidential Determination Number 99–29 relative to the suspension of the limitation of the obligation of FY 1999 State Department Appropriations; to the Committee on Appropriations.

EC–4052. A communication from the Director, National Institute of Environmental Health Sciences, Department of Health and Human Services, transmitting, pursuant to law, a report entitled ''Health Effects From Exposure to Power-Line Frequency Electric and Magnetic Fields''; to the Committee on Health, Education, Labor, and Pensions.

EC–4053. A communication from the Secretary of Transportation, transmitting, pursuant to law, the Department's report entitled ''Transportation Research and Development Plan''; to the Committee on Commerce, Science, and Transportation.

EC–4054. A communication from the Assistant Attorney General for Administration, Justice Management Division, Department of Justice, transmitting, pursuant to law, the report of a rule entitled ''Justice Acquisition Circular 99–1'' (RIN1105–AA68), received June 30, 1999; to the Committee on the Judiciary.

EC–4055. A communication from the Chief, Regulations Unit, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Qualified Zone Academy Bond Credit Rate'' (RIN1545–AX23), received June 30, 1999; to the Committee on the Finance.

EC–4056. A communication from the Chief, Regulations Unit, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Qualified Zone Academy Bond Credit Rate'' (Notice 99–35, 1999–27 I.R.B.—, Jul 5, 1995), received June 30,. 1999; to the Committee on Finance.

EC–4057. A communication from the Chief, Regulations Unit, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Rev. Rul. 99–30, BLS–LIFO Department Store Inventory Price Indexes-May 1999'' (Rev. Rul 99–30), received June 24 1999; to the Committee on Finance.

EC–4058. A communication from the Director, Acquisition Policy and Programs, Office of the Secretary, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Solicitation Provisions and Contract Clauses; Women-Owned Small Business Sources'' (RIN0605–AA13), received June 29, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4059. A communication from the Special Assistant to the Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; FM Broadcast Stations'' (MM Docket No. 98–133; RM–9314 Zapata, Texas), received June 25, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4060. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans; Texas; Revised Format for Materials Being Incorporated by Reference'' (FRL # 6342–9), received June 30, 1999; to the Committee on Environment and Public Works.

EC–4061. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval of Hospital/Medical/Infectious Waste Incinerator State Plan for Designated Facilities and Pollutants: Illinois'' (FRL # 6371–5), received June 30, 1999; to the Committee on Environment and Public Works.

EC–4062. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Lead; Requirements for Disclosure of Known Lead-Based Paint and/or Lead-Based Paint hazards in Housing, Technical Corrections to Reflect OMB Approval of the Information Collection Requirements'' (FRL # 6053–9), received June 30, 1999; to the Committee on Environment and Public Works.

EC–4063. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Hazardous Air Pollutants: Regulations Governing Constructed or Reconstructed Major Sources'' (FRL # 6369–6), received June 25, 1999; to the Committee on Environment and Public Works.

EC–4064. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''National Emission Standards for Hazardous Air Pollutants: Group I Polymers and Resins and Group IV Polymers and Resins'' (FRL # 6369–9), received June 25, 1999; to the Committee on Environment and Public Works.

EC–4065. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''State of Alaska Petition for Exemption from Diesel Fuel Sulfur Requirement'' (FRL # 6367–1), received June 25, 1999; to the Committee on Environment and Public Works.

EC–4066. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Toxic Substances Control Act Test Guidelines'' (FRL #6067–4), received June 25, 1999; to the Committee on Environment and Public Works.

EC–4067. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Amendment to the Effluent Limitations Guidelines and Standards for the Bleached Papergrade Kraft and Soda Subcategory of the Pulp, Paper, and Paperback Point Source Category: Final Rule; OMB Approvals Under the Paperwork Reduction Act: Technical Amendments'' (FRL #6372–9), received July 1, 1999; to the Committee on Environment and Public Works.

EC–4068. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report

of a rule entitled ''Approval and Promulgation of Implementation Plan for New Mexico—Albuquerque/Bernalillo County; Transportation Conformity Rule'' (FRL #6372–7), received July 1, 1999; to the Committee on Environment and Public Works.

EC–4069. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Implementation Plan for Texas: Transportation Conformity Rule'' (FRL #6372–6), received July 1, 1999; to the Committee on Environment and Public Works.

EC–4070. A communication from the Administrator, National Aeronautics and Space Administration, transmitting, pursuant to law, a report relative to the NASA Industrial Plant in Downey, California; to the Committee on Commerce, Science, and Transportation.

EC–4071. A communication from the Secretary to the Commission, Premerger Notification Office, Federal Trade Commission, transmitting, pursuant to law, the report of a rule entitled ''Hart-Scott-Rodino Act Amended Formal Interpretation 15: Limited Liability Companies,'' received July 1, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4072 A communication from the Special Assistant to the Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations (Manzanita, Cannon Beach and Bay City, Oregon)'' (MM Docket No. 98–189, RM–9377, RM–9475), received June 25, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4073. A communication from the Program Analyst, Office of the Chief Counsel, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Class E Airspace; Sanford, NC: Docket No. 99–ASO–7 (6–30/7–1)'' (RIN2120–AA66) (1999–0215), received July 1, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4074. A communication from the Program Analyst, Office of the Chief Counsel, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment to Class D and Class E Airspace; San Juan, PR; Docket No. 99–ASO–6 (6–30/7–1)'' (RIN2120–AA66) (1999–0216), received July 1, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4075. A communication from the Program Analyst, Office of the Chief Counsel, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives: Boeing Model 737–700 and –800 Series Airplanes; Request for Comments; Docket No. 99–NM–133 (6–30/7–1)'' (RIN2120–AA66) (1999–0263), received July 1, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4076. A communication from the Program Analyst, Office of the Chief Counsel, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives: Boeing Model 777–200 Series Airplanes; Docket No. 99–NM–243 (6–30/7–1)'' (RIN2120–AA64) (1999–0264), received July 1, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4077. A communication from the Attorney, Research and Special Programs Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Hazardous Materials: Revision to Regulations Governing Transportation and Unloading of Liquified Compressed Gases (Chlorine)'' (RIN2137–AD07) (1999–0002), received July 1, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4078. A communication from the Senior Regulations Analyst, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Disadvantaged Business Enterprise (DBE) Regulation; General Update (Correction)'' (RIN2105–AB92) (1999–0002), received July 1, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4079. A communication from the Acting Executive Director, Commodity Futures Trading Commission, transmitting, pursuant to law, the report of a rule entitled ''Chicago Board of Trade Petition for Exemption from the Statutory Dual Trading Prohibition in the Ten-Year U.S. Treasury Notes Futures Contract Traded on the Project A Electronic Trading System,'' received June 29, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4080. A communication from the Manager, Federal Crop Insurance Corporation, Farm and Foreign Agricultural Services Risk Management Agency, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Group Risk Plan of Insurance; Final Rule'' (RIN0563–AB06), received July 1, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4081. A communication from the Secretary of Agriculture, transmitting, pursuant to law, the annual ''Animal Welfare Enforcement'' report for fiscal year 1998; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4082. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Bifenthrin; Pesticide Tolerance'' (FRL #6089–9), received June 25, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4083. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Fludioxinil; Pesticide Tolerance'' (FRL #6085–3), received June 25, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4084. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Paraquat; Extension of Tolerance for Emergency Exemptions'' (FRL #6084–3), received June 25, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4085. A communication from the Director, Office of Congressional Affairs, Office of Nuclear Material Safety and Safeguards, Nuclear Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled ''10 CFR Part 72, Miscellaneous Changes to Licensing Requirements for the Independent Storage of Spent Nuclear Fuel and High-Level Radioactive Waste'' (RIN3150–AF80), received July 1, 1999; to the Committee on Environment and Public Works.

EC–4086. A communication from the Director, Regulations Policy and Management Staff, Food and Drug Administration, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled ''Listing of Color Additives for Coloring Meniscal Tacks; D & C Violet No. 2'' (Docket No. 98C–0158), received June 25, 1999; to the Committee on Health, Education, Labor, and Pensions.

EC–4087. A communication from the Chairman, President's Committee on Employment of People with Disabilities, transmitting the annual report for fiscal year 1998, received July 1, 1999; to the Committee on Health, Education, Labor, and Pensions.

EC–4088. A communication from the Assistant General Counsel for Regulations, Special Education and Rehabilitative Services, Department of Education, transmitting, pursuant to law, the report of a rule entitled ''NIDRR—Assistive Technology Act Technical Assistance Program'' (84.224), received July 1, 1999; to the Committee on Health, Education, Labor, and Pensions.

EC–4089. A communication from the General Counsel, Federal Emergency Management Agency, transmitting, pursuant to law, the report of a rule entitled ''Final Flood Elevation Determinations'' (64 FR 32817) (06/18/99), received June 30, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4090. A communication from the Chief Counsel, Office of Foreign Assets Control, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Blocked Persons, Specially Designated Nationals, Specially Designated Terrorists, Foreign Terrorist Organizations, and Specially Designated Narcotics Traffickers: Additional Sudanese Government Designations and Supplementary Information, and Removal of One Individual'' (Appendix A to 31 CFR Chapter V), received June 25, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4091. A communication from the Chief Counsel, Office of Foreign Assets Control, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Blocked Persons, Specially Designated Nationals, Specially Designated Terrorists, Foreign Terrorist Organizations, and Specially Designated Narcotics Traffickers: Additional Designations'' (Appendix A to 31 CFR Chapter V), received June 24, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4092. A communication from the Chief Counsel, Office of Foreign Assets Control, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Blocked Persons, Specially Designated Nationals, Specially Designated Terrorists, Foreign Terrorist Organizations, and Specially Designated Narcotics Traffickers: Additional Designations and Removals and Supplementary Information on Specially Designated Narcotics Traffickers; Removal of Appendix B; Redesignation of Appendix C'' (Appendices A to 31 CFR Chapter V), received June 24, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4093. A communication from the Acting Director, Office of Federal Housing Enterprise Oversight, transmitting, pursuant to law, the report of a rule entitled ''Debt Collection'' (RIN2550–AA07), received June 25, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4094. A communication from the Chairman, Board of Governors of the Federal Reserve System, transmitting, pursuant to law, the annual report for fiscal year 1998, received July 1, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4095. A communication from the President and Chairman, Export-Import Bank of the United States, transmitting, pursuant to law, a report relative to a transaction involving U.S. exports to Russia; to the Committee on Banking, Housing, and Urban Affairs.

EC–4096. A communication from the President and Chairman, Export-Import Bank of the United States, transmitting, pursuant to law, a report relative to a transaction involving U.S. exports to Bulgaria; to the Committee on Banking, Housing, and Urban Affairs.

EC–4097. A communication from the Secretary of Housing and Urban Development, transmitting, pursuant to law, the report of the Department's Five Year Plan for Energy Efficiency, received July 1, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4098. A communication from the Chairman, Federal Election Commission, transmitting, pursuant to law, the report of a rule entitled ''Treatment of Limited Liability Companies Under the Federal Election Campaign Act,'' received June 25, 1999; to the Committee on Rules and Administration.

EC–4099. A communication from the Director, Office of Surface Mining, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Maryland Regulatory Program'' (SPATS # MD–043–FOR), received July 1, 1999; to the Committee on Energy and Natural Resources.

EC–4100. A communication from the Attorney, General and Administrative Law, Office of the General Counsel, Federal Energy Regulatory Commission, Department of Energy, transmitting, pursuant to law, the report of a rule entitled ''Standards for Business Practices of Interstate Natural Gas Pipelines'' (RM96–1–012), received June 22, 1999; to the Committee on Energy and Natural Resources.

EC–4101. A communication from the Acting Assistant Secretary, Land and Minerals Management, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Change to Delegated State Audit Functions'' (RIN010–AC51), received July 1, 1999; to the Committee on Energy and Natural Resources.

EC–4102. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to the Arms Export Control Act, the report of a certification of a proposed license for the export of defense articles or defense services in the amount of $50,000,000 for the United Kingdom; to the Committee on Foreign Relations.

EC–4103. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to the Arms Export Control Act, the report of a certification of a proposed license for the export of defense articles or defense services in the amount of $50,000,000 for the Netherlands, Germany, and Switzerland; to the Committee on Foreign Relations.

EC–4104. A communication from the Executive Director, Committee for Purchase From People Who Are Blind or Severely Disabled, transmitting, pursuant to law, the report of a rule entitled ''Procurement List; Additions,'' received July 1, 1999; to the Committee on Governmental Affairs.

EC–4105. A communication from the Secretary, Naval Sea Cadet Corps, transmitting, pursuant to law, the Corps' Annual Audit Report for the fiscal year ending December 31, 1998, received July 1, 1999; to the Committee on the Judiciary.

EC–4106. A communication from the Assistant Secretary, Employment and Training Administration, Department of Labor, transmitting, pursuant to law, the report of a rule entitled ''Labor Certification Process for the Temporary Employment of Nonimmigrant Aliens in Agriculture in the United States; Administrative Measures to Improve Program Performance'' (RIN1205–AB19), received July 6, 1999; to the Committee on Health, Education, Labor, and Pensions.

EC–4107. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to law, the report of a rule entitled ''VISAS: Passports and Visas Not Required for Certain Nonimmigrants'' (RIN1400–A75), received July 6, 1999; to the Committee on the Judiciary.

EC–4108. A Communication from the Associate Administrator for Procurement, National Aeronautics and Space Administration, transmitting, pursuant to law, the report of a rule entitled ''NASA FAR Supplement; Protests to the Agency,'' received July 6, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4109. A communication from the Associate Administrator for Procurement, National Aeronautics and Space Administration, transmitting, pursuant to law, the report of a rule entitled ''Miscellaneous Administrative Revisions,'' received July 6, 1999; to the Committee on Commerce, Science, and Transportation.

EC–4110. A communication from the Chief, Regulations Unit, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Early Referral of Issues to Appeals'' (Revenue Procedure 99–28), received July 6, 1999; to the Committee on Finance.

EC–4111. A communication from the Deputy Secretary, Market Regulation, Securities and Exchange Commission, transmitting, pursuant to law, the report of a rule entitled ''Form BD/Rule 15b1–1, Application for Registration as a Broker or Dealer'' (RIN3235–AH73), received July 6, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4112. A communication from the Assistant General Counsel for Regulations, Office of the Assistant Secretary for Housing-Federal Housing Commissioner, Department of Housing and Urban Development, transmitting, pursuant to law, the report of a rule entitled ''Single Family Mortgage Insurance; Informed Consumer Choice Disclosure Notice; Technical Correction'' (FR–4411) (RIN2502–AH30), received July 2, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4113. A communication from the Assistant General Counsel for Regulations, Office of the Assistant Secretary for Housing-Federal Housing Commissioner, Department of Housing and Urban Development, transmitting, pursuant to law, the report of a rule entitled ''Uniform Financial Reporting Standards for HUD Housing Programs; Technical Amendment'' (FR–4321) (RIN2501–AC49), received July 2, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4114. A communication from the Assistant General Counsel for Regulations, Office of the Assistant Secretary for Housing-Federal Housing Commissioner, Department of Housing and Urban Development, transmitting, pursuant to law, the report of a rule entitled ''Disposition of HUD-Acquired Single Family Property; Office Next Door Sales Program'' (FR–4277–I–02) (RIN2502–AH37), received July 2, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4115. A communication from the Assistant General Counsel for Regulations, Office of the Assistant Secretary for Public and Indian Housing, Department of Housing and Urban Development, transmitting, pursuant to law, the report of a rule entitled ''Comprehensive Improvement Assistance Program Formula Allocation Final Rule'' (FR–4462) (RIN2577–AB97), received July 2, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4116. A communication from the Assistant General Counsel for Regulations, Government National Mortgage Association, Department of Housing and Urban Development, transmitting, pursuant to law, the report of a rule entitled ''Ginnie Mae MBS Program: Book-Entry Securities'' (FR–4331–F–02) (RIN2503–AA12), received July 2, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4117. A communication from the President of the United States, transmitting, pursuant to law, a report on the national emergency with respect to the actions and policies of the Afghan Taliban; to the Committee on Banking, Housing, and Urban Affairs.

EC–4118. A communication from the Secretary of Energy, transmitting, pursuant to law, the report of the Office of Inspector General for the period October 1, 1998, through March 31, 1999; to the Committee on Governmental Affairs.

EC–4119. A communication from the Assistant Secretary for Export Administration, Bureau of Export Administration, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Expansion of License Exception CIV Eligibility for 'Microprocessors' Controlled by ECCN 3A001'' (RIN 0694–AB90), received July 6, 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4120. A communication from the Secretary of the Interior, transmitting, pursuant to law, the annual report for fiscal year 1998 of the Office of Surface Mining; to the Committee on Governmental Affairs.

EC–4121. A communication from the Secretary of Defense, transmitting, pursuant to law, the report of the Office of Inspector General relative to intelligence-related oversight activities for the period October 1, 1998, through March 31, 1999; to the Committee on Governmental Affairs.

EC–4122. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Bentazon, Extension of Tolerance for Emergency Exemptions'' (FRL #6087–5), received July 2, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4123. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Fosetyl-Al; Pesticide Tolerance'' (FRL #6090–3), received July 2, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4124. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Imazamox, Pesticide Tolerances for Emergency Exemptions'' (FRL6086–5), received July 2, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4125. A communication from the Manager, Federal Crop Insurance Corporation, Risk Management Agency, Farm and Foreign Agricultural Services, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Common Crop Insurance Regulations, Onion Crop Insurance Provision; Final Rule'', received July 6, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4126. A communication from the Administrator, Agricultural Marketing Service, Marketing and Regulatory Programs, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Irish Potatoes Grown in Modoc and Siskiyou Counties, California, and in all Counties in Oregon, except Malheur County;

Temporary Suspension of Handling Regulations and Establishment of Reporting Requirements'' (FV99–947–1–IFR), received July 6, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4127. A communication from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Brucellosis in Cattle; State and Area Classifications; Kansas'' (APHIS Docket No. 99–051–1), received July 6, 1999; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4128. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to the Arms Export Control Act, the report of a proposed Technical Assistance Agreement with the United Kingdom; to the Committee on Foreign Relations.

EC–4129. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to the Arms Export Control Act, the report of a proposed license for the export of defense articles or defense services in the amount of $50,000,000 or more to Japan; to the Committee on Foreign Relations.

EC–4130. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to the Arms Export Control Act, the report of a proposed Manufacturing License Agreement with Norway; to the Committee on Foreign Relations.

EC–4131. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to the Arms Export Control Act, the report of a proposed Manufacturing License Agreement with Finland; to the Committee on Foreign Relations.

EC–4132. A communication from the Acting Deputy Director, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Final Rule; Safe Harbor Agreements and Candidate Conservation Agreements with Assurances'' (RIN1018–AO95), received July 2, 1999; to the Committee on Environment and Public Works.

EC–4133. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties, Issuance of Compliance or Corrective Action Orders, and the Revocation, Termination or Suspension of Permits'' (FRL6087–5), received July 2, 1999; to the Committee on Environment and Public Works.

EC 4134. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Implementation Plan and Redesignation Request for the Williamson County, Tennessee Lead Nonattainment Area'' (FRL #6373–9), received July 2, 1999; to the Committee on Environment and Public Works.

EC 4135. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Project XL Rulemaking for New York State Public Utilities; Hazardous Waste Management System'' (FRL #6374–8), received July 2, 1999; to the Committee on Environment and Public Works.

EC 4136. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Maintenance Plan Revisions; Ohio'' (FRL #6375–4), received July 6, 1999; to the Committee on Environment and Public Works.

EC 4137. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Regulation of Fuels and Fuel Additives: Corrections to Standards and Requirements for Reformulated and Conventional Gasoline'' (FRL #6375–1), received July 6, 1999; to the Committee on Environment and Public Works.

EC 4138. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Consumer and Commercial Products: Wood Furniture, Aerospace, and Shipbuilding and Ship Repair Coatings: Control Techniques Guidelines in Lieu of Regulations'' (FRL #6375–2), received July 6, 1999; to the Committee on Environment and Public Works.

EC 4139. A communication from the Acting Director, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Endangered and Threatened Wildlife and Plants; Final Critical Habitat Designation for the Huachuca Water Umbel'' (RIN 1018–AF37), received July 6, 1999; to the Committee on Environment and Public Works.

EC 4140. A communication from the Acting Director, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Endangered and Threatened Wildlife and Plants; Final Critical Habitat Designation for the Cactus Ferruginous Pygmy-Owl'' (RIN 1018–AF36), received July 6, 1999; to the Committee on Environment and Public Works.

EC 4141. A communication from the Administrator, General Services Administration, transmitting, pursuant to law, the report of the fiscal year 2000 Capital Investment and Leasing Program; to the Committee on Environment and Public Works.

EC 4142. A communication from the Chairman, Nuclear Regulatory Commission, transmitting, pursuant to law, the annual report for fiscal year 1997; to the Committee on Environment and Public Works.

EC 4143. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to the Arms Export Control Act, the report of a proposed license for the export of defense articles or defense services in the amount of $50,000,000 or more to Japan; to the Committee on Foreign Relations.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM–238. A resolution adopted by the Military Order of the World Wars relative to increasing defense budgets and restoring the strength and credibility of our Armed Forces; to the Committee on Appropriations.

POM–239. A resolution by the Military Order of the World Wars relative to halting nuclear proliferation; to the Committee on Foreign Relations.

POM–240. A resolution adopted by the Military Order of the World Wars relative to Inter-Continental Ballistic Missile defense; to the Committee on Armed Services.

POM–241. A resolution adopted by the Military Order of the World Wars relative to funding and resources to combat nuclear, chemical, biological, computer cyberspace and other threats in the 21st Century; to the Committee on Appropriations.

POM–242. A resolution adopted by the Military Order of the World Wars relative to Panama and the Panama Canal; to the Committee on Armed Services.

POM–243. A joint resolution adopted by the Legislature of the State of Nevada relative to regulation of insurance providers; to the Committee on Banking, Housing, and Urban Affairs.

SENATE JOINT RESOLUTION NO. 22

Whereas, Congress is currently considering the enactment of H.R. 10 and S. 900 in an effort to reform certain outdated federal laws governing providers of financial services; and

Whereas, The reformation of those federal laws, many of which were enacted in response to the Great Depression, is necessary and appropriate to ensure that providers of financial services in this country can maintain their prominence in the modern domestic and global markets; and

Whereas, The provisions of H.R. 10 and S. 900, both of which provide for the facilitation of affiliation among banks, securities firms and insurance companies, could preempt the jurisdiction of this state:

1. To ensure the solvency and to regulate the trade practices of various providers of insurance in this state; and

2. To provide adequate protection to the residents of this state who purchase insurance from those providers, without establishing an effective mechanism for the federal exercise of that authority; and

Whereas, The purposes of H.R. 10 and S. 900 can be accomplished without preempting the authority of this state to regulate providers of insurance for the protection of its residents; and

Whereas, This state currently has an effective system of laws to monitor and ensure the financial stability of providers of insurance and to protect the residents of this state from unfair trade practices: Now, therefore, be it

Resolved by the Senate and Assembly of the State of Nevada, Jointly, That the Nevada Legislature hereby urges Congress to ensure that the provisions of H.R. 10 S. 900 and any similar federal legislation do not interfere with the jurisdiction of this state to regulate providers of insurance for the protection of its residents; and be it further

Resolved, That the Secretary of the Senate prepare and transmit a copy of this resolution to the Vice President of the United States as the presiding officer of the Senate, the Speaker of the house of Representatives and each member of the Nevada Congressional Delegation; and be it further

Resolved, That this resolution becomes effective upon passage and approval.

POM–244. A joint resolution adopted by the Legislature of the State of Illinois relative to reauthorization of the Older Americans Act; to the Committee on Health, Education, Labor, and Pensions.

SENATE JOINT RESOLUTION NO. 39

Whereas, The Older Americans Act promotes the dignity and value of every older person age 60 and over (numbering 2,000,000 in Illinois) through an Aging Network led by the Illinois Department on Aging, 13 area agencies on aging, 233 community-based senior service agencies, and 63 nutrition services agencies throughout Illinois; and

Whereas, The Older Americans Act is a successful federal program, with the U.S. Administration on Aging offering leadership in

Washington, D.C., the Illinois Department on Aging (the first state department on aging in the nation) at the State level, the area agencies on aging in 13 regions designated by the State covering all of Illinois, and community-based senior service agencies providing services in every community; and

Whereas, The Older Americans Act programs target resources and services to those in greatest economic and social need, promote the dignity and contributions of our senior citizens, support transportation services, provide home care, assist families and individuals with case management, guide those challenged by the legal system through legal assistance, provide for senior community service employment, offer information and assistance, establish multi-purpose senior centers as focal points on aging, serve congregate luncheon and home-delivered meals, provide health promotion and disease prevention activities, involve older persons in nutrition education, reach out to families with respite services for caregivers and small repair and home modifications, provide opportunities, education, and services, connect people in shared housing, and advocate to public and private policy makers on the issues of importance to older persons; and

Whereas, The success of this aging network over the past 31 years is marked by the delivery of significant service to older persons in their own homes and community with the following services examples of that success:

(1) 374,538 recipients of access services, including 235,148 Information and Assistance Services clients and 68,493 recipients of Case Management Services;

(2) 53,450 recipients of in-home services, including 6,460,533 home-delivered meals to 41,305 elders;

(3) 185,520 recipients of community services, including 3,636,855 meals to 79,012 congregate meal participants at 647 nutrition sites and services delivered from 170 Senior Centers;

(4) 760 recipients of employment services, including 760 senior community service employment program participants; and

(5) 98,600 recipients of nursing home ombudsman services; and

Whereas, The organizations serving older persons employ professionals dedicated to offering the highest level of service and caring workers who every day provide in-home care, rides, educational and social activities, shopping assistance, advice, and hope to those in greatest isolation and need; and

Whereas, The organizations serving older persons involve a multi-generational corps of volunteers who contribute to the governance, planning, and delivery of services to older persons in their own communities through participation on boards and advisory councils and in the provision of clerical support, programming, and direct delivery of service to seniors; and

Whereas, The Older Americans Act programs in Illinois leverage local funding for aging services and encourage contributions from older persons; and

Whereas, The Older Americans Act programs are the foundation for the Illinois Community Care Program which reaches out to those with the lowest incomes and greatest frailty to provide alternatives to long-term care, and the Illinois Elder Abuse and Neglect Interventions Program which assists families in the most difficult of domestic situations with investigation and practical interventions; and

Whereas, The Congress of the United States has not reauthorized the Older Americans Act since 1995 and only extends the program each year through level appropriations; and

Whereas, Expansion of the Older Americans Act is proposed in reauthorization legislation this year to offer family caregiver support, increased numbers of home-delivered meals, improved promotion of elder rights, consolidation of several programs and sub-titles of the law: Therefore, be it

Resolved, by the Senate of the Ninety-first General Assembly of the State of Illinois, the House of Representatives concurring herein, That we urge the Congress of the United States of America to reauthorize the Older Americans Act this year; and be it further

Resolved, That suitable copies of this resolution be delivered to the President pro tempore of the U.S. Senate, the Speaker of the U.S. House of Representatives, and each member of the Illinois congressional delegation.

Adopted by the Senate, May 26, 1999.

POM–245. A joint resolution adopted by the General Assembly of the State of Maryland relative to state regulation of self-funded employer-based health plans; to the Committee on Health, Education, Labor, and Pensions.

SENATE JOINT RESOLUTION 7

Whereas, The McCarran-Ferguson Act, passed by the U.S. Congress in 1945, established a statutory framework whereby responsibility for regulating insurance and the insurance industry was left largely to the states; and

Whereas, The Employee Retirement Income Security Act of 1974 (ERISA) significantly altered this concept by creating a federal framework for regulating employer-based pension and welfare benefit plans, including health plans; and

Whereas, ERISA effectively prohibits states from directly regulating many employer-based health plans because ERISA preempts state regulation of self-insured plans; and

Whereas, Available data suggests that self-funding of employer-based health plans is increasing at a significant rate among both small and large businesses; and

Whereas, Between 1989 and 1993, the United States General Accounting Office estimates that the number of self-funded plan enrollees increased by about 6,000,000 individuals; and

Whereas, Approximately 40% to 50% of employer-based health plans are presently self-funded by employers that retain most or all of the financial risk for their respective health plans; and

Whereas, With the growth in the self-funding of health plans, states have lost regulatory oversight over a growing portion of the health market; and

Whereas, Recent federal court decisions have struck down state laws regulating insured health plans by expanding ERISA's current preemption of state laws regulating self-insured plans to laws relating to ensured plans; and

Whereas, As these phenomena continue, state governments are losing their ability to mange their health care markets; and

Whereas, Many state legislatures, such as the Maryland General Assembly, have taken significant actions to increase access to care, to control costs, and to regulate against abuses by health plans; and

Whereas, ERISA preemption is a significant obstacle to the states adopting a wide range of health care reform and consumer protection strategies; and

Whereas, The states' inability to protect consumers enrolled in self-funded health plans that fail to provide the consumers' anticipated level of health care is gradually eroding the public's confidence in the American health care system because self-funded plans are afforded an unfair advantage over traditional health insurance plans due to a lack of adequate state or federal accountability, regulation, or remedy for the ERISA plan members who are denied coverage; and

Whereas, Over the past 24 years, state governments have gradually realized that ERISA is an impediment to ensuring adequate consumer protection for all individuals with employer-based health care coverage and to enacting administrative simplification and cost reduction reforms that could improve the efficiency and equity of their health care markets; and

Whereas, ERISA plan participants, their dependents, and their treating physicians believe that they have been denied coverage for medically necessary procedures because ERISA's remedy provisions have been narrowly interpreted and ERISA's preemption provisions have been broadly interpreted, thereby creating substantial economic incentives, with few disincentives for plan administrators to deny medically necessary benefits legitimately covered under ERISA plans; and

Whereas, The time has now come for the states to aggressively seek changes in ERISA to give them more flexibility in regulating health plans at the state level, to increase access to health care, and to lower health care costs: Now, therefore, be it

Resolved by the General Assembly of Maryland, That this General Assembly hereby requests the U.S. Congress to amend the Employment Retirement Income Security Act of 1974 (ERISA) to authorize each state to monitor and to regulate self-funded employer-based health plans in the interests of providing greater consumer protection and effecting significant health care reforms at the state level through the offices of the various insurance commissioners and states' attorneys general. Additionally, the United States Department of Labor should cooperatively refer complaints to the offices of the various insurance commissioners and states' attorneys general; and be it further

Resolved, That §502(a)(1)(B) of ERISA, which currently reads: ''(B) to recover benefits due to him under the terms of his plan, to enforce his rights under the terms of the plan, or to clarify his rights to future benefits under the terms of the plan;'', be amended to read: ''(B) to recover benefits due to him under the terms of his plan, to recover from the fiduciary compensatory damages caused by the fiduciary's failure to pay benefits due under the terms of the plan, to enforce his rights under the terms of the plan, or to timely authorize assurance of payment and clarify his rights to future benefits under the terms of the plans;''; and be it further

Resolved, This this General Assembly most fervently urges and encourages each state legislative body in the nation to enact this resolution, or one similar in context and form, as a show of solidarity in petitioning the federal government for greater state authority and responsibility in regulating self-funded employer-based health plans; and be it further

Resolved, That a copy of this Resolution be forwarded by the Department of Legislative Services to the Honorable Parris N. Glendening, Governor of Maryland; The Honorable Thomas V. Mike Miller, Jr., President of the Senate of Maryland; and the Honorable Casper R. Taylor, Jr., Speaker of the House of Delegates; and be it further

Resolved, That a copy of this Resolution be forwarded by the Department of Legislative Services to the National Conference of State Legislatures, 444 North Capitol Street, NW., Suite 515, Washington, DC 20001; and be it further

Resolved, That a copy of this Resolution be forwarded by the Department of Legislative Services to the President of the United States; the Secretary of the United States

Department of Labor; the Speaker and the Clerk of the United States House of Representatives; the President and the Secretary of the United States Senate; and to the presiding officer of each chamber of each state legislature in the nation; and be it further

Resolved, That a copy of this Resolution be forwarded by the Department of Legislative Services to the Maryland Congressional Delegation: Senators Paul S. Sarbanes and Barbara A. Mikulski, Senate Office Building, Washington, DC 20510; and Representatives Wayne T. Gilchrest, Robert L. Ehrlich, Jr., Benjamin L. Cardin, Albert R. Wynn, Steny Hamilton Hoyer, Roscoe G. Bartlett, Elijah E. Cummings, and Constance A. Morella, House Office Building, Washington, DC 20515.

POM–246. A joint resolution adopted by the General Assembly of the State of Maryland relative to state regulation of self-funded employer-based health plans; to the Committee on Health, Education, Labor, and Pensions.

HOUSE JOINT RESOLUTION 8

Whereas, The McCarran-Ferguson Act, passed by the U.S. Congress in 1945, established a statutory framework whereby responsibility for regulating insurance and the insurance industry was left largely to the states; and

Whereas, The Employee Retirement Income Security Act of 1974 (ERISA) significantly altered this concept by creating a federal framework for regulating employer-based pension and welfare benefit plans, including health plans; and

Whereas, ERISA effectively prohibits states from directly regulating many employer-based health plans because ERISA preempts state regulation of self-insured plans; and

Whereas, Available data suggests that self-funding or employer-based health plans in increasing at a significant rate among both small and large businesses; and

Whereas, Between 1989 and 1993, the United States General Accounting Office estimates that the number of self-funded plan enrollees increase by about 6,000,000 individuals; and

Whereas, Approximately 40% to 50% of employer-based health plans are presently self-funded by employers that retain most or all of the financial risk for their respective health plans; and

Whereas, With the growth in the self-funding of health plans, states have lost regulatory oversight over a growing portion of the health market; and

Whereas, Recent federal court decisions have struck down state laws regulating insured health plans by expanding ERISA's current preemption of state laws regulating self-insured plans to laws relating to insured plans; and

Whereas, As these phenomena, continue, state governments are losing their ability to manage their health care markets; and

Whereas, Many state legislatures, such as the Maryland General Assembly, have taken significant actions to increase access to care, to control costs, and to regulate against abuses by health plans; and

Whereas, ERISA preemption is a significant obstacle to the states adopting a wide range of health care reform and consumer protection strategies; and

Whereas, The states' inability to protect consumers enrolled in self-funded health plans that fail to provide the consumers' anticipated level of health care is gradually eroding the public's confidence in the American health care system because self-funded plans are afforded an unfair advantage over traditional health insurance plans due to a lack of adequate state or federal accountability, regulation, or remedy for the ERISA plan members who are denied coverage; and

Whereas, Over the past 24 years, state governments have gradually realized that ERISA is an impediment to ensuring adequate consumer protection for all individuals with employer-based health care coverage and to enacting administrative simplification and cost reduction reforms that could improve the efficiency and equity of their health care markets; and

Whereas, ERISA plan participants, their dependents, and their treating physicians believe that they have been denied coverage for medically necessary procedures because ERISA's remedy provisions have been narrowly interpreted and ERISA's preemption provisions have been broadly interpreted, thereby creating substantial economic incentives, with few disincentives for plan administrators to deny medically necessary benefits legitimately covered under ERISA plans; and

Whereas, The time has now come for the states to aggressively seek changes in ERISA to give them more flexibility in regulating health plans at the state level, to increase access to health care, and to lower health care costs: Now, therefore, be it

Resolved by the General Assembly of Maryland, That this General Assembly hereby requests the U.S. Congress to amend the Employment Retirement Income Security Act of 1974 (ERISA) to authorize each state to monitor and to regulate self-funded employer-based health plans in the interests of providing greater consumer protection and effecting significant health care reforms at the state level through the offices of the various insurance commissioners and states' attorneys general. Additionally, the United States Department of Labor should cooperatively refer complaints to the offices of the various insurance commissioners and states' attorneys general; and be it further

Resolved, That §502(a)(1)(B) of ERISA, which currently reads: ''(B) to recover benefits due to him under the terms of his plan, to enforce his rights under the terms of the plan, or to clarify his rights to future benefits under the terms of the plan;'', be amended to read: ''(B) to recover benefits due to him under the terms of his plan, to recover from the fiduciary compensatory damages caused by the fiduciary's failure to pay benefits due under the terms of the plan, to enforce his rights under the terms of the plan, or to timely authorize assurance of payment and clarify his rights to future benefits under the terms of the plans;''; and be it further

Resolved, That this General Assembly most fervently urges and encourages each state legislative body in the nation to enact this resolution, or one similar in context and form, as a show of solidarity in petitioning the federal government for greater state authority and responsibility in regulating self-funded employer-based health plans; and be it further

Resolved, That a copy of this Resolution be forwarded by the Department of Legislative Services to the Honorable Parris N. Glendening, Governor of Maryland; The Honorable Thomas V. Mike Miller, Jr., President of the Senate of Maryland; and the Honorable Casper R. Taylor, Jr., Speaker of the House of Delegates; and be it further

Resolved, That a copy of this Resolution be forwarded by the Department of Legislative Services to the National Conference of State Legislatures, 444 North Capitol Street, N.W., Suite 515, Washington, D.C. 20001; and be it further

Resolved, That a copy of this Resolution be forwarded by the Department of Legislative Services to the President of the United States; the Secretary of the United States Department of Labor; the Speaker and the Clerk of the United States House of Representatives; the President and the Secretary of the United States Senate; and to the presiding officer of each chamber of each state legislature in the nation; and be it further

Resolved, That a copy of this Resolution be forwarded by the Department of Legislative Services to the Maryland Congressional Delegation: Senators Paul S. Sarbanes and Barbara A. Mikulski, Senate Office Building, Washington, D.C. 20510; and Representatives Wayne T. Gilchrest, Robert L. Ehrlich, Jr., Benjamin L. Cardin, Albert R. Wynn, Steny Hamilton Hoyer, Roscoe G. Bartlett, Elijah E. Cummings, and Constance A. Morella, House Office Building, Washington, D.C. 20515.

POM–217. A joint resolution adopted by the Assembly of the State of Nevada relative to amending the Wild Free-Roaming Horses and Burros Act; to the Committee on Energy and Natural Resources.

ASSEMBLY JOINT RESOLUTION NO. 2

Whereas, On December 15, 1971, Congress enacted the provisions of the Wild Free-Roaming Horses and Burros Act, 16 U.S.C. §§1331 et seq.; and

Whereas, The purpose of the Act is to preserve the wild horses and burros living on the public lands managed by the Bureau of Land Management and the United States Forest Service and to protect those wild horses and burros from capture, branding, harassment and death; and

Whereas, Since 1971, the population of wild horses living on the public lands managed by the Bureau of Land Management and the United States Forest Service has increased dramatically, particularly in Nevada where the largest population of those wild horses exists; and

Whereas, the Act requires the Secretary of the Interior and the Secretary of Agriculture to manage the wild horses living on the public lands administered by the Bureau of Land Management and the United States Forest Service in a manner that will achieve and maintain a natural ecological balance on those public lands; and

Whereas, Pursuant to that Act, if the Secretary of the Interior or the Secretary of Agriculture determines that an overpopulation of wild horses exists in an area of the public lands managed by the Bureau of Land Management and the United States Forest Service, the secretary must remove the excess wild horses from those areas to achieve an appropriate level of management for the wild horses; and

Whereas, Although the provisions of the Act address the issue of overpopulation of wild horses, the Act does not require that the population of wild horses be maintained at a particular level, thereby allowing the population of wild horses to expand far beyond the level envisioned by Congress in 1971; and

Whereas, Allowing an excessive number of wild horses to live on the public lands managed by the Bureau of Land Management and the United States Forest Service causes those public lands to deteriorate from overuse and contravenes the purposes of the Taylor Grazing Act, 43 U.S.C. §§315 et seq., and the Federal Land Policy and Management Act of 1976, 43 U.S.C. §§1701 et seq., which are intended to protect those public lands from deterioration and overuse; and

Whereas, Requiring the Secretary of the Interior and the Secretary of Agriculture to maintain the population of wild horses living on the public lands managed by the Bureau of Land Management and the United States Forest Service at the level established for those wild horses in 1975 will:

1. Improve the condition of the ranges used by the wild horses;

2. Increase the population and improve the habitat of deer, antelope and other species of wildlife living on those public lands;

3. Allow an increased use of the public lands and the development of native flora and vegetation;

4. Improve conditions for hunting and other outdoor sports;

5. Reduce the amount of money required to shelter, feed and prepare wild horses for adoption; and

6. Reduce the risk of deaths of wild horses because of freezing, starvation and drought: Now, therefore, be it

Resolved by the Assembly and Senate of the State of Nevada, Jointly, That the Nevada Legislature urges Congress to amend the provisions of the Wild Free-Roaming Horses and Burros Act to require the Secretary of the Interior and the Secretary of Agriculture to establish the necessary regulations and procedures whereby horses and burros in excess of the appropriate management levels are gathered in a timely fashion, and unadoptable horses and burros are made available for sale at open market; and be it further

Resolved, That the Nevada Legislature urges Congress to include provisions in the Wild Free-Roaming Horses and Burros Act directing that the proceeds of sales of unadoptable horses and burros be granted to the state director of the federal land management agency responsible for the horses and burros which were gathered off public lands, prior to sale, and that these proceeds be used to augment wild horse and burro management programs in the state; and be it further

Resolved, That the establishment of the appropriate management levels should be based on sound scientific and locally-collected resource information that incorporates and fully acknowledges other existing multiple uses of the land, such as the needs of other wildlife and livestock living on the land; and be it further

Resolved, That the establishment of the appropriate management levels should be concluded by the end of the federal fiscal year 2002, and maintained thereafter, irrespective of the outlet capacity of the federal horse adoption programs; and be it further

Resolved, That the Chief Clerk of the Assembly prepare and transmit a copy of this resolution to the Vice President of the United States as the presiding officer of the Senate, the Speaker of the House of Representatives, each member of the Nevada Congressional Delegation and each legislature of the other 49 states; and be it further

Resolved, That this resolution becomes effective upon passage and approval.

REPORTS OF COMMITTEES SUBMITTED DURING ADJOURNMENT

Under the authority of the order of the Senate of July 1, 1999, the following reports of committees were submitted on July 8, 1999:

By Mr. THOMPSON, from the Committee on Governmental Affairs, without amendment:

S. 712: A bill to amend title 39, United States Code, to allow postal patrons to contribute to funding for highway-rail grade crossing safety through the voluntary purchase of certain specially issued United States postage stamps (Rept. No. 106–104).

By Mr. THOMPSON, from the Committee on Governmental Affairs, without amendment:

S. 1072: A bill to make certain technical and other corrections relating to the Centennial of Flight Commemoration Act (36 U.S.C. 143 note; 112 Stat. 3486 et seq.) (Rept. No. 106–105).

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. MCCAIN, from the Committee on Commerce, Science, and Transportation, with amendments:

S. 296: A bill to provide for continuation of the Federal research investment in a fiscally sustainable way, and for other purposes (Rept. No. 106–106).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. LAUTENBERG (for himself, Mrs. BOXER, Mr. DURBIN, Mr. MOYNIHAN, Mrs. FEINSTEIN, Mrs. MURRAY, Mr. KERRY, Mr. TORRICELLI, Mr. FEINGOLD, Mr. KOHL, Mr. KENNEDY, and Mr. SCHUMER):

S. 1345. A bill to amend title 18, United States Code, to prohibit certain interstate conduct relating to exotic animals; to the Committee on the Judiciary.

By Mr. BOND:

S. 1346. A bill to ensure the independence and nonpartisan operation of the Office of Advocacy of the Small Business Administration; to the Committee on Small Business.

By Mr. BROWNBACK:

S. 1347. A bill to amend the Internal Revenue Code of 1986 to exclude from gross income capital gain from the disposition of certain urban property, Indian reservation property, or farm property which has been held for more than 5 years; to the Committee on Finance.

By Mr. BROWNBACK (for himself, Mr. KYL, Mr. HAGEL, Mr. ALLARD, Mr. ENZI, Mr. SESSIONS, Mr. HELMS, and Mr. INHOFE):

S. 1348. A bill to require Congress and the President to fulfill their Constitutional duty to take personal responsibility for Federal laws; to the Committee on Governmental Affairs.

By Mr. THOMAS:

S. 1349. A bill to direct the Secretary of the Interior to conduct special resource studies to determine the national significance of specific sites as well as the suitability and feasibility of their inclusion as units of the National Park System; to the Committee on Energy and Natural Resources.

By Mr. GRASSLEY (for himself and Mr. TORRICELLI):

S. 1350. A bill to amend the Internal Revenue Code of 1986 to expand the availability of medical savings accounts; to the Committee on Finance.

By Mr. GRASSLEY (for himself, Mr. MURKOWSKI, and Mr. HARKIN):

S. 1351. A bill to amend the Internal Revenue Code of 1986 to extend and modify the credit for electricity produced from renewable resources; to the Committee on Finance.

By Mr. COVERDELL (for himself, Mr. THURMOND, Mr. CLELAND, and Mr. HOLLINGS):

S.J. Res. 29. A joint resolution to grant the consent of Congress to the boundary change between Georgia and South Carolina; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. REID (for himself and Mr. DASCHLE):

S. Res. 137. A resolution to congratulate the United States Women's Soccer Team on winning the 1999 Women's World Cup Championship; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. LAUTENBERG (for himself, Mrs. BOXER, Mr. DURBIN, Mr. MOYNIHAN, Mrs. FEINSTEIN, Mrs. MURRAY, Mr. KERRY, Mr. TORRICELLI, Mr. FEINGOLD, Mr. KOHL, Mr. KENNEDY, and Mr. SCHUMER):

S. 1345. A bill to amend title 18, United States Code, to prohibit certain interstate conduct relating to exotic animals; to the Committee on the Judiciary.

CAPTIVE EXOTIC ANIMAL PROTECTION ACT OF 1999

Mr. LAUTENBERG. Mr. President, I rise to introduce the Captive Exotic Animal Protection Act, which would prohibit the barbaric and unsporting practice of ''canned hunts,'' or caged kills. I am pleased to be joined by my cosponsors Senators BOXER, DURBIN, FEINGOLD, FEINSTEIN, KENNEDY, KERRY, KOHL, MOYNIHAN, MURRAY, SCHUMER, and TORRICELLI.

A typical canned hunt operation collects surplus animals from wild animal parks, circuses, and even petting zoos, and then sells the right to brutally kill these animals to so-called ''hunters.'' In reality, no hunting, tracking or shooting skills are required. For a price, any ''hunter'' is guaranteed a kill of the exotic animal of his choice—one located by a guide and blocked from escape. A wild boar ''kill'' may sell for $250, a pygmy goat for $400, while a rare Arabian Ibex may fetch up to $5000. The actual ''hunt'' of these tame animals occurs within a fenced enclosure, leaving the animal virtually no chance for escape. Fed and cared for by humans, these animals often have lost their instinctual impulse to flee from the so-called hunters who ''stalk'' them.

The actual killing methods employed by these hunters only compound the cruelty of slaughtering these often trusting animals. In order to preserve the animal as a ''trophy,'' hunters will fire multiple shots into non-vital organs, condemning the animal to a slow and painful death.

Canned hunts are condemned by pro-animal and pro-hunting groups alike for being cruel and unethical. Many real hunters believe that canned hunts are unethical and make a mockery of their sport. For example, the Boone and Crockett Club, a hunting organization founded by Teddy Roosevelt, has called canned hunts ''unfair'' and ''unsportsmanlike.'' Bill Burton, the

former outdoors writer for the Baltimore Sun and a hunter, testifying in support of this legislation, stated, ''[t]here is a common belief that the hunting of creatures which have no reasonable avenue to escape is not up to traditional standards. Shooting game in confinement is not within these standards.''

In addition to being unethical, these canned hunts present a serious health and safety problem for livestock and native wildlife. Accidental escapes of animals from exotic game ranches are not uncommon, posing a very real threat to nearby livestock and indigenous wildlife. John Talbott, acting director of the Wyoming Department of Fish and Game, has stated that, ''[t]uberculosis and other disease documented amount game ranch animals in surrounding states,'' pose ''an extremely serious threat to Wyoming's native big game.'' In recognition of this threat, Wyoming itself has banned canned hunting facilities, as have the States of California, Connecticut, Georgia, Maryland, Massachusetts, Nevada, New Jersey, North Carolina, Rhode Island, and Wisconsin. Unfortunately, the remaining States lack legislation to outlaw canned hunts, and because interstate commerce in exotic animals is common, federal legislation is essential to control these cruel practices.

My bill is similar to legislation I introduced in the 105th Congress, S. 995. The legislation I am introducing today will specifically target only canned hunt facilities, and will not affect any animal industries, such as cattle ranchers, rodeos, livestock shows, petting zoos, horse and dog racing, or wildlife hunting. Furthermore, this bill will not apply to large hunting ranches, such as those over 1,000 acres, which give the hunted animal a greater opportunity to escape. This bill merely seeks to ban the transport and trade of non-native, exotic animals for the purpose of staged trophy hunts.

The idea of a defenseless animal meeting a violent end as the target of a canned hunt is, at the very least, distasteful to many of us. In an era when many of us are seeking to curb violence in our culture, canned hunts are certainly one form of gratuitous brutality that does not belong in our society.

I urge my colleagues who want to understand the cruelty involved in a canned hunt to visit my office and view a videotape of an actual canned hunt. You will witness a defenseless Corsican ram, cornered near a fence, being shot over and over again with arrows, clearly experiencing an agonizing death, only to be dealt a final blow by a firearm after needless suffering.

Please join me in support of this legislation which will help to put an end to this needless suffering.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1345

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Captive Exotic Animal Protection Act of 1999''.

SEC. 2. TRANSPORT OR POSSESSION OF EXOTIC ANIMALS FOR PURPOSES OF KILLING OR INJURING THEM.

(a) IN GENERAL.—Chapter 3 of title 18, United States Code, is amended by adding at the end the following:

''§ 48. Exotic animals

''(a) PROHIBITION.—Whoever, in or affecting interstate or foreign commerce, knowingly transfers, transports, or possesses a confined exotic animal, for the purposes of allowing the killing or injuring of that animal for entertainment or for the collection of a trophy, shall be fined under this title, imprisoned not more than 1 year, or both.

''(b) DEFINITIONS.—In this section—

''(1) the term 'confined exotic animal' means a mammal of a species not historically indigenous to the United States, that has been held in captivity for the shorter of—

''(A) the greater part of the life of the animal; or

''(B) a period of 1 year;

whether or not the defendant knew the length of the captivity; and

''(2) the term 'captivity' does not include any period during which an animal—

''(A) lives as it would in the wild, surviving primarily by foraging for naturally occurring food, roaming at will over an open area of not less than 1,000 acres; and

''(B) has the opportunity to avoid hunters.''.

(b) CLERICAL AMENDMENT.—The analysis for chapter 3 of title 18, United States Code, is amended by adding at the end the following:

''48. Exotic animals.''.

By Mr. BOND:

S. 1346. A bill to ensure the independence and nonpartisan operation of the Office of Advocacy of the Small Business Administration; to the Committee on Small Business.

INDEPENDENT OFFICE OF ADVOCACY ACT

● Mr. BOND. Mr. President, today, I am introducing the Independent Office of Advocacy Act. This bill has been drafted to build on the success of the Office of Advocacy over the past 23 years. It is intended to strengthen the foundation to make the Office of Advocacy a stronger and more effective advocate for all small businesses throughout the United States.

The Office of Advocacy is a unique office within the Federal government. It is part of the Small Business Administration (SBA/Agency), and its director, the Chief Counsel for Advocacy, is nominated by the President and confirmed by the Senate. At the same time, the Office is also intended to be the independent voice for small business within the Federal government. It is supposed to develop proposals for changing government policies to help small businesses, and it is supposed to represent the views and interests of small businesses before other Federal agencies.

As the director of the Office of Advocacy, the Chief Counsel for Advocacy has a dual responsibility. On the one hand, he is the independent watchdog for small business. On the other hand, he is also a part of the President's Administration. As you can imagine, those are sometimes very difficult roles to play simultaneously.

The Independent Office of Advocacy Act is designed to make the Office of Advocacy and Chief Counsel for Advocacy a fully independent advocate within the Executive Branch acting on behalf of the small business community. The bill would establish a clear mandate that the Office of Advocacy will fight on behalf of small businesses regardless of the position taken on critical issues by the President and his Administration.

The Office of Advocacy as envisioned by the Independent Office of Advocacy Act will be unique within the executive branch. The Chief Counsel for Advocacy will be a wide-ranging advocate, who will be free to take positions contrary to the Administration's policies and to advocate change in government programs and attitudes as they impact small businesses.

In 1976, Congress established the Office of Advocacy in the SBA to be the eyes, ears and voice for small business within the Federal government. Over time, it has been assumed that the Office of Advocacy is the ''independent'' voice for small business. While I strongly believe that the Office of Advocacy and the Chief Counsel for Advocacy should be independent and free to advocate or support positions that might be contrary to the administration's policies, I have come to find that the Office is not as independent as necessary to do the job adequately for small business.

For example, funding for the Office of Advocacy comes from the Salaries and Expense Account of the SBA's budget. Staffing is allocated by the SBA Administrator to the Office of Advocacy from the overall staff allocation for the Agency. In 1990, there were 70 full-time employees working on behalf of small businesses in the Office of Advocacy. Today's allocation of staff is 49, and fewer are actually on-board as the result of the hiring freeze imposed by the SBA Administrator. The Independence of the Office is diminished when the Office of Advocacy staff is reduced to allow for increased staffing for new programs and additional initiatives in other areas of SBA, at the discretion of the Administrator.

In addition, the General Accounting Office (GAO) recently completed a report for me on personnel practices at the SBA (GAO/GGD–99–68). I was alarmed by the GAO's finding that Assistant and Regional Advocates hired by the Office of Advocacy share many of the attributes of Schedule C political appointees. In fact, Regional Advocates are frequently cleared by the White House personnel office—the same procedure followed for approving Schedule C political appointees.

The facts discussed in the GAO Report cast the Office of Advocacy in a

whole new light—one that had not been apparent until now. The report raises questions, concerns and suspicious regarding the independence of the Office of Advocacy. Has there been a time when the Office did not pursue a matter as vigorously as it might have were it not for direct or indirect political influence? Prior to receipt of the GAO Report, my response was a resounding ''No.'' But now, a question mark arises.

Let me take a moment and note that I will be unrelenting in my efforts to insure the complete independence of the Office of Advocacy in all matters, at all times, for the continued benefit of all small businesses. However, so long as the Administration controls the budget allocated to the Office of Advocacy and controls who is hired, the independence of the Office may be in jeopardy. We must correct this situation, and the sooner we do it, the better it will be for the small business community.

The Independent Office of Advocacy Act builds a firewall to prevent the political intrustion into the management of day-to-day operations of the Office of Advocacy. The bill requires that the SBA's budget include a separate account for the Office of Advocacy. No longer would its funds come from the general operating account of the Agency. The separate account would also provide for the number of full-time employees who would work within the Office of Advocacy. No longer would the Chief Counsel for Advocacy have to seek approval from the SBA Administrator to hire staff for the Office of advocacy.

The bill also continues the practice of allowing the Chief Counsel to hire individuals critical to the mission of the Office of Advocacy without going through the normal competitive procedures directed by federal law and the Office of Personnel Management (OPM). I beleive this special hiring authority, which is limited only to employees within the Office of Advocacy, is beneficial because it allows the Chief Counsel to hire quickly those persons who can best assist the Office in responding to changing issues and problems confronting small businesses.

Mr. Presdient, the Independent Office of Advocacy Act is a sound bill. The bill is the product of a great deal of thoughtful, objective review and consideration by me, the staff of the Committee on Small Business, representatives of the small business community, former Chief Councels for Advocacy and others. These individuals have also devoted much time and effort in actively participating in a Committee Roundtable discussion on the Office of Advocacy, which my Committee held on April 21, 1999. It is my hope the Committee on Small Business will be able to consider the Independent Office of Advocacy Act in the near future.●

By Mr. THOMAS:

S. 1349. A bill to direct the Secretary of the Interior to conduct special resource studies to determine the national significance of specific sites as well as the suitability and feasibility of their inclusion as units of the National Park System; to the Committee on Energy and Natural Resources.

NATIONAL PARK SYSTEM NEW AREA STUDY ACT OF 2000

Mr. THOMAS. Mr. President, I rise today to introduce the National Park System New Area Study Act of 2000.

Mr. President, last year when we passed the National Parks Vision 20–20 legislation, we made a number of revisions in the way we do business within the National Park System. One of those changes concerned the conduct of new park studies.

Prior to the National Park Service undertaking any new area studies, and from this point forward, Congress must act affirmatively on a list submitted by the Secretary of the Interior for studies on potential new units of the System.

Pursuant to Public Law 105–391, the Secretary has submitted a list and this legislation reflects the Secretary's request.

Mr. President, I ask unanimous request that the bill be printed in the RECORD.

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

S. 1349

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Park System New Area Study Act of 2000''.

SEC. 2. FINDINGS AND PURPOSES:

(a) FINDINGS.—Congress finds that pursuant to Public Law 105–391, the Administration has submitted a list of areas recommended for study for potential inclusion in the National Park System in fiscal year 2000.

(b) PURPOSE.—The purpose of this Act is to direct the Secretary of the Interior to direct special resource studies to determine the national significance of the sites, and/or areas, listed in Section 5 of this Act to determine the national significance of each site, and/or area, as well as the suitability and feasibility of their inclusion as units of the National Park System.

SEC. 3. DEFINITIONS.

In this Act:

(1) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior acting through the Director of the National Park Service.

SEC. 4. STUDIES.

(a) IN GENERAL.—Not later than 2 years after the date on which funds are made available for the purpose of this Act, the Secretary, shall submit to the Committee on Energy and Natural Resources of the Senate and the Committee on Resources of the House of Representatives individual resource studies of the sites, and/or areas, listed in Section 5 of this Act.

(b) CONTENTS.—The study under subsection (a) shall—

(1) identify the location and the suitability and feasibility of designating the sites, and/or areas, as units of the National Park System; and

(2) include cost estimates for any necessary acquisition, development, operation and maintenance, and identification of alternatives for the management, administration, and protection of the area.

SEC. 5. SITES AND/OR AREAS.

(a) The areas recommended for study for potential inclusion in the National Park System include the following:

(1) Bioluminescent Bay, Mosquito Lagoon, Puerto Rico;

(2) Brandywine and Paoli Battlefields, Pennsylvania;

(3) Civil Rights Trail, Nationwide;

(4) Gaviota Coast Seashore, California;

(5) Kate Mullaney House, New York;

(6) Low Country Gullah Culture, South Carolina, Georgia and Florida;

(7) Nan Madol, Northern Marianas;

(8) Walden Pond and Woods, in Concord and Lincoln, Massachusetts; and

(9) World War II sites on Palau and Saipan.

SEC. 6. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as are necessary to carry out this Act.

By Mr. GRASSLEY (for himself and Mr. TORRICELLI):

S. 1350. A bill to amend the Internal Revenue Code of 1986 to expand the availability of medical savings accounts; to the Committee on Finance.

MEDICAL SAVINGS ACCOUNT IMPROVEMENT ACT OF 1999

Mr. GRASSLEY. Mr. President, today, on behalf of myself and my colleague, Senator TORRICELLI, I am introducing legislation, the Medical Savings Account Improvement Act of 1999, which would make it possible for any individual to purchase a medical savings account and which would liberalize existing law authorizing medical savings accounts in a number of other respects.

Medical savings accounts are a good idea, Mr. President. They are basically IRAs—an idea everybody understands—which must be used for payment of medical expenses.

The widespread use of medical savings accounts should have several beneficial consequences.

They should reduce health care costs. Administrative costs should be lower. Consumers with MSAs should use health care services in a more discriminating manner. Consumers with MSAs should be more selective in choosing providers. This should cause those providers to lower their prices to attract medical savings account holders as patients.

Medical savings accounts can also help to put the patient back into the health care equation. Patients should make more cost-conscious choices about routine health care. Patients with MSAs would have complete choice of provider.

Medical savings accounts should make health care coverage more dependable. MSAs are completely portable. MSAs are still the property of the individual even if they change jobs. Hence, for those with MSAs, job changes do not threaten them with the loss of health insurance.

Medical savings accounts should increase health care coverage. Perhaps as many as half of the more than 40 million Americans who are uninsured at

any point in time are without health insurance only for four months or less. A substantial number of these people are uninsured because they are between jobs. Use of medical savings accounts should reduce the number of the uninsured by equipping people to pay their own health expenses while unemployed.

Medical savings accounts should promote personal savings. Since pre-tax monies are deposited in them, there should be a strong tax incentive to use them.

Mr. President, our bill would do several things:

First, it would repeal the limitations on the number of MSAs that can be established.

Second, it stipulates that the availability of these accounts is not limited to employees of small employers and self-employed individuals.

Third, it increases the amount of the deduction allowed for contributions to medical savings accounts to 100 percent of the deduction.

Fourth, it permits both employees and employers to contribute to medical savings accounts.

Fifth, it reduces the permitted deductibles under high deductible plans from $1,500 in the case of individuals to $1,000 and from $3,000 in the case of couples to $2,000.

Finally, the bill would permit medical savings accounts to be offered under cafeteria plans.

Mr. President, I ask unanimous consent that the text of our bill be printed in the RECORD.

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

S. 1350

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medical Savings Account Improvement Act of 1999''.

SEC. 2. EXPANSION OF AVAILABILITY OF MEDICAL SAVINGS ACCOUNTS.

(a) REPEAL OF LIMITATIONS ON NUMBER OF MEDICAL SAVINGS ACCOUNTS.—

(1) IN GENERAL.—Subsections (i) and (j) of section 220 of the Internal Revenue Code of 1986 are hereby repealed.

(2) CONFORMING AMENDMENTS.—

(A) Paragraph (1) of section 220(c) of such Code is amended by striking subparagraph (D).

(B) Section 138 of such Code (relating to Medicare+Choice MSA) is amended by striking subsection (f).

(b) AVAILABILITY NOT LIMITED TO ACCOUNTS FOR EMPLOYEES OF SMALL EMPLOYERS AND SELF-EMPLOYED INDIVIDUALS.—

(1) IN GENERAL.—Section 220(c)(1)(A) of the Internal Revenue Code of 1986 (relating to eligible individual) is amended to read as follows:

''(A) IN GENERAL.—The term 'eligible individual' means, with respect to any month, any individual if—

''(i) such individual is covered under a high deductible health plan as of the 1st day of such month, and

''(ii) such individual is not, while covered under a high deductible health plan, covered under any health plan—

''(I) which is not a high deductible health plan, and

''(II) which provides coverage for any benefit which is covered under the high deductible health plan.''

(2) CONFORMING AMENDMENTS.—

(A) Section 220(c)(1) of such Code is amended by striking subparagraph (C).

(B) Section 220(c) of such Code is amended by striking paragraph (4) (defining small employer) and by redesignating paragraph (5) as paragraph (4).

(C) Section 220(b) of such Code is amended by striking paragraph (4) (relating to deduction limited by compensation) and by redesignating paragraphs (5), (6), and (7) as paragraphs (4), (5), and (6), respectively.

(c) INCREASE IN AMOUNT OF DEDUCTION ALLOWED FOR CONTRIBUTIONS TO MEDICAL SAVINGS ACCOUNTS.—

(1) IN GENERAL.—Paragraph (2) of section 220(b) of such Code is amended to read as follows:

''(2) MONTHLY LIMITATION.—The monthly limitation for any month is the amount equal to 1/12 of the annual deductible (as of the first day of such month) of the individual's coverage under the high deductible health plan.''.

(2) CONFORMING AMENDMENT.—Clause (ii) of section 220(d)(1)(A) of such Code is amended by striking ''75 percent of''.

(d) BOTH EMPLOYERS AND EMPLOYEES MAY CONTRIBUTE TO MEDICAL SAVINGS ACCOUNTS.—Paragraph (4) of section 220(b) of such Code, as redesignated by subsection (b)(2)(C), is amended to read as follows:

''(4) COORDINATION WITH EXCLUSION FOR EMPLOYER CONTRIBUTIONS.—The limitation which would (but for this paragraph) apply under this subsection to the taxpayer for any taxable year shall be reduced (but not below zero) by the amount which would (but for section 106(b)) be includible in the taxpayer's gross income for such taxable year.''.

(e) REDUCTION OF PERMITTED DEDUCTIBLES UNDER HIGH DEDUCTIBLE HEALTH PLANS.—

(1) IN GENERAL.—Subparagraph (A) of section 220(c)(2) of such Code (defining high deductible health plan) is amended—

(A) by striking ''$1,500'' and inserting ''$1,000'', and

(B) by striking ''$3,000'' in clause (ii) and inserting ''$2,000''.

(2) CONFORMING AMENDMENT.—Subsection (g) of section 220 of such Code is amended—

(A) by striking ''1998'' and inserting ''1999''; and

(B) by striking ''1997'' and inserting ''1998''.

(f) MEDICAL SAVINGS ACCOUNTS MAY BE OFFERED UNDER CAFETERIA PLANS.—Subsection (f) of section 125 of such Code is amended by striking ''106(b),''.

(g) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years ending after the date of the enactment of this Act.

Mr. TORRICELLI. Mr. President, I rise today, along with my distinguished colleague from Iowa, Senator GRASSLEY, to introduce legislation that will provide Americans more choices and control in their health care decisions.

Since becoming available in 1996, medical savings accounts (MSA's) have proven to be an effective solution for Americans who are self-employed, unsatisfied with their current health plan or working for a company unable to provide health insurance. By allowing consumers to save money tax-free to cover medical expenses, MSA's have ensured that people who previously were unable to acquire health coverage, such as single parents, the self-employed, small businesses and their employees, and working families, now have affordable medical coverage. In fact, since MSA's became available, the General Accounting Office reports that 37 percent of all MSA's have been purchased by people who were previously uninsured.

Due to current restrictions, however, the size of the market is limited. Congress must allow the benefits from MSA's to reach more Americans.

Our bill, the Medical Savings Account Effectiveness Act of 1999, will make MSA's a permanent health care option for all Americans by expanding enrollment beyond the current cap. This legislation will allow both employers and employees to contribute to an MSA and will allow policyholders to fully fund the deductible. In addition, it will lower the individual deductible to $1,000 and the family deductible to $2,000. Finally, it will allow MSA's to be offered through ''cafeteria plans.''

By expanding MSA's, this legislation will give policyholders direct control over medical expenditures, offer them a new freedom to select the physician or specialist of their choice, and make insurance affordable for millions of Americans.

By Mr. GRASSLEY (for himself, Mr. MURKOWSKI, and Mr. HARKIN):

S. 1351. A bill to amend the Internal Revenue Code of 1986 to extend and modify the credit for electricity produced from newable resources; to the Committee on Finance.

THE BIOMASS AND WIND ENERGY TAX CREDIT

Mr. GRASSLEY. Mr. President, I rise today to acknowledge the unfortunate expiration of the section 45 tax credit on June 30 for electricity produced from alternative energy sources. In response, I am introducing legislation to extend and expand the credit to help sustain the public benefits derived from these sources. As many of my colleagues know, I authored the section 45 credit in the Senate and it was included in the Energy Policy Act of 1992. I am being joined in this bipartisan effort today by Senator MURKOWSKI and Senator HARKIN.

Earlier this year, I introduced S. 414 to extend the wind energy portion of section 45, which has been extremely successful. The purpose of today's bill is to extend and expand the biomass portion of section 45 to include technologies such as biomass combustion and cofiring biomass with coal-fired facilities. Formerly, section 45 only allowed the use of closed-loop biomass, which has proven to be unworkable. Consequently, the biomass aspect of section 45 has never been utilized. The clean, controlled combustion of biomass, which in layman's terms consists of woodchips, agricultural byproducts, and untreated construction debris, is another proven, effective technology that currently generates numerous pollution avoidance and waste management public benefits across the nation.

Unfortunately, the 1992 bill restrictively defined qualifying biomass processes by requiring taxpayers to grow the biomass solely for the purposes of combustion. This then-untested theory has since proven to be singularly uneconomic, and taxpayers have never claimed one single cent of tax credits. My bill retains this dormant ''closed-loop'' biomass provision in the hopes that some day it may be found feasible.

In order to retain the environmental, waste management, and the rural employment benefits that we currently receive from the existing ''open-loop'' biomass facilities, by bill rewrites section 45 to allow tax credits for clean combustion of wood waste and similar residues in these unique facilities. These valuable, yet economically vulnerable, facilities that convert 20 million tons of waste into clean electricity annually, and which have never received section 45 tax credits, would be eligible for the same ten years of tax credits per facility, beginning at date of enactment.

Importantly, we have gone to great lengths to ensure that the definition of qualifying biomass materials is limited to organic, nonhazardous materials that are clearly proven to burn cleanly without any pollution risk. Also, to allay any concern that biomass plants might burn paper and thus possibly jeopardize the amount of paper that is available to be recycled, I have specifically excluded paper that is commonly recycled from the list of materials that would qualify for the credit.

One promising technology that does not yet operate here in the U.S., but has now been proven to be feasible and practical, involves the cofiring of biomass with coal. A partial tax credit for cofiring would stimulate economic growth in rural areas by creating new markets for forage crops. The environmental benefits from reduced coal plant emissions would also be substantial.

Finally, my bill acknowledges the potential that biomass combustion has to solve the nation's pressing poultry waste problem by making electricity produced from the combustion of poultry litter eligible for the sec. 45 tax credit. As Chairman ROTH has recently pointed out, the increased growth of our domestic chicken and turkey industry has created the need to find a new, creative means for disposing of the waste of some 600 million chickens in the Delaware, Maryland, and Virginia peninsula alone.

Today, much of the waste from these operations (deposited upon biomass materials) is spread on farmland, resulting in a nutrient runoff that has contaminated streams, rivers and bays, with devastating effect on the local environment. Fortunately, scientists in the United Kingdom have developed a combustion technology that cleanly disposes of the waste and produces clean electricity. While no such plants are currently operating in the U.S., state and local authorities in the affected jurisdictions assure us that, with the enactment of this critical tax credit legislation, action would be taken to build these plants immediately.

With regard to wind energy, and my involvement in supporting this technology which goes back to my authorship of the Wind Energy Incentives Act of 1992, I am proud to say that this credit is one of the success stories of section 45. The public policy benefits of wind energy are indisputable: it is clean, safe and abundant within the United States. I understand that every 10,000 megawatts of wind energy produced in the U.S. can reduce carbon monoxide emissions by 33 million metric tons by replacing the combustion of fossil fuels.

Mr. President, I believe this bill provides a common sense combination of current and new technologies to help maintain the economic, environmental and waste management benefits derived from wind and biomass power. This bill has strong support from both the biomass industry and environmental groups including the Union of Concerned Scientists and the Natural Resources Defense Council. I urge my colleagues to join in supporting this legislation.

Mr. President, I ask unanimous consent that a copy of the bill be printed in the RECORD.

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

S. 1351

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

SECTION 1. CREDIT FOR ELECTRICITY PRODUCED FROM RENEWABLE RESOURCES.

(a) EXTENSION AND MODIFICATION OF PLACED-IN-SERVICE RULES.—Paragraph (3) of section 45(c) of the Internal Revenue Code of 1986 is amended to read as follows:

''(3) QUALIFIED FACILITY.—

''(A) WIND FACILITIES.—In the case of a facility using wind to produce electricity, the term 'qualified facility' means any facility owned by the taxpayer which is originally placed in service after December 31, 1993, and before July 1, 2004.

''(B) BIOMASS FACILITIES.—In the case of a facility using biomass to produce electricity, the term 'qualified facility' means, with respect to any month, any facility owned, leased, or operated by the taxpayer which is originally placed in service before July 1, 2004, if, for such month—

''(i) biomass comprises not less than 75 percent (on a Btu basis) of the average monthly fuel input of the facility for the taxable year which includes such month, or

''(ii) in the case of a facility principally using coal to produce electricity, biomass comprises not more than 25 percent (on a Btu basis) of the average monthly fuel input of the facility for the taxable year which includes such month.

''(C) SPECIAL RULES.—

''(i) In the case of a qualified facility described in subparagraph (B)(i)—

''(I) the 10-year period referred to in subsection (a) shall be treated as beginning no earlier than the date of the enactment of this paragraph, and

''(II) subsection (b)(3) shall not apply to any such facility originally placed in service before January 1, 1997.

''(ii) In the case of a qualified facility described in subparagraph (B)(ii)—

''(I) the 10-year period referred to in subsection (a) shall be treated as beginning no earlier than the date of the enactment of this paragraph, and

''(II) the amount of the credit determined under subsection (a) with respect to any project for any taxable year shall be adjusted by multiplying such amount (determined without regard to this clause) by 0.59.''.

(b) CREDIT NOT TO APPLY TO ELECTRICITY SOLD TO UTILITIES UNDER CERTAIN CONTRACTS.—Section 45(b) of the Internal Revenue Code of 1986 (relating to limitations and adjustments) is amended by adding at the end the following:

''(4) CREDIT NOT TO APPLY TO ELECTRICITY SOLD TO UTILITIES UNDER CERTAIN CONTRACTS.—

''(A) IN GENERAL.—The credit determined under subsection (a) shall not apply to electricity—

''(i) produced at a qualified facility placed in service by the taxpayer after June 30, 1999, and

''(ii) sold to a utility pursuant to a contract originally entered into before January 1, 1987 (whether or not amended or restated after that date).

''(B) EXCEPTION.—Subparagraph (A) shall not apply if—

''(i) the prices for energy and capacity from such facility are established pursuant to an amendment to the contract referred to in subparagraph (A)(ii);

''(ii) such amendment provides that the prices set forth in the contract which exceed avoided cost prices determined at the time of delivery shall apply only to annual quantities of electricity (prorated for partial years) which do not exceed the greater of—

''(I) the average annual quantity of electricity sold to the utility under the contract during calendar years 1994, 1995, 1996, 1997, and 1998, or

''(II) the estimate of the annual electricity production set forth in the contract, or, if there is no such estimate, the greatest annual quantity of electricity sold to the utility under the contract in any of the calendar years 1996, 1997, or 1998; and

''(iii) such amendment provides that energy and capacity in excess of the limitation in clause (ii) may be—

''(I) sold to the utility only at prices that do not exceed avoided cost prices determined at the time of delivery, or

''(II) sold to a third party subject to a mutually agreed upon advance notice to the utility.

For purposes of this subparagraph, avoided cost prices shall be determined as provided for in 18 CFR 292.304(d)(1) or any successor regulation.''.

(c) QUALIFIED FACILITIES INCLUDE ALL BIOMASS FACILITIES.—

(1) IN GENERAL.—Subparagraph (B) of section 45(c)(1) of the Internal Revenue Code of 1986 (defining qualified energy resources) is amended to read as follows:

''(B) biomass.''.

(2) BIOMASS DEFINED.—Paragraph (2) of section 45(c) of such Code (relating to definitions) is amended to read as follows:

''(2) BIOMASS.—The term 'biomass' means—

''(A) any organic material from a plant which is planted exclusively for purposes of being used at a qualified facility to produce electricity, or

''(B) any solid, nonhazardous, cellulosic waste material which is segregated from other waste materials and which is derived from—

''(i) any of the following forest-related resources: mill residues, precommercial thinnings, slash, and brush, but not including old-growth timber,

''(ii) poultry waste,

''(iii) urban sources, including waste pallets, crates, and dunnage, manufacturing and construction wood wastes, and landscape or right-of-way tree trimmings, but not including unsegregated municipal solid waste (garbage) or paper that is commonly recycled, or

''(iv) agriculture sources, including orchard tree crops, vineyard, grain, legumes, sugar, and other crop by-products or residues.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to electricity produced after the date of the enactment of this Act.

By Mr. COVERDELL (for himself, Mr. THURMOND, Mr. CLELAND, and Mr. HOLLINGS):

S.J. Res. 29. A joint resolution to grant the consent of Congress to the boundary change between Georgia and South Carolina; to the Committee on the Judiciary.

GRANTING CONGRESSIONAL CONSENT FOR THE GEORGIA-SOUTH CAROLINA INTERSTATE COMPACT

Mr. COVERDELL. Mr. President, today I rise to offer a joint resolution to grant congressional consent to an Interstate Compact between my state of Georgia and the state of South Carolina which resolves a border dispute whose origin dates back to the Articles of Confederation between the two states. On June 25, 1990, the Supreme Court in Georgia vs. South Carolina (No. 74, Original) ruled that Georgia lost sovereignty over the Barnwell Islands in the Savannah River to South Carolina. These islands had shifted due to erosion and accretion since the time of the first scientifically accurate survey of the area in 1855. The Supreme Court further ordered the two states to determine a new boundary and submit it to the Court for final approval.

During the summer of 1993, the two states with the assistance of the National Oceanic and Atmospheric Administration (NOAA) reached an agreement on a common boundary. Subsequently, the agreement was adopted by the Georgia General Assembly on April 5, 1994, and by the South Carolina General Assembly on May 29, 1996.

On May 26, 1999, the agreed boundary was forwarded to Congress for its approval in accordance with the U.S. Constitution Article IV, Section 10. This Compact once adopted will amend the Beaufort Convention of 1787.

With passage of this resolution, granting Congress' consent to the Georgia-South Carolina Interstate Compact, Congress will have fulfilled its obligation, and the agreed upon boundary will be presented to the Supreme Court for its final approval and application. I am pleased to have my colleagues from South Carolina, Senators THURMOND and HOLLINGS, and my colleague from Georgia, Senator CLELAND, join me in sponsoring this historic piece of legislation. In this day, where members from both sides of the aisle are speaking of the need for more bipartisanship, I would like to commend these two great states for coming together and reaching an agreement on such a contentious issue and ask for the full Senate's support for this important and necessary legislation.

Mr. President, I ask for unanimous consent that the following chronology be included in the RECORD.

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

GEORGIA-SOUTH CAROLINA BORDER AGREEMENT FOR THE LOWER REACHES OF THE SAVANNAH RIVER TO THE SEA—CHRONOLOGY OF EVENTS

April 28, 1787—The Beaufort Convention: Under the Articles of Confederation of 1778, South Carolina and Georgia agreed that the boundary between the two states would be in the northern branch of the Savannah River, reserving all islands in the river to Georgia.

January 30, 1922—Georgia v. South Carolina (No. 16, Original): The U.S. Supreme Court held that where there were no islands in the boundary rivers, the boundary in on the water midway between the main banks when the water is at ordinary stage. When there are islands, the boundary is midway between the banks of the island and the South Carolina shore, with the water at ordinary stage.

June 25, 1990—Georgia v. South Carolina (No. 74, Original): The U.S. Supreme Court held that Georgia lost sovereignty over the Barnwell Islands to South Carolina by acquiescence, and that the Beaufort Convention did not control new islands that later emerged in the Savannah River. Accordingly, the Court generally adopted the findings (with some exceptions) of its Special Master, Senior Judge Walter E. Hoffman, with regard to several disputed islands and the headlands of the river. The Court directed the two states to determine the boundary in accordance with the principles in its rulings, and to submit the boundary to the Court for final approval.

June 24, 1991—Cooperative Agreement: Both states and the National Oceanic and Atmospheric Administration (NOAA) entered a cooperative agreement to survey the area and plot the boundary. In order to comply with the requirement that the river be charted as is existed prior to the dredgings and changes in the navigational courses which occurred in the 1880's, the parties adopted the Special Master's decision that the main thread of the Savannah River as it existed on the 1855 charts would be used. NOAA flew new aerial surveys of the river and plotted the 1855 thread of the river on the new surveys.

Summer, 1993—Joint Meetings and Negotiations: After NOAA completed its work, the states realized that the course of the river had changed so substantially since 1855 that using the 1855 thread of the river was unworkable. Because of recent navigational channel deepening efforts by the U.S. Corps of Engineers, Georgia and South Carolina agreed to use the northern edge of the shipping channel, including any turning basins, as the primary agreed upon boundary. More specifically, the ''new'' boundary would start from the middle of the river above Pennyworth Island, between Pennyworth Island and the South Carolina shore, and then to the tidegate and the northern edge of the Back River turning basin. After following the navigational channel to the buoy nearest the 3-mile territorial limit, the boundary would then depart eastward along the 104 degree bearing adopted by the Court.

April 5, 1994—Georgia General Assembly Adopts Agreed Boundary: Georgia adopted the agreed boundary line, using the Annual Survey—1992, Savannah Harbor, as amended by the Savannah Harbor Deepening Project. The line was plotted using the Georgia Plane Coordinate System.

May 29, 1996—South Carolina General Assembly Adopts Agreed Boundary: South Carolina adopted the agreed boundary line, but asked NOAA to covert the Georgia coordinates to points of latitude and longitude.

November, 1998—Charts assembled: Because only three original copies of the 1992 channel charts were available, a special printing of the color charts was run, with the Savannah Harbor Deepening Project charts bound together.

May 26, 1999—Agreed Boundary Forwarded for Congressional Approval: The States submitted the agreed boundary to the Congress for approval as an Interstate Compact pursuant to the United States Constitution, Article IV, Section 10, which amends the Beaufort Convention of 1787.

ADDITIONAL COSPONSORS

S. 17

At the request of Mr. DODD, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 17, a bill to increase the availability, affordability, and quality of child care.

S. 71

At the request of Ms. SNOWE, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 71, a bill to amend title 38, United States Code, to establish a presumption of service-connection for certain veterans with Hepatitis C, and for other purposes.

S. 115

At the request of Ms. SNOWE, the name of the Senator from Minnesota (Mr. WELLSTONE) was added as a cosponsor of S. 115, a bill to require that health plans provide coverage for a minimum hospital stay for mastectomies and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations.

S. 210

At the request of Mr. MOYNIHAN, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 210, a bill to establish a medical education trust fund, and for other purposes.

S. 285

At the request of Mr. MCCAIN, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 285, a bill to amend title II of the Social Security Act to restore the link between the maximum amount of earnings by blind individuals permitted without demonstrating ability to engage in substantial gainful activity and the exempt amount permitted in determining excess earnings under the earnings test.

S. 424

At the request of Mr. COVERDELL, the name of the Senator from Wyoming (Mr. THOMAS) was added as a cosponsor of S. 424, a bill to preserve and protect the free choice of individuals and employees to form, join, or assist labor organizations, or to refrain from such activities.

S. 459

At the request of Mr. HATCH, the name of the Senator from Florida (Mr. MACK) was added as a cosponsor of S. 459, a bill to amend the Internal Revenue Code of 1986 to increase the State ceiling on private activity bonds.

At the request of Ms. MIKULSKI, her name was added as a cosponsor of S. 459, supra.

S. 472

At the request of Mr. GRASSLEY, the names of the Senator from Montana (Mr. BAUCUS) and the Senator from Arkansas (Mrs. LINCOLN) were added as cosponsors of S. 472, a bill to amend title XVIII of the Social Security Act to provide certain medicare beneficiaries with an exemption to the financial limitations imposed on physical, speech-language pathology, and occupational therapy services under part B of the medicare program, and for other purposes.

S. 484

At the request of Mr. CAMPBELL, the names of the Senator from Alabama (Mr. SHELBY) and the Senator from Arkansas (Mrs. LINCOLN) were added as cosponsors of S. 484, a bill to provide for the granting of refugee status in the United States to nationals of certain foreign countries in which American Vietnam War POW/MIAs or American Korean War POW/MIAs may be present, if those nationals assist in the return to the United States of those POW/MIAs alive.

S. 635

At the request of Mr. MACK, the name of the Senator from Connecticut (Mr. DODD) was added as a cosponsor of S. 635, a bill to amend the Internal Revenue Code of 1986 to more accurately codify the depreciable life of printed wiring board and printed wiring assembly equipment.

S. 660

At the request of Mr. BINGAMAN, the name of the Senator from Hawaii (Mr. INOUYE) was added as a cosponsor of S. 660, a bill to amend title XVIII of the Social Security Act to provide for coverage under part B of the medicare program of medical nutrition therapy services furnished by registered dietitians and nutrition professionals.

S. 662

At the request of Mr. CHAFEE, the name of the Senator from North Carolina (Mr. EDWARDS) was added as a cosponsor of S. 662, a bill to amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program.

S. 685

At the request of Mr. CRAPO, the name of the Senator from Wyoming (Mr. ENZI) was added as a cosponsor of S. 685, a bill to preserve the authority of States over water within their boundaries, to delegate to States the authority of Congress to regulate water, and for other purposes.

S. 761

At the request of Mr. ABRAHAM, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. 761, a bill to regulate interstate commerce by electronic means by permitting and encouraging the continued expansion of electronic commerce through the operation of free market forces, and for other purposes.

S. 779

At the request of Mr. ABRAHAM, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 779, a bill to provide that no Federal income tax shall be imposed on amounts received by Holocaust victims or their heirs.

S. 789

At the request of Mr. MCCAIN, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of S. 789, a bill to amend title 10, United States Code, to authorize payment of special compensation to certain severely disabled uniformed services retirees.

S. 800

At the request of Mr. MCCAIN, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 800, a bill to promote and enhance public safety through the use of 9–1–1 as the universal emergency assistance number, further deployment of wireless 9–1–1 service, support of States in upgrading 9–1–1 capabilities and related functions, encouragement of construction and operation of seamless, ubiquitous, and reliable networks for personal wireless services, and for other purposes.

S. 817

At the request of Mrs. BOXER, the names of the Senator from Georgia (Mr. CLELAND), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from New Jersey (Mr. TORRICELLI), and the Senator from Washington (Mrs. MURRAY) were added as cosponsors of S. 817, a bill to improve academic and social outcomes for students and reduce both juvenile crime and the risk that youth will become victims of crime by providing productive activities during after school hours.

S. 821

At the request of Mr. LAUTENBERG, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 821, a bill to provide for the collection of data on traffic stops.

S. 835

At the request of Mr. CHAFEE, the name of the Senator from Maryland (Ms. MIKULSKI) was added as a cosponsor of S. 835, a bill to encourage the restoration of estuary habitat through more efficient project financing and enhanced coordination of Federal and non-Federal restoration programs, and for other purposes.

S. 879

At the request of Mr. CONRAD, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 879, a bill to amend the Internal Revenue Code of 1986 to provide a shorter recovery period for the depreciation of certain leasehold improvements

S. 894

At the request of Mr. CLELAND, the names of the Senator from Massachusetts (Mr. KENNEDY) and the Senator from North Dakota (Mr. DORGAN) were added as cosponsors of S. 894, a bill to amend title 5, United States Code, to provide for the establishment of a program under which long-term care insurance is made available to Federal employees and annuitants, and for other purposes.

S. 897

At the request of Mr. ROBB, his name was added as a cosponsor of S. 897, a bill to provide matching grants for the construction, renovation and repair of school facilities in areas affected by Federal activities, and for other purposes.

S. 980

At the request of Mr. BAUCUS, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 980, a bill to promote access to health care services in rural areas.

S. 984

At the request of Ms. COLLINS, the name of the Senator from Washington (Mr. GORTON) was added as a cosponsor of S. 984, a bill to amend the Internal Revenue Code of 1986 to modify the tax credit for electricity produced from certain renewable resources.

S. 1003

At the request of Mr. ROCKEFELLER, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 1003, a bill to amend the Internal Revenue Code of 1986 to provide increased tax incentives for the purchase of alternative fuel and electric vehicle, and for other purposes.

S. 1010

At the request of Mr. JEFFORDS, the name of the Senator from Michigan (Mr. ABRAHAM) was added as a cosponsor of S. 1010, a bill to amend the Internal Revenue Code of 1986 to provide for a medical innovation tax credit for clinical testing research expenses attributable to academic medical centers and other qualified hospital research organizations.

S. 1017

At the request of Mr. MACK, the names of the Senator from Ohio (Mr. DEWINE) and the Senator from Kentucky (Mr. BUNNING) were added as cosponsors of S. 1017, a bill to amend the Internal Revenue Code of 1986 to increase the State ceiling on the low-income housing credit.

At the request of Ms. MIKULSKI, her name was added as a cosponsor of S. 1017, supra.

S. 1023

At the request of Mr. MOYNIHAN, the names of the Senator from California (Mrs. FEINSTEIN) and the Senator from Minnesota (Mr. WELLSTONE) were added

as cosponsors of S. 1023, a bill to amend title XVIII of the Social Security Act to stabilize indirect graduate medical education payments.

S. 1024

At the request of Mr. MOYNIHAN, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1024, a bill to amend title XVIII of the Social Security Act to carve out from payments to Medicare+Choice organizations amounts attributable to disproportionate share hospital payments and pay such amounts directly to those disproportionate share hospitals in which their enrollees receive care.

S. 1070

At the request of Mr. BOND, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 1070, a bill to require the Secretary of Labor to wait for completion of a National Academy of Sciences study before promulgating a standard, regulation or guideline on ergonomics.

S. 1144

At the request of Mr. VOINOVICH, the names of the Senator from Georgia (Mr. CLELAND) and the Senator from Virginia (Mr. ROBB) were added as cosponsors of S. 1144, a bill to provide increased flexibility in use of highway funding, and for other purposes.

S. 1159

At the request of Mr. STEVENS, the name of the Senator from Ohio (Mr. DEWINE) was added as a cosponsor of S. 1159, a bill to provide grants and contracts to local educational agencies to initiate, expand, and improve physical education programs for all kindergarten through 12th grade students.

S. 1165

At the request of Mr. MACK, the names of the Senator from Wyoming (Mr. THOMAS) and the Senator from Colorado (Mr. ALLARD) were added as cosponsors of S. 1165, a bill to amend the Internal Revenue Code of 1986 to repeal the limitation on the amount of receipts attributable to military property which may be treated as exempt foreign trade income.

S. 1166

At the request of Mr. NICKLES, the name of the Senator from Wyoming (Mr. THOMAS) was added as a cosponsor of S. 1166, a bill to amend the Internal Revenue Code of 1986 to clarify that natural gas gathering lines are 7-year property for purposes of depreciation.

S. 1185

At the request of Mr. ABRAHAM, the name of the Senator from Tennessee (Mr. FRIST) was added as a cosponsor of S. 1185, a bill to provide small business certain protections from litigation excesses and to limit the product liability of non-manufacturer product sellers.

S. 1187

At the request of Mr. DORGAN, the name of the Senator from Montana (Mr. BURNS) was added as a cosponsor of S. 1187, a bill to require the Secretary of the Treasury to mint coins in commemoration of the bicentennial of the Lewis and Clark Expedition, and for other purposes.

S. 1197

At the request of Mr. ROTH, the names of the Senator from Connecticut (Mr. DODD), the Senator from Mississippi (Mr. COCHRAN), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Wyoming (Mr. THOMAS) were added as cosponsors of S. 1197, a bill to prohibit the importation of products made with dog or cat fur, to prohibit the sale, manufacture, offer for sale, transportation, and distribution of products made with dog or cat fur in the United States, and for other purposes.

S. 1220

At the request of Mr. GRASSLEY, the names of the Senator from Ohio (Mr. DEWINE), the Senator from Arizona (Mr. KYL), the Senator from Wisconsin (Mr. KOHL), and the Senator from Nebraska (Mr. HAGEL) were added as cosponsors of S. 1220, a bill to provide additional funding to combat methamphetamine production and abuse, and for other purposes.

S. 1227

At the request of Mr. CHAFEE, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1227, a bill to amend title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 to provide States with the option to allow legal immigrant pregnant women and children to be eligible for medical assistance under the medical program, and for other purposes.

S. 1277

At the request of Mr. BAUCUS, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of S. 1277, a bill to amend title XIX of the Social Security Act to establish a new prospective payment system for Federally qualified health centers and rural health clinics.

S. 1313

At the request of Mr. CHAFEE, his name was added as a cosponsor of S. 1313, a bill to enable the State of Rhode Island to meet the criteria for recommendation as an Area of Application to the Boston-Worcester-Lawrence; Massachusetts, New Hampshire, Maine, and Connecticut Federal locality pay area.

S. 1318

At the request of Mr. JEFFORDS, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1318, a bill to authorize the Secretary of Housing and Urban Development to award grants to States to supplement State and local assistance for the preservation and promotion of affordable housing opportunities for low-income families.

SENATE CONCURRENT RESOLUTION 9

At the request of Ms. SNOWE, the names of the Senator from Pennsylvania (Mr. SPECTER), the Senator from Massachusetts (Mr. KENNEDY), the Senator from California (Mrs. BOXER), and the Senator from Delaware (Mr. ROTH) were added as cosponsors of Senate Concurrent Resolution 9, a concurrent resolution calling for a United States effort to end restrictions on the freedoms and human rights of the enclaved people in the occupied area of Cyprus.

SENATE CONCURRENT RESOLUTION 12

At the request of Ms. COLLINS, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of Senate Concurrent Resolution 12, a concurrent resolution requesting that the United States Postal Service issue a commemorative postage stamp honoring the 100th anniversary of the founding of the Veterans of Foreign Wars of the United States.

SENATE CONCURRENT RESOLUTION 32

At the request of Mr. CONRAD, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of Senate Concurrent Resolution 32, a concurrent resolution expressing the sense of Congress regarding the guaranteed coverage of chiropractic services under the Medicare+Choice program.

SENATE CONCURRENT RESOLUTION 34

At the request of Mr. SPECTER, the names of the Senator from Massachusetts (Mr. KENNEDY) and the Senator from Michigan (Mr. LEVIN) were added as cosponsors of Senate Concurrent Resolution 34, a concurrent resolution relating to the observence of ''In Memory'' Day.

SENATE RESOLUTION 92

At the request of Mrs. BOXER, the name of the Senator from Delaware (Mr. BIDEN) was added as a cosponsor of Senate Resolution 92, a resolution expressing the sense of the Senate that funding for prostate cancer research should be increased substantially.

SENATE RESOLUTION 95

At the request of Mr. THURMOND, the names of the Senator from Iowa (Mr. GRASSLEY) and the Senator from New Hampshire (Mr. GREGG) were added as cosponsors of Senate Resolution 95, a resolution designating August 16, 1999, as ''National Airborne Day.''

SENATE RESOLUTION 99

At the request of Mr. REID, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of Senate Resolution 99, a resolution designating November 20, 1999, as ''National Survivors for Prevention of Suicide Day.''

SENATE RESOLUTION 101

At the request of Mr. FITZGERALD, the names of the Senator from Idaho (Mr. CRAPO), the Senator from Minnesota (Mr. GRAMS), the Senator from Wyoming (Mr. ENZI), the Senator from Kansas (Mr. BROWNBACK), the Senator from Montana (Mr. BURNS), and the Senator from Mississippi (Mr. COCHRAN) were added as cosponsors of Senate Resolution 101, a resolution expressing the sense of the Senate on agricultural trade negotiations.

SENATE RESOLUTION 137—TO CONGRATULATE THE U.S. WOMEN'S SOCCER TEAM ON WINNING THE 1999 WOMEN'S CUP CHAMPIONSHIP

Mr. REID (for himself and Mr. DASCHLE) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 137

Whereas the Americans blanked Germany in the second half of the quarter finals, before winning 3 to 2, shut out Brazil in the semifinals, 2 to 0, and then stymied China for 120 minutes Saturday, July 10, 1999;

Whereas the Americans outshot China 5–4 on penalty kicks after 120 minutes of regulation and overtime play ended in a 0–0 tie;

Whereas the United States team played the final match through heat, exhaustion and tension for 120 minutes, including two sudden-death 15-minute overtime periods;

Whereas the United States team played before a crowd of 90,185, the largest to witness a women's athletic event;

Whereas Title IX has created the opportunity for millions of American girls and women to compete in sports;

Whereas the United States becomes the first women's team to simultaneously reign as both Olympic and World Cup champions;

Whereas five Americans, forward Mia Hamm, midfielder Michelle Akers, goalkeeper Briana Scurry and defenders Brandi Chastain and Carla Overbeck, were chosen for the elite 1999 Women's World Cup All-Star team;

Whereas all the members of the 1999 U.S. women's World Cup team—defenders Brandi Chastain, Christie Pearce, Lorrie Fair, Joy Fawcett, Carla Overbeck, and Kate Sobrero; forwards Danielle Fotopoulos, Mia Hamm, Shannon MacMillan, Cindy Parlow, Kristine Lilly, and Tiffeny Milbrett; goalkeepers Tracy Ducar, Briana Scurry, and Saskia Webber; and midfielders Michelle Akers, Julie Foudy, Tiffany Roberts, Tisha Venturini, and Sara Whalen;—both on the playing field and on the practice field, demonstrated their devotion to the team and played an important part in the team's success;

Whereas the Americans will now set their sights on defending their Olympic title in Sydney 2000;

Resolved, That the Senate congratulates the United States Women's Soccer Team on winning the 1999 Women's World Cup Championship.

AMENDMENTS SUBMITTED

PATIENTS' BILL OF RIGHTS ACT

DASCHLE AMENDMENT NO. 1232

Mr. DASCHLE proposed an amendment to the bill (S. 1232) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Patients' Bill of Rights Act''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PATIENTS' BILL OF RIGHTS

Subtitle A—Right to Advice and Care

Sec. 101. Patient right to medical advice and care.

''SUBPART C—PATIENT RIGHT TO MEDICAL ADVICE AND CARE

''Sec. 721. Patient access to emergency medical care.
''Sec. 722. Offering of choice of coverage options.
''Sec. 723. Patient access to obstetric and gynecological care.
''Sec. 724. Patient access to pediatric care.
''Sec. 725. Access to specialists.
''Sec. 726. Continuity of care.
''Sec. 727. Protection of patient-provider communications.
''Sec. 728. Patient's right to prescription drugs.
''Sec. 729. Self-payment for behavioral health care services.
''Sec. 730. Generally applicable provision.

Sec. 102. Comprehensive independent study of patient access to clinical trials and coverage of associated routine costs.

Sec. 103. Effective date and related rules.

Subtitle B—Right to Information About Plans and Providers

Sec. 111. Information about plans.
Sec. 112. Information about providers.

Subtitle C—Right to Hold Health Plans Accountable

Sec. 121. Amendment to Employee Retirement Income Security Act of 1974.

TITLE II—GENETIC INFORMATION AND SERVICES

Sec. 201. Short title.
Sec. 202. Amendments to Employee Retirement Income Security Act of 1974.
Sec. 203. Amendments to the Public Health Service Act.
Sec. 204. Amendments to the Internal Revenue Code of 1986.

TITLE III—HEALTHCARE RESEARCH AND QUALITY

Sec. 301. Short title.
Sec. 302. Amendment to the Public Health Service Act.

''TITLE IX—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

''PART A—ESTABLISHMENT AND GENERAL DUTIES

''Sec. 901. Mission and duties.
''Sec. 902. General authorities.

''PART B—HEALTHCARE IMPROVEMENT RESEARCH

''Sec. 911. Healthcare outcome improvement research.
''Sec. 912. Private-public partnerships to improve organization and delivery.
''Sec. 913. Information on quality and cost of care.
''Sec. 914. Information systems for healthcare improvement.
''Sec. 915. Research supporting primary care and access in underserved areas.
''Sec. 916. Clinical practice and technology innovation.
''Sec. 917. Coordination of Federal Government quality improvement efforts.

''PART C—GENERAL PROVISIONS

''Sec. 921. Advisory Council for Healthcare Research and Quality.
''Sec. 922. Peer review with respect to grants and contracts.
''Sec. 923. Certain provisions with respect to development, collection, and dissemination of data.
''Sec. 924. Dissemination of information.
''Sec. 925. Additional provisions with respect to grants and contracts.
''Sec. 926. Certain administrative authorities.
''Sec. 927. Funding.
''Sec. 928. Definitions.

Sec. 303. References.

TITLE IV—MISCELLANEOUS PROVISIONS

Sec. 401. Sense of the Committee.

TITLE I—PATIENTS' BILL OF RIGHTS

Subtitle A—Right to Advice and Care

SEC. 101. PATIENT RIGHT TO MEDICAL ADVICE AND CARE.

(a) IN GENERAL.—Part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et seq.) is amended—

(1) by redesignating subpart C as subpart D; and

(2) by inserting after subpart B the following:

''Subpart C—Patient Right to Medical Advice and Care

''SEC. 721. PATIENT ACCESS TO EMERGENCY MEDICAL CARE.

''(a) IN GENERAL.—To the extent that the group health plan (other than a fully insured group health plan) provides coverage for benefits consisting of emergency medical care (as defined in subsection (c)), except for items or services specifically excluded—

''(1) the plan shall provide coverage for benefits, without requiring preauthorization, for appropriate emergency medical screening examinations (within the capability of the emergency facility, including ancillary services routinely available to the emergency facility) to the extent that a prudent layperson, who possesses an average knowledge of health and medicine, would determine such examinations to be necessary to determine whether emergency medical care (as so defined) is necessary; and

''(2) the plan shall provide coverage for benefits, without requiring preauthorization, for additional emergency medical care to stabilize an emergency medical condition following an emergency medical screening examination (if determined necessary under paragraph (1)), pursuant to the definition of stabilize under section 1867(e)(3) of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

''(b) UNIFORM COST-SHARING REQUIRED AND OUT-OF-NETWORK CARE.—

''(1) UNIFORM COST-SHARING.—Nothing in this section shall be construed as preventing a group health plan (other than a fully insured group health plan) from imposing any form of cost-sharing applicable to any participant or beneficiary (including coinsurance, copayments, deductibles, and any other charges) in relation to coverage for benefits described in subsection (a), if such form of cost-sharing is uniformly applied under such plan, with respect to similarly situated participants and beneficiaries, to all benefits consisting of emergency medical care (as defined in subsection (c)) provided to such similarly situated participants and beneficiaries under the plan.

''(2) OUT-OF-NETWORK CARE.—If a group health plan (other than a fully insured group health plan) provides any benefits with respect to emergency medical care (as defined in subsection (c)), the plan shall cover emergency medical care under the plan in a manner so that, if such care is provided to a participant or beneficiary by a nonparticipating health care provider, the participant or beneficiary is not liable for amounts that exceed the amounts of liability that would be incurred if the services were provided by a participating provider.

''(c) DEFINITION OF EMERGENCY MEDICAL CARE.—In this section:

''(1) IN GENERAL.—The term 'emergency medical care' means, with respect to a participant or beneficiary under a group health plan (other than a fully insured group health plan), covered inpatient and outpatient services that—

''(A) are furnished by any provider, including a nonparticipating provider, that is qualified to furnish such services; and

''(B) are needed to evaluate or stabilize (as such term is defined in section 1867(e)(3) of the Social Security Act (42 U.S.C. 1395dd)(e)(3)) an emergency medical condition (as defined in paragraph (2)).

''(2) EMERGENCY MEDICAL CONDITION.—The term 'emergency medical condition' means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in—

''(A) placing the health of the participant or beneficiary (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,

''(B) serious impairment to bodily functions, or

''(C) serious dysfunction of any bodily organ or part.

''SEC. 722. OFFERING OF CHOICE OF COVERAGE OPTIONS.

''(a) REQUIREMENT.—

''(1) OFFERING OF POINT-OF-SERVICE COVERAGE OPTION.—Except as provided in paragraph (2), if a group health plan (other than a fully insured group health plan) provides coverage for benefits only through a defined set of participating health care professionals, the plan shall offer the participant the option to purchase point-of-service coverage (as defined in subsection (b)) for all such benefits for which coverage is otherwise so limited. Such option shall be made available to the participant at the time of enrollment under the plan and at such other times as the plan offers the participant a choice of coverage options.

''(2) EXCEPTION IN THE CASE OF MULTIPLE ISSUER OR COVERAGE OPTIONS.—Paragraph (1) shall not apply with respect to a participant in a group health plan (other than a fully insured group health plan) if the plan offers the participant 2 or more coverage options that differ significantly with respect to the use of participating health care professionals or the networks of such professionals that are used.

''(b) POINT-OF-SERVICE COVERAGE DEFINED.—In this section, the term 'point-of-service coverage' means, with respect to benefits covered under a group health plan (other than a fully insured group health plan), coverage of such benefits when provided by a nonparticipating health care professional.

''(c) SMALL EMPLOYER EXEMPTION.—

''(1) IN GENERAL.—This section shall not apply to any group health plan (other than a fully insured group health plan) of a small employer.

''(2) SMALL EMPLOYER.—For purposes of paragraph (1), the term 'small employer' means, in connection with a group health plan (other than a fully insured group health plan) with respect to a calendar year and a plan year, an employer who employed an average of at least 2 but not more than 50 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year. For purposes of this paragraph, the provisions of subparagraph (C) of section 712(c)(1) shall apply in determining employer size.

''(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

''(1) as requiring coverage for benefits for a particular type of health care professional;

''(2) as requiring an employer to pay any costs as a result of this section or to make equal contributions with respect to different health coverage options;

''(3) as preventing a group health plan (other than a fully insured group health plan) from imposing higher premiums or cost-sharing on a participant for the exercise of a point-of-service coverage option; or

''(4) to require that a group health plan (other than a fully insured group health plan) include coverage of health care professionals that the plan excludes because of fraud, quality of care, or other similar reasons with respect to such professionals.

''SEC. 723. PATIENT ACCESS TO OBSTETRIC AND GYNECOLOGICAL CARE.

''(a) GENERAL RIGHTS.—

''(1) WAIVER OF PLAN REFERRAL REQUIREMENT.—If a group health plan described in subsection (b) requires a referral to obtain coverage for speciality care, the plan shall waive the referral requirement in the case of a female participant or beneficiary who seeks coverage for routine obstetrical care or routine gynecological care.

''(2) RELATED ROUTINE CARE.—With respect to a participant or beneficiary described in paragraph (1), a group health plan described in subsection (b) shall treat the ordering of other routine care that is related to routine obstetric or gynecologic care, by a physician who specializes in obstetrics and gynecology as the authorization of the primary care provider for such other routine care.

''(b) APPLICATION OF SECTION.—A group health plan described in this subsection is a group health plan (other than a fully insured group health plan), that—

''(1) provides coverage for routine obstetric care (such as pregnancy-related services) or routine gynecologic care (such as preventive women's health examinations); and

''(2) requires the designation by a participant or beneficiary of a participating primary care provider who is not a physician who specializes in obstetrics or gynecology.

''(c) RULES OF CONSTRUCTION.—Nothing in this section shall be construed—

''(1) as waiving any coverage requirement relating to medical necessity or appropriateness with respect to the coverage of obstetric or gynecologic care described in subsection (a);

''(2) to preclude the plan from requiring that the physician who specializes in obstetrics or gynecology notify the designated primary care provider or the plan of treatment decisions; or

''(3) to preclude a group health plan from allowing health care professionals other than physicians to provide routine obstetric or routine gynecologic care.

''SEC. 724. PATIENT ACCESS TO PEDIATRIC CARE.

''(a) IN GENERAL.—In the case of a group health plan (other than a fully insured group health plan) that provides coverage for routine pediatric care and that requires the designation by a participant or beneficiary of a participating primary care provider, if the designated primary care provider is not a physician who specializes in pediatrics—

''(1) the plan may not require authorization or referral by the primary care provider in order for a participant or beneficiary to obtain coverage for routine pediatric care; and

''(2) the plan shall treat the ordering of other routine care related to routine pediatric care by such a specialist as having been authorized by the designated primary care provider.

''(b) RULES OF CONSTRUCTION.—Nothing in subsection (a) shall be construed—

''(1) as waiving any coverage requirement relating to medical necessity or appropriateness with respect to the coverage of any pediatric care provided to, or ordered for, a participant or beneficiary;

''(2) to preclude a group health plan from requiring that a specialist described in subsection (a) notify the designated primary care provider or the plan of treatment decisions; or

''(3) to preclude a group health plan from allowing health care professionals other than physicians to provide routine pediatric care.

''SEC. 725. ACCESS TO SPECIALISTS.

''(a) IN GENERAL.—A group health plan (other than a fully insured group health plan) shall ensure that participants and beneficiaries have access to specialty care when such care is covered under the plan. Such access may be provided through contractual arrangements with specialized providers outside of the network of the plan.

''(b) TREATMENT PLANS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to prohibit a group health plan (other than a fully insured group health plan) from requiring that speciality care be provided pursuant to a treatment plan so long as the treatment plan is—

''(A) developed by the specialist, in consultation with the primary care provider, and the participant or beneficiary;

''(B) approved by the plan; and

''(C) in accordance with the applicable quality assurance and utilization review standards of the plan.

''(2) NOTIFICATION.—Nothing in paragraph (1) shall be construed as prohibiting a plan from requiring the specialist to provide the primary care provider with regular updates on the specialty care provided, as well as all other necessary medical information.

''(c) REFERRALS.—Nothing in this section shall be construed to prohibit a plan from requiring an authorization by the primary care provider of the participant or beneficiary in order to obtain coverage for speciality services so long as such authorization is for an adequate number of referrals under an approved treatment plan if such a treatment plan is required by the plan.

''(d) SPECIALITY CARE DEFINED.—For purposes of this subsection, the term ''speciality care'' means, with respect to a condition, care and treatment provided by a health care practitioner, facility, or center (such as a center of excellence) that has adequate expertise (including age-appropriate expertise) through appropriate training and experience.

''SEC. 726. CONTINUITY OF CARE.

''(a) IN GENERAL.—

''(1) TERMINATION OF PROVIDER.—If a contract between a group health plan (other than a fully insured group health plan) and a health care provider is terminated (as defined in paragraph (2)), or benefits or coverage provided by a health care provider are terminated because of a change in the terms of provider participation in such group health plan, and an individual who is a participant or beneficiary in the plan is undergoing a course of treatment from the provider at the time of such termination, the plan shall—

''(A) notify the individual on a timely basis of such termination;

''(B) provide the individual with an opportunity to notify the plan of a need for transitional care; and

''(C) in the case of termination described in paragraph (2), (3), or (4) of subsection (b), and subject to subsection (c), permit the individual to continue or be covered with respect to the course of treatment with the provider's consent during a transitional period (as provided under subsection (b)).

''(2) TERMINATED.—In this section, the term 'terminated' includes, with respect to a

contract, the expiration or nonrenewal of the contract by the group health plan, but does not include a termination of the contract by the plan for failure to meet applicable quality standards or for fraud.

''(3) CONTRACTS.—For purposes of this section, the term 'contract between a group health plan (other than a fully insured group health plan) and a health care provider' shall include a contract between such a plan and an organized network of providers.

''(b) TRANSITIONAL PERIOD.—

''(1) GENERAL RULE.—Except as provided in paragraph (3), the transitional period under this subsection shall permit the participant or beneficiary to extend the coverage involved for up to 90 days from the date of the notice described in subsection (a)(1)(A) of the provider's termination.

''(2) INSTITUTIONAL CARE.—Subject to paragraph (1), the transitional period under this subsection for institutional or inpatient care from a provider shall extend until the discharge or termination of the period of institutionalization and also shall include institutional care provided within a reasonable time of the date of termination of the provider status if the care was scheduled before the date of the announcement of the termination of the provider status under subsection (a)(1)(A) or if the individual on such date was on an established waiting list or otherwise scheduled to have such care.

''(3) PREGNANCY.—Notwithstanding paragraph (1), if—

''(A) a participant or beneficiary has entered the second trimester of pregnancy at the time of a provider's termination of participation; and

''(B) the provider was treating the pregnancy before the date of the termination;

the transitional period under this subsection with respect to provider's treatment of the pregnancy shall extend through the provision of post-partum care directly related to the delivery.

''(4) TERMINAL ILLNESS.—Subject to paragraph (1), if—

''(A) a participant or beneficiary was determined to be terminally ill (as determined under section 1861(dd)(3)(A) of the Social Security Act) prior to a provider's termination of participation; and

''(B) the provider was treating the terminal illness before the date of termination;

the transitional period under this subsection shall be for care directly related to the treatment of the terminal illness.

''(c) PERMISSIBLE TERMS AND CONDITIONS.—A group health plan (other than a fully insured group health plan) may condition coverage of continued treatment by a provider under subsection (a)(1)(C) upon the provider agreeing to the following terms and conditions:

''(1) The provider agrees to accept reimbursement from the plan and individual involved (with respect to cost-sharing) at the rates applicable prior to the start of the transitional period as payment in full (or at the rates applicable under the replacement plan after the date of the termination of the contract with the group health plan) and not to impose cost-sharing with respect to the individual in an amount that would exceed the cost-sharing that could have been imposed if the contract referred to in subsection (a)(1) had not been terminated.

''(2) The provider agrees to adhere to the quality assurance standards of the plan responsible for payment under paragraph (1) and to provide to such plan necessary medical information related to the care provided.

''(3) The provider agrees otherwise to adhere to such plan's policies and procedures, including procedures regarding referrals and obtaining prior authorization and providing services pursuant to a treatment plan (if any) approved by the plan.

''(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require the coverage of benefits which would not have been covered if the provider involved remained a participating provider.

''(e) DEFINITION.—In this section, the term 'health care provider' or 'provider' means—

''(1) any individual who is engaged in the delivery of health care services in a State and who is required by State law or regulation to be licensed or certified by the State to engage in the delivery of such services in the State; and

''(2) any entity that is engaged in the delivery of health care services in a State and that, if it is required by State law or regulation to be licensed or certified by the State to engage in the delivery of such services in the State, is so licensed.

''SEC. 727. PROTECTION OF PATIENT-PROVIDER COMMUNICATIONS.

''(a) IN GENERAL.—Subject to subsection (b), a group health plan (other than a fully insured group health plan and in relation to a participant or beneficiary) shall not prohibit or otherwise restrict a health care professional from advising such a participant or beneficiary who is a patient of the professional about the health status of the participant or beneficiary or medical care or treatment for the condition or disease of the participant or beneficiary, regardless of whether coverage for such care or treatment are provided under the contract, if the professional is acting within the lawful scope of practice.

''(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as requiring a group health plan (other than a fully insured group health plan) to provide specific benefits under the terms of such plan.

''SEC. 728. PATIENT'S RIGHT TO PRESCRIPTION DRUGS.

''To the extent that a group health plan (other than a fully insured group health plan) provides coverage for benefits with respect to prescription drugs, and limits such coverage to drugs included in a formulary, the plan shall—

''(1) ensure the participation of physicians and pharmacists in developing and reviewing such formulary; and

''(2) in accordance with the applicable quality assurance and utilization review standards of the plan, provide for exceptions from the formulary limitation when a nonformulary alternative is medically necessary and appropriate.

''SEC. 729. SELF-PAYMENT FOR BEHAVIORAL HEALTH CARE SERVICES.

''(a) IN GENERAL.—A group health plan (other than a fully insured group health plan) may not—

''(1) prohibit or otherwise discourage a participant or beneficiary from self-paying for behavioral health care services once the plan has denied coverage for such services; or

''(2) terminate a health care provider because such provider permits participants or beneficiaries to self-pay for behavioral health care services—

''(A) that are not otherwise covered under the plan; or

''(B) for which the group health plan provides limited coverage, to the extent that the group health plan denies coverage of the services.

''(b) RULE OF CONSTRUCTION.—Nothing in subsection (a)(2)(B) shall be construed as prohibiting a group health plan from terminating a contract with a health care provider for failure to meet applicable quality standards or for fraud.

''SEC. 730. GENERALLY APPLICABLE PROVISION.

''In the case of a group health plan that provides benefits under 2 or more coverage options, the requirements of this subpart, other than section 722, shall apply separately with respect to each coverage option.''.

(b) DEFINITION.—Section 733(a) of the Employee Retirement Income Security Act of 1974 (42 U.S.C. 1191(a)) is amended by adding at the end the following:

''(3) FULLY INSURED GROUP HEALTH PLAN.—The term 'fully insured group health plan' means a group health plan where benefits under the plan are provided pursuant to the terms of an arrangement between a group health plan and a health insurance issuer and are guaranteed by the health insurance issuer under a contract or policy of insurance.''.

(c) CONFORMING AMENDMENT.—The table of contents in section 1 of such Act is amended—

(1) in the item relating to subpart C, by striking ''Subpart C'' and inserting ''Subpart D''; and

(2) by adding at the end of the items relating to subpart B of part 7 of subtitle B of title I of such Act the following new items:

''SUBPART C—PATIENT RIGHT TO MEDICAL ADVICE AND CARE

''Sec. 721. Patient access to emergency medical care.
''Sec. 722. Offering of choice of coverage options.
''Sec. 723. Patient access to obstetric and gynecological care.
''Sec. 724. Patient access to pediatric care.
''Sec. 725. Access to specialists.
''Sec. 726. Continuity of care.
''Sec. 727. Protection of patient-provider communications.
''Sec. 728. Patient's right to prescription drugs.
''Sec. 729. Self-payment for behavioral health care services.
''Sec. 730. Generally applicable provisions.''.

SEC. 102. COMPREHENSIVE INDEPENDENT STUDY OF PATIENT ACCESS TO CLINICAL TRIALS AND COVERAGE OF ASSOCIATED ROUTINE COSTS.

(a) STUDY BY THE INSTITUTE OF MEDICINE.—Not later than 30 days after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall enter into a contract with the Institute of Medicine to conduct a comprehensive study of patient access to clinical trials and the coverage of routine patient care costs by private health plans and insurers.

(b) MATTERS TO BE ASSESSED.—The study shall assess the following:

(1) The factors that hinder patient participation in clinical trials, including health plan and insurance policies and practices.

(2) The ability of health plans and investigators to distinguish between routine patient care costs and costs associated with clinical trials.

(3) The potential impact of health plan coverage of routine costs associated with clinical trials on health care premiums.

(c) REPORT.—

(1) IN GENERAL.—Not later than 12 months after the date of the execution of the contract referred to in subsection (a), the Institute of Medicine shall submit a report on the study conducted pursuant to that contract to the Committee on Health, Education, Labor and Pensions of the Senate.

(2) MATTERS INCLUDED.—The report submitted under paragraph (1) shall set forth the findings, conclusions, and recommendations of the Institute of Medicine for—

(A) increasing patient participation in clinical trials;

(B) encouraging collaboration between the public and private sectors; and

(C) improving analysis of determining routine costs associated with the conduct of clinical trials.

(3) COPY TO SECRETARY.—Concurrent with the submission of the report under paragraph (1), the Institute of Medicine shall transmit a copy of the report to the Secretary.

(d) FUNDING.—Out of funds appropriated to the Department of Health and Human Services for fiscal year 2000, the Secretary shall provide for such funding as the Secretary determines is necessary in order to carry out the study and report by the Institute of Medicine under this section.

SEC. 103. EFFECTIVE DATE AND RELATED RULES.

(a) IN GENERAL.—The amendments made by this subtitle shall apply with respect to plan years beginning on or after January 1 of the second calendar year following the date of the enactment of this Act. The Secretary shall issue all regulations necessary to carry out the amendments made by this section before the effective date thereof.

(b) LIMITATION ON ENFORCEMENT ACTIONS.—No enforcement action shall be taken, pursuant to the amendments made by this subtitle, against a group health plan with respect to a violation of a requirement imposed by such amendments before the date of issuance of regulations issued in connection with such requirement, if the plan has sought to comply in good faith with such requirement.

Subtitle B—Right to Information About Plans and Providers

SEC. 111. INFORMATION ABOUT PLANS.

(a) EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.—

(1) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as amended by the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999 (Public Law 105–277), is amended by adding at the end the following:

"SEC. 714. HEALTH PLAN COMPARATIVE INFORMATION.

''(a) REQUIREMENT.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer that provides coverage in connection with group health insurance coverage, shall, not later than 12 months after the date of enactment of this section, and at least annually thereafter, provide for the disclosure, in a clear and accurate form to each participant and each beneficiary who does not reside at the same address as the participant, or upon request to an individual eligible for coverage under the plan, of the information described in subsection (b).

''(2) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent a plan or issuer from entering into any agreement under which the issuer agrees to assume responsibility for compliance with the requirements of this section and the plan is released from liability for such compliance.

''(3) PROVISION OF INFORMATION.—Information shall be provided to participants and beneficiaries under this section at the address maintained by the plan or issuer with respect to such participants or beneficiaries.

''(b) REQUIRED INFORMATION.—The informational materials to be distributed under this section shall include for each package option available under a group health plan the following:

''(1) A description of the covered items and services under each such plan and any in- and out-of-network features of each such plan, including a summary description of the specific exclusions from coverage under the plan.

''(2) A description of any cost-sharing, including premiums, deductibles, coinsurance, and copayment amounts, for which the participant or beneficiary will be responsible, including any annual or lifetime limits on benefits, for each such plan.

''(3) A description of any optional supplemental benefits offered by each such plan and the terms and conditions (including premiums or cost-sharing) for such supplemental coverage.

''(4) A description of any restrictions on payments for services furnished to a participant or beneficiary by a health care professional that is not a participating professional and the liability of the participant or beneficiary for additional payments for these services.

''(5) A description of the service area of each such plan, including the provision of any out-of-area coverage.

''(6) A description of the extent to which participants and beneficiaries may select the primary care provider of their choice, including providers both within the network and outside the network of each such plan (if the plan permits out-of-network services).

''(7) A description of the procedures for advance directives and organ donation decisions if the plan maintains such procedures.

''(8) A description of the requirements and procedures to be used to obtain preauthorization for health services (including telephone numbers and mailing addresses), including referrals for specialty care.

''(9) A description of the definition of medical necessity used in making coverage determinations by each such plan.

''(10) A summary of the rules and methods for appealing coverage decisions and filing grievances (including telephone numbers and mailing addresses), as well as other available remedies.

''(11) A summary description of any provisions for obtaining off-formulary medications if the plan utilizes a defined formulary for providing specific prescription medications.

''(12) A summary of the rules for access to emergency room care. Also, any available educational material regarding proper use of emergency services.

''(13) A description of whether or not coverage is provided for experimental treatments, investigational treatments, or clinical trials and the circumstances under which access to such treatments or trials is made available.

''(14) A description of the specific preventative services covered under the plan if such services are covered.

''(15) A statement regarding—

''(A) the manner in which a participant or beneficiary may access an obstetrician, gynecologist, or pediatrician in accordance with section 723 or 724; and

''(B) the manner in which a participant or beneficiary obtains continuity of care as provided for in section 726.

''(16) A statement that the following information, and instructions on obtaining such information (including telephone numbers and, if available, Internet websites), shall be made available upon request:

''(A) The names, addresses, telephone numbers, and State licensure status of the plan's participating health care professionals and participating health care facilities, and, if available, the education, training, speciality qualifications or certifications of such professionals.

''(B) A summary description of the methods used for compensating participating health care professionals, such as capitation, fee-for-service, salary, or a combination thereof. The requirement of this subparagraph shall not be construed as requiring plans to provide information concerning proprietary payment methodology.

''(C) A summary description of the methods used for compensating health care facilities, including per diem, fee-for-service, capitation, bundled payments, or a combination thereof. The requirement of this subparagraph shall not be construed as requiring plans to provide information concerning proprietary payment methodology.

''(D) A summary description of the procedures used for utilization review.

''(E) The list of the specific prescription medications included in the formulary of the plan, if the plan uses a defined formulary.

''(F) A description of the specific exclusions from coverage under the plan.

''(G) Any available information related to the availability of translation or interpretation services for non-English speakers and people with communication disabilities, including the availability of audio tapes or information in Braille.

''(H) Any information that is made public by accrediting organizations in the process of accreditation if the plan is accredited, or any additional quality indicators that the plan makes available.

''(c) MANNER OF DISTRIBUTION.—The information described in this section shall be distributed in an accessible format that is understandable to an average plan participant or beneficiary.

''(d) RULE OF CONSTRUCTION.—Nothing in this section may be construed to prohibit a group health plan, or health insurance issuer in connection with group health insurance coverage, from distributing any other additional information determined by the plan or issuer to be important or necessary in assisting participants and beneficiaries or upon request potential participants and beneficiaries in the selection of a health plan or from providing information under subsection (b)(15) as part of the required information.

''(e) CONFORMING REGULATIONS.—The Secretary shall issue regulations to coordinate the requirements on group health plans and health insurance issuers under this section with the requirements imposed under part 1, to reduce duplication with respect to any information that is required to be provided under any such requirements.

''(f) HEALTH CARE PROFESSIONAL.—In this section, the term 'health care professional' means a physician (as defined in section 1861(r) of the Social Security Act) or other health care professional if coverage for the professional's services is provided under the health plan involved for the services of the professional. Such term includes a podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist and therapy assistant, speech-language pathologist, audiologist, registered or licensed practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse-midwife), licensed certified social worker, registered respiratory therapist, and certified respiratory therapy technician.''.

(2) CONFORMING AMENDMENTS.—

(A) Section 732(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191a(a)) is amended by striking ''section 711, and inserting ''sections 711 and 714''.

(B) The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001) is amended by inserting after the item relating to section 713, the following:

''Sec. 714. Health plan comparative information.''.

(b) INTERNAL REVENUE CODE OF 1986.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended—

(1) in the table of sections, by inserting after the item relating to section 9812 the following new item:

''Sec. 9813. Health plan comparative information.''; and

(2) by inserting after section 9812 the following:

"SEC. 9813. HEALTH PLAN COMPARATIVE INFORMATION.

''(a) REQUIREMENT.—

''(1) IN GENERAL.—A group health plan shall, not later than 12 months after the date of enactment of this section, and at least annually thereafter, provide for the disclosure, in a clear and accurate form to each participant and each beneficiary who does not reside at the same address as the participant, or upon request to an individual eligible for coverage under the plan, of the information described in subsection (b).

''(2) RULES OF CONSTRUCTION.—Nothing in this section shall be construed to prevent a plan from entering into any agreement under which a health insurance issuer agrees to assume responsibility for compliance with the requirements of this section and the plan is released from liability for such compliance.

''(3) PROVISION OF INFORMATION.—Information shall be provided to participants and beneficiaries under this section at the address maintained by the plan with respect to such participants or beneficiaries.

''(b) REQUIRED INFORMATION.—The informational materials to be distributed under this section shall include for each package option available under a group health plan the following:

''(1) A description of the covered items and services under each such plan and any in- and out-of-network features of each such plan, including a summary description of the specific exclusions from coverage under the plan.

''(2) A description of any cost-sharing, including premiums, deductibles, coinsurance, and copayment amounts, for which the participant or beneficiary will be responsible, including any annual or lifetime limits on benefits, for each such plan.

''(3) A description of any optional supplemental benefits offered by each such plan and the terms and conditions (including premiums or cost-sharing) for such supplemental coverage.

''(4) A description of any restrictions on payments for services furnished to a participant or beneficiary by a health care professional that is not a participating professional and the liability of the participant or beneficiary for additional payments for these services.

''(5) A description of the service area of each such plan, including the provision of any out-of-area coverage.

''(6) A description of the extent to which participants and beneficiaries may select the primary care provider of their choice, including providers both within the network and outside the network of each such plan (if the plan permits out-of-network services).

''(7) A description of the procedures for advance directives and organ donation decisions if the plan maintains such procedures.

''(8) A description of the requirements and procedures to be used to obtain preauthorization for health services (including telephone numbers and mailing addresses), including referrals for specialty care.

''(9) A description of the definition of medical necessity used in making coverage determinations by each such plan.

''(10) A summary of the rules and methods for appealing coverage decisions and filing grievances (including telephone numbers and mailing addresses), as well as other available remedies.

''(11) A summary description of any provisions for obtaining off-formulary medications if the plan utilizes a defined formulary for providing specific prescription medications.

''(12) A summary of the rules for access to emergency room care. Also, any available educational material regarding proper use of emergency services.

''(13) A description of whether or not coverage is provided for experimental treatments, investigational treatments, or clinical trials and the circumstances under which access to such treatments or trials is made available.

''(14) A description of the specific preventative services covered under the plan if such services are covered.

''(15) A statement regarding—

''(A) the manner in which a participant or beneficiary may access an obstetrician, gynecologist, or pediatrician in accordance with section 723 or 724; and

''(B) the manner in which a participant or beneficiary obtains continuity of care as provided for in section 726.

''(16) A statement that the following information, and instructions on obtaining such information (including telephone numbers and, if available, Internet websites), shall be made available upon request:

''(A) The names, addresses, telephone numbers, and State licensure status of the plan's participating health care professionals and participating health care facilities, and, if available, the education, training, speciality qualifications or certifications of such professionals.

''(B) A summary description of the methods used for compensating participating health care professionals, such as capitation, fee-for-service, salary, or a combination thereof. The requirement of this subparagraph shall not be construed as requiring plans to provide information concerning proprietary payment methodology.

''(C) A summary description of the methods used for compensating health care facilities, including per diem, fee-for-service, capitation, bundled payments, or a combination thereof. The requirement of this subparagraph shall not be construed as requiring plans to provide information concerning proprietary payment methodology.

''(D) A summary description of the procedures used for utilization review.

''(E) The list of the specific prescription medications included in the formulary of the plan, if the plan uses a defined formulary.

''(F) A description of the specific exclusions from coverage under the plan.

''(G) Any available information related to the availability of translation or interpretation services for non-English speakers and people with communication disabilities, including the availability of audio tapes or information in Braille.

''(H) Any information that is made public by accrediting organizations in the process of accreditation if the plan is accredited, or any additional quality indicators that the plan makes available.

''(c) MANNER OF DISTRIBUTION.—The information described in this section shall be distributed in an accessible format that is understandable to an average plan participant or beneficiary.

''(d) RULE OF CONSTRUCTION.—Nothing in this section may be construed to prohibit a group health plan from distributing any other additional information determined by the plan to be important or necessary in assisting participants and beneficiaries or upon request potential participants and beneficiaries in the selection of a health plan or from providing information under subsection (b)(15) as part of the required information.

''(e) HEALTH CARE PROFESSIONAL.—In this section, the term 'health care professional' means a physician (as defined in section 1861(r) of the Social Security Act) or other health care professional if coverage for the professional's services is provided under the health plan involved for the services of the professional. Such term includes a podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist and therapy assistant, speech-language pathologist, audiologist, registered or licensed practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse-midwife), licensed certified social worker, registered respiratory therapist, and certified respiratory therapy technician.''.

SEC. 112. INFORMATION ABOUT PROVIDERS.

(a) STUDY.—The Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine for the conduct of a study, and the submission to the Secretary of a report, that includes—

(1) an analysis of information concerning health care professionals that is currently available to patients, consumers, States, and professional societies, nationally and on a State-by-State basis, including patient preferences with respect to information about such professionals and their competencies;

(2) an evaluation of the legal and other barriers to the sharing of information concerning health care professionals; and

(3) recommendations for the disclosure of information on health care professionals, including the competencies and professional qualifications of such practitioners, to better facilitate patient choice, quality improvement, and market competition.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services shall forward to the appropriate committees of Congress a copy of the report and study conducted under subsection (a).

Subtitle C—Right to Hold Health Plans Accountable

SEC. 121. AMENDMENT TO EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) IN GENERAL.—Section 503 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1133) is amended to read as follows:

"SEC. 503. CLAIMS PROCEDURE, COVERAGE DETERMINATION, GRIEVANCES AND APPEALS.

''(a) CLAIMS PROCEDURE.—In accordance with regulations of the Secretary, every employee benefit plan shall—

''(1) provide adequate notice in writing to any participant or beneficiary whose claim for benefits under the plan has been denied, setting forth the specific reasons for such denial, written in a manner calculated to be understood by the participant; and

''(2) afford a reasonable opportunity to any participant whose claim for benefits has been denied for a full and fair review by the appropriate named fiduciary of the decision denying the claim.

''(b) COVERAGE DETERMINATIONS UNDER GROUP HEALTH PLANS.—

''(1) PROCEDURES.—

''(A) IN GENERAL.—A group health plan or health insurance issuer conducting utilization review shall ensure that procedures are in place for—

''(i) making determinations regarding whether a participant or beneficiary is eligible to receive a payment or coverage for health services under the plan or coverage involved and any cost-sharing amount that the participant or beneficiary is required to pay with respect to such service;

''(ii) notifying a covered participant or beneficiary (or the authorized representative of such participant or beneficiary) and the treating health care professionals involved regarding determinations made under the plan or issuer and any additional payments that the participant or beneficiary may be required to make with respect to such service; and

''(iii) responding to requests, either written or oral, for coverage determinations or

for internal appeals from a participant or beneficiary (or the authorized representative of such participant or beneficiary) or the treating health care professional with the consent of the participant or beneficiary.

''(B) ORAL REQUESTS.—With respect to an oral request described in subparagraph (A)(iii), a group health plan or health insurance issuer may require that the requesting individual provide written evidence of such request.

''(2) TIMELINE FOR MAKING DETERMINATIONS.—

''(A) ROUTINE DETERMINATION.—A group health plan or a health insurance issuer shall maintain procedures to ensure that prior authorization determinations concerning the provision of non-emergency items or services are made within 30 days from the date on which the request for a determination is submitted, except that such period may be extended where certain circumstances exist that are determined by the Secretary to be beyond control of the plan or issuer.

''(B) EXPEDITED DETERMINATION.—

''(i) IN GENERAL.—A prior authorization determination under this subsection shall be made within 72 hours, in accordance with the medical exigencies of the case, after a request is received by the plan or issuer under clause (ii) or (iii).

''(ii) REQUEST BY PARTICIPANT OR BENEFICIARY.—A plan or issuer shall maintain procedures for expediting a prior authorization determination under this subsection upon the request of a participant or beneficiary if, based on such a request, the plan or issuer determines that the normal time for making such a determination could seriously jeopardize the life or health of the participant or beneficiary.

''(iii) DOCUMENTATION BY HEALTH CARE PROFESSIONAL.—A plan or issuer shall maintain procedures for expediting a prior authorization determination under this subsection if the request involved indicates that the treating health care professional has reasonably documented, based on the medical exigencies, that a determination under the procedures described in subparagraph (A) could seriously jeopardize the life or health of the participant or beneficiary.

''(C) CONCURRENT DETERMINATIONS.—A plan or issuer shall maintain procedures to certify or deny coverage of an extended stay or additional services.

''(D) RETROSPECTIVE DETERMINATION.—A plan or issuer shall maintain procedures to ensure that, with respect to the retrospective review of a determination made under paragraph (1), the determination shall be made within 30 working days of the date on which the plan or issuer receives necessary information.

''(3) NOTICE OF DETERMINATIONS.—

''(A) ROUTINE DETERMINATION.—With respect to a coverage determination of a plan or issuer under paragraph (2)(A), the plan or issuer shall issue notice of such determination to the participant or beneficiary (or the authorized representative of the participant or beneficiary) and, consistent with the medical exigencies of the case, to the treating health care professional involved not later than 2 working days after the date on which the determination is made.

''(B) EXPEDITED DETERMINATION.—With respect to a coverage determination of a plan or issuer under paragraph (2)(B), the plan or issuer shall issue notice of such determination to the participant or beneficiary (or the authorized representative of the participant or beneficiary), and consistent with the medical exigencies of the case, to the treating health care professional involved within the 72 hour period described in paragraph (2)(B).

''(C) CONCURRENT REVIEWS.—With respect to the determination under a plan or issuer under paragraph (2)(C) to certify or deny coverage of an extended stay or additional services, the plan or issuer shall issue notice of such determination to the treating health care professional and to the participant or beneficiary involved (or the authorized representative of the participant or beneficiary) within 1 working day of the determination.

''(D) RETROSPECTIVE REVIEWS.—With respect to the retrospective review under a plan or issuer of a determination made under paragraph (2)(D), the plan or issuer shall issue written notice of an approval or disapproval of a determination under this subparagraph to the participant or beneficiary (or the authorized representative of the participant or beneficiary) and health care provider involved within 5 working days of the date on which such determination is made.

''(E) REQUIREMENTS OF NOTICE OF ADVERSE COVERAGE DETERMINATIONS.—A written notice of an adverse coverage determination under this subsection, or of an expedited adverse coverage determination under paragraph (2)(B), shall be provided to the participant or beneficiary (or the authorized representative of the participant or beneficiary) and treating health care professional (if any) involved and shall include—

''(i) the reasons for the determination (including the clinical or scientific-evidence based rationale used in making the determination) written in a manner to be understandable to the average participant or beneficiary;

''(ii) the procedures for obtaining additional information concerning the determination; and

''(iii) notification of the right to appeal the determination and instructions on how to initiate an appeal in accordance with subsection (d).

''(c) GRIEVANCES.—A group health plan or a health insurance issuer shall have written procedures for addressing grievances between the plan or issuer offering health insurance coverage in connection with a group health plan and a participant or beneficiary. Determinations under such procedures shall be non-appealable.

''(d) INTERNAL APPEAL OF COVERAGE DETERMINATIONS.—

''(1) RIGHT TO APPEAL.—

''(A) IN GENERAL.—A participant or beneficiary (or the authorized representative of the participant or beneficiary) or the treating health care professional with the consent of the participant or beneficiary (or the authorized representative of the participant or beneficiary), may appeal any adverse coverage determination under subsection (b) under the procedures described in this subsection.

''(B) TIME FOR APPEAL.—A plan or issuer shall ensure that a participant or beneficiary has a period of not less than 180 days beginning on the date of an adverse coverage determination under subsection (b) in which to appeal such determination under this subsection.

''(C) FAILURE TO ACT.—The failure of a plan or issuer to issue a determination under subsection (b) within the applicable timeline established for such a determination under such subsection shall be treated as an adverse coverage determination for purposes of proceeding to internal review under this subsection.

''(2) RECORDS.—A group health plan and a health insurance issuer shall maintain written records, for at least 6 years, with respect to any appeal under this subsection for purposes of internal quality assurance and improvement. Nothing in the preceding sentence shall be construed as preventing a plan and issuer from entering into an agreement under which the issuer agrees to assume responsibility for compliance with the requirements of this section and the plan is released from liability for such compliance.

''(3) ROUTINE DETERMINATIONS.—A group health plan or a health insurance issuer shall complete the consideration of an appeal of an adverse routine determination under this subsection not later than 30 working days after the date on which a request for such appeal is received.

''(4) EXPEDITED DETERMINATION.—

''(A) IN GENERAL.—An expedited determination with respect to an appeal under this subsection shall be made in accordance with the medical exigencies of the case, but in no case more than 72 hours after the request for such appeal is received by the plan or issuer under subparagraph (B) or (C).

''(B) REQUEST BY PARTICIPANT OR BENEFICIARY.—A plan or issuer shall maintain procedures for expediting a prior authorization determination under this subsection upon the request of a participant or beneficiary if, based on such a request, the plan or issuer determines that the normal time for making such a determination could seriously jeopardize the life or health of the participant or beneficiary.

''(C) DOCUMENTATION BY HEALTH CARE PROFESSIONAL.—A plan or issuer shall maintain procedures for expediting a prior authorization determination under this subsection if the request involved indicates that the treating health care professional has reasonably documented, based on the medical exigencies of the case that a determination under the procedures described in paragraph (2) could seriously jeopardize the life or health of the participant or beneficiary.

''(5) CONDUCT OF REVIEW.—A review of an adverse coverage determination under this subsection shall be conducted by an individual with appropriate expertise who was not directly involved in the initial determination.

''(6) LACK OF MEDICAL NECESSITY.—A review of an appeal under this subsection relating to a determination to deny coverage based on a lack of medical necessity and appropriateness, or based on an experimental or investigational treatment, shall be made only by a physician with appropriate expertise, including age-appropriate expertise, who was not involved in the initial determination.

''(7) NOTICE.—

''(A) IN GENERAL.—Written notice of a determination made under an internal review process shall be issued to the participant or beneficiary (or the authorized representative of the participant or beneficiary) and the treating health care professional not later than 2 working days after the completion of the review (or within the 72-hour period referred to in paragraph (4) if applicable).

''(B) ADVERSE COVERAGE DETERMINATIONS.—With respect to an adverse coverage determination made under this subsection, the notice described in subparagraph (A) shall include—

''(i) the reasons for the determination (including the clinical or scientific-evidence based rationale used in making the determination) written in a manner to be understandable to the average participant or beneficiary;

''(ii) the procedures for obtaining additional information concerning the determination; and

''(iii) notification of the right to an independent external review under subsection (e) and instructions on how to initiate such a review.

''(e) INDEPENDENT EXTERNAL REVIEW.—

''(1) ACCESS TO REVIEW.—

''(A) IN GENERAL.—A group health plan or a health insurance issuer offering health insurance coverage in connection with a group health plan shall have written procedures to

permit a participant or beneficiary (or the authorized representative of the participant or beneficiary) access to an independent external review with respect to an adverse coverage determination concerning a particular item or service (including a circumstance treated as an adverse coverage determination under subparagraph (B)) where—

''(i) the particular item or service involved—

''(I)(aa) would be a covered benefit, when medically necessary and appropriate under the terms and conditions of the plan, and the item or service has been determined not to be medically necessary and appropriate under the internal appeals process required under subsection (d) or there has been a failure to issue a coverage determination as described in subparagraph (B); and

''(bb)(AA) the amount of such item or service involved exceeds a significant financial threshold; or

''(BB) there is a significant risk of placing the life or health of the participant or beneficiary in jeopardy; or

''(II) would be a covered benefit, when not considered experimental or investigational under the terms and conditions of the plan, and the item or service has been determined to be experimental or investigational under the internal appeals process required under subsection (d) or there has been a failure to issue a coverage determination as described in subparagraph (B); and

''(ii) the participant or beneficiary has completed the internal appeals process under subsection (d) with respect to such determination.

''(B) FAILURE TO ACT.—The failure of a plan or issuer to issue a coverage determination under subsection (d)(6) within the applicable timeline established for such a determination under such subsection shall be treated as an adverse coverage determination for purposes of proceeding to independent external review under this subsection.

''(2) INITIATION OF THE INDEPENDENT EXTERNAL REVIEW PROCESS.—

''(A) FILING OF REQUEST.—A participant or beneficiary (or the authorized representative of the participant or beneficiary) who desires to have an independent external review conducted under this subsection shall file a written request for such a review with the plan or issuer involved not later than 30 working days after the receipt of a final denial of a claim under subsection (d). Any such request shall include the consent of the participant or beneficiary (or the authorized representative of the participant or beneficiary) for the release of medical information and records to independent external reviewers regarding the participant or beneficiary.

''(B) INFORMATION AND NOTICE.—Not later than 5 working days after the receipt of a request under subparagraph (A), or earlier in accordance with the medical exigencies of the case, the plan or issuer involved shall select an external appeals entity under paragraph (3)(A) that shall be responsible for designating an independent external reviewer under paragraph (3)(B).

''(C) PROVISION OF INFORMATION.—The plan or issuer involved shall forward necessary information (including medical records, any relevant review criteria, the clinical rationale consistent with the terms and conditions of the contract between the plan or issuer and the participant or beneficiary for the coverage denial, and evidence of the coverage of the participant or beneficiary) to the independent external reviewer selected under paragraph (3)(B).

''(D) NOTIFICATION.—The plan or issuer involved shall send a written notification to the participant or beneficiary (or the authorized representative of the participant or beneficiary) and the plan administrator, indicating that an independent external review has been initiated.

''(3) CONDUCT OF INDEPENDENT EXTERNAL REVIEW.—

''(A) DESIGNATION OF EXTERNAL APPEALS ENTITY BY PLAN OR ISSUER.—

''(i) IN GENERAL.—A plan or issuer that receives a request for an independent external review under paragraph (2)(A) shall designate a qualified entity described in clause (ii), in a manner designed to ensure that the entity so designated will make a decision in an unbiased manner, to serve as the external appeals entity.

''(ii) QUALIFIED ENTITIES.—A qualified entity shall be—

''(I) an independent external review entity licensed or credentialed by a State;

''(II) a State agency established for the purpose of conducting independent external reviews;

''(III) any entity under contract with the Federal Government to provide independent external review services;

''(IV) any entity accredited as an independent external review entity by an accrediting body recognized by the Secretary for such purpose; or

''(V) any other entity meeting criteria established by the Secretary for purposes of this subparagraph.

''(B) DESIGNATION OF INDEPENDENT EXTERNAL REVIEWER BY EXTERNAL APPEALS ENTITY.—The external appeals entity designated under subparagraph (A) shall, not later than 30 days after the date on which such entity is designated under subparagraph (A), or earlier in accordance with the medical exigencies of the case, designate one or more individuals to serve as independent external reviewers with respect to a request received under paragraph (2)(A). Such reviewers shall be independent medical experts who shall—

''(i) be appropriately credentialed or licensed in any State to deliver health care services;

''(ii) not have any material, professional, familial, or financial affiliation with the case under review, the participant or beneficiary involved, the treating health care professional, the institution where the treatment would take place, or the manufacturer of any drug, device, procedure, or other therapy proposed for the participant or beneficiary whose treatment is under review;

''(iii) have expertise (including age-appropriate expertise) in the diagnosis or treatment under review and, when reasonably available, be of the same specialty as the physician treating the participant or beneficiary or recommending or prescribing the treatment in question;

''(iv) receive only reasonable and customary compensation from the group health plan or health insurance issuer in connection with the independent external review that is not contingent on the decision rendered by the reviewer; and

''(v) not be held liable for decisions regarding medical determinations (but may be held liable for actions that are arbitrary and capricious).

''(4) STANDARD OF REVIEW.—

''(A) IN GENERAL.—An independent external reviewer shall—

''(i) make an independent determination based on the valid, relevant, scientific and clinical evidence to determine the medical necessity, appropriateness, experimental or investigational nature of the proposed treatment; and

''(ii) take into consideration appropriate and available information, including any evidence-based decision making or clinical practice guidelines used by the group health plan or health insurance issuer; timely evidence or information submitted by the plan, issuer, patient or patient's physician; the patient's medical record; expert consensus; and medical literature as defined in section 556(5) of the Federal Food, Drug, and Cosmetic Act.

''(B) NOTICE.—The plan or issuer involved shall ensure that the participant or beneficiary receives notice, within 30 days after the determination of the independent medical expert, regarding the actions of the plan or issuer with respect to the determination of such expert under the independent external review.

''(5) TIMEFRAME FOR REVIEW.—

''(A) IN GENERAL.—The independent external reviewer shall complete a review of an adverse coverage determination in accordance with the medical exigencies of the case.

''(B) LIMITATION.—Notwithstanding subparagraph (A), a review described in such subparagraph shall be completed not later than 30 working days after the later of—

''(i) the date on which such reviewer is designated; or

''(ii) the date on which all information necessary to completing such review is received.

''(6) BINDING DETERMINATION.—The determination of an independent external reviewer under this subsection shall be binding upon the plan or issuer if the provisions of this subsection or the procedures implemented under such provisions were complied with by the independent external reviewer.

''(7) STUDY.—Not later than 2 years after the date of enactment of this section, the General Accounting Office shall conduct a study of a statistically appropriate sample of completed independent external reviews. Such study shall include an assessment of the process involved during an independent external review and the basis of decision-making by the independent external reviewer. The results of such study shall be submitted to the appropriate committees of Congress.

''(8) EFFECT ON CERTAIN PROVISIONS.—Nothing in this section shall be construed as affecting or modifying section 514 of this Act with respect to a group health plan.

''(f) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prohibit a plan administrator or plan fiduciary or health plan medical director from requesting an independent external review by an independent external reviewer without first completing the internal review process.

''(g) DEFINITIONS.—In this section:

''(1) ADVERSE COVERAGE DETERMINATION.—The term 'adverse coverage determination' means a coverage determination under the plan which results in a denial of coverage or reimbursement.

''(2) COVERAGE DETERMINATION.—The term 'coverage determination' means with respect to items and services for which coverage may be provided under a health plan, a determination of whether or not such items and services are covered or reimbursable under the coverage and terms of the contract.

''(3) GRIEVANCE.—The term 'grievance' means any complaint made by a participant or beneficiary that does not involve a coverage determination.

''(4) GROUP HEALTH PLAN.—The term 'group health plan' shall have the meaning given such term in section 733(a). In applying this paragraph, excepted benefits described in section 733(c) shall not be treated as benefits consisting of medical care.

''(5) HEALTH INSURANCE COVERAGE.—The term 'health insurance coverage' has the meaning given such term in section 733(b)(1). In applying this paragraph, excepted benefits described in section 733(c) shall not be treated as benefits consisting of medical care.

''(6) HEALTH INSURANCE ISSUER.—The term 'health insurance issuer' has the meaning given such term in section 733(b)(2).

''(7) PRIOR AUTHORIZATION DETERMINATION.—The term 'prior authorization determination' means a coverage determination prior to the provision of the items and services as a condition of coverage of the items and services under the coverage.

''(8) TREATING HEALTH CARE PROFESSIONAL.—The term 'treating health care professional' with respect to a group health plan, health insurance issuer or provider sponsored organization means a physician (medical doctor or doctor of osteopathy) or other health care practitioner who is acting within the scope of his or her State licensure or certification for the delivery of health care services and who is primarily responsible for delivering those services to the participant or beneficiary.

''(9) UTILIZATION REVIEW.—The term 'utilization review' with respect to a group health plan or health insurance coverage means a set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures, or settings. Techniques may include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning or retrospective review.''

(b) ENFORCEMENT.—Section 502(c)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132(c)(1)) is amended by inserting after ''or section 101(e)(1)'' the following: '', or fails to comply with a coverage determination as required under section 503(e)(6),''.

(c) CONFORMING AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 is amended by striking the item relating to section 503 and inserting the following new item:

''Sec. 503. Claims procedures, coverage determination, grievances and appeals.''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after 1 year after the date of enactment of this Act. The Secretary shall issue all regulations necessary to carry out the amendments made by this section before the effective date thereof.

TITLE II—GENETIC INFORMATION AND SERVICES

SEC. 201. SHORT TITLE.

This title may be cited as the ''Genetic Information Nondiscrimination in Health Insurance Act of 1999''.

SEC. 202. AMENDMENTS TO EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) PROHIBITION OF HEALTH DISCRIMINATION ON THE BASIS OF GENETIC INFORMATION OR GENETIC SERVICES.—

(1) NO ENROLLMENT RESTRICTION FOR GENETIC SERVICES.—Section 702(a)(1)(F) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182(a)(1)(F)) is amended by inserting before the period the following: ''(including information about a request for or receipt of genetic services)''.

(2) NO DISCRIMINATION IN GROUP PREMIUMS BASED ON PREDICTIVE GENETIC INFORMATION.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as amended by section 111(a), is further amended by adding at the end the following:

''SEC. 715. PROHIBITING PREMIUM DISCRIMINATION AGAINST GROUPS ON THE BASIS OF PREDICTIVE GENETIC INFORMATION.

''A group health plan, or a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall not adjust premium or contribution amounts for a group on the basis of predictive genetic information concerning any individual (including a dependent) or family member of the individual (including information about a request for or receipt of genetic services).''.

(3) CONFORMING AMENDMENTS.—

(A) IN GENERAL.—Section 702(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182(b)) is amended by adding at the end the following:

''(3) REFERENCE TO RELATED PROVISION.—For a provision prohibiting the adjustment of premium or contribution amounts for a group under a group health plan on the basis of predictive genetic information (including information about a request for or receipt of genetic services), see section 715.''.

(B) TABLE OF CONTENTS.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974, as amended by section 111(a), is further amended by inserting after the item relating to section 714 the following new item:

''Sec. 715. Prohibiting premium discrimination against groups on the basis of predictive genetic information.''.

(b) LIMITATION ON COLLECTION OF PREDICTIVE GENETIC INFORMATION.—Section 702 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182) is amended by adding at the end the following:

''(c) COLLECTION OF PREDICTIVE GENETIC INFORMATION.—

''(1) LIMITATION ON REQUESTING OR REQUIRING PREDICTIVE GENETIC INFORMATION.—Except as provided in paragraph (2), a group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall not request or require predictive genetic information concerning any individual (including a dependent) or family member of the individual (including information about a request for or receipt of genetic services).

''(2) INFORMATION NEEDED FOR DIAGNOSIS, TREATMENT, OR PAYMENT.—

''(A) IN GENERAL.—Notwithstanding paragraph (1), a group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, that provides health care items and services to an individual or dependent may request (but may not require) that such individual or dependent disclose, or authorize the collection or disclosure of, predictive genetic information for purposes of diagnosis, treatment, or payment relating to the provision of health care items and services to such individual or dependent.

''(B) NOTICE OF CONFIDENTIALITY PRACTICES AND DESCRIPTION OF SAFEGUARDS.—As a part of a request under subparagraph (A), the group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall provide to the individual or dependent a description of the procedures in place to safeguard the confidentiality, as described in subsection (d), of such predictive genetic information.

''(d) CONFIDENTIALITY WITH RESPECT TO PREDICTIVE GENETIC INFORMATION.—

''(1) NOTICE OF CONFIDENTIALITY PRACTICES.—

''(A) PREPARATION OF WRITTEN NOTICE.—A group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall post or provide, in writing and in a clear and conspicuous manner, notice of the plan or issuer's confidentiality practices, that shall include—

''(i) a description of an individual's rights with respect to predictive genetic information;

''(ii) the procedures established by the plan or issuer for the exercise of the individual's rights; and

''(iii) the right to obtain a copy of the notice of the confidentiality practices required under this subsection.

''(B) MODEL NOTICE.—The Secretary, in consultation with the National Committee on Vital and Health Statistics and the National Association of Insurance Commissioners, and after notice and opportunity for public comment, shall develop and disseminate model notices of confidentiality practices. Use of the model notice shall serve as a defense against claims of receiving inappropriate notice.

''(2) ESTABLISHMENT OF SAFEGUARDS.—A group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality, security, accuracy, and integrity of predictive genetic information created, received, obtained, maintained, used, transmitted, or disposed of by such plan or issuer.''.

(c) DEFINITIONS.—Section 733(d) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(d)) is amended by adding at the end the following:

''(5) FAMILY MEMBER.—The term 'family member' means with respect to an individual—

''(A) the spouse of the individual;

''(B) a dependent child of the individual, including a child who is born to or placed for adoption with the individual; and

''(C) all other individuals related by blood to the individual or the spouse or child described in subparagraph (A) or (B).

''(6) GENETIC INFORMATION.—The term 'genetic information' means information about genes, gene products, or inherited characteristics that may derive from an individual or a family member (including information about a request for or receipt of genetic services).

''(7) GENETIC SERVICES.—The term 'genetic services' means health services provided to obtain, assess, or interpret genetic information for diagnostic and therapeutic purposes, and for genetic education and counseling.

''(8) PREDICTIVE GENETIC INFORMATION.—

''(A) IN GENERAL.—The term 'predictive genetic information' means, in the absence of symptoms, clinical signs, or a diagnosis of the condition related to such information—

''(i) information about an individual's genetic tests;

''(ii) information about genetic tests of family members of the individual; or

''(iii) information about the occurrence of a disease or disorder in family members.

''(B) EXCEPTIONS.—The term 'predictive genetic information' shall not include—

''(i) information about the sex or age of the individual;

''(ii) information derived from physical tests, such as the chemical, blood, or urine analyses of the individual including cholesterol tests; and

''(iii) information about physical exams of the individual.

''(9) GENETIC TEST.—The term 'genetic test' means the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites, including analysis of genotypes, mutations, phenotypes, or karyotypes, for the purpose of predicting risk of disease in asymptomatic or undiagnosed individuals. Such term does not include physical tests, such as the chemical, blood, or urine analyses of the individual including cholesterol tests, and physical exams of the individual, in order to detect symptoms, clinical signs, or a diagnosis of disease.''.

(d) EFFECTIVE DATE.—Except as provided in this section, this section and the amendments made by this section shall apply with respect to group health plans for plan years beginning 1 year after the date of the enactment of this Act.

SEC. 203. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) AMENDMENTS RELATING TO THE GROUP MARKET.—

(1) PROHIBITION OF HEALTH DISCRIMINATION ON THE BASIS OF GENETIC INFORMATION IN THE GROUP MARKET.—

(A) NO ENROLLMENT RESTRICTION FOR GENETIC SERVICES.—Section 2702(a)(1)(F) of the Public Health Service Act (42 U.S.C. 300gg–1(a)(1)(F)) is amended by inserting before the period the following: ''(including information about a request for or receipt of genetic services)''.

(B) NO DISCRIMINATION IN PREMIUMS BASED ON PREDICTIVE GENETIC INFORMATION.—Subpart 2 of part A of title XXVII of the Public Health Service Act, as amended by the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999 (Public Law 105–277), is amended by adding at the end the following new section:

''SEC. 2707. PROHIBITING PREMIUM DISCRIMINATION AGAINST GROUPS ON THE BASIS OF PREDICTIVE GENETIC INFORMATION IN THE GROUP MARKET.

''A group health plan, or a health insurance issuer offering group health insurance coverage in connection with a group health plan shall not adjust premium or contribution amounts for a group on the basis of predictive genetic information concerning any individual (including a dependent) or family member of the individual (including information about a request for or receipt of genetic services).''.

(C) CONFORMING AMENDMENT.—Section 2702(b) of the Public Health Service Act (42 U.S.C. 300gg–1(b)) is amended by adding at the end the following:

''(3) REFERENCE TO RELATED PROVISION.—For a provision prohibiting the adjustment of premium or contribution amounts for a group under a group health plan on the basis of predictive genetic information (including information about a request for or receipt of genetic services), see section 2707.''.

(D) LIMITATION ON COLLECTION AND DISCLOSURE OF PREDICTIVE GENETIC INFORMATION.—Section 2702 of the Public Health Service Act (42 U.S.C. 300gg–1) is amended by adding at the end the following:

''(c) COLLECTION OF PREDICTIVE GENETIC INFORMATION.—

''(1) LIMITATION ON REQUESTING OR REQUIRING PREDICTIVE GENETIC INFORMATION.—Except as provided in paragraph (2), a group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall not request or require predictive genetic information concerning any individual (including a dependent) or a family member of the individual (including information about a request for or receipt of genetic services).

''(2) INFORMATION NEEDED FOR DIAGNOSIS, TREATMENT, OR PAYMENT.—

''(A) IN GENERAL.—Notwithstanding paragraph (1), a group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, that provides health care items and services to an individual or dependent may request (but may not require) that such individual or dependent disclose, or authorize the collection or disclosure of, predictive genetic information for purposes of diagnosis, treatment, or payment relating to the provision of health care items and services to such individual or dependent.

''(B) NOTICE OF CONFIDENTIALITY PRACTICES AND DESCRIPTION OF SAFEGUARDS.—As a part of a request under subparagraph (A), the group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall provide to the individual or dependent a description of the procedures in place to safeguard the confidentiality, as described in subsection (d), of such predictive genetic information.

''(d) CONFIDENTIALITY WITH RESPECT TO PREDICTIVE GENETIC INFORMATION.—

''(1) NOTICE OF CONFIDENTIALITY PRACTICES.—

''(A) PREPARATION OF WRITTEN NOTICE.—A group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall post or provide, in writing and in a clear and conspicuous manner, notice of the plan or issuer's confidentiality practices, that shall include—

''(i) a description of an individual's rights with respect to predictive genetic information;

''(ii) the procedures established by the plan or issuer for the exercise of the individual's rights; and

''(iii) the right to obtain a copy of the notice of the confidentiality practices required under this subsection.

''(B) MODEL NOTICE.—The Secretary, in consultation with the National Committee on Vital and Health Statistics and the National Association of Insurance Commissioners, and after notice and opportunity for public comment, shall develop and disseminate model notices of confidentiality practices. Use of the model notice shall serve as a defense against claims of receiving inappropriate notice.

''(2) ESTABLISHMENT OF SAFEGUARDS.—A group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality, security, accuracy, and integrity of predictive genetic information created, received, obtained, maintained, used, transmitted, or disposed of by such plan or issuer.''.

(2) DEFINITIONS.—Section 2791(d) of the Public Health Service Act (42 U.S.C. 300gg–91(d)) is amended by adding at the end the following:

''(15) FAMILY MEMBER.—The term 'family member' means, with respect to an individual—

''(A) the spouse of the individual;

''(B) a dependent child of the individual, including a child who is born to or placed for adoption with the individual; and

''(C) all other individuals related by blood to the individual or the spouse or child described in subparagraph (A) or (B).

''(16) GENETIC INFORMATION.—The term 'genetic information' means information about genes, gene products, or inherited characteristics that may derive from an individual or a family member (including information about a request for or receipt of genetic services).

''(17) GENETIC SERVICES.—The term 'genetic services' means health services provided to obtain, assess, or interpret genetic information for diagnostic and therapeutic purposes, and for genetic education and counseling.

''(18) PREDICTIVE GENETIC INFORMATION.—

''(A) IN GENERAL.—The term 'predictive genetic information' means, in the absence of symptoms, clinical signs, or a diagnosis of the condition related to such information—

''(i) information about an individual's genetic tests;

''(ii) information about genetic tests of family members of the individual; or

''(iii) information about the occurrence of a disease or disorder in family members.

''(B) EXCEPTIONS.—The term 'predictive genetic information' shall not include—

''(i) information about the sex or age of the individual;

''(ii) information derived from physical tests, such as the chemical, blood, or urine analyses of the individual including cholesterol tests; and

''(iii) information about physical exams of the individual.

''(19) GENETIC TEST.—The term 'genetic test' means the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites, including analysis of genotypes, mutations, phenotypes, or karyotypes, for the purpose of predicting risk of disease in asymptomatic or undiagnosed individuals. Such term does not include physical tests, such as the chemical, blood, or urine analyses of the individual including cholesterol tests, and physical exams of the individual, in order to detect symptoms, clinical signs, or a diagnosis of disease.''.

(b) AMENDMENT RELATING TO THE INDIVIDUAL MARKET.—The first subpart 3 of part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–51 et seq.) (relating to other requirements), as amended by the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999 (Public Law 105-277) is amended—

(1) by redesignating such subpart as subpart 2; and

(2) by adding at the end the following:

''SEC. 2753. PROHIBITION OF HEALTH DISCRIMINATION ON THE BASIS OF PREDICTIVE GENETIC INFORMATION.

''(a) PROHIBITION ON PREDICTIVE GENETIC INFORMATION AS A CONDITION OF ELIGIBILITY.—A health insurance issuer offering health insurance coverage in the individual market may not use predictive genetic information as a condition of eligibility of an individual to enroll in individual health insurance coverage (including information about a request for or receipt of genetic services).

''(b) PROHIBITION ON PREDICTIVE GENETIC INFORMATION IN SETTING PREMIUM RATES.—A health insurance issuer offering health insurance coverage in the individual market shall not adjust premium rates for individuals on the basis of predictive genetic information concerning such an individual (including a dependent) or a family member of the individual (including information about a request for or receipt of genetic services).

''(c) COLLECTION OF PREDICTIVE GENETIC INFORMATION.—

''(1) LIMITATION ON REQUESTING OR REQUIRING PREDICTIVE GENETIC INFORMATION.—Except as provided in paragraph (2), a health insurance issuer offering health insurance coverage in the individual market shall not request or require predictive genetic information concerning any individual (including a dependent) or a family member of the individual (including information about a request for or receipt of genetic services).

''(2) INFORMATION NEEDED FOR DIAGNOSIS, TREATMENT, OR PAYMENT.—

''(A) IN GENERAL.—Notwithstanding paragraph (1), a health insurance issuer offering health insurance coverage in the individual market that provides health care items and services to an individual or dependent may request (but may not require) that such individual or dependent disclose, or authorize the collection or disclosure of, predictive genetic information for purposes of diagnosis, treatment, or payment relating to the provision of health care items and services to such individual or dependent.

''(B) NOTICE OF CONFIDENTIALITY PRACTICES AND DESCRIPTION OF SAFEGUARDS.—As a part of a request under subparagraph (A), the health insurance issuer offering health insurance coverage in the individual market shall

provide to the individual or dependent a description of the procedures in place to safeguard the confidentiality, as described in subsection (d), of such predictive genetic information.

''(d) CONFIDENTIALITY WITH RESPECT TO PREDICTIVE GENETIC INFORMATION.—

''(1) NOTICE OF CONFIDENTIALITY PRACTICES.—

''(A) PREPARATION OF WRITTEN NOTICE.—A health insurance issuer offering health insurance coverage in the individual market shall post or provide, in writing and in a clear and conspicuous manner, notice of the issuer's confidentiality practices, that shall include—

''(i) a description of an individual's rights with respect to predictive genetic information;

''(ii) the procedures established by the issuer for the exercise of the individual's rights; and

''(iii) the right to obtain a copy of the notice of the confidentiality practices required under this subsection.

''(B) MODEL NOTICE.—The Secretary, in consultation with the National Committee on Vital and Health Statistics and the National Association of Insurance Commissioners, and after notice and opportunity for public comment, shall develop and disseminate model notices of confidentiality practices. Use of the model notice shall serve as a defense against claims of receiving inappropriate notice.

''(2) ESTABLISHMENT OF SAFEGUARDS.—A health insurance issuer offering health insurance coverage in the individual market shall establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality, security, accuracy, and integrity of predictive genetic information created, received, obtained, maintained, used, transmitted, or disposed of by such issuer.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to—

(1) group health plans, and health insurance coverage offered in connection with group health plans, for plan years beginning after 1 year after the date of enactment of this Act; and

(2) health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market after 1 year after the date of enactment of this Act.

SEC. 204. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.

(a) PROHIBITION OF HEALTH DISCRIMINATION ON THE BASIS OF GENETIC INFORMATION OR GENETIC SERVICES.—

(1) NO ENROLLMENT RESTRICTION FOR GENETIC SERVICES.—Section 9802(a)(1)(F) of the Internal Revenue Code of 1986 is amended by inserting before the period the following: ''(including information about a request for or receipt of genetic services)''.

(2) NO DISCRIMINATION IN GROUP PREMIUMS BASED ON PREDICTIVE GENETIC INFORMATION.—

(A) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986, as amended by section 111(b), is further amended by adding at the end the following:

''SEC. 9814. PROHIBITING PREMIUM DISCRIMINATION AGAINST GROUPS ON THE BASIS OF PREDICTIVE GENETIC INFORMATION.

''A group health plan shall not adjust premium or contribution amounts for a group on the basis of predictive genetic information concerning any individual (including a dependent) or a family member of the individual (including information about a request for or receipt of genetic services).''.

(B) CONFORMING AMENDMENT.—Section 9802(b) of the Internal Revenue Code of 1986 is amended by adding at the end the following:

''(3) REFERENCE TO RELATED PROVISION.—For a provision prohibiting the adjustment of premium or contribution amounts for a group under a group health plan on the basis of predictive genetic information (including information about a request for or the receipt of genetic services), see section 9814.''.

(C) AMENDMENT TO TABLE OF SECTIONS.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986, as amended by section 111(b), is further amended by adding at the end the following:

''Sec. 9814. Prohibiting premium discrimination against groups on the basis of predictive genetic information.''.

(b) LIMITATION ON COLLECTION OF PREDICTIVE GENETIC INFORMATION.—Section 9802 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

''(d) COLLECTION OF PREDICTIVE GENETIC INFORMATION.—

''(1) LIMITATION ON REQUESTING OR REQUIRING PREDICTIVE GENETIC INFORMATION.—Except as provided in paragraph (2), a group health plan shall not request or require predictive genetic information concerning any individual (including a dependent) or a family member of the individual (including information about a request for or receipt of genetic services).

''(2) INFORMATION NEEDED FOR DIAGNOSIS, TREATMENT, OR PAYMENT.—

''(A) IN GENERAL.—Notwithstanding paragraph (1), a group health plan that provides health care items and services to an individual or dependent may request (but may not require) that such individual or dependent disclose, or authorize the collection or disclosure of, predictive genetic information for purposes of diagnosis, treatment, or payment relating to the provision of health care items and services to such individual or dependent.

''(B) NOTICE OF CONFIDENTIALITY PRACTICES; DESCRIPTION OF SAFEGUARDS.—As a part of a request under subparagraph (A), the group health plan shall provide to the individual or dependent a description of the procedures in place to safeguard the confidentiality, as described in subsection (e), of such predictive genetic information.

''(e) CONFIDENTIALITY WITH RESPECT TO PREDICTIVE GENETIC INFORMATION.—

''(1) NOTICE OF CONFIDENTIALITY PRACTICES.—

''(A) PREPARATION OF WRITTEN NOTICE.—A group health plan shall post or provide, in writing and in a clear and conspicuous manner, notice of the plan's confidentiality practices, that shall include—

''(i) a description of an individual's rights with respect to predictive genetic information;

''(ii) the procedures established by the plan for the exercise of the individual's rights; and

''(iii) the right to obtain a copy of the notice of the confidentiality practices required under this subsection.

''(B) MODEL NOTICE.—The Secretary, in consultation with the National Committee on Vital and Health Statistics and the National Association of Insurance Commissioners, and after notice and opportunity for public comment, shall develop and disseminate model notices of confidentiality practices. Use of the model notice shall serve as a defense against claims of receiving inappropriate notice.

''(2) ESTABLISHMENT OF SAFEGUARDS.—A group health plan shall establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality, security, accuracy, and integrity of predictive genetic information created, received, obtained, maintained, used, transmitted, or disposed of by such plan.''.

(c) DEFINITIONS.—Section 9832(d) of the Internal Revenue Code of 1986 is amended by adding at the end the following:

''(6) FAMILY MEMBER.—The term 'family member' means, with respect to an individual—

''(A) the spouse of the individual;

''(B) a dependent child of the individual, including a child who is born to or placed for adoption with the individual; and

''(C) all other individuals related by blood to the individual or the spouse or child described in subparagraph (A) or (B).

''(7) GENETIC INFORMATION.—The term 'genetic information' means information about genes, gene products, or inherited characteristics that may derive from an individual or a family member (including information about a request for or receipt of genetic services).

''(8) GENETIC SERVICES.—The term 'genetic services' means health services provided to obtain, assess, or interpret genetic information for diagnostic and therapeutic purposes, and for genetic education and counseling.

''(9) PREDICTIVE GENETIC INFORMATION.—

''(A) IN GENERAL.—The term 'predictive genetic information' means, in the absence of symptoms, clinical signs, or a diagnosis of the condition related to such information—

''(i) information about an individual's genetic tests;

''(ii) information about genetic tests of family members of the individual; or

''(iii) information about the occurrence of a disease or disorder in family members.

''(B) EXCEPTIONS.—The term 'predictive genetic information' shall not include—

''(i) information about the sex or age of the individual;

''(ii) information derived from physical tests, such as the chemical, blood, or urine analyses of the individual including cholesterol tests; and

''(iii) information about physical exams of the individual.

''(10) GENETIC TEST.—The term 'genetic test' means the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites, including analysis of genotypes, mutations, phenotypes, or karyotypes, for the purpose of predicting risk of disease in asymptomatic or undiagnosed individuals. Such term does not include physical tests, such as the chemical, blood, or urine analyses of the individual including cholesterol tests, and physical exams of the individual, in order to detect symptoms, clinical signs, or a diagnosis of disease.''.

(d) EFFECTIVE DATE.—Except as provided in this section, this section and the amendments made by this section shall apply with respect to group health plans for plan years beginning after 1 year after the date of the enactment of this Act.

TITLE III—HEALTHCARE RESEARCH AND QUALITY

SEC. 301. SHORT TITLE.

This title may be cited as the ''Healthcare Research and Quality Act of 1999''.

SEC. 302. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended to read as follows:

''TITLE IX—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

''PART A—ESTABLISHMENT AND GENERAL DUTIES

''SEC. 901. MISSION AND DUTIES.

''(a) IN GENERAL.—There is established within the Public Health Service an agency to be known as the Agency for Healthcare Research and Quality. In carrying out this subsection, the Secretary shall redesignate

the Agency for Health Care Policy and Research as the Agency for Healthcare Research and Quality.

''(b) MISSION.—The purpose of the Agency is to enhance the quality, appropriateness, and effectiveness of healthcare services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions. The Agency shall promote healthcare quality improvement by—

''(1) conducting and supporting research that develops and presents scientific evidence regarding all aspects of healthcare, including—

''(A) the development and assessment of methods for enhancing patient participation in their own care and for facilitating shared patient-physician decision-making;

''(B) the outcomes, effectiveness, and cost-effectiveness of healthcare practices, including preventive measures and long-term care;

''(C) existing and innovative technologies;

''(D) the costs and utilization of, and access to healthcare;

''(E) the ways in which healthcare services are organized, delivered, and financed and the interaction and impact of these factors on the quality of patient care;

''(F) methods for measuring quality and strategies for improving quality; and

''(G) ways in which patients, consumers, purchasers, and practitioners acquire new information about best practices and health benefits, the determinants and impact of their use of this information;

''(2) synthesizing and disseminating available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

''(3) advancing private and public efforts to improve healthcare quality.

''(c) REQUIREMENTS WITH RESPECT TO RURAL AREAS AND PRIORITY POPULATIONS.—In carrying out subsection (b), the Director shall undertake and support research, demonstration projects, and evaluations with respect to the delivery of health services—

''(1) in rural areas (including frontier areas);

''(2) for low-income groups, and minority groups;

''(3) for children;

''(4) for elderly; and

''(5) for people with special healthcare needs, including disabilities, chronic care and end-of-life healthcare.

''(d) APPOINTMENT OF DIRECTOR.—There shall be at the head of the Agency an official to be known as the Director for Healthcare Research and Quality. The Director shall be appointed by the Secretary. The Secretary, acting through the Director, shall carry out the authorities and duties established in this title.

''SEC. 902. GENERAL AUTHORITIES.

''(a) IN GENERAL.—In carrying out section 901(b), the Director shall support demonstration projects, conduct and support research, evaluations, training, research networks, multi-disciplinary centers, technical assistance, and the dissemination of information, on healthcare, and on systems for the delivery of such care, including activities with respect to—

''(1) the quality, effectiveness, efficiency, appropriateness and value of healthcare services;

''(2) quality measurement and improvement;

''(3) the outcomes, cost, cost-effectiveness, and use of healthcare services and access to such services;

''(4) clinical practice, including primary care and practice-oriented research;

''(5) healthcare technologies, facilities, and equipment;

''(6) healthcare costs, productivity, organization, and market forces;

''(7) health promotion and disease prevention, including clinical preventive services;

''(8) health statistics, surveys, database development, and epidemiology; and

''(9) medical liability.

''(b) HEALTH SERVICES TRAINING GRANTS.—

''(1) IN GENERAL.—The Director may provide training grants in the field of health services research related to activities authorized under subsection (a), to include pre- and post-doctoral fellowships and training programs, young investigator awards, and other programs and activities as appropriate. In carrying out this subsection, the Director shall make use of funds made available under section 487 as well as other appropriated funds.

''(2) REQUIREMENTS.—In developing priorities for the allocation of training funds under this subsection, the Director shall take into consideration shortages in the number of trained researchers addressing the priority populations.

''(c) MULTIDISCIPLINARY CENTERS.—The Director may provide financial assistance to assist in meeting the costs of planning and establishing new centers, and operating existing and new centers, for multidisciplinary health services research, demonstration projects, evaluations, training, and policy analysis with respect to the matters referred to in subsection (a).

''(d) RELATION TO CERTAIN AUTHORITIES REGARDING SOCIAL SECURITY.—Activities authorized in this section shall be appropriately coordinated with experiments, demonstration projects, and other related activities authorized by the Social Security Act and the Social Security Amendments of 1967. Activities under subsection (a)(2) of this section that affect the programs under titles XVIII, XIX and XXI of the Social Security Act shall be carried out consistent with section 1142 of such Act.

''(e) DISCLAIMER.—The Agency shall not mandate national standards of clinical practice or quality healthcare standards. Recommendations resulting from projects funded and published by the Agency shall include a corresponding disclaimer.

''(f) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to imply that the Agency's role is to mandate a national standard or specific approach to quality measurement and reporting. In research and quality improvement activities, the Agency shall consider a wide range of choices, providers, healthcare delivery systems, and individual preferences.

''PART B—HEALTHCARE IMPROVEMENT RESEARCH

''SEC. 911. HEALTHCARE OUTCOME IMPROVEMENT RESEARCH.

''(a) EVIDENCE RATING SYSTEMS.—In collaboration with experts from the public and private sector, the Agency shall identify and disseminate methods or systems that it uses to assess healthcare research results, particularly methods or systems that it uses to rate the strength of the scientific evidence behind healthcare practice, recommendations in the research literature, and technology assessments. The Agency shall make methods and systems for evidence rating widely available. Agency publications containing healthcare recommendations shall indicate the level of substantiating evidence using such methods or systems.

''(b) HEALTHCARE IMPROVEMENT RESEARCH CENTERS AND PROVIDER-BASED RESEARCH NETWORKS.—In order to address the full continuum of care and outcomes research, to link research to practice improvement, and to speed the dissemination of research findings to community practice settings, the Agency shall employ research strategies and mechanisms that will link research directly with clinical practice in geographically diverse locations throughout the United States, including—

''(1) Healthcare Improvement Research Centers that combine demonstrated multidisciplinary expertise in outcomes or quality improvement research with linkages to relevant sites of care;

''(2) Provider-based Research Networks, including plan, facility, or delivery system sites of care (especially primary care), that can evaluate and promote quality improvement; and

''(3) other innovative mechanisms or strategies to link research with clinical practice.

''SEC. 912. PRIVATE-PUBLIC PARTNERSHIPS TO IMPROVE ORGANIZATION AND DELIVERY.

''(a) SUPPORT FOR EFFORTS TO DEVELOP INFORMATION ON QUALITY.—

''(1) SCIENTIFIC AND TECHNICAL SUPPORT.—In its role as the principal agency for healthcare research and quality, the Agency may provide scientific and technical support for private and public efforts to improve healthcare quality, including the activities of accrediting organizations.

''(2) ROLE OF THE AGENCY.—With respect to paragraph (1), the role of the Agency shall include—

''(A) the identification and assessment of methods for the evaluation of the health of—

''(i) enrollees in health plans by type of plan, provider, and provider arrangements; and

''(ii) other populations, including those receiving long-term care services;

''(B) the ongoing development, testing, and dissemination of quality measures, including measures of health and functional outcomes;

''(C) the compilation and dissemination of healthcare quality measures developed in the private and public sector;

''(D) assistance in the development of improved healthcare information systems;

''(E) the development of survey tools for the purpose of measuring participant and beneficiary assessments of their healthcare; and

''(F) identifying and disseminating information on mechanisms for the integration of information on quality into purchaser and consumer decision-making processes.

''(b) CENTERS FOR EDUCATION AND RESEARCH ON THERAPEUTICS.—

''(1) IN GENERAL.—The Secretary, acting through the Director and in consultation with the Commissioner of Food and Drugs, shall establish a program for the purpose of making one or more grants for the establishment and operation of one or more centers to carry out the activities specified in paragraph (2).

''(2) REQUIRED ACTIVITIES.—The activities referred to in this paragraph are the following:

''(A) The conduct of state-of-the-art clinical, laboratory, or health services research for the following purposes:

''(i) To increase awareness of—

''(I) new uses of drugs, biological products, and devices;

''(II) ways to improve the effective use of drugs, biological products, and devices; and

''(III) risks of new uses and risks of combinations of drugs and biological products.

''(ii) To provide objective clinical information to the following individuals and entities:

''(I) Healthcare practitioners and other providers of healthcare goods or services.

''(II) Pharmacists, pharmacy benefit managers and purchasers.

''(III) Health maintenance organizations and other managed healthcare organizations.

''(IV) Healthcare insurers and governmental agencies.

''(V) Patients and consumers.

''(iii) To improve the quality of healthcare while reducing the cost of Healthcare through—

''(I) an increase in the appropriate use of drugs, biological products, or devices; and

''(II) the prevention of adverse effects of drugs, biological products, and devices and the consequences of such effects, such as unnecessary hospitalizations.

''(B) The conduct of research on the comparative effectiveness, cost-effectiveness, and safety of drugs, biological products, and devices.

''(C) Such other activities as the Secretary determines to be appropriate, except that grant funds may not be used by the Secretary in conducting regulatory review of new drugs.

''(c) REDUCING ERRORS IN MEDICINE.—The Director shall conduct and support research and build private-public partnerships to—

''(1) identify the causes of preventable healthcare errors and patient injury in healthcare delivery;

''(2) develop, demonstrate, and evaluate strategies for reducing errors and improving patient safety; and

''(3) promote the implementation of effective strategies throughout the healthcare industry.

''SEC. 913. INFORMATION ON QUALITY AND COST OF CARE.

''(a) IN GENERAL.—In carrying out 902(a), the Director shall—

''(1) conduct a survey to collect data on a nationally representative sample of the population on the cost, use and, for fiscal year 2001 and subsequent fiscal years, quality of healthcare, including the types of healthcare services Americans use, their access to healthcare services, frequency of use, how much is paid for the services used, the source of those payments, the types and costs of private health insurance, access, satisfaction, and quality of care for the general population including rural residents and for the populations identified in section 901(c); and

''(2) develop databases and tools that provide information to States on the quality, access, and use of healthcare services provided to their residents.

''(b) QUALITY AND OUTCOMES INFORMATION.—

''(1) IN GENERAL.—Beginning in fiscal year 2001, the Director shall ensure that the survey conducted under subsection (a)(1) will—

''(A) identify determinants of health outcomes and functional status, and their relationships to healthcare access and use, determine the ways and extent to which the priority populations enumerated in section 901(c) differ from the general population with respect to such variables, measure changes over time with respect to such variable, and monitor the overall national impact of changes in Federal and State policy on healthcare;

''(B) provide information on the quality of care and patient outcomes for frequently occurring clinical conditions for a nationally representative sample of the population including rural residents; and

''(C) provide reliable national estimates for children and persons with special healthcare needs through the use of supplements or periodic expansions of the survey.

In expanding the Medical Expenditure Panel Survey, as in existence on the date of enactment of this title, in fiscal year 2001 to collect information on the quality of care, the Director shall take into account any outcomes measurements generally collected by private sector accreditation organizations.

''(2) ANNUAL REPORT.—Beginning in fiscal year 2003, the Secretary, acting through the Director, shall submit to Congress an annual report on national trends in the quality of healthcare provided to the American people.

''SEC. 914. INFORMATION SYSTEMS FOR HEALTHCARE IMPROVEMENT.

''(a) IN GENERAL.—In order to foster a range of innovative approaches to the management and communication of health information, the Agency shall support research, evaluations and initiatives to advance—

''(1) the use of information systems for the study of healthcare quality, including the generation of both individual provider and plan-level comparative performance data;

''(2) training for healthcare practitioners and researchers in the use of information systems;

''(3) the creation of effective linkages between various sources of health information, including the development of information networks;

''(4) the delivery and coordination of evidence-based healthcare services, including the use of real-time healthcare decision-support programs;

''(5) the utility and comparability of health information data and medical vocabularies by addressing issues related to the content, structure, definitions and coding of such information and data in consultation with appropriate Federal, State and private entities;

''(6) the use of computer-based health records in all settings for the development of personal health records for individual health assessment and maintenance, and for monitoring public health and outcomes of care within populations; and

''(7) the protection of individually identifiable information in health services research and healthcare quality improvement.

''(b) DEMONSTRATION.—The Agency shall support demonstrations into the use of new information tools aimed at improving shared decision-making between patients and their care-givers.

''SEC. 915. RESEARCH SUPPORTING PRIMARY CARE AND ACCESS IN UNDERSERVED AREAS.

''(a) PREVENTIVE SERVICES TASK FORCE.—

''(1) ESTABLISHMENT AND PURPOSE.—The Director may periodically convene a Preventive Services Task Force to be composed of individuals with appropriate expertise. Such a task force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the healthcare community, and updating previous clinical preventive recommendations.

''(2) ROLE OF AGENCY.—The Agency shall provide ongoing administrative, research, and technical support for the operations of the Preventive Services Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force.

''(3) OPERATION.—In carrying out its responsibilities under paragraph (1), the Task Force is not subject to the provisions of Appendix 2 of title 5, United States Code.

''(b) PRIMARY CARE RESEARCH.—

''(1) IN GENERAL.—There is established within the Agency a Center for Primary Care Research (referred to in this subsection as the 'Center') that shall serve as the principal source of funding for primary care practice research in the Department of Health and Human Services. For purposes of this paragraph, primary care research focuses on the first contact when illness or health concerns arise, the diagnosis, treatment or referral to specialty care, preventive care, and the relationship between the clinician and the patient in the context of the family and community.

''(2) RESEARCH.—In carrying out this section, the Center shall conduct and support research concerning—

''(A) the nature and characteristics of primary care practice;

''(B) the management of commonly occurring clinical problems;

''(C) the management of undifferentiated clinical problems; and

''(D) the continuity and coordination of health services.

''SEC. 916. CLINICAL PRACTICE AND TECHNOLOGY INNOVATION.

''(a) IN GENERAL.—The Director shall promote innovation in evidence-based clinical practice and healthcare technologies by—

''(1) conducting and supporting research on the development, diffusion, and use of healthcare technology;

''(2) developing, evaluating, and disseminating methodologies for assessments of healthcare practices and healthcare technologies;

''(3) conducting intramural and supporting extramural assessments of existing and new healthcare practices and technologies;

''(4) promoting education, training, and providing technical assistance in the use of healthcare practice and healthcare technology assessment methodologies and results; and

''(5) working with the National Library of Medicine and the public and private sector to develop an electronic clearinghouse of currently available assessments and those in progress.

''(b) SPECIFICATION OF PROCESS.—

''(1) IN GENERAL.—Not later than December 31, 2000, the Director shall develop and publish a description of the methodology used by the Agency and its contractors in conducting practice and technology assessment.

''(2) CONSULTATIONS.—In carrying out this subsection, the Director shall cooperate and consult with the Assistant Secretary for Health, the Administrator of the Health Care Financing Administration, the Director of the National Institutes of Health, the Commissioner of Food and Drugs, and the heads of any other interested Federal department or agency, and shall seek input, where appropriate, from professional societies and other private and public entities.

''(3) METHODOLOGY.—The Director, in developing assessment methodology, shall consider—

''(A) safety, efficacy, and effectiveness;

''(B) legal, social, and ethical implications;

''(C) costs, benefits, and cost-effectiveness;

''(D) comparisons to alternate technologies and practices; and

''(E) requirements of Food and Drug Administration approval to avoid duplication.

''(c) SPECIFIC ASSESSMENTS.—

''(1) IN GENERAL.—The Director shall conduct or support specific assessments of healthcare technologies and practices.

''(2) REQUESTS FOR ASSESSMENTS.—The Director is authorized to conduct or support assessments, on a reimbursable basis, for the Health Care Financing Administration, the Department of Defense, the Department of Veterans Affairs, the Office of Personnel Management, and other public or private entities.

''(3) GRANTS AND CONTRACTS.—In addition to conducting assessments, the Director may make grants to, or enter into cooperative agreements or contracts with, entities described in paragraph (4) for the purpose of conducting assessments of experimental, emerging, existing, or potentially outmoded healthcare technologies, and for related activities.

''(4) ELIGIBLE ENTITIES.—An entity described in this paragraph is an entity that is

determined to be appropriate by the Director, including academic medical centers, research institutions and organizations, professional organizations, third party payers, governmental agencies, and consortia of appropriate research entities established for the purpose of conducting technology assessments.

"SEC. 917. COORDINATION OF FEDERAL GOVERNMENT QUALITY IMPROVEMENT EFFORTS.

''(a) REQUIREMENT.—

''(1) IN GENERAL.—To avoid duplication and ensure that Federal resources are used efficiently and effectively, the Secretary, acting through the Director, shall coordinate all research, evaluations, and demonstrations related to health services research, quality measurement and quality improvement activities undertaken and supported by the Federal Government.

''(2) SPECIFIC ACTIVITIES.—The Director, in collaboration with the appropriate Federal officials representing all concerned executive agencies and departments, shall develop and manage a process to—

''(A) improve interagency coordination, priority setting, and the use and sharing of research findings and data pertaining to Federal quality improvement programs, technology assessment, and health services research;

''(B) strengthen the research information infrastructure, including databases, pertaining to Federal health services research and healthcare quality improvement initiatives;

''(C) set specific goals for participating agencies and departments to further health services research and healthcare quality improvement; and

''(D) strengthen the management of Federal healthcare quality improvement programs.

''(b) STUDY BY THE INSTITUTE OF MEDICINE.—

''(1) IN GENERAL.—To provide Congress, the Department of Health and Human Services, and other relevant departments with an independent, external review of their quality oversight, quality improvement and quality research programs, the Secretary shall enter into a contract with the Institute of Medicine—

''(A) to describe and evaluate current quality improvement, quality research and quality monitoring processes through—

''(i) an overview of pertinent health services research activities and quality improvement efforts conducted by all Federal programs, with particular attention paid to those under titles XVIII, XIX, and XXI of the Social Security Act; and

''(ii) a summary of the partnerships that the Department of Health and Human Services has pursued with private accreditation, quality measurement and improvement organizations; and

''(B) to identify options and make recommendations to improve the efficiency and effectiveness of quality improvement programs through—

''(i) the improved coordination of activities across the medicare, medicaid and child health insurance programs under titles XVIII, XIX and XXI of the Social Security Act and health services research programs;

''(ii) the strengthening of patient choice and participation by incorporating state-of-the-art quality monitoring tools and making information on quality available; and

''(iii) the enhancement of the most effective programs, consolidation as appropriate, and elimination of duplicative activities within various federal agencies.

''(2) REQUIREMENTS.—

''(A) IN GENERAL.—The Secretary shall enter into a contract with the Institute of Medicine for the preparation—

''(i) not later than 12 months after the date of enactment of this title, of a report providing an overview of the quality improvement programs of the Department of Health and Human Services for the medicare, medicaid, and CHIP programs under titles XVIII, XIX, and XXI of the Social Security Act; and

''(ii) not later than 24 months after the date of enactment of this title, of a final report containing recommendations.

''(B) REPORTS.—The Secretary shall submit the reports described in subparagraph (A) to the Committee on Finance and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Ways and Means and the Committee on Commerce of the House of Representatives.

"PART C—GENERAL PROVISIONS

"SEC. 921. ADVISORY COUNCIL FOR HEALTHCARE RESEARCH AND QUALITY.

''(a) ESTABLISHMENT.—There is established an advisory council to be known as the Advisory Council for Healthcare Research and Quality.

''(b) DUTIES.—

''(1) IN GENERAL.—The Advisory Council shall advise the Secretary and the Director with respect to activities proposed or undertaken to carry out the purpose of the Agency under section 901(b).

''(2) CERTAIN RECOMMENDATIONS.—Activities of the Advisory Council under paragraph (1) shall include making recommendations to the Director regarding—

''(A) priorities regarding healthcare research, especially studies related to quality, outcomes, cost and the utilization of, and access to, healthcare services;

''(B) the field of healthcare research and related disciplines, especially issues related to training needs, and dissemination of information pertaining to healthcare quality; and

''(C) the appropriate role of the Agency in each of these areas in light of private sector activity and identification of opportunities for public-private sector partnerships.

''(c) MEMBERSHIP.—

''(1) IN GENERAL.—The Advisory Council shall, in accordance with this subsection, be composed of appointed members and ex officio members. All members of the Advisory Council shall be voting members other than the individuals designated under paragraph (3)(B) as ex officio members.

''(2) APPOINTED MEMBERS.—The Secretary shall appoint to the Advisory Council 21 appropriately qualified individuals. At least 17 members of the Advisory Council shall be representatives of the public who are not officers or employees of the United States. The Secretary shall ensure that the appointed members of the Council, as a group, are representative of professions and entities concerned with, or affected by, activities under this title and under section 1142 of the Social Security Act. Of such members—

''(A) 4 shall be individuals distinguished in the conduct of research, demonstration projects, and evaluations with respect to healthcare;

''(B) 4 shall be individuals distinguished in the practice of medicine of which at least 1 shall be a primary care practitioner;

''(C) 3 shall be individuals distinguished in the other health professions;

''(D) 4 shall be individuals either representing the private healthcare sector, including health plans, providers, and purchasers or individuals distinguished as administrators of healthcare delivery systems;

''(E) 4 shall be individuals distinguished in the fields of healthcare quality improvement, economics, information systems, law, ethics, business, or public policy, including at least 1 individual specializing in rural aspects in 1 or more of these fields; and

''(F) 2 shall be individuals representing the interests of patients and consumers of healthcare.

''(3) EX OFFICIO MEMBERS.—The Secretary shall designate as ex officio members of the Advisory Council—

''(A) the Assistant Secretary for Health, the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Care Financing Administration, the Assistant Secretary of Defense (Health Affairs), and the Under Secretary for Health of the Department of Veterans Affairs; and

''(B) such other Federal officials as the Secretary may consider appropriate.

''(d) TERMS.—Members of the Advisory Council appointed under subsection (c)(2) shall serve for a term of 3 years. A member of the Council appointed under such subsection may continue to serve after the expiration of the term of the members until a successor is appointed.

''(e) VACANCIES.—If a member of the Advisory Council appointed under subsection (c)(2) does not serve the full term applicable under subsection (d), the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual.

''(f) CHAIR.—The Director shall, from among the members of the Advisory Council appointed under subsection (c)(2), designate an individual to serve as the chair of the Advisory Council.

''(g) MEETINGS.—The Advisory Council shall meet not less than once during each discrete 4-month period and shall otherwise meet at the call of the Director or the chair.

''(h) COMPENSATION AND REIMBURSEMENT OF EXPENSES.—

''(1) APPOINTED MEMBERS.—Members of the Advisory Council appointed under subsection (c)(2) shall receive compensation for each day (including travel time) engaged in carrying out the duties of the Advisory Council unless declined by the member. Such compensation may not be in an amount in excess of the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day during which such member is engaged in the performance of the duties of the Advisory Council.

''(2) EX OFFICIO MEMBERS.—Officials designated under subsection (c)(3) as ex officio members of the Advisory Council may not receive compensation for service on the Advisory Council in addition to the compensation otherwise received for duties carried out as officers of the United States.

''(i) STAFF.—The Director shall provide to the Advisory Council such staff, information, and other assistance as may be necessary to carry out the duties of the Council.

"SEC. 922. PEER REVIEW WITH RESPECT TO GRANTS AND CONTRACTS.

''(a) REQUIREMENT OF REVIEW.—

''(1) IN GENERAL.—Appropriate technical and scientific peer review shall be conducted with respect to each application for a grant, cooperative agreement, or contract under this title.

''(2) REPORTS TO DIRECTOR.—Each peer review group to which an application is submitted pursuant to paragraph (1) shall report its finding and recommendations respecting the application to the Director in such form and in such manner as the Director shall require.

''(b) APPROVAL AS PRECONDITION OF AWARDS.—The Director may not approve an

application described in subsection (a)(1) unless the application is recommended for approval by a peer review group established under subsection (c).

''(c) ESTABLISHMENT OF PEER REVIEW GROUPS.—

''(1) IN GENERAL.—The Director shall establish such technical and scientific peer review groups as may be necessary to carry out this section. Such groups shall be established without regard to the provisions of title 5, United States Code, that govern appointments in the competitive service, and without regard to the provisions of chapter 51, and subchapter III of chapter 53, of such title that relate to classification and pay rates under the General Schedule.

''(2) MEMBERSHIP.—The members of any peer review group established under this section shall be appointed from among individuals who by virtue of their training or experience are eminently qualified to carry out the duties of such peer review group. Officers and employees of the United States may not constitute more than 25 percent of the membership of any such group. Such officers and employees may not receive compensation for service on such groups in addition to the compensation otherwise received for these duties carried out as such officers and employees.

''(3) DURATION.—Notwithstanding section 14(a) of the Federal Advisory Committee Act, peer review groups established under this section may continue in existence until otherwise provided by law.

''(4) QUALIFICATIONS.—Members of any peer-review group shall, at a minimum, meet the following requirements:

''(A) Such members shall agree in writing to treat information received, pursuant to their work for the group, as confidential information, except that this subparagraph shall not apply to public records and public information.

''(B) Such members shall agree in writing to recuse themselves from participation in the peer-review of specific applications which present a potential personal conflict of interest or appearance of such conflict, including employment in a directly affected organization, stock ownership, or any financial or other arrangement that might introduce bias in the process of peer-review.

''(d) AUTHORITY FOR PROCEDURAL ADJUSTMENTS IN CERTAIN CASES.—In the case of applications for financial assistance whose direct costs will not exceed $100,000, the Director may make appropriate adjustments in the procedures otherwise established by the Director for the conduct of peer review under this section. Such adjustments may be made for the purpose of encouraging the entry of individuals into the field of research, for the purpose of encouraging clinical practice-oriented or provider-based research, and for such other purposes as the Director may determine to be appropriate.

''(e) REGULATIONS.—The Director shall issue regulations for the conduct of peer review under this section.

''SEC. 923. CERTAIN PROVISIONS WITH RESPECT TO DEVELOPMENT, COLLECTION, AND DISSEMINATION OF DATA.

''(a) STANDARDS WITH RESPECT TO UTILITY OF DATA.—

''(1) IN GENERAL.—To ensure the utility, accuracy, and sufficiency of data collected by or for the Agency for the purpose described in section 901(b), the Director shall establish standard methods for developing and collecting such data, taking into consideration—

''(A) other Federal health data collection standards; and

''(B) the differences between types of healthcare plans, delivery systems, healthcare providers, and provider arrangements.

''(2) RELATIONSHIP WITH OTHER DEPARTMENT PROGRAMS.—In any case where standards under paragraph (1) may affect the administration of other programs carried out by the Department of Health and Human Services, including the programs under title XVIII, XIX or XXI of the Social Security Act, or may affect health information that is subject to a standard developed under part C of title XI of the Social Security Act, they shall be in the form of recommendations to the Secretary for such program.

''(b) STATISTICS AND ANALYSES.—The Director shall—

''(1) take appropriate action to ensure that statistics and analyses developed under this title are of high quality, timely, and duly comprehensive, and that the statistics are specific, standardized, and adequately analyzed and indexed; and

''(2) publish, make available, and disseminate such statistics and analyses on as wide a basis as is practicable.

''(c) AUTHORITY REGARDING CERTAIN REQUESTS.—Upon request of a public or private entity, the Director may conduct or support research or analyses otherwise authorized by this title pursuant to arrangements under which such entity will pay the cost of the services provided. Amounts received by the Director under such arrangements shall be available to the Director for obligation until expended.

''SEC. 924. DISSEMINATION OF INFORMATION.

''(a) IN GENERAL.—The Director shall—

''(1) without regard to section 501 of title 44, United States Code, promptly publish, make available, and otherwise disseminate, in a form understandable and on as broad a basis as practicable so as to maximize its use, the results of research, demonstration projects, and evaluations conducted or supported under this title;

''(2) ensure that information disseminated by the Agency is science-based and objective and undertakes consultation as necessary to assess the appropriateness and usefulness of the presentation of information that is targeted to specific audiences;

''(3) promptly make available to the public data developed in such research, demonstration projects, and evaluations;

''(4) provide, in collaboration with the National Library of Medicine where appropriate, indexing, abstracting, translating, publishing, and other services leading to a more effective and timely dissemination of information on research, demonstration projects, and evaluations with respect to healthcare to public and private entities and individuals engaged in the improvement of healthcare delivery and the general public, and undertake programs to develop new or improved methods for making such information available; and

''(5) as appropriate, provide technical assistance to State and local government and health agencies and conduct liaison activities to such agencies to foster dissemination.

''(b) PROHIBITION AGAINST RESTRICTIONS.—Except as provided in subsection (c), the Director may not restrict the publication or dissemination of data from, or the results of, projects conducted or supported under this title.

''(c) LIMITATION ON USE OF CERTAIN INFORMATION.—No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under this title may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Director) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Director) to its publication or release in other form.

''(d) PENALTY.—Any person who violates subsection (c) shall be subject to a civil monetary penalty of not more than $10,000 for each such violation involved. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A of the Social Security Act are imposed and collected.

''SEC. 925. ADDITIONAL PROVISIONS WITH RESPECT TO GRANTS AND CONTRACTS.

''(a) FINANCIAL CONFLICTS OF INTEREST.—With respect to projects for which awards of grants, cooperative agreements, or contracts are authorized to be made under this title, the Director shall by regulation define—

''(1) the specific circumstances that constitute financial interests in such projects that will, or may be reasonably expected to, create a bias in favor of obtaining results in the projects that are consistent with such interests; and

''(2) the actions that will be taken by the Director in response to any such interests identified by the Director.

''(b) REQUIREMENT OF APPLICATION.—The Director may not, with respect to any program under this title authorizing the provision of grants, cooperative agreements, or contracts, provide any such financial assistance unless an application for the assistance is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out the program in involved.

''(c) PROVISION OF SUPPLIES AND SERVICES IN LIEU OF FUNDS.—

''(1) IN GENERAL.—Upon the request of an entity receiving a grant, cooperative agreement, or contract under this title, the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the entity in carrying out the project involved and, for such purpose, may detail to the entity any officer or employee of the Department of Health and Human Services.

''(2) CORRESPONDING REDUCTION IN FUNDS.—With respect to a request described in paragraph (1), the Secretary shall reduce the amount of the financial assistance involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Director. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

''(d) APPLICABILITY OF CERTAIN PROVISIONS WITH RESPECT TO CONTRACTS.—Contracts may be entered into under this part without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

''SEC. 926. CERTAIN ADMINISTRATIVE AUTHORITIES.

''(a) DEPUTY DIRECTOR AND OTHER OFFICERS AND EMPLOYEES.—

''(1) DEPUTY DIRECTOR.—The Director may appoint a deputy director for the Agency.

''(2) OTHER OFFICERS AND EMPLOYEES.—The Director may appoint and fix the compensation of such officers and employees as may be necessary to carry out this title. Except as otherwise provided by law, such officers and employees shall be appointed in accordance with the civil service laws and their compensation fixed in accordance with title 5, United States Code.

''(b) FACILITIES.—The Secretary, in carrying out this title—

''(1) may acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or

otherwise through the Director of General Services, buildings or portions of buildings in the District of Columbia or communities located adjacent to the District of Columbia for use for a period not to exceed 10 years; and

''(2) may acquire, construct, improve, repair, operate, and maintain laboratory, research, and other necessary facilities and equipment, and such other real or personal property (including patents) as the Secretary deems necessary.

''(c) PROVISION OF FINANCIAL ASSISTANCE.—The Director, in carrying out this title, may make grants to public and nonprofit entities and individuals, and may enter into cooperative agreements or contracts with public and private entities and individuals.

''(d) UTILIZATION OF CERTAIN PERSONNEL AND RESOURCES.—

''(1) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Director, in carrying out this title, may utilize personnel and equipment, facilities, and other physical resources of the Department of Health and Human Services, permit appropriate (as determined by the Secretary) entities and individuals to utilize the physical resources of such Department, and provide technical assistance and advice.

''(2) OTHER AGENCIES.—The Director, in carrying out this title, may use, with their consent, the services, equipment, personnel, information, and facilities of other Federal, State, or local public agencies, or of any foreign government, with or without reimbursement of such agencies.

''(e) CONSULTANTS.—The Secretary, in carrying out this title, may secure, from time to time and for such periods as the Director deems advisable but in accordance with section 3109 of title 5, United States Code, the assistance and advice of consultants from the United States or abroad.

''(f) EXPERTS.—

''(1) IN GENERAL.—The Secretary may, in carrying out this title, obtain the services of not more than 50 experts or consultants who have appropriate scientific or professional qualifications. Such experts or consultants shall be obtained in accordance with section 3109 of title 5, United States Code, except that the limitation in such section on the duration of service shall not apply.

''(2) TRAVEL EXPENSES.—

''(A) IN GENERAL.—Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a), 5724a(c), and 5726(C) of title 5, United States Code.

''(B) LIMITATION.—Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1) unless and until the expert agrees in writing to complete the entire period of assignment, or 1 year, whichever is shorter, unless separated or reassigned for reasons that are beyond the control of the expert or consultant and that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a statutory obligation owed to the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

''(g) VOLUNTARY AND UNCOMPENSATED SERVICES.—The Director, in carrying out this title, may accept voluntary and uncompensated services.

''SEC. 927. FUNDING.

''(a) INTENT.—To ensure that the United States's investment in biomedical research is rapidly translated into improvements in the quality of patient care, there must be a corresponding investment in research on the most effective clinical and organizational strategies for use of these findings in daily practice. The authorization levels in subsection (b) provide for a proportionate increase in healthcare research as the United States investment in biomedical research increases.

''(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this title, there are authorized to be appropriated $250,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 through 2006.

''(c) EVALUATIONS.—In addition to amounts available pursuant to subsection (b) for carrying out this title, there shall be made available for such purpose, from the amounts made available pursuant to section 241 (relating to evaluations), an amount equal to 40 percent of the maximum amount authorized in such section 241 to be made available for a fiscal year.

''SEC. 928. DEFINITIONS.

''In this title:

''(1) ADVISORY COUNCIL.—The term 'Advisory Council' means the Advisory Council on Healthcare Research and Quality established under section 921.

''(2) AGENCY.—The term 'Agency' means the Agency for Healthcare Research and Quality.

''(3) DIRECTOR.—The term 'Director' means the Director for the Agency for Healthcare Research and Quality.''.

SEC. 303. REFERENCES.

Effective upon the date of enactment of this Act, any reference in law to the ''Agency for Health Care Policy and Research'' shall be deemed to be a reference to the ''Agency for Healthcare Research and Quality''.

TITLE IV—MISCELLANEOUS PROVISIONS

SEC. 401. SENSE OF THE COMMITTEE.

It is the sense of the Committee on Health, Education, Labor, and Pensions of the Senate that the Congress should take measures to further the purposes of this Act, including any necessary changes to the Internal Revenue Code of 1986 or to other Acts to—

(1) promote equity and prohibit discrimination based on genetic information with respect to the availability of health benefits;

(2) provide for the full deduction of health insurance costs for self-employed individuals;

(3) provide for the full availability of medical savings accounts;

(4) provide for the carryover of unused benefits from cafeteria plans, flexible spending arrangements, and health flexible spending accounts; and

(5) permit contributions towards medical savings account through the Federal employees health benefits program.

KENNEDY (AND OTHERS) AMENDMENT NO. 1233

Mr. DASCHLE (for Mr. KENNEDY) (for himself, Mr. REID, Mr. DURBIN, Mr. WELLSTONE, Mr. WYDEN, Mr. REED, Mrs. MURRAY, Mr. DASCHLE, and Mr. CHAFEE) proposed an amendment to amendment No. 1232 proposed by Mr. DASCHLE to the bill, S. 1344, supra; as follows:

At the appropriate place insert the following:

SEC. ___. APPLICATION TO ALL HEALTH PLANS.

(a) ERISA.—Subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as added by section 101(a)(2) of this Act, is amended by adding at the end the following:

''SEC. 730A. APPLICATION OF PROVISIONS.

''(a) APPLICATION TO GROUP HEALTH PLANS.—The provisions of this subpart, and sections 714 and 503, shall apply to group health plans and health insurance issuers offering health insurance coverage in connection with a group health plan.

''(b) TREATMENT OF MULTIPLE COVERAGE OPTIONS.—In the case of a group health plan that provides benefits under 2 or more coverage options, the requirements of this subpart, other than section 722, shall apply separately with respect to each coverage option.

''(c) PLAN SATISFACTION OF CERTAIN REQUIREMENTS.—

''(1) SATISFACTION OF CERTAIN REQUIREMENTS THROUGH INSURANCE.—For purposes of subsection (a), insofar as a group health plan provides benefits in the form of health insurance coverage through a health insurance issuer, the plan shall be treated as meeting the following requirements of this Act with respect to such benefits and not be considered as failing to meet such requirements because of a failure of the issuer to meet such requirements so long as the plan sponsor or its representatives did not cause such failure by the issuer:

''(A) section 721 (relating to access to emergency care).

''(B) Section 722 (relating to choice of coverage options), but only insofar as the plan is meeting such requirement through an agreement with the issuer to offer the option to purchase point-of-service coverage under such section.

''(C) Section 723, 724 and 725 (relating to access to specialty care).

''(D) Section 726) (relating to continuity in case of termination of provider (or, issuer in connection with health insurance coverage) contract) but only insofar as a replacement issuer assumes the obligation for continuity of care.

''(E) Section 727 (relating to patient-provider communications).

''(F) Section 728 (relating to prescription drugs).

''(G) Section 729 (relating to self-payment for certain services).

''(2) INFORMATION.—With respect to information required to be provided or made available under section 714, in the case of a group health plan that provides benefits in the form of health insurance coverage through a health insurance issuer, the Secretary shall determine the circumstances under which the plan is not required to provide or make available the information (and is not liable for the issuer's failure to provide or make available the information), if the issuer is obligated to provide and make available (or provides and makes available) such information.

''(3) GRIEVANCE AND INTERNAL APPEALS.—With respect to the grievance system and internal appeals process required to be established under section 503, in the case of a group health plan that provides benefits in the form of health insurance coverage through a health insurance issuer, the Secretary shall determine the circumstances under which the plan is not required to provide for such system and process (and is not liable for the issuer's failure to provide for such system and process), if the issuer is obligated to provide for (and provides for) such system and process.

''(4) EXTERNAL APPEALS.—Pursuant to rules of the Secretary, insofar as a group health plan enters into a contract with a qualified external appeal entity for the conduct of external appeal activities in accordance with section 503, the plan shall be treated as meeting the requirement of such section and is not liable for the entity's failure to meet any requirements under such section.

''(5) APPLICATION TO PROHIBITIONS.—Pursuant to rules of the Secretary, if a health insurance issuer offers health insurance coverage in connection with a group health plan and takes an action in violation of section 727, the group health plan shall not be liable for such violation unless the plan caused such violation.

''(6) CONSTRUCTION.—Nothing in this subsection shall be construed to affect or modify the responsibilities of the fiduciaries of a group health plan under part 4 of subtitle B.

''(d) CONFORMING REGULATIONS.—The Secretary may issue regulations to coordinate the requirements on group health plans under this section with the requirements imposed under the other provisions of this title.''.

(b) APPLICATION TO GROUP MARKET UNDER PUBLIC HEALTH SERVICE ACT.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-4 et seq.), as amended by section 203(a)(1)(B), is further amended by adding at the end the following new section:

''SEC. 2708. PATIENT PROTECTION STANDARDS.

''(a) IN GENERAL.—Each group health plan shall comply with the following patient protection requirements, and each health insurance issuer shall comply with such patient protection requirements with respect to group health insurance coverage it offers, and such requirements shall be deemed to be incorporated into this subsection:

''(1) The requirements of subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974.

''(2) The requirements of section 714 of the Employee Retirement Income Security Act of 1974.

''(3) The requirements of subsections (b) through (g) of section 503 of the Employee Retirement Income Security Act of 1974.

''(b) NOTICE.—A group health plan shall comply with the notice requirement under section 104(b)(1) of the Employee Retirement Income Security Act of 1974 with respect to the requirements referred to in subsection (a) and a health insurance issuer shall comply with such notice requirement as if such section applied to such issuer and such issuer were a group health plan.''.

(c) APPLICATION TO INDIVIDUAL MARKET UNDER PUBLIC HEALTH SERVICE ACT.—Subpart 3 of part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-51 et seq.), as amended by section 203(b)(2), is further amended by adding at the end the following new section:

''SEC. 2754. PATIENT PROTECTION STANDARDS.

''(a) IN GENERAL.—Each health insurance issuer shall comply with the following patient protection requirements with respect to individual health insurance coverage it offers, and such requirements shall be deemed to be incorporated into this subsection:

''(1) The requirements of subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974.

''(2) The requirements of section 714 of the Employee Retirement Income Security Act of 1974.

''(3) The requirements of section 503 of the Employee Retirement Income Security Act of 1974.

''(b) NOTICE.—A health insurance issuer under this part shall comply with the notice requirement under section 104(b)(1) of the Employee Retirement Income Security Act of 1974 with respect to the requirements of such subtitle as if such section applied to such issuer and such issuer were a group health plan.

''(c) NONAPPLICATION OF CERTAIN PROVISION.—Section 2763(a) shall not apply to the provisions of this section.''.

(d) APPLICATION TO GROUP HEALTH PLANS UNDER THE INTERNAL REVENUE CODE OF 1986.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended—

(1) in the table of sections, by inserting after the item relating to section 9812 the following new item:

''Sec. 9813. Standard relating to patients' bill of rights.''; and

(2) by inserting after section 9812 the following:

''SEC. 9813. STANDARD RELATING TO PATIENTS' BILL OF RIGHTS.

''A group health plan shall comply with the following requirements (as in effect as of the date of the enactment of such Act), and such requirements shall be deemed to be incorporated into this section:

''(1) The requirements of subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974.

''(2) The requirements of section 714 of the Employee Retirement Income Security Act of 1974.

''(3) The requirements of section 503 of the Employee Retirement Income Security Act of 1974.''.

(e) CONFORMING AMENDMENT.—Section 2721(b)(2)(A) of the Public Health Service Act (42 U.S.C. 300gg–21(b)(2)(A)) is amended by inserting ''(other than section 2708)'' after ''requirements of such subparts''.

(f) NO IMPACT ON SOCIAL SECURITY TRUST FUND.—

(1) IN GENERAL.—Nothing in the amendments made by this section shall be construed to alter or amend the Social Security Act (or any regulation promulgated under that Act).

(2) TRANSFERS.—

(A) ESTIMATE OF SECRETARY.—The Secretary of the Treasury shall annually estimate the impact that the enactment of this section has on the income and balances of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401).

(B) TRANSFER OF FUNDS.—If, under subparagraph (A), the Secretary of the Treasury estimates that the enactment of this section has a negative impact on the income and balances of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401), the Secretary shall transfer, not less frequently than quarterly, from the general revenues of the Federal Government an amount sufficient so as to ensure that the income and balances of such trust funds are not reduced as a result of the enactment of such section.

(g) INFORMATION REQUIREMENTS.—

(1) INFORMATION FROM GROUP HEALTH PLANS.—Section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) is amended by adding at the end the following:

''(7) INFORMATION FROM GROUP HEALTH PLANS.—

''(A) PROVISION OF INFORMATION BY GROUP HEALTH PLANS.—The administrator of a group health plan subject to the requirements of paragraph (1) shall provide to the Secretary such of the information elements described in subparagraph (C) as the Secretary specifies, and in such manner and at such times as the Secretary may specify (but not more frequently than 4 times per year), with respect to each individual covered under the plan who is entitled to any benefits under this title.

''(B) PROVISION OF INFORMATION BY EMPLOYERS AND EMPLOYEE ORGANIZATIONS.—An employer (or employee organization) that maintains or participates in a group health plan subject to the requirements of paragraph (1) shall provide to the administrator of the plan such of the information elements required to be provided under subparagraph (A), and in such manner and at such times as the Secretary may specify, at a frequency consistent with that required under subparagraph (A) with respect to each individual described in subparagraph (A) who is covered under the plan by reason of employment with that employer or membership in the organization.

''(C) INFORMATION ELEMENTS.—The information elements described in this subparagraph are the following:

''(i) ELEMENTS CONCERNING THE INDIVIDUAL.—

''(I) The individual's name.

''(II) The individual's date of birth.

''(III) The individual's sex.

''(IV) The individual's social security insurance number.

''(V) The number assigned by the Secretary to the individual for claims under this title.

''(VI) The family relationship of the individual to the person who has or had current or employment status with the employer.

''(ii) ELEMENTS CONCERNING THE FAMILY MEMBER WITH CURRENT OR FORMER EMPLOYMENT STATUS.—

''(I) The name of the person in the individual's family who has current or former employment status with the employer.

''(II) That person's social security insurance number.

''(III) The number or other identifier assigned by the plan to that person.

''(IV) The periods of coverage for that person under the plan.

''(V) The employment status of that person (current or former) during those periods of coverage.

''(VI) The classes (of that person's family members) covered under the plan.

''(iii) PLAN ELEMENTS.—

''(I) The items and services covered under the plan.

''(II) The name and address to which claims under the plan are to be sent.

''(iv) ELEMENTS CONCERNING THE EMPLOYER.—

''(I) The employer's name.

''(II) The employer's address.

''(III) The employer identification number of the employer.

''(D) USE OF IDENTIFIERS.—The administrator of a group health plan shall utilize a unique identifier for the plan in providing information under subparagraph (A) and in other transactions, as may be specified by the Secretary, related to the provisions of this subsection. The Secretary may provide to the administrator the unique identifier described in the preceding sentence.

''(E) PENALTY FOR NONCOMPLIANCE.—Any entity that knowingly and willfully fails to comply with a requirement imposed by the previous subparagraphs shall be subject to a civil money penalty not to exceed $1,000 for each incident of such failure. The provisions of section 1128A (other than subsections (a) and (b)) shall apply to a civil money penalty under the previous sentence in the same manner as those provisions apply to a penalty or proceeding under section 1128A(a).''

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect 180 days after the date of the enactment of this Act.

(h) MODIFICATION TO FOREIGN TAX CREDIT CARRYBACK AND CARRYOVER PERIODS.—

(1) IN GENERAL.—Section 904(c) of the Internal Revenue Code of 1986 (relating to limitation on credit) is amended—

(A) by striking ''in the second preceding taxable year,'', and

(B) by striking ''or fifth'' and inserting ''fifth, sixth, or seventh''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to credits arising in taxable years beginning after December 31, 2001.

(i) LIMITATIONS ON WELFARE BENEFIT FUNDS OF 10 OR MORE EMPLOYER PLANS.—

(1) BENEFITS TO WHICH EXCEPTION APPLIES.—Section 419A(f)(6)(A) of the Internal Revenue Code of 1986 (relating to exception for 10 or more employer plans) is amended to read as follows:

''(A) IN GENERAL.—This subpart shall not apply to a welfare benefit fund which is part of a 10 or more employer plan if the only benefits provided through the fund are 1 or more of the following:

''(i) Medical benefits.

''(ii) Disability benefits.

''(iii) Group term life insurance benefits which do not provide for any cash surrender value or other money that can be paid, assigned, borrowed, or pledged for collateral for a loan.

The preceding sentence shall not apply to any plan which maintains experience-rating arrangements with respect to individual employers.''

(2) LIMITATION ON USE OF AMOUNTS FOR OTHER PURPOSES.—Section 4976(b) of such Act (defining disqualified benefit) is amended by adding at the end the following new paragraph:

''(5) SPECIAL RULE FOR 10 OR MORE EMPLOYER PLANS EXEMPTED FROM PREFUNDING LIMITS.—For purposes of paragraph (1)(C), if—

''(A) subpart D of part I of subchapter D of chapter 1 does not apply by reason of section 419A(f)(6) to contributions to provide 1 or more welfare benefits through a welfare benefit fund under a 10 or more employer plan, and

''(B) any portion of the welfare benefit fund attributable to such contributions is used for a purpose other than that for which the contributions were made,

then such portion shall be treated as reverting to the benefit of the employers maintaining the fund.''

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to contributions paid or accrued after the date of the enactment of this Act, in taxable years ending after such date.

(j) MODIFICATION OF INSTALLMENT METHOD AND REPEAL OF INSTALLMENT METHOD FOR ACCRUAL METHOD TAXPAYERS.—

(1) REPEAL OF INSTALLMENT METHOD FOR ACCRUAL BASIS TAXPAYERS.—

(A) IN GENERAL.—Subsection (a) of section 453 of the Internal Revenue Code of 1986 (relating to installment method) is amended to read as follows:

''(a) USE OF INSTALLMENT METHOD.—

''(1) IN GENERAL.—Except as otherwise provided in this section, income from an installment sale shall be taken into account for purposes of this title under the installment method.

''(2) ACCRUAL METHOD TAXPAYER.—The installment method shall not apply to income from an installment sale if such income would be reported under an accrual method of accounting without regard to this section. The preceding sentence shall not apply to a disposition described in subparagraph (A) or (B) of subsection (l)(2).''

(B) CONFORMING AMENDMENTS.—Sections 453(d)(1), 453(i)(1), and 453(k) of such Act are each amended by striking ''(a)'' each place it appears and inserting ''(a)(1)''.

(2) MODIFICATION OF PLEDGE RULES.—Paragraph (4) of section 453A(d) of such Act (relating to pledges, etc., of installment obligations) is amended by adding at the end the following: ''A payment shall be treated as directly secured by an interest in an installment obligation to the extent an arrangement allows the taxpayer to satisfy all or a portion of the indebtedness with the installment obligation.''

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to sales or other dispositions occurring on or after the date of the enactment of this Act.

SANTORUM (AND OTHERS) AMENDMENT NO. 1234

Mr. NICKLES (for Mr. SANTORUM) (for himself, Mr. BOND, Mr. NICKLES, Mr. HUTCHINSON, Mr. CRAIG, and Ms. COLLINS) proposed an amendment to amendment No. 1233 proposed by Mr. DASCHLE to the bill, S. 1344, supra; as folows:

Strike all after the first word in line three and insert the following:

SENSE OF THE SENATE CONCERNING THE SCOPE OF A PATIENTS' BILL OF RIGHTS.

(a) FINDINGS.—The Senate makes the following findings:

(1) Congress agreed that States should have primary responsibility for the regulation of health insurance when it passed the McCarran-Ferguson Act in 1945.

(2) The States have done a good job in responding to the consumer concerns associated with a rapidly evolving health care delivery system and have already adopted statutory and regulatory protections for consumers in fully-insured health plans and have tailored these protections to fit the needs of their States' consumers and health care marketplaces.

(3) 117,000,000 Americans who are enrolled in fully insured plans, governmental plans and individual policies are protected by State patient protections.

(4) Forty-two States have already enacted a Patient's Bill of Rights.

(5) Forty-seven States already enforce consumer protections regarding gag clauses on doctor-patient communications.

(6) Forty States already enforce consumer protections for access to emergency care services.

(7) Thirty-one States already enforce consumer protections requiring a prudent layperson standard for emergency care.

(8) The Employee Retirement Income Security Act of 1974 (referred to in this section as ''ERISA'') expressly prohibits States from regulating the self-funded employer sponsored plans that currently cover 48,000,000 Americans.

(9) The National Association of Insurance Commissioners has recommended that Congress should focus its legislative activities on consumers in self-funded ERISA plans, which are under the Federal Government's exclusive jurisdiction, and preserve the State protections that already exist for consumers in fully insured ERISA plans.

(10) The National Association of Insurance Commissioners has expressly stated that they do not endorse the concept of a Federal floor with regard to patient protections.

(11) Senate bill 6 (106th Congress) would greatly expand the Federal regulatory role over private health insurance.

(12) It would be inappropriate to set Federal health insurance standards that not only duplicate the responsibility of the 50 State insurance departments but that also would have to be enforced by the Health Care Financing Administration if a State fails to enact the standard.

(13) One size does not fit all, and what may be appropriate for one State may not be necessary in another.

(14) It is irresponsible to propose vastly expanding the Federal Government's role in regulating private health insurance at a time when the Health Care Financing Administration is having such a difficult time fulfilling its current and primary responsibilities for Medicare.

(15) In August, 1998, the United States Court of Appeals affirmed a district court ruling that the Health Care Financing Administration failed to enforce due process requirements and monitor health maintenance organization denials of medical service to medicare beneficiaries.

(16) On April 13, 1999, the General Accounting Office testified that the Health Care Financing Administration failed to use its authority to ensure that medicare beneficiaries were informed of their appeals rights under managed care plans.

(17) The General Accounting Office testified at a July, 1998 hearing in the Ways and Means Committee of the House of Representatives that the Health Care Financing Administration missed 25 percent of the implementation deadlines for the consumer and quality improvements to the Medicare program under the Balanced Budget Act of 1997.

(18) The Health Care Financing Administration should not be given new, broad regulatory authority as they have not adequately met their current responsibilities.

(19) The Health Care Financing Administration took 10 years to implement a 1987 law establishing new nursing home standards.

(20) The Health Care Financing Administration has yet to update its 1985 fire safety standards for hospitals.

(21) The Health Care Financing Administration is utilizing 1976 health and safety standards for the treatment of end-stage kidney disease.

(22) ERISA preempts State requirements relating to coverage determinations, grievances and appeals, and requirements relating to independent external review.

(23) In a recent judicial decision in Texas (*Corporate Health Insurance, Inc. V. The Texas Department of Insurance*), the lower court held that ERISA does preempt the State's external review law as it relates to group health plans.

(b) DEDUCTION FOR HEALTH INSURANCE COSTS OF SELF-EMPLOYED INDIVIDUALS INCREASED.—IN GENERAL.—Section 162(l)(1) of the Internal Revenue Code of 1986 (relating to special rules for health insurance costs of self-employed individuals) is amended to read as follows:

''(1) ALLOWANCE OF DEDUCTION.—In the case of an individual who is an employee within the meaning of section 401(c)(1), there shall be allowed as a deduction under this section an amount equal to the amount paid during the taxable year for insurance which constitutes medical care for the taxpayer, the taxpayer's spouse, and dependents.''

(c) CLARIFICATION OF LIMITATIONS ON OTHER COVERAGE.—The first sentence of section 162(l)(2)(B) of the Internal Revenue Code of 1986 is amended to read as follows: ''Paragraph (1) shall not apply to any taxpayer for any calendar month for which the taxpayer participates in any subsidized health plan maintained by any employer (other than an employer described in section 401(c)(4)) of the taxpayer or the spouse of the taxpayer.''

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 1998.

GRAHAM (AND OTHERS) AMENDMENT NO. 1235

Mr. GRAHAM (for himself, Mr. REID, Mr. CHAFEE, Mrs. MURRAY, Mr. DURBIN, Ms. MIKULSKI, Mr. SCHUMER, Mr. KENNEDY, Mr. DASCHLE, Mr. BAUCUS, Mr. FEINGOLD, and Mr. DORGAN) proposed an amendment to amendment No. 1233 proposed by Mr. DASCHLE to the bill, S. 1344, supra; as follows:

At the appropriate place insert the following:

SEC. ___. ACCESS TO EMERGENCY CARE.

(a) ERISA.—Subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as added by section 101(a)(2) of this Act, is amended by adding at the end the following:

"SEC. 730A. ACCESS TO EMERGENCY CARE.

''(a) COVERAGE OF EMERGENCY SERVICES.—

''(1) IN GENERAL.—If a group health plan, or a health insurance issuer in connection with group health insurance coverage, provides any benefits with respect to emergency services (as defined in paragraph (2)(B)), the plan or issuer shall cover emergency services furnished under the plan or coverage—

''(A) without the need for any prior authorization determination;

''(B) whether or not the health care provider furnishing such services is a participating provider with respect to such services;

''(C) in a manner so that, if such services are provided to a participant, beneficiary, or enrollee by a nonparticipating health care provider or without prior authorization by the plan or issuer, the participant, beneficiary or enrollee is not liable for amounts that exceed the amounts of liability that would be incurred if the services were provided by a participating health care provider with prior authorization by the plan or issuer; and

''(D) without regard to any other term or condition of such coverage (other than exclusion or coordination of benefits, or an affiliation or waiting period, permitted under section 701 (or section 2701 of the Public Health Service Act or section 9801 of the Internal Revenue Code of 1986 as applicable) and other than applicable cost-sharing).

''(2) DEFINITIONS.—In this section:

''(A) EMERGENCY MEDICAL CONDITION BASED ON PRUDENT LAYPERSON STANDARD.—The term 'emergency medical condition' means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in clause (i), (ii), or (iii) of section 1867(e)(1)(A) of the Social Security Act.

''(B) EMERGENCY SERVICES.—The term 'emergency services' means—

''(i) a medical screening examination (as required under section 1867 of the Social Security Act) that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate an emergency medical condition (as defined in subparagraph (A)), and

''(ii) within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required under section 1867 of such Act to stabilize the patient.

''(b) REIMBURSEMENT FOR MAINTENANCE CARE AND POST-STABILIZATION CARE.—In the case of services (other than emergency services) for which benefits are available under a group health plan, or a health insurance issuer in connection with group health insurance coverage, the plan or issuer shall provide for reimbursement with respect to such services provided to a participant, beneficiary or enrollee other than through a participating health care provider in a manner consistent with subsection (a)(1)(C) (and shall otherwise comply with the guidelines established under section 1852(d)(2) of the Social Security Act (relating to promoting efficient and timely coordination of appropriate maintenance and post-stabilization care of a participant, beneficiary or enrollee after a participant, beneficiary or enrollee has been determined to be stable), or, in the absence of guidelines under such section, such guidelines as the Secretary shall establish to carry out this subsection), if the services are maintenance care or post-stabilization care covered under such guidelines.

''(c) COVERAGE OF EMERGENCY AMBULANCE SERVICES.—

''(1) IN GENERAL.—If a group health plan, or health insurance coverage offered by a health insurance issuer, provides any benefits with respect to ambulance services and emergency services, the plan or issuer shall cover emergency ambulance services (as defined in paragraph (2))) furnished under the plan or coverage under the same terms and conditions under subparagraphs (A) through (D) of subsection (a)(1) under which coverage is provided for emergency services.

''(2) EMERGENCY AMBULANCE SERVICES.—For purposes of this subsection, the term 'emergency ambulance services' means ambulance services (as defined for purposes of section 1861(s)(7) of the Social Security Act) furnished to transport an individual who has an emergency medical condition (as defined in subsection (a)(2)(A)) to a hospital for the receipt of emergency services (as defined in subsection (a)(2)(B)) in a case in which the emergency services are covered under the plan or coverage pursuant to subsection (a)(1) and a prudent layperson, with an average knowledge of health and medicine, could reasonably expect that the absence of such transport would result in placing the health of the individual in serious jeopardy, serious impairment of bodily function, or serious dysfunction of any bodily organ or part.

''(d) APPLICATION OF SECTION.—This section shall supersede the provisions of section 721 and section 721 shall have no effect.

''(e) REVIEW.—Failure to meet the requirements of this section shall constitute an appealable decision under this Act.

''(f) PLAN SATISFACTION OF CERTAIN REQUIREMENTS.—Pursuant to rules of the Secretary, if a health insurance issuer offers group health insurance coverage in connection with a group health plan and takes an action in violation of any provision of this subchapter, the group health plan shall not be liable for such violation unless the plan caused such violation.

''(g) APPLICABILITY.—The provisions of this section shall apply to group health plans and health insurance issuers as if included in—

''(1) subpart 2 of part A of title XXVII of the Public Health Service Act;

''(2) the first subpart 3 of part B of title XXVII of the Public Health Service Act (relating to other requirements); and

''(3) subchapter B of chapter 100 of the Internal Revenue Code of 1986.

''(h) NONAPPLICATION OF CERTAIN PROVISION.—Only for purposes of applying the requirements of this section under section 714 of the Employee Retirement Income Security Act of 1974 (as added by section 301 of this Act), sections 2707 and 2753 of the Public Health Service Act (as added by sections 201 and 202 of this Act), and section 9813 of the Internal Revenue Code of 1986 (as added by section 401 of this Act)—

''(1) section 2721(b)(2) of the Public Health Service Act and section 9831(a)(1) of the Internal Revenue Code of 1986 shall not apply to the provisions of this section; and

''(2) with respect to limited scope dental benefits, subparagraph (A) of section 733(c)(2) of the Employee Retirement Income Security Act of 1974, subparagraph (A) of section 2791(c)(2) of the Public Health Service Act, and subparagraph (A) of section 9832(c)(2) of the Internal Revenue Code of 1986 shall not apply to the provisions of this section.

''(i) NO IMPACT ON SOCIAL SECURITY TRUST FUND.—

''(1) IN GENERAL.—Nothing in this section shall be construed to alter or amend the Social Security Act (or any regulation promulgated under that Act).

''(2) TRANSFERS.—

''(A) ESTIMATE OF SECRETARY.—The Secretary of the Treasury shall annually estimate the impact that the enactment of this section has on the income and balances of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401).

''(B) TRANSFER OF FUNDS.—If, under subparagraph (A), the Secretary of the Treasury estimates that the enactment of this section has a negative impact on the income and balances of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401), the Secretary shall transfer, not less frequently than quarterly, from the general revenues of the Federal Government an amount sufficient so as to ensure that the income and balances of such trust funds are not reduced as a result of the enactment of such section.

''(j) LIMITATION ON ACTIONS.—

''(1) IN GENERAL.—Except as provided for in paragraph (2), no action may be brought under subsection (a)(1)(B), (a)(2), or (a)(3) of section 502 by a participant or beneficiary seeking relief based on the application of any provision in this section.

''(2) PERMISSIBLE ACTIONS.—An action may be brought under subsection (a)(1)(B), (a)(2), or (a)(3) of section 502 by a participant or beneficiary seeking relief based on the application of this section to the individual circumstances of that participant or beneficiary; except that—

''(A) such an action may not be brought or maintained as a class action; and

''(B) in such an action relief may only provide for the provision of (or payment for) benefits, items, or services denied to the individual participant or beneficiary involved (and for attorney's fees and the costs of the action, at the discretion of the court) and shall not provide for any other relief to the participant or beneficiary or for any relief to any other person.

''(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as affecting any action brought by the Secretary.

''(k) EFFECTIVE DATE.—The provisions of this section shall apply to group health plans for plan years beginning after, and to health insurance issuers for coverage offered or sold after, October 1, 2000.''.

(b) INFORMATION REQUIREMENTS.—

(1) INFORMATION FROM GROUP HEALTH PLANS.—Section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) is amended by adding at the end the following:

''(7) INFORMATION FROM GROUP HEALTH PLANS.—

''(A) PROVISION OF INFORMATION BY GROUP HEALTH PLANS.—The administrator of a group health plan subject to the requirements of paragraph (1) shall provide to the Secretary such of the information elements described in subparagraph (C) as the Secretary specifies, and in such manner and at such times as the Secretary may specify (but not more frequently than 4 times per year), with respect to each individual covered under the plan who is entitled to any benefits under this title.

''(B) PROVISION OF INFORMATION BY EMPLOYERS AND EMPLOYEE ORGANIZATIONS.—An employer (or employee organization) that maintains or participates in a group health plan subject to the requirements of paragraph (1) shall provide to the administrator of the plan such of the information elements required to be provided under subparagraph (A), and in such manner and at such times as the Secretary may specify, at a frequency consistent with that required under subparagraph (A) with respect to each individual described in subparagraph (A) who is covered under the plan by reason of employment

with that employer or membership in the organization.

''(C) INFORMATION ELEMENTS.—The information elements described in this subparagraph are the following:

''(i) ELEMENTS CONCERNING THE INDIVIDUAL.—

''(I) The individual's name.

''(II) The individual's date of birth.

''(III) The individual's sex.

''(IV) The individual's social security insurance number.

''(V) The number assigned by the Secretary to the individual for claims under this title.

''(VI) The family relationship of the individual to the person who has or had current or employment status with the employer.

''(ii) ELEMENTS CONCERNING THE FAMILY MEMBER WITH CURRENT OR FORMER EMPLOYMENT STATUS.—

''(I) The name of the person in the individual's family who has current or former employment status with the employer.

''(II) That person's social security insurance number.

''(III) The number or other identifier assigned by the plan to that person.

''(IV) The periods of coverage for that person under the plan.

''(V) The employment status of that person (current or former) during those periods of coverage.

''(VI) The classes (of that person's family members) covered under the plan.

''(iii) PLAN ELEMENTS.—

''(I) The items and services covered under the plan.

''(II) The name and address to which claims under the plan are to be sent.

''(iv) ELEMENTS CONCERNING THE EMPLOYER.—

''(I) The employer's name.

''(II) The employer's address.

''(III) The employer identification number of the employer.

''(D) USE OF IDENTIFIERS.—The administrator of a group health plan shall utilize a unique identifier for the plan in providing information under subparagraph (A) and in other transactions, as may be specified by the Secretary, related to the provisions of this subsection. The Secretary may provide to the administrator the unique identifier described in the preceding sentence.

''(E) PENALTY FOR NONCOMPLIANCE.—Any entity that knowingly and willfully fails to comply with a requirement imposed by the previous subparagraphs shall be subject to a civil money penalty not to exceed $1,000 for each incident of such failure. The provisions of section 1128A (other than subsections (a) and (b)) shall apply to a civil money penalty under the previous sentence in the same manner as those provisions apply to a penalty or proceeding under section 1128A(a).''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect 180 days after the date of the enactment of this Act.

(c) MODIFICATION OF INSTALLMENT METHOD AND REPEAL OF INSTALLMENT METHOD FOR ACCRUAL METHOD TAXPAYERS.—

(1) REPEAL OF INSTALLMENT METHOD FOR ACCRUAL BASIS TAXPAYERS.—

(A) IN GENERAL.—Subsection (a) of section 453 of the Internal Revenue Code of 1986 (relating to installment method) is amended to read as follows:

''(a) USE OF INSTALLMENT METHOD.—

''(1) IN GENERAL.—Except as otherwise provided in this section, income from an installment sale shall be taken into account for purposes of this title under the installment method.

''(2) ACCRUAL METHOD TAXPAYER.—The installment method shall not apply to income from an installment sale if such income would be reported under an accrual method of accounting without regard to this section. The preceding sentence shall not apply to a disposition described in subparagraph (A) or (B) of subsection (l)(2).''

(B) CONFORMING AMENDMENTS.—Sections 453(d)(1), 453(i)(1), and 453(k) of such Act are each amended by striking ''(a)'' each place it appears and inserting ''(a)(1)''.

(2) MODIFICATION OF PLEDGE RULES.—Paragraph (4) of section 453A(d) of such Act (relating to pledges, etc., of installment obligations) is amended by adding at the end the following: ''A payment shall be treated as directly secured by an interest in an installment obligation to the extent an arrangement allows the taxpayer to satisfy all or a portion of the indebtedness with the installment obligation.''

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to sales or other dispositions occurring on or after the date of the enactment of this Act.

NOTICES OF HEARINGS

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. CRAIG. Mr. President, I would like to announce for the public that a hearing has been scheduled before the Subcommittee on Forests and Public Land Management of the Senate Committee on Energy and Natural Resources.

The hearing will take place Wednesday, July 21, 1999, at 2 p.m., in room SD–366 of the Dirksen Senate Office Building in Washington, DC.

The purpose of this hearing is to receive testimony on S. 1184, a bill to authorize the Secretary of Agriculture to dispose of land for recreation or other public purposes. S. 1129, a bill to facilitate the acquisition of inholdings in Federal land management units and the disposal of surplus public land, and for other purposes, and H.R. 150, a bill to amend the act popularly known as the Recreation and Public Purposes Act to authorize disposal of certain public lands or national forest lands to local education agencies for use for elementary or secondary schools, including public charter schools, and for other purposes.

Those who wish to submit written statements should write to the Committee on Energy and Natural Resources, U.S. Senate, Washington, DC 20510. For further information, please call Mark Rey at (202) 224–6170.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. CRAIG. Mr. President, I would like to announce for the public that a hearing has been scheduled before the Subcommittee on Forests and Public Land Management of the Senate Committee on Energy and Natural Resources.

The hearing will take place Wednesday, July 22, 1999, at 2 p.m., in room SD–366 of the Dirksen Senate Office Building in Washington, DC.

The purpose of this hearing is to receive testimony from the U.S. General Accounting Office on a recent GAO report, 99–166, regarding Forest Service land management priorities. Within this context, GAO will also provide an evaluation of title I and title II of S. 1320, a bill to provide to the Federal land management agencies the authority and capability to manage effectively the Federal lands, and for other purposes.

Those who wish to submit written statements should write to the Committee on Energy and Natural Resources, U.S. Senate, Washington, DC 20510. For further information, please call Mark Rey at (202) 224–6170.

COMMITTEE ON INDIAN AFFAIRS
COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. CAMPBELL. Mr. President, I announce that the Senate Committee on Indian Affairs and the Senate Committee on Energy and Natural Resources will meet during the session of the Senate on Wednesday, July 14, 1999, at 9:30 a.m., to conduct a joint oversight hearing on the Report of the General Accounting Office (GAO) on the Interior Department's Planned Trust Fund Reform. The hearing will be held in room 216 of the Hart Senate Office Building.

Those wishing additional information should contact the Committee on Indian Affairs at (202) 224–2251.

ADDITIONAL STATEMENTS

OLIVER NORTH ARTICLE ON GENERAL CHUCK KRULAK, USMC

● Mr. BURNS. Mr. President, a couple of weeks ago, I stood on the floor in recognition of General Chuck Krulak's retirement as Commandant of the United States Marine Corps. Since then, I've attended the change of command ceremony at the Marine Barracks, and I must say, I was impressed with how General Krulak reminded us once again what makes Marines and the U.S. Marine Corps important.

I am equally impressed with the conduct of General James Jones, the new Commandant, and his recognition of the challenge he faces in following General Krulak's command. I wish him well and encourage him to continue the traditions maintained by his predecessor in dealing with Congress.

I come to the floor again today for one final addition to General Krulak's record before Congress. Oliver North wrote an excellent editorial recently in the Washington Times that captures the exceptional performance of the Commandant. I ask consent to have it printed in the RECORD.

The material follows:

SEMPER FIDELIS

(By Lt. Col. Oliver L. North (Ret.))

WASHINGTON, DC.—One recent morning, an invitation arrived in the mail. It was to a retirement ceremony at the Marine Barracks here in our nation's capital. I've probably been to more than a hundred of these rites of passage since I joined the Corps more than three decades ago. I won't be able to attend and had to send my sincere regrets for the invitation was to the retirement ceremony for a friend—General Charles C. Krulak, the 31st Commandant of the Marine Corps.

Now, Marine Lieutenant Colonels, even those of us no longer on active service, aren't in the habit of referring to Generals as friends—particularly when the General in question is the top Marine. And we sure don't offer a public critique of his performance as Commandant of all Marines. It just isn't done.

But in this case, somebody needs to do it. Because when Chuck Krulak takes off his Dress Blues with those four stars on the shoulders for the last time as he will at the end of this month, the conscience of the Joint Chiefs of Staff will have retired. And in this town, that kind of moral authority is going to be missed more than most people realize.

For four years, Chuck Krulak has been ''the General who tells it like it is''—in public and in private. Whether in testimony on Capitol Hill, in the Pentagon's ''tank'' where the Joint Chiefs of Staff meet, or at the White House, Chuck Krulak could be counted upon to tell the truth—whether they wanted to hear it or not. His reputation for integrity in a city that too little values this virtue is unparalleled—and a credit to the Corps of Marines he has led through some of the most tumultuous events in our history. His steadfast devotion to his 174,000 Marines is evident in all that he has said and done as Commandant. And very little of it endeared him to an administration hell bent on downsizing, feminizing, and de-''moralizing'' America's Armed Forces.

When General Krulak was appointed Commandant in 1995, the Clinton White House was busy taking an axe to America's defense establishment. By the time these draconian cuts were done, the Army would lose eight active combat divisions. The Air Force and Navy would lose 20 air wings—and 2,000 combat aircraft. Another 232 strategic bombers, 13 ballistic missile submarines, four aircraft carriers, all of our battleships, and more than 100 other combat vessels would be sent to the boneyard. Only the Marine Corps was able to withstand Commander-in-Chief Clinton's quest for a mothballed military.

And it didn't stop there. The Marines were badgered to make their boot camps co-ed. General Krulak said no. The Corps was told that it should put women in ground combat assignments in their expeditionary forces. Again, the top Marine said no. When the Pentagon started talking about relaxing the standard on sexual misconduct, Chuck Krulak just said, no. And when a Clinton political appointee responsible for ''feminizing'' the military decried the Marines as ''extremists,'' the Commandant fired back a blistering response that yes, they were, ''extremely fit, extremely faithful and extremely patriotic.'' In every case he was right.

And he didn't give an inch when the vaunted Clinton ''National Security Team'' acted as though the Marines had done so much for so long with so little that they could continue to do everything with nothing forever. Faced with unprecedented global commitments and the prospect of declining readiness, Krulak pulled no punches. He told the House and Senate Armed Services Committees that the Marines were ready to perform Mission Impossible—but that they needed to be better armed and equipped. He got what he wanted.

While the other branches of our Armed Forces struggle to meet recruiting and retention goals, lower their entrance standards, ease training requirements and try to make military service less ''military''—the Corps has done exactly the opposite. Krulak extended boot camp—adding his ''Crucible Training'' to the already rigorous initiation into the Corps. His Marines loved him for it, and the Corps has thrived.

The power brokers in Washington, who favor ''yes men'' over honest men, probably won't miss Chuck Krulak very much. But his Marines will. And I will—mostly because I remember him as a young Captain of Infantry, thirty years ago, when we served together in a corner of hell called Vietnam. He was then, as he is today, a warrior and a man of principle, integrity and character. He embodied then, as he does today, the guiding ethos of the Marines—Semper Fidelis—Always Faithful.

Mr. BURNS. Mr. President, I believe you can see how fitting it is that this article be included in the RECORD.●

MEREDITH GARDNER

● Mr. MOYNIHAN. Mr. President. I rise today to pay tribute to Meredith Gardner, long unsung contributor to the identification of spies. Described by the FBI's Robert Joseph Lamphere as ''the greatest counter-intelligence tool this country has ever known,'' Gardner was the National Security Agency's leading enabler of the reading of thousands of enciphered cables intercepted from Soviet foreign intelligence in the 1940's. The NSA, under its various names, spent four decades deciphering what Moscow intended to be an unbreakable Soviet cipher. Gardner and his team painstakingly worked on these messages in a project which came to be known eventually as ''VENONA.'' The resulting VENONA decrypts, which were finally revealed publicly in 1995, detail the Soviet's espionage efforts in the United States during and after World War II.

Gardner has a genius for learning languages, and is fluent in German, Spanish, French and Russian and has had courses in Old High and Middle High German, Old Norse, Gothic, Lithuanian, and Sanskrit. He taught languages at the Universities of Texas and Wisconsin before being recruited by the U.S. Army's Signals Intelligence Service (the precursor to the National Security Agency) shortly after the Japanese bombed Pearl Harbor. The Army wanted people fluent in many languages to work on breaking German and Japanese codes. Until 1955 Gardner worked at Arlington Hall, a former girl's school located 10 miles outside Washington, which served as the Army's headquarters for code-breaking operations. Gardner soon added Japanese to his repertoire of languages. By chance, he became the first American to read in an intercepted message the Japanese word for atom bomb, ''genshibakudan.''

When the war with Japan ended, the NSA phased out its Japanese section. Gardner learned that there was a section working on Soviet Union messages (its existence was kept secret) and he transferred into it. Gardner insists that the most arduous efforts to make the messages readable had already been done before he came along. First, the messages had to be sorted into at least four varieties, each used by representatives of separate Soviet government departments. It had also been discovered that some messages could be paired as having been ''randomized'' by the same pad and page carrying random additive digits (and hence were solvable).

Such mixed pairs were worked on by a small group of women led by Katurah ''Katie'' McDonald. This group had already produced a remarkable amount of code text, and the code-groups that had appeared so far had even been indexed in context by a card machine. The material was just awaiting the appointment of a linguist, and Gardner ''appointed himself'' to be it. It was the easy stage, but without it all the preparatory work would have been for nothing.

Gardner's reconstruction of the foreign intelligence (VENONA) code book was slow at first, but gained momentum. Because some recruits were named in the messages and given cover names, it became obvious that the FBI ought to receive translations of the cables. Special agent Robert Joseph Lamphere was assigned to be the (very efficient) link between the NSA and FBI. The next is history.

Gardner spent 27 years working on the ''Russian problem'' before retiring in 1972. He and his wife of 56 years, Blanche, who also worked for the Army Security Agency, now spend part of their time teaching Latin to a small group of students. I commend Mr. Gardner for the invaluable assistance he has given to our country, which we are only now beginning to realize and understand. I salute Mr. Gardner for his dedicated and important service.●

TRIBUTE TO MR. LARRY STOLTE, ON HIS RETIREMENT

● Mr. SMITH of New Hampshire. Mr. President, I rise today to acknowledge and commend Mr. Larry Stolte as he retires from the United States Fish and Wildlife Service.

Larry's career in New England began as a fisheries biologist in 1969 with the New Hampshire Fish and Game Department, working on the introduction of Coho salmon in the Great Bay area. In 1975, he joined the United States Fish and Wildlife Service and became the Atlantic Salmon Planner for New England. Larry took the lead in developing an Atlantic salmon strategic plan for southern New England, and chaired the state committee that developed the Atlantic salmon plan for Maine's rivers.

While working to restore Atlantic salmon to New England's waterways, Larry began researching the ''king of gamefish'' in the Merrimack River. He documented his research in a book titled ''The Forgotten Salmon of the Merrimack,'' which was published in 1981 and is recognized by many as the most accurate record of the history of the Atlantic salmon in the Merrimack River.

For the past 15 years, Larry has been the Fish and Wildlife Service's coordinator for anadromous fish restoration in the Merrimack River. He has also

chaired the U.S. Atlantic Salmon Assessment Committee and has been a working member of the International Commission on the Exploration of the Seas' North Atlantic Salmon Working Group.

Larry has devoted his entire career to restoring anadromous fish to New England rivers. His dedication and perseverance has been an inspiration to those who have worked toward this effort. Upon his retirement from the United States Fish and Wildlife Service, Larry and his wife Tracy will reside in Montana. I would like to thank Larry for his hard work and dedication to the restoration efforts of New England Rivers. It is an honor to represent Larry in the United States Senate.●

OUR OUTSTANDING AMBASSADOR IN BEIJING—JIM SASSER

●Mr. KENNEDY. Mr. President. I join many other Senators in welcoming our former colleague, Ambassador James Sasser, back to the United States after his outstanding service as our Ambassador to the People's Republic of China.

America has vital foreign policy interests in China, and Ambassador Sasser has represented those interests skillfully and effectively for more than three years.

During his service as Ambassador, he has worked diligently to restore high level summitry between China and the United States. His able leadership has made the American Embassy in Beijing more responsive to the concerns and interests of American business. He has also worked tirelessly to promote dialogue with the Dalai Lama.

In the aftermath of the tragic, mistaken bombing of China's embassy in Belgrade in May, America's embassy in Beijing was under siege, and Ambassador Sasser was virtually held hostage in the embassy. During this extraordinarily difficult time, he ensured that American personnel were safe and accounted for. He displayed remarkable courage during this ordeal, and made America proud of him.

All of us who worked with Ambassador Sasser in the Senate knew he would excel when President Clinton nominated him for this position. I congratulate him on a job well done. We are proud of his remarkable accomplishments and the efforts he has made to strengthen the U.S.-China relationship.●

HONORING KBHP RADIO FOR THE CRYSTAL RADIO AWARD

● Mr. GRAMS. Mr. President, I rise today to pay tribute to a Minnesota radio station from Bemidji, KBHP–FM, for geing honored with the 1999 Crystal Radio Award given by the National Association of Broadcasters. The Crystal Radio Award recognizes stations for their year-round commitment to community service. KBHP–FM was one of ten stations chosen to receive Crystals, making this their third award since 1987. Since the Award's inception in 1987, eight other stations in Minnesota have joined the ranks receiving the Crystal. These stations are WJON–AM in St Cloud, KSJN–FM in St. Paul, WWTC–AM, WCCO–AM, KQRS–FM/AM in Minneapolis (twice), KCUE–AM in Red Wing, KWOA–AM in Worthington, and WLTE–FM in Minneapolis.

I congratulate KBHP–FM for this great achievement and enter into the RECORD a brief description of the Station's work from the Cyrystal Radio Award program.●

ROBERT B. CONROY

● Mr. LIBERMAN. Mr. Presdient, I rise today to pay tribute to Robert B. Conroy of Westport Connecticut. Captain Conroy is a dedicated Veteran of World War II, a proud family man, and a fine example of the powerful American Spirit that weaves it way through the nation's history.

A member of the 359th Fighter Squardon and the 356th Fighter Group, Captain Conroy's plane was shot down by German forces over France in Janaury of 1944. Despite his injuries, Captain Conroy survived as a prisoner of war in Stalag Luft I for sixteen months until the camp was liberated by Russian troops.

Captain Conroy's list of medals, including the Purple Heart and the Distinguished Flying Cross, only begin to tell the story about what makes him a true American hero. After his military career, Captain Conroy raised and supported a family while building a successful career in advertising. The principles of honor, integrity, and devotion to duty that he displayed during World War II have remained a critical part of his life and are the same principles he has instilled in his children. I hope my colleagues will join me in thanking Captain Robert Conroy for his service, both military and civilian, to this great nation.●

TRIBUTE TO SY MAHFUZ

● Mr. SMITH of New Hampshire. Mr. President, I rise today to honor Sy Mahfuz, of Nashua, New Hampshire, for being selected a 1999 Business Leader of the Year by *Business NH Magazine.*

Sy, the owner of Persian Rug Galleries, has lived in Nashua for 46 years. His business is a fixture on Main Street and draws customers from all over the Northeast and New York. Persian Rug Galleries is known for both the quality of its products and the expertise of its employees.

Sy dedicates his time both to his business and to the community. In 1994, he fought to pass a bill which protests consumers from ''going out of business'' sales. He also is a major organizer of many downtown events. His leadership role in planning Twist the Night Away brought an estimated 100,000 people to Nashua's Main Street in 1998.

Sy's sense of responsibility for both his colleagues and neighbors has brought him success in the past. With his determination to succeed rooted in this responsibility he will surely continue to be a positive role model for his community.

Mr. President, I would like to wish Sy my sincere congratulations and best wishes. While running a successful family business, Sy had dedicated much of his time to having a positive impact on his community. His accomplishments are truly remarkable. It is an honor to represent him in the United States Senate.●

50TH ANNIVERSARY OF THE AIR FORCE MEDICAL SERVICE

● Mr. INOUYE. Mr. President, this month marks the 50th anniversary of the Air Force Medical Service. On July 1, 1949, the Air Force Medical Service was created, beginning a strong and rich tradition of providing health care to military personnel and their families.

Since the Korean War, the Air Force Medical Service has provided aerospace medicine support to our aviators. From ensuring pilots are physically fit to stand the rigors of flight to bringing physiological expertise to the design of fighter jet aircraft, aerospace medical personnel have maximized the performance and safety of our pilots.

Aeromedical evacuation of casualties proved valuable during World War II, and became the preferred mode of casualty evacuation during the Korean War. The Air Force Medical Service is responsible for fixed wing aircraft evacuation and manages a world-wide system for peacetime and wartime aeromedical evacuation.

Today, the Air Force Medical Service operates 37 medical center and hospitals and 41 clinics around the world, providing health care to a wide range of beneficiaries. When the Air Force Medical Services was created, only 4 percent of military troops had dependents. However, seventy percent of military personnel serving today have families. These dynamic changes have broadened the needs and expectations for medical services. In recent years, constrained resources and the initiation of TRICARE have added to the challenges. The Air Force Medical Service has always found innovative ways to ensure the mission was accomplished.

I congratulate the 52,000 men and women of the Air Force Medical Service on this milestone. I am confident that the proud traditions of the Air Force Medical Service will continue as its men and women provide the best combat medical support, aeromedical evaluation of the sick and injured, and health care to Air Force communities.●

RECOGNITION OF GENE CLAWSON, JR.

● Mr. BURNS. Mr. President, I rise today to recognize a great Montanan

who is a man of extraordinary talents and accomplishments, one of the most notable being President of the Amateur Trapshooting Association. This Association is the largest clay target shooting organization in the world with more than 100,000 members. This year as President, he will preside over the Grand American 100th Anniversary trapshoot in Vandalia, Ohio from August 12–21, 1999.

This past week in Missoula, Montana, July 8 was designated Gene Clawson, Jr. Day by the Montana State Trapshooting Association to recognize his dedication and service to this sport. Gene's dedication started over 40 years ago when he began shooting with his father and brother. When Gene started, he dominated state junior competitions and earned All-American status. His dedication and love for the sport propelled him to win 10 state championships, a national doubles Class AA championship. He was selected to the Montana All-State Team thirty-one times and in 1995 he was inducted into the Montana State Trapshooting Association Hall of Fame. One of his more phenomenal accomplishments was shooting the amazing ''perfect'' doubles score of 100 for a total of sixteen times.

Gene's service to trapshooting also has been an unusual example of unfaltering support and leadership. Gene started out helping his father with the duties of secretary-treasurer of the Missoula Trap and Skeet Club. From there his involvement grew to include being on the club's board of directors, Montana's delegate to the Amateur Trapshooting Association, and the Western Zone Vice-President for the Association in which he presided over 13 western States and Canadian provinces. Now as the President of the Amateur Trapshooting Association, he deals with virtually all of the Association's business. In all his endeavors, he has gained the respect and admiration of many people as well as to inspiring others to participate in the this exciting sport.

In addition to being a master of his sport, he is also a successful businessman. He has been President of the family-owned business, Clawson Manufacturing, for over 30 years. When his father started the business in 1948, they concentrated on unfinished furniture and cut stock. Since then, Gene has moved the company into designing, producing, and selling windows and roof trusses worldwide.

Gene is also a dedicated family man. Ranging in ages from 12 to 79, the Clawsons are an amazing example of family tradition, devotion, support, and success. For several years, three generations of Clawsons have hunted elk, waterfowl, and upland birds together. Three of Gene's sons (Nick, Bill, and Brad) have followed in their father's footsteps in excelling at trapshooting competitions. Now his grandson has joined the firing line. In these days when guns are associated with destroying families, it is refreshing to see an example of how the shooting sports can bring a family closer together.

Mr. President, I recognize Mr. Gene Clawson, Jr. and congratulate him for his accomplishments as an amateur trapshooter, father, and businessman. I was him and his family the best and much success in their future endeavors. Please join with me in recognizing this great Montanan and outstanding American.●

DEINSTITUTIONALIZATION OF THE MENTALLY ILL

Mr. MOYNIHAN. Mr. President, this past Friday (July 9, 1999), the Washington Post carried an excellent op-ed piece, ''Deinstitutionalization Hasn't Worked,'' by E. Fuller Torrey and Mary T. Zdanowicz. The authors are the president and executive director, respectively, of the Treatment Advocacy Center. They write about the continued stigma attached to mental illness. They write about barriers to treatment. Most important, they write about the aftermaths of deinstitutionalization, and the seemingly horrific effects this policy has had.

In this morning's New York Times (July 12, 1999), Fox Butterfield writes about a Department of Justice report released yesterday which states that some 283,800 inmates in the nation's jails and prisons suffer from mental illness. (This is a conservative estimate.) As Butterfield puts it, ''. . . jails and prisons have become the nation's new mental hospitals.''

Over the past 45 years, we have emptied state mental hospitals, but we have not provided commensurate outpatient treatment. Increasingly, individuals with mental illnesses are left to fend for themselves on the streets, where they victimize others or, more frequently, are victimized themselves. Eventually, many wind up in prison, where the likelihood of treatment is nearly as remote.

This is a cautionary tale, instructive of what is possible and also what we ought to be aware of. I was in the Harriman administration in New York in the 1950s. Early in 1955, Harriman met with his new Commissioner of Mental Hygiene, Paul Hoch, who described the development of a tranquilizer derived from rauwolfia by Dr. Nathan S. Kline at what was then known as Rockland State Hospital (it is now the Rockland Psychiatric Center) in Orangeburg. The medication had been clinically tested and appeared to be an effective treatment of many patients. Dr. Hoch recommended that it be used system wide; Harriman found the money.

That same year Congress created a Joint Commission on Mental Health and Illness with a view to formulating ''comprehensive and realistic recommendations'' in this area which was then a matter of considerable public concern. Year after year the population of mental institutions grew; year after year new facilities had to be built. Ballot measures to approve the issuance of general obligation bonds for building the facilities appeared just about every election. Or so it seemed.

The discovery of tranquilizers was adventitious. Physicians were seeking cures for disorders they were just beginning to understand. Even a limited success made it possible to believe that the incidence of this particular range of disorders, which had seemingly required persons to be confined against their will or even awareness, could be greatly reduced. The Congressional Commission submitted its report in 1961; it was seen to propose a nationwide program of deinstitutionalization.

Late in 1961 President Kennedy appointed an interagency committee to prepare legislative recommendations based on the report. I represented Secretary of Labor Arthur J. Goldberg on this committee and drafted its final submission. This included the recommendation of the National Institute of Mental Health that 2,000 ''community mental health centers'' (one for every 100,000 people) be built by 1980. A buoyant Presidential Message to Congress followed early in 1963. ''If we apply our medical knowledge and social insights fully,'' President Kennedy stated, ''all but a small portion of the mentally ill can eventually achieve a wholesome and a constructive social adjustment.'' A ''concerted national attack on mental disorders [was] now possible and practical.'' The President signed the Community Mental Health Centers Construction Act on October 31, 1963—his last public bill signing ceremony. He gave me a pen.

The mental hospitals emptied out. The number of patients in state and county mental hospitals peaked in 1955 at 558,922 and has declined every year since then, to 61,722 in 1996. But we never came near to building the 2,000 community mental health centers. Only some 482 received Federal construction funds from 1963 to 1980. The next year, 1981, the program was folded into the Alcohol, Drug Abuse, and Mental Health block grant program, where it disappeared from view.

Even when centers were built, the results were hardly as hoped for. David Musto has noted that the planners had bet on improving national mental health ''by improving the quality of general community life through expert knowledge [my emphasis], not merely by more effective treatment of the already ill.'' The problem was: there is no such knowledge. Nor is there. But the belief there was such knowledge took hold within sectors of the profession, which saw institutions as an unacceptable mode of social control. These activists subscribed to a redefining mode of their own, which they considered altruistic: mental patients were said to have been ''labeled,'' and were not to be drugged. So as the Federal government turned to other matters, the mental institutions continued to release patients, essentially to fend for themselves. There was no connection made: we're quite capable of that

in the public sphere. Professor Frederick F. Siegel of Cooper Union observed: ''in the great wave of moral deregulation that began in the mid-1960s, the poor and the insane were freed from the fetters of middle-class mores.'' Soon, the homeless appeared. Only to be defined as victims of an insufficient supply of affordable housing. No argument, no amount of evidence has yet affected that fixed ideological view.

I commend these two articles to my colleagues and ask that they be printed in the RECORD.

The articles follow:

[From the Washington Post, July 9, 1999]

DEINSTITUTIONALIZATION HASN'T WORKED

''WE HAVE LOST EFFECTIVELY 93 PERCENT OF OUR STATE PSYCHIATRIC HOSPITAL BEDS SINCE 1955''

(By E. Fuller Torrey and Mary T. Zdanowicz)

The White House Conference on Mental Health identified stigma and discrimination as the most important barriers to treatment for the mentally ill. For the most severely ill, there are more significant barriers to treatment, such as laws that prevent treating individuals until they become dangerous. These laws and our failure to treat individuals with schizophrenia and manic-depressive illness are, ironically, the leading causes of stigma and discrimination against those with mental illnesses.

Stigma is created by the sort of headlines that result when a person is not being treated for mental illness and shoots two Capitol police officers to death, or pushes an innocent victim in front of a speeding subway train. Some 20 years of research has proven this point.

A 1996 study published in the Journal of Community Psychology demonstrated that negative attitudes toward people with mental illnesses increased greatly after people read newspaper articles reporting violent crimes by the mentally ill. Henry J. Steadman, an influential public opinion researcher, wrote as far back as 1981: ''Recent research data on contemporary populations of ex-mental patients supports these public fears [of dangerousness] to an extent rarely acknowledged by mental health professionals. . . . It is [therefore] futile and inappropriate to badger the news and entertainment media with appeals to help destigmatize the mentally ill.''

Tipper Gore and the White House must tackle 30 years of failed deinstitutionalization policy if they hope to win the battle of mental illness stigma and solve the nation's mental illness crisis. Hundreds of thousands of vulnerable Americans are eking out a pitiful existence on city streets, underground in subway tunnels or in jails and prisons because of the misguided efforts of civil rights advocates to keep the severely ill out of hospitals and out of treatment.

The images of these gravely ill citizens on our city landscapes are bleak reminders of the failure of deinstitutionalization. They are seen huddling over steam grates in the cold, animatedly carrying on conversations with invisible companions, wearing filthy, tattered clothing, urinating and defecating on sidewalks or threatening passersby. Worse still, they frequently are seen being carried away on stretchers as victims of suicide or violent crime, or in handcuffs as perpetrators of violence against others.

All of this occurs under the watchful eyes of fellow citizens and government officials who do nothing but shake their heads in blind tolerance. The consequences of failing to treat these illnesses are devastating. While Americans with untreated severe mental illnesses represent less than one percent of our population, they commit almost 1,000 homicides in the United States each year. At least one-third of the estimated 600,000 homeless suffer from schizophrenia or manic-depressive illness, and 28 percent of them forage for some of their food in garbage cans. About 170,000 individuals, or 10 percent, of our jail and prison populations suffer from these illnesses, costing American taxpayers a staggering $8.5 billion per year.

Moreover, studies suggest that delaying treatment results in permanent harm, including increased treatment resistance, worsening severity of symptoms, increased hospitalizations and delayed remission of symptoms. In addition, persons suffering from severe psychiatric illnesses are frequently victimized. Studies have shown that 22 percent of women with untreated schizophrenia have been raped. Suicide rates for these individuals are 10 to 15 times higher than the general population.

Weak state treatment laws coupled with inadequate psychiatric hospital beds have only served to compound the devastation for this population. Nearly half of those suffering from these insidious illnesses do not realize they are sick and in need of treatment, because their brain disease has affected their self-awareness. Because they do not believe they are sick, they refuse medication. Most state laws today prohibit treating individuals over their objection unless they pose an immediate danger to themselves. In other words, an individual must have a finger on the trigger of a gun before any medical care will be prescribed.

Studies have proved that outpatient commitment is effective in ensuring treatment compliance. While many states have some form of assisted treatment on the books, the challenge remains in getting them to utilize what is at their disposal rather than tolerating the revolving-door syndrome of hospital admissions, readmissions, abandonment to the streets and incarceration that engulfs those not receiving treatment.

Adequate care in psychiatric facilities also must be available. Between 5 and 10 percent of the 3.5 million people suffering from schizophrenia and manic-depressive illness require long-term hospitalization—which means hospitalization in state psychiatric hospitals. This critical need is not being met, since we have lost effectively 93 percent of our state psychiatric hospital beds since 1955.

It is time to recognize that feel-good mental health policies have caused grave suffering for those most ill and that real solutions must be developed. The lives of millions of Americans depend on it.

[From the New York Times July 12, 1999]

NATIONAL REPORT—PRISONS BRIM WITH MENTALLY ILL, STUDY FINDS

(By Fox Butterfield)

The first comprehensive study of the rapidly growing number of emotionally disturbed people in the nation's jails and prison has found that there are 283,800 inmates with mental illness, about 16 percent of the jail population. The report confirms the belief of many state, local and Federal experts that jails and prisons have become the nation's new mental hospitals.

The study, released by the Justice Department yesterday, paints a grim statistical portrait, detailing how mentally ill inmates tend to follow a revolving door from homelessness to incarceration and then back to the streets with little treatment, many of them arrested for crimes that grow out of their illnesses.

The report found that mentally ill inmates in state prisons were more than twice as likely to have been homeless before their arrests than other inmates, twice as likely to have been physically or sexually abused in childhood and far more likely to have been using drugs or alcohol.

In another reflection of their chaotic lives, the study found that emotionally disturbed inmates had many more incarcerations than other inmates. More than three-quarters of them had been sentenced to jail or prison before, and have had served three or more prior sentences.

One of the most striking findings in the study, and the one most likely to be disputed, is that mentally ill inmates in state prisons were more likely than other prisoners to have been convicted of a violent crime. Too, many emotionally disturbed inmates were arrested for little more than bizarre behavior or petty crimes, like loitering or public intoxication, but the report, by the Justice Department's Bureau of Justice Statistics, did not offer any breakdown on this category of convictions.

Moreover, once incarcerated, emotionally disturbed inmates in state prisons spend an average of 15 months longer behind bars than others, often because their delusions, hallucinations or paranoia make hem more likely to get into fights or receive disciplinary reports.

''This study provides data to show that the incarceration of the mentally ill is a disastrous, horrible social issue,'' said Kay Redfield Jamison, a professor of psychiatry at the Johns Hopkins School of Medicine. ''There is something fundamentally broken in the system that covers both hospitals and jails,'' said Professor Jamison, the author of ''Night Falls Fast: Understanding Suicide,'' to be published later this year by Knopf.

With the wholesale closings of public mental hospitals in the 1960's, and the prison boom of the last two decades, jails are often the only institutions open 24 hours a day and required to take the emotionally disturbed.

The hospitals were closed at a time when new antipsychotic drugs made medicating patients in the community seem a humane alternative to long-term hospitalization. From a high of 559,000 in 1955, the number of patients in state hospitals dropped to 69,000 in 1995.

But drugs work only when taken and many states failed to build a promised network of clinics to monitor patients. To compound the problem, for-profit hospitals began turning away the psychotic, who tend to be more expensive and stay longer than other patients, and are often without health insurance.

At the same time, the number of jail and prison beds has quadrupled in the last 25 years, with 1.8 million Americans now behind bars.

''Jails have become the poor person's mental hospitals,'' said Linda A. Teplin, a professor of psychiatry and director of the psycho-legal studies program at Northwestern University.

After years of inattention by the Government, the problem has generated a flurry of interest in the Clinton Administration, led by Tipper Gore and Attorney General Janet Reno, whose department is sponsoring a major conference on it next week.

All previous estimates of the number of emotionally disturbed inmates have been based on research by Professor Teplin in the Cook County Jail in Chicago. She found that 9.5 percent of male inmates there had experienced a severe mental disorder like schizophrenia, manic depression or major depression, four times the rate in the general population.

Professor Teplin said that while she welcomed the Justice Department count, it was

open to question because the study relied on reports by the inmates themselves, who were asked whether they had a mental condition or had ever received treatment for a mental problem. People with emotional disorders often are not aware of them or do not want to report them, she said, so the Justice Department estimate of more than a quarter-million inmates with mental illness may actually be too low, Professor Teplin said.

In addition, she said, the study was not conducted by mental health professionals using diagnostic tests, so it was impossible to tell what mental disorders the inmates suffered from, and whether they were severe illnesses, like schizophrenia, or generally less severe problems, like anxiety disorders.

The study found that 53 percent of emotionally disturbed inmates in state prisons were sentenced for a violent crime, compared with 46 percent of other prisoners. Specifically, 13.2 percent of mentally ill inmates in prisons had been convicted of murder, compared with 11.4 percent of other prisoners, and 12.4 percent of mentally ill inmates had been convicted of sexual assault, compared with 7.9 percent of other prisoners.

Advocates for the mentally ill have worked hard to show that emotionally disturbed people are no more violent than others, to try to lessen the stigma surrounding mental illness. But recent research, while confirming that mentally ill people may not be more violent than others, suggests that they can become violent in a number of conditions, including when they are off their medications or are taking drugs or alcohol.

In another important finding, also subject to differing interpretations, the study found that reported rates of mental illness varied by race and gender, with white and female inmates reporting higher rates than black and male inmates. The highest rates of mental illness were among white female state prisoners, with an estimated 29 percent of them reporting emotional disorders, compared with 20 percent of black female prisoners. Overall, 22.6 percent of white state prisoners were identified as mentally ill, compared with 13.5 percent of black prisoners.

Dr. Dorothy Otnow-Lewis, a psychiatrist, said the differences were a result of white psychiatrists ''being very bad at recognizing mental illness in minority individuals.'' Psychiatrists are more likely to dismiss aggressive behavior in men, particularly black men, as a result of their being bad, rather than being mad, said Dr. Lewis, who is a senior criminal justice fellow at the Center on Crime, Communities and Culture of the Soros Foundation.

Michael Faenza, the president of the National Mental Health Association, said the study ''shows that the criminal justice system is just a revolving door for a person with mental illness, from the street to jail and back without treatment.''

Professor Jamison noted that jails and prisons are not conducive to treatment, even when it is available. ''Inmates get deprived of sleep,'' she said, ''and isolation can exacerbate their hallucinations or delusions.''●

TRIBUTE TO CLD CONSULTING ENGINEERS

● Mr. SMITH of New Hampshire. Mr. President, I rise today to pay tribute to CLD Consulting Engineering, a recipient of the ''Business of the Year Award'' from Business NH Magazine. They have shown incredible success, ingenuity, and community service, virtues that are indeed worthy of recognition.

CLD, a civil engineering firm, has specialized in public projects which benefit many New Hampshire residents. These projects include the transformation of Manchester's Elm Street into a more pedestrian-friendly environment, improving the traffic pattern at the Mall of New Hampshire, and a new project to design Manchester's new two-mile long Riverwalk.

In addition to engineering designs, CLD has had an extremely positive impact in the community. The firm has sponsored a Boy Scout Explorer Post, engineering competitions, high school internships, and mentoring programs at local schools. I applaud not only their business success, but also their dedication to serving their community.

As a former small business owner myself, I understand the hard work and dedication required for success in business. Once again, I wish to congratulate CLD Consulting Engineers for being selected as a 1999 Business of the Year by the Business NH Magazine. It is an honor to represent them in the United States Senate.●

OPEN-MARKET REORGANIZATION FOR THE BETTERMENT OF INTERNATIONAL TELECOMMUNICATIONS ACT

The text of S. 376, passed by the Senate on July 1, 1999, follows:

S. 376

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Open-market Reorganization for the Betterment of International Telecommunications Act''.

SEC. 2. PURPOSE.

It is the purpose of this Act to promote a fully competitive domestic and international market for satellite communications services for the benefit of consumers and providers of satellite services by fully encouraging the privatization of the intergovernmental satellite organizations, INTELSAT and Inmarsat, and reforming the regulatory framework of the COMSAT Corporation.

SEC. 3. FINDINGS.

The Congress finds that:

(1) International satellite communications services constitute a critical component of global voice, video and data services, play a vital role in the integration of all nations into the global economy and contribute toward the ability of developing countries to achieve sustainable development.

(2) The United States played a pivotal role in stimulating the development of international satellite communications services by enactment of the Communications Satellite Act of 1962 (47 U.S.C. 701–744), and by its critical contributions, through its signatory, the COMSAT Corporation, in the establishment of INTELSAT, which has successfully established global satellite networks to provide member countries with worldwide access to telecommunications services, including critical lifeline services to the developing world.

(3) The United States played a pivotal role in stimulating the development of international satellite communications services by enactment of the International Maritime Satellite Telecommunications Act (47 U.S.C. 751–757), and by its critical contributions, through its signatory, COMSAT, in the establishment of Inmarsat, which enabled member countries to provide mobile satellite services such as international maritime and global maritime distress and safety services to include other satellite services, such as land mobile and aeronautical communications services.

(4) By statute, COMSAT, a publicly traded corporation, is the sole United States signatory to INTELSAT and, as such, is responsible for carrying out United States commitments under the INTELSAT Agreement and the INTELSAT Operating Agreement. Pursuant to a binding Headquarters Agreement, the United States, as a party to INTELSAT, has satisfied many of its obligations under the INTELSAT Agreement.

(5) In the 37 years since enactment of the Communications Satellite Act of 1962, satellite technology has advanced dramatically, large-scale financing options have improved immensely and international telecommunications policies have shifted from those of natural monopolies to those based on market forces, resulting in multiple private commercial companies around the world providing, or preparing to provide, the domestic, regional, and global satellite telecommunications services that only INTELSAT and Inmarsat had previously had the capabilities to offer.

(6) Private commercial satellite communications systems now offer the latest telecommunications services to more and more countries of the world with declining costs, making satellite communications an attractive complement as well as an alternative to terrestrial communications systems, particularly in lesser developed countries.

(7) To enable consumers to realize optimum benefits from international satellite communications services, and to enable these systems to be competitive with other international telecommunication systems, such as fiber optic cable, the global trade and regulatory environment must support vigorous and robust competition.

(8) In particular, all satellite systems should have unimpeded access to the markets that they are capable of serving, and the ability to compete in a fair and meaningful way within those markets.

(9) Transforming INTELSAT and Inmarsat from intergovernmental organizations into conventional satellite services companies is a key element in bringing about the emergence of a fully competitive global environment for satellite services.

(10) The issue of privatization of any State-owned firm is extremely complex and multi-faceted. For that reason, the sale of a firm at arm's length does not automatically, and in all cases, extinguish any prior subsidies or government conferred advantages.

(11) It is in the interest of the United States to negotiate the removal of its reservation in the Fourth Protocol to the General Agreement on Trade in Services regarding INTELSAT's and Inmarsat's access to the United States market through COMSAT as soon as possible, but such reservation cannot be removed without adequate assurance that the United States market for satellite services will not be disrupted by such INTELSAT or Inmarsat access.

(12) The Communications Satellite Act of 1962, and other applicable United States laws, need to be updated to encourage and complete the pro-competitive privatization of INTELSAT and Inmarsat, to update the domestic United States regulatory regime governing COMSAT, and to ensure a competitively neutral United States framework for the provision of domestic and international telecommunications services via satellite systems.

SEC. 4. ESTABLISHMENT OF SATELLITE SERVICES COMPETITION; PRIVATIZATION.

The Communications Satellite Act of 1962 (47 U.S.C. 701) is amended by adding at the end the following:

"TITLE VI—SATELLITE SERVICES COMPETITION AND PRIVATIZATION

''SUBTITLE A—TRANSITION TO A PRIVATIZED INTELSAT

"SEC. 601. POLICY OF THE UNITED STATES.

''It is the policy of the United States to—

''(1) encourage INTELSAT to privatize in a pro-competitive manner as soon as possible, but not later than January 1, 2002, recognizing the need for a reasonable transition and process to achieve a full, pro-competitive restructuring; and

''(2) work constructively with its international partners in INTELSAT, and with INTELSAT itself, to bring about a prompt restructuring that will ensure fair competition, both in the United States as well as in the global markets served by the INTELSAT system; and

''(3) encourage Inmarsat's full implementation of the terms and conditions of its privatization agreement.

"SEC. 602. ROLE OF COMSAT.

''(a) ADVOCACY.—As the United States signatory to INTELSAT, COMSAT shall act as an aggressive advocate of pro-competitive privatization of INTELSAT. With respect to the consideration within INTELSAT of any matter related to its privatization, COMSAT shall fully consult with the United States Government prior to exercising its voting rights and shall exercise its voting rights in a manner fully consistent with any instructions issued. In the event that the United States signatory to INTELSAT is acquired after enactment of this section, the President and the Commission shall assure that the instructional process safeguards against conflicts of interest.

''(b) ANNUAL REPORTS.—The President and the Commission shall report annually to the Committee on Commerce of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate, respectively, on the progress being made by INTELSAT and Inmarsat to privatize and complete privatization in a pro-competitive manner.

"SEC. 603. RESTRICTIONS PENDING PRIVATIZATION.

''(a) INTELSAT shall be prohibited from entering the United States market directly to provide any satellite communications services or space segment capacity to carriers (other than the United States signatory) or end users in the United States until July 1, 2001 or until INTELSAT achieves a pro-competitive privatization pursuant to section 613 (a) if privatization occurs earlier.

''(b) Notwithstanding subsection (a), INTELSAT shall be prohibited from entering the United States market directly to provide any satellite communications services or space segment capacity to any foreign signatory, or affiliate thereof, and no carrier, other than the United States signatory, nor any end user, shall be permitted to invest directly in INTELSAT.

''(c) Pending INTELSAT's privatization, the Commission shall ensure that the United States signatory is compensated by direct access users for the costs it incurs in fulfilling its obligations under this Act.

''(d) The provisions of subsections (b) and (c) shall remain in effect only until INTELSAT achieves a pro-competitive privatization pursuant to section 613 (a).

''SUBTITLE B—ACTIONS TO ENSURE PRO-COMPETITIVE SATELLITE SERVICES

"SEC. 611. PRIVATIZATION.

''(a) IN GENERAL.—The President shall seek a pro-competitive privatization of INTELSAT as soon as practicable, but no later than January 1, 2002. Such privatization shall be confirmed by a final decision of the INTELSAT Assembly of Parties and shall be followed by a timely initial public offering taking into account relative market conditions.

''(b) ENSURE CONTINUATION OF PRIVATIZATION.—The President and the Commission shall seek to ensure that the privatization of Inmarsat continues in a pro-competitive manner.

"SEC. 612. PROVISION OF SERVICES IN THE UNITED STATES BY PRIVATIZED AFFILIATES OF INTERGOVERNMENTAL SATELLITE ORGANIZATIONS.

''(a) IN GENERAL.—With respect to any application for a satellite earth station or space station under title III of the Communications Act of 1934 (47 U.S.C 301 et seq.) or any application under section 214 of that Act (47 U.S.C. 214), or any letter of intent to provide service in the United States via non-United States licensed space segment, submitted by a privatized IGO affiliate or successor, the Commission—

''(1) shall apply a presumption in favor of entry to an IGO affiliate or successor licensed by a WTO Member for services covered by United States commitments under the WTO Basic Telecom Agreement;

''(2) may attach conditions to any grant of authority to an IGO affiliate or successor that raises the potential for competitive harm; or

''(3) shall in the exceptional case in which an application by an IGO affiliate or successor would pose a very high risk to competition in the United States satellite market, deny the application.

''(b) DETERMINATION FACTORS.—In determining whether an application to serve the United States market by an IGO affiliate raises the potential for competitive harm or risk under subsection (a)(2), the Commission shall determine whether any potential anti-competitive or market distorting consequences of continued relationships or connections exist between an IGO and its affiliates including—

''(1) whether the IGO affiliate is structured to prevent anti-competitive practices such as collusive behavior or cross-subsidization;

''(2) the degree of affiliation between the IGO and its affiliate;

''(3) whether the IGO affiliate can directly or indirectly benefit from IGO privileges and immunities;

''(4) the ownership structure of the affiliate and the effect of IGO and other Signatory ownership and whether the affiliate is independent of IGO signatories or former signatories who control telecommunications market access in their home territories;

''(5) the existence of clearly defined arm's-length conditions governing the affiliate-IGO relationship including separate officers, directors, employees, and accounting systems;

''(6) the existence of fair market valuing for permissible business transactions between an IGO and its affiliate that is verifiable by an independent audit and consistent with normal commercial practice and generally accepted accounting principles;

''(7) the existence of common marketing;

''(8) the availability of recourse to IGO assets for credit or capital;

''(9) whether an IGO registers or coordinates spectrum or orbital locations on behalf of its affiliate; and

''(10) whether the IGO affiliate has corporate charter provisions prohibiting re-affiliation with the IGO after privatization.

''(c) SUNSET.—The provisions of subsection (b) shall cease to have effect upon approval of the application pursuant to section 613.

''(d) PUBLIC INTEREST DETERMINATION.—Nothing in this Act affects the Commission's ability to make a public interest determination concerning any application pertaining to entry into the United States market.

"SEC. 613. PRESIDENTIAL NEGOTIATING OBJECTIVES AND FCC CRITERIA FOR PRIVATIZED IGOs.

''(a) IN GENERAL.—Upon a final decision of the INTELSAT Assembly of Parties creating the legal structure and characteristics of the privatized INTELSAT and recognizing that Inmarsat transitioned into a private company on April 15, 1999, the President shall within 30 days report to the Congress on the extent to which such privatization framework meets each of the criteria in subsection (c), and whether taking into consideration all other relevant competitive factors, entry of a privatized INTELSAT or Inmarsat into the United States market will not be likely to distort competition.

''(b) PURPOSE OF PRIVATIZATION CRITERIA.—The criteria provided in subsection (c) shall be used as—

''(1) the negotiation objectives for achieving the privatization of INTELSAT no later than January 1, 2002, and also for Inmarsat;

''(2) the standard for measuring, pursuant to subsection (a), whether negotiations have resulted in an acceptable framework for achieving the pro-competitive privatization of INTELSAT and Inmarsat; and

''(3) licensing criteria by the Commission in making its independent determination of whether the certified framework for achieving the pro-competitive privatization of INTELSAT and Inmarsat has been properly implemented by the privatized INTELSAT and Inmarsat.

''(c) PRIVATIZATION CRITERIA.—A pro-competitively privatized INTELSAT or Inmarsat—

''(1) has no privileges or immunities limiting legal accountability, commercial transparency, or taxation and does not unfairly benefit from ownership by former signatories who control telecommunications market access to their home territories;

''(2) has submitted to the jurisdiction of competition and independent regulatory authorities of a nation that is a signatory to the World Trade Organization Agreement on Basic Telecommunications and that has implemented or accepted the agreement's reference paper on regulatory principles;

''(3) can offer assurance of an arm's-length relationship in all respects between itself and any IGO affiliate;

''(4) has given due consideration to the international connectivity requirements of thin route countries;

''(5) can demonstrate that the valuation of assets to be transferred post-privatization is in accordance with generally accepted accounting principles;

''(6) has access to orbital locations and associated spectrum post-privatization in accordance with the same regulatory processes and fees applicable to other commercial satellite systems;

''(7) conducts technical coordinations post-privatization under normal, established ITU procedures;

''(8) has an ownership structure in the form of a stock corporation or other similar and accepted commercial mechanism, and a commitment to a timely initial public offering has been established for the sale or purchase of company shares;

''(9) shall not acquire, or enjoy any agreements or arrangements which secure, exclusive access to any national telecommunications market; and

''(10) will have accomplished a privatization consistent with the criteria listed in this subsection at the earliest possible date, but not later than January 1, 2002, for INTELSAT and Inmarsat.

''(d) FCC INDEPENDENT DETERMINATION ON IMPLEMENTATION.—After the President has

made a report to Congress pursuant to subsection (a), with respect to any application for a satellite earth station or space station under title III of the Communications Act of 1934 (47 U.S.C. 301) or any application under section 214 of the Communications Act of 1934 (47 U.S.C. 214), or any letter of intent to provide service in the United States via a non-United States licensed space segment, submitted by a privatized affiliate prior to the privatized IGO, or by a privatized IGO, the Commission shall determine whether the enumerated objectives for a pro-competitive privatization of INTELSAT and Inmarsat under this section have been implemented with respect to the privatized IGO, but in making that consideration, may neither contract or expand the privatization criteria in subsection (c).

''(e) AUTHORITY TO DENY AN APPLICATION.—Nothing in this section affects the Commission's authority to condition or deny an application on the basis of the public interest.

"SEC. 614. FAILURE TO PRIVATIZE IN A TIMELY MANNER.

''(a) REPORT.—In the event that INTELSAT fails to fully privatize as provided in section 611 by January 1, 2002, the President shall—

''(1) instruct all instrumentalities of the United States Government to grant a preference for procurement of satellite services from commercial private sector providers of satellite space segment rather than IGO providers;

''(2) immediately commence deliberations to determine what additional measures should be implemented to ensure the rapid privatization of INTELSAT;

''(3) no later than March 31, 2002, issue a report delineating such other measures to the Committee on Commerce of the House of Representatives, and Committee on Commerce, Science, and Transportation of the Senate; and

''(4) withdraw as a party from INTELSAT.

''(b) RESERVATION CLAUSE.—The President may determine, after consulting with Congress, that in consideration of privatization being imminent, it is in the national interest of the United States to provide a reasonable extension of time for completion of privatization.

''SUBTITLE C—COMSAT GOVERNANCE AND OPERATION

"SEC. 621. ELIMINATION OF PRIVILEGES AND IMMUNITIES.

''(a) COMSAT.—COMSAT shall not have any privilege or immunity on the basis of its status as a signatory or a representative of the United States to INTELSAT and Inmarsat, except that COMSAT retains its privileges and immunities—

''(1) for those actions taken in its role as the United States signatory to INTELSAT or Inmarsat upon instruction of the United States Government; and

''(2) for actions taken when acting as the United States signatory in fulfilling signatory obligations under the INTELSAT Operating Agreement.

''(b) NO JOINT OR SEVERAL LIABILITY.—If COMSAT is found liable for any action taken in its status as a signatory or a representative of the party to INTELSAT, any such liability shall be limited to the portion of the judgment that corresponds to COMSAT's percentage of the responsibility, as determined by the trier of fact.

''(c) PROSPECTIVE EFFECT OF ELIMINATION.—The elimination of privileges and immunities contained in this section shall apply only to actions or decisions taken by COMSAT after the date of enactment of the Open-market Reorganization for the Betterment of International Telecommunications Act.

"SEC 622. ABROGATION OF CONTRACTS PROHIBITED.

''Nothing in this Act or the Communications Act of 1934 (47 U.S.C. 151 et seq.) shall be construed to modify or invalidate any contract or agreement involving COMSAT, INTELSAT, or any terms or conditions of such agreement in force on the date of enactment of the Open-market Reorganization for the Betterment of International Telecommunications Act, or to give the Commission authority, by rule-making or any other means, to invalidate any such contract or agreement, or any terms and conditions of such contract or agreement.

"SEC. 623. PERMITTED COMSAT INVESTMENT.

''Nothing in this Act shall be construed as precluding COMSAT from investing in or owning satellites or other facilities independent from INTELSAT, or from providing services through reselling capacity over the facilities of satellite systems independent from INTELSAT. This section shall not be construed as restricting the types of contracts which can be executed or services which may be provided by COMSAT over the independent satellites or facilities described in this subsection.

''SUBTITLE D—GENERAL PROVISIONS

"SEC. 631. PROMOTION OF EFFICIENT USE OF ORBITAL SLOTS AND SPECTRUM.

''All satellite system operators authorized to access the United States market should make efficient and timely use of orbital and spectrum resources in order to ensure that these resources are not warehoused to the detriment of other new or existing satellite system operators. Where these assurances cannot be provided, satellite system operators shall arbitrate their rights to these resources according to ITU procedures.

"SEC. 632. PROHIBITION ON PROCUREMENT PREFERENCES.

''Except pursuant to section 615 of this Act, nothing in this title or the Communications Act of 1934 (47 U.S.C. 151 et seq.) shall be construed to authorize or require any preference in Federal Government procurement of telecommunications services, for the satellite space segment provided by INTELSAT or Inmarsat, nor shall anything in this title or that Act be construed to result in a bias against the use of INTELSAT or Inmarsat through existing or future contract awards.

"SEC. 633. SATELLITE AUCTIONS.

''Notwithstanding any other provision of law, the Commission shall not assign by competitive bidding orbital locations or spectrum used for the provision of international or global satellite communications services. The President shall oppose in the International Telecommunications Union and in other bilateral and multilateral negotiations any assignment by competitive bidding of orbital locations, licenses, or spectrum used for the provision of such services.

"SEC. 634. RELATIONSHIP TO OTHER LAWS.

''Whenever the application of the provisions of this Act is inconsistent with the provisions of the Communications Act of 1934, the provisions of this Act shall govern.

"SEC. 635. EXCLUSIVITY ARRANGEMENTS.

''(a) IN GENERAL.—No satellite operator shall acquire or enjoy the exclusive right of handling traffic to or from the United States, its territories or possessions, and any other country or territory by reason of any concession, contract, understanding, or working arrangement to which the satellite operator or any persons or companies controlling or controlled by the operator are parties.

''(b) EXCEPTION.—In enforcing the provisions of this subsection, the Commission—

''(1) shall not require the termination of existing satellite telecommunications services under contract with, or tariff commitment to, such satellite operator; but

''(2) may require the termination of new services only to the country that has provided the exclusive right to handle traffic, if the Commission determines the public interest, convenience, and necessity so requires.

''SUBTITLE E—DEFINITIONS

"SEC. 641. DEFINITIONS.

''(a) IN GENERAL.—In this title:

''(1) INTELSAT.—The term 'INTELSAT' means the International Telecommunications Satellite Organization established pursuant to the Agreement Relating to the International Telecommunications Satellite Organization.

''(2) INMARSAT.—The term 'Inmarsat' means the International Mobile Satellite Organization established pursuant to the Convention on the International Maritime Satellite Organization and may also refer to INMARSAT Limited when appropriate.

''(3) COMSAT.—The term 'COMSAT' means the corporation established pursuant to title III of this Act and its successors and assigns.

''(4) SIGNATORY.—The term 'signatory' means the telecommunications entity designated by a party that has signed the Operating Agreement and for which such Agreement has entered into force.

''(5) PARTY.—The term 'party' means, in the case of INTELSAT, a nation for which the INTELSAT agreement has entered into force or been provisionally applied, and in the case of INMARSAT, a nation for which the Inmarsat convention entered into force.

''(6) COMMISSION.—The term 'Commission' means the Federal Communications Commission.

''(7) INTERNATIONAL TELECOMMUNICATION UNION; ITU.—The terms 'International Telecommunication Union' and 'ITU' mean the intergovernmental organization that is a specialized agency of the United Nations in which member countries cooperate for the development of telecommunications, including adoption of international regulations governing terrestrial and space uses of the frequency spectrum as well as use of the geostationary orbital arc.

''(8) PRIVATIZED INTELSAT.—The term 'privatized INTELSAT' means any entity created from the privatization of INTELSAT from the assets of INTELSAT.

''(9) PRIVATIZED INMARSAT.—The term 'privatized Inmarsat' means any entity created from the privatization of Inmarsat from the assets of Inmarsat, namely INMARSAT, Ltd.

''(10) ORBITAL LOCATION.—The term 'orbital location' means the location for placement of a satellite in geostationary orbits as defined in the International Telecommunication Union Radio Regulations.

''(11) SPECTRUM.—The term 'spectrum' means the range of frequencies used to provide radio communication services.

''(12) SPACE SEGMENT.—The term 'space segment' means the satellites, and the tracking, telemetry, command, control, monitoring and related facilities and equipment used to support the operation of satellites owned or leased by INTELSAT and Inmarsat or an IGO successor or affiliate.

''(13) INTELSAT AGREEMENT.—The term 'INTELSAT agreement' means the agreement relating to the International Telecommunications Satellite Organization, including all of its annexes (TIAS 7532, 23 UST 3813).

''(14) OPERATING AGREEMENT.—The term 'operating agreement' means—

''(A) in the case of INTELSAT, the agreement, including its annex but excluding all titles of articles, opened for signature at

Washington on August 20, 1971, by governments or telecommunications entities designated by governments in accordance with the provisions of The Agreement; and

''(B) in the case of Inmarsat, the Operating Agreement on the International Maritime Satellite Organization, including its annexes.

''(15) HEADQUARTERS AGREEMENT.—The term 'headquarters agreement' means the binding international agreement, dated November 24, 1976, between the United States and INTELSAT covering privileges, exemptions, and immunities with respect to the location of INTELSAT's headquarters in Washington, D.C.

''(16) DIRECT-TO-HOME SATELLITE SERVICES.—The term 'direct-to-home satellite services' means the distribution or broadcasting of programming or services by satellite directly to the subscriber's premises without the use of ground receiving or distribution equipment, except at the subscriber's premises or in the uplink process to the satellite.

''(17) IGO.—The term 'IGO' means the Intergovernmental Satellite organizations, INTELSAT and Inmarsat.

''(18) IGO AFFILIATE.—The term 'IGO affiliate' means any entity in which an IGO owns or has owned an equity interest of 10 percent or more.

''(19) IGO SUCCESSOR.—The term 'IGO Successor' means an entity which holds substantially all the assets of a pre-existing IGO.

''(20) GLOBAL MARITIME DISTRESS AND SAFETY SERVICES.—The term 'global maritime distress and safety services' means the automated ship-to-shore distress alerting system which uses satellite and advanced terrestrial systems for international distress communications and promoting maritime safety in general, permitting the worldwide alerting of vessels, coordinated search and rescue operations, and dissemination of maritime safety information.

''(b) COMMON TERMS.—Except as otherwise provided in subsection (a), terms used in this title that are defined in section 3 of the Communications Act of 1934 (47 U.S.C. 153) have the meaning provided in that section.''.

SEC. 5. CONFORMING CHANGES.

(a) REPEAL OF FEDERAL COORDINATION AND PLANNING PROVISIONS.—Section 201 of the Communications Satellite Act of 1962 (47 U.S.C. 721) is amended to read as follows:

''SEC. 201. IMPLEMENTATION OF POLICY.

''The Federal Communications Commission, in its administration of the Communications Act of 1934, shall make rules and regulations to carry out the provisions of this Act.''.

(b) REPEAL OF GOVERNMENT-ESTABLISHED CORPORATION PROVISIONS.—

(1) IN GENERAL.—Section 301 of the Communications Satellite Act of 1962 (47 U.S.C. 731) is amended to read as follows:

''SEC. 301. CORPORATION.

''The corporation organized under the provisions of this title, as this title existed before the enactment of the Open-market Reorganization for the Betterment of International Telecommunications Act, known as COMSAT, and its successors and assigns, are subject to the provisions of this Act. The right to repeal, alter, or amend this Act at any time is expressly reserved.''.

(2) CONFORMING CHANGES.—Title III of the Communications Satellite Act of 1962 (47 U.S.C. 731 et seq.) is amended—

(A) by striking ''**CREATION OF A COMMUNICATIONS SATELLITE**'' in the caption of title III;

(B) by striking sections 302, 303, and 304;

(C) by redesignating section 305 as section 302; and

(D) by striking subsection (c) of section 302, as redesignated.

(c) REPEAL OF CERTAIN MISCELLANEOUS PROVISIONS.—Title IV of the Communications Satellite Act of 1962 (47 U.S.C. 741 et seq.) is amended—

(1) by striking section 402;

(2) by striking subsection (a) of section 403 and redesignating subsections (b) and (c) as subsections (a) and (b), respectively; and

(3) by striking section 404.

SEC. 6. INTERNATIONAL MARITIME SATELLITE TELECOMMUNICATIONS ACT AMENDMENTS.

(a) REPEAL OF SUPERSEDED AUTHORITY.—Title V of the Communications Satellite Act of 1962 (47 U.S.C. 751 et seq.) is amended—

(1) by striking sections 502, 503, 504, and 505; and

(2) by inserting after section 501 the following:

''SEC. 502. GLOBAL SATELLITE SAFETY SERVICES AFTER PRIVATIZATION OF BUSINESS OPERATIONS OF INMARSAT.

''In order to ensure the continued provision of global maritime distress and safety satellite telecommunications services after privatization of the business operations of Inmarsat, the President may maintain membership in the International Mobile Satellite Organization on behalf of the United States.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) take effect on the date on which the International Mobile Satellite Organization ceases to operate directly a global mobile satellite system.

DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 2000

the text of S. 1283, passed by the Senate on July 1, 1999, follows:

S. 1283

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That, the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the District of Columbia for the fiscal year ending September 30, 2000, and for other purposes, namely:

FEDERAL FUNDS

FEDERAL PAYMENT TO THE DISTRICT OF COLUMBIA CORRECTIONS TRUSTEE OPERATIONS

For payment to the District of Columbia Corrections Trustee, $176,000,000 for the administration and operation of correctional facilities and for the administrative operating costs of the Office of the Corrections Trustee, as authorized by section 11202 of the National Capital Revitalization and Self-Government Improvement Act of 1997, as amended: *Provided,* That said sums shall be paid quarterly by the Treasury of the United States based on quarterly apportionments approved by the Office of Management and Budget.

FEDERAL PAYMENT TO THE DISTRICT OF COLUMBIA COURTS

Notwithstanding any other provision of law, $136,440,000 for payment to the Joint Committee on Judicial Administration in the District of Columbia; of which not to exceed $128,440,000 shall be for District of Columbia Courts operation, to be allocated as follows: for the District of Columbia Court of Appeals, $7,403,000; for the District of Columbia Superior Court, $78,561,000; for the District of Columbia Court System, $42,476,000; and of which not to exceed $8,000,000 shall remain available until September 30, 2001 for capital improvements for District of Columbia courthouse facilities: *Provided,* That of amounts available for District of Columbia Courts operation, $6,900,000 shall be for the Counsel for Child Abuse and Neglect program pursuant to section 1101 of title 11, D.C. Code, and section 2304 of title 16, D.C. Code, and of which $26,036,000 shall be to carry out sections 2602 and 2604 of title 11, D.C. Code, relating to representation of indigents in criminal cases under the Criminal Justice Act, in total, $32,936,000: *Provided further,* That, subject to normal reprogramming requirements contained in section 116 of this Act, this $32,936,000 may be used for other purposes under this heading: *Provided further,* That funds under this heading to carry out the District of Columbia Criminal Justice Act (D.C. Code, sec. 11–2601 et seq.), shall be available for obligations incurred under the Act in each fiscal year since fiscal year 1975: *Provided further,* That funds under this heading to carry out the District of Columbia Neglect Representation Equity Act of 1984 (D.C. Code, sec. 16–2304), shall be available for obligations incurred under the Act in each fiscal year since fiscal year 1985: *Provided further,* That funds under this heading to carry out the District of Columbia Guardianship, Protective Proceedings, and Durable Power of Attorney Act of 1986 (D.C. Code, sec. 21–2060), shall be available for obligations incurred under the Act in each fiscal year since fiscal year 1989: *Provided further,* That all amounts under this heading shall be paid quarterly by the Treasury of the United States based on quarterly apportionments approved by the Office of Management and Budget, with payroll and financial services to be provided on a contractual basis with the General Services Administration [GSA], said services to include the preparation of monthly financial reports, copies of which shall be submitted directly by GSA to the President and to the Committees on Appropriations of the Senate and House of Representatives, the Committee on Governmental Affairs of the Senate, and the Committee on Government Reform of the House of Representatives.

FEDERAL PAYMENT TO THE COURT SERVICES AND OFFENDER SUPERVISION AGENCY FOR THE DISTRICT OF COLUMBIA

For payment to the Court Services and Offender Supervision Agency for the District of Columbia, $80,300,000, as authorized by the National Capital Revitalization and Self-Government Improvement Act of 1997, as amended; of which $47,100,000 shall be for necessary expenses of Parole Revocation, Adult Probation and Offender Supervision, to include expenses relating to supervision of adults subject to protection orders or provision of services for or related to such persons; $17,400,000 shall be available to the Public Defender Service; and $15,800,000 shall be available to the Pretrial Services Agency: *Provided,* That, notwithstanding any other provision of law, said sums shall be paid quarterly by the Treasury based on quarterly apportionments approved by the Office of Management and Budget. Upon the Agency's certification as a Federal entity, as authorized by such Act, and notwithstanding any other provision of law, the Public Defender Service shall be subject to quarterly apportionment by the Office of Management and Budget: *Provided further,* That, of the amounts made available under this heading, $5,873,000 shall be available only for individuals on probation or supervised release for drug screening and testing.

FEDERAL PAYMENT FOR DISTRICT OF COLUMBIA RESIDENT TUITION SUPPORT

For payment to the District of Columbia, $17,000,000, for a program, to be administered by the Mayor, for District of Columbia resident tuition support, subject to the enactment of authorizing legislation specifically referencing this program: *Provided,* That said funds will be used to pay the difference between in-State and out-of-State tuition at

public institutions of higher education on behalf of eligible District of Columbia residents: *Provided further,* That awarding of said funds shall be prioritized on the basis of a resident's academic merit and other factors as authorized.

FEDERAL PAYMENT FOR METROPOLITAN POLICE DEPARTMENT

For payment to the Metropolitan Police Department, $1,000,000, for a program to eliminate open air drug trafficking in the District of Columbia.

DISTRICT OF COLUMBIA FUNDS

OPERATING EXPENSES

DIVISION OF EXPENSES

The following amounts are appropriated for the District of Columbia for the current fiscal year out of the general fund of the District of Columbia, except as otherwise specifically provided.

GOVERNMENTAL DIRECTION AND SUPPORT

Governmental direction and support, $162,356,000 (including $137,134,000 from local funds, $11,670,000 from Federal funds, and $13,552,000 from other funds): *Provided,* That not to exceed $2,500 for the Mayor, $2,500 for the Chairman of the Council of the District of Columbia, and $2,500 for the City Administrator shall be available from this appropriation for official purposes: *Provided further,* That any program fees collected from the issuance of debt shall be available for the payment of expenses of the debt management program of the District of Columbia: *Provided further,* That no revenues from Federal sources shall be used to support the operations or activities of the Statehood Commission and Statehood Compact Commission: *Provided further,* That the District of Columbia shall identify the sources of funding for Admission to Statehood from its own locally-generated revenues: *Provided further,* That all employees permanently assigned to work in the Office of the Mayor shall be paid from funds allocated to the Office of the Mayor: *Provided further,* That, notwithstanding any other provision of law now or hereafter enacted, no Member of the District of Columbia Council eligible to earn a part-time salary of $92,520, exclusive of the Council Chairman, shall be paid a salary of more than $84,635 during fiscal year 2000.

ECONOMIC DEVELOPMENT AND REGULATION

Economic development and regulation, $190,335,000 (including $52,911,000 from local funds; $84,751,000 from Federal funds, and $52,673,000 from other funds), of which $15,000,000 collected by the District of Columbia in the form of BID tax revenue shall be paid to the respective BIDs pursuant to the Business Improvement Districts Act of 1996 (D.C. Law 11–134; D.C. Code, sec. 1–2271 et seq.), and the Business Improvement Districts Temporary Amendment Act of 1997 (D.C. Law 12–23): *Provided,* That such funds are available for acquiring services provided by the General Services Administration: *Provided further,* That Business Improvement Districts shall be exempt from taxes levied by the District of Columbia.

PUBLIC SAFETY AND JUSTICE

Public safety and justice, including purchase or lease of 135 passenger-carrying vehicles for replacement only, including 130 for police-type use and five for fire-type use, without regard to the general purchase price limitation for the current fiscal year, $778,470,000 (including $565,211,000 from local funds, $29,012,000 from Federal funds, and $184,247,000 from other funds): *Provided,* That the Metropolitan Police Department is authorized to replace not to exceed 25 passenger-carrying vehicles and the Department of Fire and Emergency Medical Services of the District of Columbia is authorized to replace not to exceed five passenger-carrying vehicles annually whenever the cost of repair to any damaged vehicle exceeds three-fourths of the cost of the replacement: *Provided further,* That not to exceed $500,000 shall be available from this appropriation for the Chief of Police for the prevention and detection of crime: *Provided further,* That the Metropolitan Police Department shall provide quarterly reports to the Committees on Appropriations of the House and Senate on efforts to increase efficiency and improve the professionalism in the department: *Provided further,* That notwithstanding any other provision of law, or Mayor's Order 86–45, issued March 18, 1986, the Metropolitan Police Department's delegated small purchase authority shall be $500,000: *Provided further,* That the District of Columbia government may not require the Metropolitan Police Department to submit to any other procurement review process, or to obtain the approval of or be restricted in any manner by any official or employee of the District of Columbia government, for purchases that do not exceed $500,000: *Provided further,* That the Mayor shall reimburse the District of Columbia National Guard for expenses incurred in connection with services that are performed in emergencies by the National Guard in a militia status and are requested by the Mayor, in amounts that shall be jointly determined and certified as due and payable for these services by the Mayor and the Commanding General of the District of Columbia National Guard: *Provided further,* That such sums as may be necessary for reimbursement to the District of Columbia National Guard under the preceding proviso shall be available from this appropriation, and the availability of the sums shall be deemed as constituting payment in advance for emergency services involved: *Provided further,* That the Metropolitan Police Department is authorized to maintain 3,800 sworn officers, with leave for a 50 officer attrition: *Provided further,* That $100,000 shall be available for inmates released on medical and geriatric parole: *Provided further,* That, commencing on December 31, 1999, the Metropolitan Police Department shall provide to the Committees on Appropriations of the Senate and House of Representatives, the Committee on Governmental Affairs of the Senate, and the Committee on Government Reform of the House of Representatives, quarterly reports on the status of crime reduction in each of the 83 police service areas established throughout the District of Columbia: *Provided further,* That $900,000 in local funds shall be available for the operations of the Office of Citizen Complaint Review.

PUBLIC EDUCATION SYSTEM

Public education system, including the development of national defense education programs, $867,411,000 (including $721,847,000 from local funds, $120,951,000 from Federal funds, and $24,613,000 from other funds), to be allocated as follows: $713,197,000 (including $600,936,000 from local funds, $106,213,000 from Federal funds, and $6,048,000 from other funds), for the public schools of the District of Columbia; $10,700,000 from local funds for the District of Columbia Teachers' Retirement Fund; $17,000,000 from local funds for a program for District of Columbia resident tuition support; $27,885,000 from local funds (not including funds already made available for District of Columbia public schools) for public charter schools: *Provided,* That if the entirety of this allocation has not been provided as payments to any public charter schools currently in operation through the per pupil funding formula, the funds shall be available for new public charter schools on a per pupil basis: *Provided further,* That $480,000 of this amount shall be available to the District of Columbia Public Charter School Board for administrative costs: $72,347,000 (including $40,491,000 from local funds, $13,536,000 from Federal funds, and $18,320,000 from other funds) for the University of the District of Columbia; $24,171,000 (including $23,128,000 from local funds, $798,000 from Federal funds, and $245,000 from other funds) for the Public Library; $2,111,000 (including $1,707,000 from local funds and $404,000 from Federal funds) for the Commission on the Arts and Humanities: *Provided further,* That the public schools of the District of Columbia are authorized to accept not to exceed 31 motor vehicles for exclusive use in the driver education program: *Provided further,* That not to exceed $2,500 for the Superintendent of Schools, $2,500 for the President of the University of the District of Columbia, and $2,000 for the Public Librarian shall be available from this appropriation for official purposes: *Provided further,* That none of the funds contained in this Act may be made available to pay the salaries of any District of Columbia Public School teacher, principal, administrator, official, or employee who knowingly provides false enrollment or attendance information under article II, section 5 of the Act entitled ''An Act to provide for compulsory school attendance, for the taking of a school census in the District of Columbia, and for other purposes'', approved February 4, 1925 (D.C. Code, sec. 31–401 et seq.): *Provided further,* That this appropriation shall not be available to subsidize the education of any nonresident of the District of Columbia at any District of Columbia public elementary and secondary school during fiscal year 2000 unless the nonresident pays tuition to the District of Columbia at a rate that covers 100 percent of the costs incurred by the District of Columbia which are attributable to the education of the nonresident (as established by the Superintendent of the District of Columbia Public Schools): *Provided further,* That this appropriation shall not be available to subsidize the education of nonresidents of the District of Columbia at the University of the District of Columbia, unless the Board of Trustees of the University of the District of Columbia adopts, for the fiscal year ending September 30, 2000, a tuition rate schedule that will establish the tuition rate for nonresident students at a level no lower than the nonresident tuition rate charged at comparable public institutions of higher education in the metropolitan area: *Provided further,* That the District of Columbia Public Schools shall not spend less than $365,500,000 on local schools through the Weighted Student Formula in fiscal year 2000: *Provided further,* That notwithstanding any other provision of law, the Chief Financial Officer of the District of Columbia shall apportion from the budget of the Public Education System a sum totaling five percent (5 percent) of the total budget to be set aside until the current student count for Public and Charter schools has been completed, and that this amount shall be apportioned between the Public and Charter schools based on their respective student population count: *Provided further,* That the District of Columbia Public Schools may spend $500,000 to engage in a Schools Without Violence program based on a model developed by the University of North Carolina, located in Greensboro, North Carolina.

HUMAN SUPPORT SERVICES

Human support services, $1,526,111,000 (including $635,123,000 from local funds, $875,814,000 from Federal funds, and $15,174,000 from other funds): *Provided,* That $25,150,000 of this appropriation, to remain available until expended, shall be available solely for District of Columbia employees' disability compensation: *Provided further,*

That a peer review committee shall be established to review medical payments and the type of service received by a disability compensation claimant: *Provided further,* That the District of Columbia shall not provide free government services such as water, sewer, solid waste disposal or collection, utilities, maintenance, repairs, or similar services to any legally constituted private nonprofit organization, as defined in section 411(5) of the Stewart B. McKinney Homeless Assistance Act (101 Stat. 485; Public Law 100–77; 42 U.S.C. 11371), providing emergency shelter services in the District, if the District would not be qualified to receive reimbursement pursuant to such Act (101 Stat. 485; Public Law 100–77; 42 U.S.C. 11301 et seq.).

PUBLIC WORKS

Public works, including rental of one passenger-carrying vehicle for use by the Mayor and three passenger-carrying vehicles for use by the Council of the District of Columbia and leasing of passenger-carrying vehicles, $271,395,000 (including $258,341,000 from local funds, $3,099,000 from Federal funds, and $9,955,000 from other funds): *Provided,* That this appropriation shall not be available for collecting ashes or miscellaneous refuse from hotels and places of business.

RECEIVERSHIP PROGRAMS

For all agencies of the District of Columbia government under court ordered receivership, $337,077,000 (including $212,606,000 from local funds, $106,111,000 from Federal funds, and $18,360,000 from other funds).

WORKFORCE INVESTMENTS

For workforce investments, $8,500,000 from local funds, to be transferred by the Mayor of the District of Columbia within the various appropriation headings in this Act for which employees are properly payable.

RESERVE

For a reserve to be established by the Chief Financial Officer of the District of Columbia and the District of Columbia Financial Responsibility and Management Assistance Authority, $150,000,000.

DISTRICT OF COLUMBIA FINANCIAL RESPONSIBILITY AND MANAGEMENT ASSISTANCE AUTHORITY

For the District of Columbia Financial Responsibility and Management Assistance Authority, established by section 101(a) of the District of Columbia Financial Responsibility and Management Assistance Act of 1995, approved April 17, 1995 (109 Stat. 97; Public Law 104–8), $3,140,000.

REPAYMENT OF LOANS AND INTEREST

For payment of principal, interest and certain fees directly resulting from borrowing by the District of Columbia to fund District of Columbia capital projects as authorized by sections 462, 475, and 490 of the District of Columbia Home Rule Act, approved December 24, 1973, as amended, and that funds shall be allocated for expenses associated with the Wilson Building, $328,417,000 from local funds: *Provided,* That for equipment leases, the Mayor may finance $27,527,000 of equipment cost, plus cost of issuance not to exceed two percent of the par amount being financed on a lease purchase basis with a maturity not to exceed five years: *Provided further,* That $5,300,000 is allocated to the Metropolitan Police Department, $3,200,000 for the Fire and Emergency Medical Services Department, $350,000 for the Department of Corrections, $15,949,000 for the Department of Public Works and $2,728,000 for the Public Benefit Corporation.

REPAYMENT OF GENERAL FUND RECOVERY DEBT

For the purpose of eliminating the $331,589,000 general fund accumulated deficit as of September 30, 1990, $38,286,000 from local funds, as authorized by section 461(a) of the District of Columbia Home Rule Act, approved December 24, 1973, as amended (105 Stat. 540; Public Law 102–106; D.C. Code, sec. 47–321(a)(1)).

PAYMENT OF INTEREST ON SHORT-TERM BORROWING

For payment of interest on short-term borrowing, $9,000,000 from local funds.

CERTIFICATES OF PARTICIPATION

For lease payments in accordance with the Certificates of Participation involving the land site underlying the building located at One Judiciary Square, $7,950,000 from local funds.

OPTICAL AND DENTAL INSURANCE PAYMENTS

For optical and dental insurance payments, $1,295,000 from local funds.

PRODUCTIVITY BANK

The Chief Financial Officer of the District of Columbia shall, under the direction of the Mayor and the District of Columbia Financial Responsibility and Management Assistance Authority, finance projects totaling $20,000,000 in local funds that result in cost savings or additional revenues, by an amount equal to such financing.

PRODUCTIVITY SAVINGS

The Chief Financial Officer of the District of Columbia shall, under the direction of the Mayor and the District of Columbia Financial Responsibility and Management Assistance Authority, make reductions totaling $20,000,000 in local funds to be allocated to projects funded through the Productivity Bank that produce cost savings or additional revenues in an amount equal to the Productivity Bank financing.

PROCUREMENT AND MANAGEMENT SAVINGS

The Chief Financial Officer of the District of Columbia shall, under the direction of the Mayor and the District of Columbia Financial Responsibility and Management Assistance Authority, make reductions of $14,457,000 for general supply schedule savings and $7,000,000 for management reform savings, in local funds to one or more of the appropriation headings in this Act: *Provided,* That the Mayor submits a resolution to the Council authorizing the management reform savings and the Council approves the resolution.

ENTERPRISE AND OTHER FUNDS

WATER AND SEWER AUTHORITY AND THE WASHINGTON AQUEDUCT

For the Water and Sewer Authority and the Washington Aqueduct, $279,608,000 from other funds (including $236,075,000 for the Water and Sewer Authority and $43,533,000 for the Washington Aqueduct) of which $35,222,000 shall be apportioned and payable to the District's debt service fund for repayment of loans and interest incurred for capital improvement projects.

For construction projects, $197,169,000, as authorized by An Act authorizing the laying of watermains and service sewers in the District of Columbia, the levying of assessments therefore, and for other purposes, approved April 22, 1904 (33 Stat. 244; Public Law 58–140; D.C. Code, sec. 43–1512 et seq.): *Provided,* That the requirements and restrictions that are applicable to general fund capital improvements projects and set forth in this Act under the Capital Outlay appropriation title shall apply to projects approved under this appropriation title.

LOTTERY AND CHARITABLE GAMES ENTERPRISE FUND

For the Lottery and Charitable Games Enterprise Fund, established by the District of Columbia Appropriation Act for the fiscal year ending September 30, 1982, approved December 4, 1981 (95 Stat. 1174, 1175; Public Law 97–91), as amended, for the purpose of implementing the Law to Legalize Lotteries, Daily Numbers Games, and Bingo and Raffles for Charitable Purposes in the District of Columbia, effective March 10, 1981 (D.C. Law 3–172; D.C. Code, secs. 2–2501 et seq. and 22–1516 et seq.), $234,400,000: *Provided,* That the District of Columbia shall identify the source of funding for this appropriation title from the District's own locally-generated revenues: *Provided further,* That no revenues from Federal sources shall be used to support the operations or activities of the Lottery and Charitable Games Control Board.

SPORTS AND ENTERTAINMENT COMMISSION

For the Sports and Entertainment Commission, $10,846,000 from other funds for expenses incurred by the Armory Board in the exercise of its powers granted by the Act entitled ''An Act To Establish A District of Columbia Armory Board, and for other purposes'', approved June 4, 1948 (62 Stat. 339; D.C. Code, sec. 2–301 et seq.) and the District of Columbia Stadium Act of 1957, approved September 7, 1957 (71 Stat. 619; Public Law 85–300; D.C. Code, sec. 2–321 et seq.): *Provided,* That the Mayor shall submit a budget for the Armory Board for the forthcoming fiscal year as required by section 442(b) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 824; Public Law 93–198; D.C. Code, sec. 47–301(b)).

D.C. HEALTH AND HOSPITALS PUBLIC BENEFIT CORPORATION

For the District of Columbia Health and Hospitals Public Benefit Corporation, established by D.C. Law 11–212, D.C. Code, sec. 32–262.2, effective April 9, 1997, $133,443,000 of which $44,435,000 shall be derived by transfer from the general fund and $89,008,000 from other funds.

D.C. RETIREMENT BOARD

For the D.C. Retirement Board, established by section 121 of the District of Columbia Retirement Reform Act of 1979, approved November 17, 1979 (93 Stat. 866; D.C. Code, sec. 1–711), $9,892,000 from the earnings of the applicable retirement funds to pay legal, management, investment, and other fees and administrative expenses of the District of Columbia Retirement Board: *Provided,* That the District of Columbia Retirement Board shall provide to the Congress and to the Council of the District of Columbia a quarterly report of the allocations of charges by fund and of expenditures of all funds: *Provided further,* That the District of Columbia Retirement Board shall provide the Mayor, for transmittal to the Council of the District of Columbia, an itemized accounting of the planned use of appropriated funds in time for each annual budget submission and the actual use of such funds in time for each annual audited financial report.

CORRECTIONAL INDUSTRIES FUND

For the Correctional Industries Fund, established by the District of Columbia Correctional Industries Establishment Act, approved October 3, 1964 (78 Stat. 1000; Public Law 88–622), $1,810,000 from other funds.

WASHINGTON CONVENTION CENTER ENTERPRISE FUND

For the Washington Convention Center Enterprise Fund, $50,226,000 from other funds.

CAPITAL OUTLAY

(INCLUDING RESCISSIONS)

For construction projects, a net increase of $1,218,637,500 (including an increase of $1,260,524,000 and a rescission of $41,886,500 from local funds appropriated under this heading in prior fiscal years, and an additional $1,260,524,000 of which $929,450,000 is

from local funds, $54,050,000 is from the highway trust fund, and $277,024,000 is from Federal funds), to remain available until expended: *Provided,* That funds for use of each capital project implementing agency shall be managed and controlled in accordance with all procedures and limitations established under the Financial Management System: *Provided further,* That all funds provided by this appropriation title shall be available only for the specific projects and purposes intended: *Provided further,* That notwithstanding the foregoing, all authorizations for capital outlay projects, except those projects covered by the first sentence of section 23(a) of the Federal-Aid Highway Act of 1968, approved August 23, 1968 (82 Stat. 827; Public Law 90–495; D.C. Code, sec. 7–134, note), for which funds are provided by this appropriation title, shall expire on September 30, 2001, except authorizations for projects as to which funds have been obligated in whole or in part prior to September 30, 2001: *Provided further,* That, upon expiration of any such project authorization, the funds provided herein for the project shall lapse.

GENERAL PROVISIONS

SECTION 101. The expenditure of any appropriation under this Act for any consulting service through procurement contract, pursuant to 5 U.S.C. 3109, shall be limited to those contracts where such expenditures are a matter of public record and available for public inspection, except where otherwise provided under existing law, or under existing Executive Order issued pursuant to existing law.

SEC. 102. Except as otherwise provided in this Act, all vouchers covering expenditures of appropriations contained in this Act shall be audited before payment by the designated certifying official, and the vouchers as approved shall be paid by checks issued by the designated disbursing official.

SEC. 103. Whenever in this Act an amount is specified within an appropriation for particular purposes or objects of expenditure, such amount, unless otherwise specified, shall be considered as the maximum amount that may be expended for said purpose or object rather than an amount set apart exclusively therefor.

SEC. 104. Appropriations in this Act shall be available, when authorized by the Mayor, for allowances for privately owned automobiles and motorcycles used for the performance of official duties at rates established by the Mayor: *Provided,* That such rates shall not exceed the maximum prevailing rates for such vehicles as prescribed in the Federal Property Management Regulations 101–7 (Federal Travel Regulations).

SEC. 105. Appropriations in this Act shall be available for expenses of travel and for the payment of dues of organizations concerned with the work of the District of Columbia government, when authorized by the Mayor: *Provided,* That, in the case of the Council of the District of Columbia, funds may be expended with the authorization of the chair of the Council.

SEC. 106. There are appropriated from the applicable funds of the District of Columbia such sums as may be necessary for making refunds and for the payment of judgments that have been entered against the District of Columbia government: *Provided,* That nothing contained in this section shall be construed as modifying or affecting the provisions of section 11(c)(3) of title XII of the District of Columbia Income and Franchise Tax Act of 1947, approved March 31, 1956 (70 Stat. 78; Public Law 84–460; D.C. Code, sec. 47–1812.11(c)(3)).

SEC. 107. Appropriations in this Act shall be available for the payment of public assistance without reference to the requirement of section 544 of the District of Columbia Public Assistance Act of 1982, effective April 6, 1982 (D.C. Law 4–101; D.C. Code, sec. 3–205.44), and for payment of the non-Federal share of funds necessary to qualify for grants under subtitle A of title II of the Violent Crime Control and Law Enforcement Act of 1994.

SEC. 108. No part of any appropriation contained in this Act shall remain available for obligation beyond the current fiscal year unless expressly so provided herein.

SEC. 109. No funds appropriated in this Act for the District of Columbia government for the operation of educational institutions, the compensation of personnel, or for other educational purposes may be used to permit, encourage, facilitate, or further partisan political activities. Nothing herein is intended to prohibit the availability of school buildings for the use of any community or partisan political group during non-school hours.

SEC. 110. None of the funds appropriated in this Act shall be made available to pay the salary of any employee of the District of Columbia government whose name, title, grade, salary, past work experience, and salary history are not available for inspection by the House and Senate Committees on Appropriations, the Subcommittee on the District of Columbia of the House Committee on Government Reform, the Subcommittee on Oversight of Government Management, Restructuring and the District of Columbia of the Senate Committee on Governmental Affairs, and the Council of the District of Columbia, or their duly authorized representative.

SEC. 111. There are appropriated from the applicable funds of the District of Columbia such sums as may be necessary for making payments authorized by the District of Columbia Revenue Recovery Act of 1977, effective September 23, 1977 (D.C. Law 2–20; D.C. Code, sec. 47–421 et seq.).

SEC. 112. No part of this appropriation shall be used for publicity or propaganda purposes or implementation of any policy including boycott designed to support or defeat legislation pending before Congress or any State legislature.

SEC. 113. At the start of the fiscal year, the Mayor shall develop an annual plan, by quarter and by project, for capital outlay borrowings: *Provided,* That within a reasonable time after the close of each quarter, the Mayor shall report to the Council of the District of Columbia and the Congress the actual borrowings and spending progress compared with projections.

SEC. 114. The Mayor shall not borrow any funds for capital projects unless the Mayor has obtained prior approval from the Council of the District of Columbia, by resolution, identifying the projects and amounts to be financed with such borrowings.

SEC. 115. The Mayor shall not expend any moneys borrowed for capital projects for the operating expenses of the District of Columbia government.

SEC. 116. None of the funds provided under this Act to the agencies funded by this Act, both Federal and District government agencies, that remain available for obligation or expenditure in fiscal year 2000, or provided from any accounts in the Treasury of the United States derived by the collection of fees available to the agencies funded by this Act, shall be available for obligation or expenditure for an agency through a reprogramming of funds which: (1) creates new programs; (2) eliminates a program, project, or responsibility center; (3) establishes or changes allocations specifically denied, limited or increased by Congress in the Act; (4) increases funds or personnel by any means for any program, project, or responsibility center for which funds have been denied or restricted; (5) reestablishes through reprogramming any program or project previously deferred through reprogramming; (6) augments existing programs, projects, or responsibility centers through a reprogramming of funds in excess of $1,000,000 or 10 percent, whichever is less; or (7) increases by 20 percent or more personnel assigned to a specific program, project, or responsibility center; unless the Appropriations Committees of both the Senate and House of Representatives are notified in writing 30 days in advance of any reprogramming as set forth in this section.

SEC. 117. None of the Federal funds provided in this Act shall be obligated or expended to procure passenger automobiles as defined in the Automobile Fuel Efficiency Act of 1980, approved October 10, 1980 (94 Stat. 1824; Public Law 96–425; 15 U.S.C. 2001(2)), with an Environmental Protection Agency estimated miles per gallon average of less than 22 miles per gallon: *Provided,* That this section shall not apply to security, emergency rescue, or armored vehicles.

SEC. 118. (a) Strike the last sentence of section 422(7) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 790; Public Law 93–198; D.C. Code, sec. 1–242(7)).

(b) Notwithstanding section 4(a) of the District of Columbia Redevelopment Act of 1945, approved August 2, 1946 (60 Stat. 793; Public Law 79–592; D.C. Code, sec. 5–803(a)), the Board of Directors of the District of Columbia Redevelopment Land Agency shall be paid, during any fiscal year, per diem compensation at a rate established by the Mayor.

SEC. 119. Notwithstanding any other provisions of law, the provisions of the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2–139; D.C. Code, sec. 1–601.1 et seq.), enacted pursuant to section 422(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 790; Public Law 93–198; D.C. Code, sec. 1–242(3)), shall apply with respect to the compensation of District of Columbia employees: *Provided,* That for pay purposes, employees of the District of Columbia government shall not be subject to the provisions of title 5, United States Code.

SEC. 120. No later than 30 days after the end of the first quarter of the fiscal year ending September 30, 2000, the Mayor of the District of Columbia shall submit to the Council of the District of Columbia the new fiscal year 2000 revenue estimates as of the end of the first quarter of fiscal year 2000. These estimates shall be used in the budget request for the fiscal year ending September 30, 2001. The officially revised estimates at midyear shall be used for the midyear report.

SEC. 121. No sole source contract with the District of Columbia government or any agency thereof may be renewed or extended without opening that contract to the competitive bidding process as set forth in section 303 of the District of Columbia Procurement Practices Act of 1985, effective February 21, 1986 (D.C. Law 6–85; D.C. Code, sec. 1–1183.3), except that the District of Columbia government or any agency thereof may renew or extend sole source contracts for which competition is not feasible or practical: *Provided,* That the determination as to whether to invoke the competitive bidding process has been made in accordance with duly promulgated rules and procedures and said determination has been reviewed and approved by the District of Columbia Financial Responsibility and Management Assistance Authority.

SEC. 122. For purposes of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, the term ''program, project, and activity'' shall be synonymous

with and refer specifically to each account appropriating Federal funds in this Act, and any sequestration order shall be applied to each of the accounts rather than to the aggregate total of those accounts: *Provided,* That sequestration orders shall not be applied to any account that is specifically exempted from sequestration by the Balanced Budget and Emergency Deficit Control Act of 1985.

SEC. 123. In the event a sequestration order is issued pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, after the amounts appropriated to the District of Columbia for the fiscal year involved have been paid to the District of Columbia, the Mayor of the District of Columbia shall pay to the Secretary of the Treasury, within 15 days after receipt of a request therefor from the Secretary of the Treasury, such amounts as are sequestered by the order: *Provided,* That the sequestration percentage specified in the order shall be applied proportionately to each of the Federal appropriation accounts in this Act that are not specifically exempted from sequestration by such Act.

SEC. 124. (a) An entity of the District of Columbia government may accept and use a gift or donation during fiscal year 2000 if—

(1) the Mayor approves the acceptance and use of the gift or donation: *Provided,* That the Council of the District of Columbia may accept and use gifts without prior approval by the Mayor; and

(2) the entity uses the gift or donation to carry out its authorized functions or duties.

(b) Each entity of the District of Columbia government shall keep accurate and detailed records of the acceptance and use of any gift or donation under subsection (a) of this section, and shall make such records available for audit and public inspection.

(c) For the purposes of this section, the term ''entity of the District of Columbia government'' includes an independent agency of the District of Columbia.

(d) This section shall not apply to the District of Columbia Board of Education, which may, pursuant to the laws and regulations of the District of Columbia, accept and use gifts to the public schools without prior approval by the Mayor.

SEC. 125. None of the Federal funds provided in this Act may be used by the District of Columbia to provide for salaries, expenses, or other costs associated with the offices of United States Senator or United States Representative under section 4(d) of the District of Columbia Statehood Constitutional Convention Initiatives of 1979, effective March 10, 1981 (D.C. Law 3–171; D.C. Code, sec. 1–113(d)).

SEC. 126. (a) The University of the District of Columbia shall submit to the Mayor, the District of Columbia Financial Responsibility and Management Assistance Authority, and the Council of the District of Columbia no later than 15 calendar days after the end of each quarter a report that sets forth—

(1) current quarter expenditures and obligations, year-to-date expenditures and obligations, and total fiscal year expenditure projections versus budget, broken out on the basis of control center, responsibility center, and object class, and for all funds, non-appropriated funds, and capital financing;

(2) a list of each account for which spending is frozen and the amount of funds frozen, broken out by control center, responsibility center, detailed object, and for all funding sources;

(3) a list of all active contracts in excess of $10,000 annually, which contains the name of each contractor; the budget to which the contract is charged, broken out on the basis of control center and responsibility center, and contract identifying codes used by the University of the District of Columbia; payments made in the last quarter and year-to-date, the total amount of the contract and total payments made for the contract and any modifications, extensions, renewals; and specific modifications made to each contract in the last month;

(4) all reprogramming requests and reports that have been made by the University of the District of Columbia within the last quarter in compliance with applicable law; and

(5) changes made in the last quarter to the organizational structure of the University of the District of Columbia, displaying previous and current control centers and responsibility centers, the names of the organizational entities that have been changed, the name of the staff member supervising each entity affected, and the reasons for the structural change.

(b) The Mayor, the Authority, and the Council shall provide the Congress by February 1, 2000, a summary, analysis, and recommendations on the information provided in the quarterly reports.

SEC. 127. Funds authorized or previously appropriated to the government of the District of Columbia by this or any other Act to procure the necessary hardware and installation of new software, conversion, testing, and training to improve or replace its financial management system are also available for the acquisition of accounting and financial management services and the leasing of necessary hardware, software or any other related goods or services, as determined by the District of Columbia Financial Responsibility and Management Assistance Authority.

SEC. 128. None of the funds contained in this Act may be made available to pay the fees of an attorney who represents a party who prevails in an action, including an administrative proceeding, brought against the District of Columbia Public Schools under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) if—

(1) the hourly rate of compensation of the attorney exceeds the hourly rate of compensation under section 11–2604(a), District of Columbia Code; or

(2) the maximum amount of compensation of the attorney exceeds the maximum amount of compensation under section 11–2604(b)(1), District of Columbia Code, except that compensation and reimbursement in excess of such maximum may be approved for extended or complex representation in accordance with section 11–2604(c), District of Columbia Code.

SEC. 129. None of the funds appropriated under this Act shall be expended for any abortion except where the life of the mother would be endangered if the fetus were carried to term or where the pregnancy is the result of an act of rape or incest.

SEC. 130. None of the funds made available in this Act may be used to implement or enforce the Health Care Benefits Expansion Act of 1992 (D.C. Law 9–114; D.C. Code, sec. 36–1401 et seq.) or to otherwise implement or enforce any system of registration of unmarried, cohabiting couples (whether homosexual, heterosexual, or lesbian), including but not limited to registration for the purpose of extending employment, health, or governmental benefits to such couples on the same basis that such benefits are extended to legally married couples.

SEC. 131. The Superintendent of the District of Columbia Public Schools shall submit to the Congress, the Mayor, the District of Columbia Financial Responsibility and Management Assistance Authority, and the Council of the District of Columbia no later than 15 calendar days after the end of each quarter a report that sets forth—

(1) current quarter expenditures and obligations, year-to-date expenditures and obligations, and total fiscal year expenditure projections versus budget, broken out on the basis of control center, responsibility center, agency reporting code, and object class, and for all funds, including capital financing;

(2) a list of each account for which spending is frozen and the amount of funds frozen, broken out by control center, responsibility center, detailed object, and agency reporting code, and for all funding sources;

(3) a list of all active contracts in excess of $10,000 annually, which contains the name of each contractor; the budget to which the contract is charged, broken out on the basis of control center, responsibility center, and agency reporting code; and contract identifying codes used by the District of Columbia Public Schools; payments made in the last quarter and year-to-date, the total amount of the contract and total payments made for the contract and any modifications, extensions, renewals; and specific modifications made to each contract in the last month;

(4) all reprogramming requests and reports that are required to be, and have been, submitted to the Board of Education; and

(5) changes made in the last quarter to the organizational structure of the D.C. Public Schools, displaying previous and current control centers and responsibility centers, the names of the organizational entities that have been changed, the name of the staff member supervising each entity affected, and the reasons for the structural change.

SEC. 132. (a) IN GENERAL.—The Superintendent of the District of Columbia Public Schools and the University of the District of Columbia shall annually compile an accurate and verifiable report on the positions and employees in the public school system and the university, respectively. The annual report shall set forth—

(1) the number of validated schedule A positions in the District of Columbia public schools and the University of the District of Columbia for fiscal year 1999, fiscal year 2000, and thereafter on full-time equivalent basis, including a compilation of all positions by control center, responsibility center, funding source, position type, position title, pay plan, grade, and annual salary; and

(2) a compilation of all employees in the District of Columbia public schools and the University of the District of Columbia as of the preceding December 31, verified as to its accuracy in accordance with the functions that each employee actually performs, by control center, responsibility center, agency reporting code, program (including funding source), activity, location for accounting purposes, job title, grade and classification, annual salary, and position control number.

(b) SUBMISSION.—The annual report required by subsection (a) of this section shall be submitted to the Congress, the Mayor, the District of Columbia Council, the Consensus Commission, and the Authority, not later than February 15 of each year.

SEC. 133. (a) No later than October 1, 1999, or within 30 calendar days after the date of the enactment of this Act, whichever occurs later, and each succeeding year, the Superintendent of the District of Columbia Public Schools and the University of the District of Columbia shall submit to the appropriate congressional committees, the Mayor, the District of Columbia Council, the Consensus Commission, and the District of Columbia Financial Responsibility and Management Assistance Authority, a revised appropriated funds operating budget for the public school system and the University of the District of Columbia for such fiscal year that is in the total amount of the approved appropriation and that realigns budgeted data for personal services and other-than-personal services, respectively, with anticipated actual expenditures.

(b) The revised budget required by subsection (a) of this section shall be submitted in the format of the budget that the Superintendent of the District of Columbia Public Schools and the University of the District of Columbia submit to the Mayor of the District of Columbia for inclusion in the Mayor's budget submission to the Council of the District of Columbia pursuant to section 442 of the District of Columbia Home Rule Act, Public Law 93–198, as amended (D.C. Code, sec. 47–301).

SEC. 134. The District of Columbia Financial Responsibility and Management Assistance Authority, acting on behalf of the District of Columbia Public Schools [DCPS] in formulating the DCPS budget, the Board of Trustees of the University of the District of Columbia, the Board of Library Trustees, and the Board of Governors of the University of the District of Columbia School of Law shall vote on and approve the respective annual or revised budgets for such entities before submission to the Mayor of the District of Columbia for inclusion in the Mayor's budget submission to the Council of the District of Columbia in accordance with section 442 of the District of Columbia Home Rule Act, Public Law 93–198, as amended (D.C. Code, sec. 47–301), or before submitting their respective budgets directly to the Council.

SEC. 135. (a) CEILING ON TOTAL OPERATING EXPENSES.—

(1) IN GENERAL.—Notwithstanding any other provision of law, the total amount appropriated in this Act for operating expenses for the District of Columbia for fiscal year 2000 under the caption ''Division of Expenses'' shall not exceed the lesser of—

(A) the sum of the total revenues of the District of Columbia for such fiscal year; or

(B) $5,486,829,000 (of which $152,753,000 shall be from intra-District funds and $3,108,304,000 shall be from local funds), which amount may be increased by the following:

(i) proceeds of one-time transactions, which are expended for emergency or unanticipated operating or capital needs approved by the District of Columbia Financial Responsibility and Management Assistance Authority; or

(ii) after notification to the Council, additional expenditures which the Chief Financial Officer of the District of Columbia certifies will produce additional revenues during such fiscal year at least equal to 200 percent of such additional expenditures, and that are approved by the Authority.

(2) ENFORCEMENT.—The Chief Financial Officer of the District of Columbia and the Authority shall take such steps as are necessary to assure that the District of Columbia meets the requirements of this section, including the apportioning by the Chief Financial Officer of the appropriations and funds made available to the District during fiscal year 2000, except that the Chief Financial Officer may not reprogram for operating expenses any funds derived from bonds, notes, or other obligations issued for capital projects.

(b) ACCEPTANCE AND USE OF GRANTS NOT INCLUDED IN CEILING.—

(1) IN GENERAL.—Notwithstanding subsection (a), the Mayor, in consultation with the Chief Financial Officer, during a control year, as defined in section 305(4) of the District of Columbia Financial Responsibility and Management Assistance Act of 1995, approved April 17, 1995 (Public Law 104–8; 109 Stat. 152), may accept, obligate, and expend Federal, private, and other grants received by the District government that are not reflected in the amounts appropriated in this Act.

(2) REQUIREMENT OF CHIEF FINANCIAL OFFICER REPORT AND AUTHORITY APPROVAL.—No such Federal, private, or other grant may be accepted, obligated, or expended pursuant to paragraph (1) until—

(A) the Chief Financial Officer of the District of Columbia submits to the Authority a report setting forth detailed information regarding such grant; and

(B) the Authority has reviewed and approved the acceptance, obligation, and expenditure of such grant in accordance with review and approval procedures consistent with the provisions of the District of Columbia Financial Responsibility and Management Assistance Act of 1995.

(3) PROHIBITION ON SPENDING IN ANTICIPATION OF APPROVAL OR RECEIPT.—No amount may be obligated or expended from the general fund or other funds of the District government in anticipation of the approval or receipt of a grant under paragraph (2)(B) of this subsection or in anticipation of the approval or receipt of a Federal, private, or other grant not subject to such paragraph.

(4) QUARTERLY REPORTS.—The Chief Financial Officer of the District of Columbia shall prepare a quarterly report setting forth detailed information regarding all Federal, private, and other grants subject to this subsection. Each such report shall be submitted to the Council of the District of Columbia, and to the Committees on Appropriations of the House of Representatives and the Senate, not later than 15 days after the end of the quarter covered by the report.

(c) REPORT ON EXPENDITURES BY FINANCIAL RESPONSIBILITY AND MANAGEMENT ASSISTANCE AUTHORITY.—Not later than 20 calendar days after the end of each fiscal quarter starting October 1, 1999, the Authority shall submit a report to the Committees on Appropriations of the House of Representatives and the Senate, the Committee on Government Reform of the House, and the Committee on Governmental Affairs of the Senate providing an itemized accounting of all non-appropriated funds obligated or expended by the Authority for the quarter. The report shall include information on the date, amount, purpose, and vendor name, and a description of the services or goods provided with respect to the expenditures of such funds.

SEC. 136. If a department or agency of the government of the District of Columbia is under the administration of a court-appointed receiver or other court-appointed official during fiscal year 2000 or any succeeding fiscal year, the receiver or official shall prepare and submit to the Mayor, for inclusion in the annual budget of the District of Columbia for the year, annual estimates of the expenditures and appropriations necessary for the maintenance and operation of the department or agency. All such estimates shall be forwarded by the Mayor to the Council, for its action pursuant to sections 446 and 603(c) of the District of Columbia Home Rule Act, without revision but subject to the Mayor's recommendations. Notwithstanding any provision of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 790; Public Law 93–198; D.C. Code, sec. 1–101 et seq.), the Council may comment or make recommendations concerning such annual estimates but shall have no authority under such Act to revise such estimates.

SEC. 137. (a) Notwithstanding any other provision of law, rule, or regulation, an employee of the District of Columbia public schools shall be—

(1) classified as an Educational Service employee;

(2) placed under the personnel authority of the Board of Education; and

(3) subject to all Board of Education rules.

(b) School-based personnel shall constitute a separate competitive area from nonschool-based personnel who shall not compete with school-based personnel for retention purposes.

SEC. 138. (a) Except as otherwise provided in this section, none of the funds made available by this Act or by any other Act may be used to provide any officer or employee of the District of Columbia with an official vehicle unless the officer or employee uses the vehicle only in the performance of the officer's or employee's official duties. For purposes of this paragraph, the term ''official duties'' does not include travel between the officer's or employee's residence and workplace (except: (1) in the case of an officer or employee of the Metropolitan Police Department who resides in the District of Columbia or is otherwise designated by the Chief of the Department; (2) at the discretion of the Fire Chief, an officer or employee of the D.C. Fire and Emergency Ambulance Department who resides in the District of Columbia and is on call 24 hours a day; (3) the Mayor of the District of Columbia; and (4) the Chairman of the Council of the District of Columbia).

(b) The Mayor of the District of Columbia shall submit, by November 15, 1999, an inventory, as of September 30, 1999, of all vehicles owned, leased or operated by the District of Columbia government. The inventory shall include, but not be limited to, the department to which the vehicle is assigned; the year and make of the vehicle; the acquisition date and cost; the general condition of the vehicle; annual operating and maintenance costs; current mileage; and whether the vehicle is allowed to be taken home by a District officer or employee and if so, the officer or employee's title and resident location.

SEC. 139. (a) For purposes of determining the amount of funds expended by any entity within the District of Columbia government during fiscal year 2000 and each succeeding fiscal year, any expenditures of the District government attributable to any officer or employee of the District government who provides services which are within the authority and jurisdiction of the entity (including any portion of the compensation paid to the officer or employee attributable to the time spent in providing such services) shall be treated as expenditures made from the entity's budget, without regard to whether the officer or employee is assigned to the entity or otherwise treated as an officer or employee of the entity.

(b) The District of Columbia Government Comprehensive Merit Personnel Act of 1978 (D.C. Code, sec. 1–601.1 et seq.), as amended, is further amended in section 2408(a) by deleting ''1999'' and inserting, ''2000''; in subsection (b), by deleting ''1999'' and inserting ''2000''; in subsection (i), by deleting ''1999'' and inserting, ''2000''; and in subsection (k), by deleting ''1999'' and inserting, ''2000''.

SEC. 140. Notwithstanding any other provision of law, not later than 120 days after the date that a District of Columbia Public Schools [DCPS] student is referred for evaluation or assessment—

(1) the District of Columbia Board of Education, or its successor, and DCPS shall assess or evaluate a student who may have a disability and who may require special education services; and

(2) if a student is classified as having a disability, as defined in section 101(a)(1) of the Individuals with Disabilities Education Act (84 Stat. 175; 20 U.S.C. 1401(a)(1)) or in section 7(8) of the Rehabilitation Act of 1973 (87 Stat. 359; 29 U.S.C. 706(8)), the Board and DCPS shall place that student in an appropriate program of special education services.

SEC. 141. Notwithstanding any provision of any Federally-granted charter or any other provision of law, beginning with fiscal year 1999 and for each fiscal year thereafter, the real property of the National Education Association located in the District of Columbia

shall be subject to taxation by the District of Columbia in the same manner as any similar organization.

SEC. 142. None of the funds contained in this Act may be used for purposes of the annual independent audit of the District of Columbia government (including the District of Columbia Financial Responsibility and Management Assistance Authority) for fiscal year 2000 unless—

(1) the audit is conducted by the Inspector General of the District of Columbia pursuant to section 208(a)(4) of the District of Columbia Procurement Practices Act of 1985 (D.C. Code, sec. 1–1182.8(a)(4)); and

(2) the audit includes a comparison of audited actual year-end results with the revenues submitted in the budget document for such year and the appropriations enacted into law for such year.

SEC. 143. Nothing in this Act shall be construed to authorize any office, agency or entity to expend funds for programs or functions for which a reorganization plan is required but has not been approved by the District of Columbia Financial Responsibility and Management Assistance Authority. Appropriations made by this Act for such programs or functions are conditioned only on the approval by the Authority of the required reorganization plans.

SEC. 144. Notwithstanding any other provision of law, rule, or regulation, the evaluation process and instruments for evaluating District of Columbia Public Schools employees shall be a non-negotiable item for collective bargaining purposes.

SEC. 145. None of the funds contained in this Act may be used by the District of Columbia Corporation Counsel or any other officer or entity of the District government to provide assistance for any petition drive or civil action which seeks to require Congress to provide for voting representation in Congress for the District of Columbia.

SEC. 146. None of the funds contained in this Act may be used after April 1, 2000, to transfer or confine inmates classified above the medium security level, as defined by the Federal Bureau of Prisons classification instrument, to the Northeast Ohio Correctional Center located in Youngstown, Ohio.

SEC. 147. (a) No later than November 1, 1999, or within 30 calendar days after the date of the enactment of this Act, whichever occurs later, the Chief Financial Officer shall submit to the appropriate committees of Congress, the Mayor, and the District of Columbia Financial Responsibility and Management Assistance Authority a revised appropriated funds operating budget for all agencies of the District of Columbia government for such fiscal year that is in the total amount of the approved appropriation and that realigns budgeted data for personal services and other-than-personal-services, respectively, with anticipated actual expenditures.

(b) The revised budget required by subsection (a) of this section shall be submitted in the format of the budget that the District of Columbia government submitted pursuant to section 442 of the District of Columbia Home Rule Act, Public Law 93–198, as amended (D.C. Code, sec. 47–301).

SEC. 148. (a) Section 202(i) of the District of Columbia Financial Responsibility and Management Assistance Act of 1995 (Public Law 104–8) is amended to read as follows:

''(i) RESERVE.—

''(1) IN GENERAL.—Beginning with fiscal year 2000, the plan or budget submitted pursuant to this Act shall contain $150,000,000 for a reserve to be established by the Mayor, Council of the District of Columbia, Chief Financial Officer for the District of Columbia, and the District of Columbia Financial Responsibility and Management Assistance Authority.

''(2) CONDITIONS ON USE.—The reserve funds—

''(A) shall only be expended according to criteria established by the Chief Financial Officer and approved by the Mayor, Council of the District of Columbia, and District of Columbia Financial Responsibility and Management Assistance Authority, but, in no case may any of the reserve funds be expended until any other surplus funds have been used;

''(B) shall not be used to fund the agencies of the District of Columbia government under court ordered receivership; and

''(C) shall not be used to fund shortfalls in the projected reductions budgeted in the budget proposed by the District of Columbia government for general supply schedule savings and management reform savings.

''(3) REPORT REQUIREMENT.—The Authority shall notify the Appropriations Committees of both the Senate and House of Representatives in writing 30 days in advance of any expenditure of the reserve funds.''.

(b) Section 202 of the District of Columbia Financial Responsibility and Management Assistance Act of 1995 (Public Law 104–8) is amended by adding at the end the following:

''(j) POSITIVE FUND BALANCE.—

''(1) IN GENERAL.—The District of Columbia shall maintain at the end of a fiscal year an annual positive fund balance in the general fund of not less than 4 percent of the projected general fund expenditures for the following fiscal year.

''(2) EXCESS FUNDS.—Of funds remaining in excess of the amounts required by paragraph (1)—

''(A) not more than 50 percent may be used for authorized non-recurring expenses; and

''(B) not less than 50 percent shall be used to reduce the debt of the District of Columbia.''.

SEC. 149. Notwithstanding any other provision of law, funds provided by section 131 of Division A of Public Law 105–277 (112 Stat. 2681–552) may also be used by the Mayor, in consultation with the Council of the District of Columbia and the National Capital Revitalization Corporation, for the purposes of providing offsets against local taxes for commercial revitalization in empowerment zones and low and moderate income areas.

SEC. 150. WIRELESS COMMUNICATIONS. (a) IN GENERAL.—Notwithstanding any other provision of law, not later than 7 days after the date of enactment of this Act, the Secretary of the Interior, acting through the Director of the National Park Service, shall—

(1) implement the notice of decision approved by the National Capital Regional Director, dated April 7, 1999, including the provisions of the notice of decision concerning the issuance of right-of-way permits at market rates; and

(2) expend such sums as are necessary to carry out paragraph (1).

(b) ANTENNA APPLICATIONS.—

(1) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, a Federal agency that receives an application to locate a wireless communications antenna on Federal property in the District of Columbia or surrounding area over which the Federal agency exercises control shall take final action on the application, including action on the issuance of right-of-way permits at market rates.

(2) GUIDANCE.—In making a decision concerning wireless service in the District of Columbia or surrounding area, a Federal agency described in paragraph (1) may consider, but shall not be bound by, any decision or recommendation of—

(A) the National Capital Planning Commission; or

(B) any other area commission or authority.

SEC. 151. (a) FINDINGS.—The Senate finds the following:

(1) The District of Columbia has recently witnessed a spate of senseless killings of innocent citizens caught in the crossfire of shootings. A Justice Department crime victimization survey found that while the city saw a decline in the homicide rate between 1996 and 1997, the rate was the highest among a dozen cities and more than double the second highest city.

(2) The District of Columbia has not made adequate funding available to fight drug abuse in recent years, and the city has not deployed its resources as effectively as possible. In fiscal year 1998, $20,900,000 was spent on publicly funded drug treatment in the District compared to $29,000,000 in fiscal year 1993. The District's Addiction and Prevention and Recovery Agency currently has only 2,200 treatment slots, a 50 percent drop from 1994, with more than 1,100 people on waiting lists.

(3) The District of Columbia has seen a rash of inmate escapes from halfway houses. According to Department of Corrections records, between October 21, 1998 and January 19, 1999, 376 of the 1,125 inmates assigned to halfway houses walked away. Nearly 280 of the 376 escapees were awaiting trial including 2 charged with murder.

(4) The District of Columbia public schools system faces serious challenges in correcting chronic problems, particularly long-standing deficiencies in providing special education services to the 1 in 10 District students needing program benefits, including backlogged assessments, and repeated failure to meet a compliance agreement on special education reached with the Department of Education.

(5) Deficiencies in the delivery of basic public services from cleaning streets to waiting time at Department of Motor Vehicles to a rat population estimated earlier this year to exceed the human population have generated considerable public frustration.

(6) Last year, the District of Columbia forfeited millions of dollars in Federal grants after Federal auditors determined that several agencies exceeded grant restrictions and in other instances, failed to spend funds before the grants expired.

(7) Findings of a 1999 report by the Annie E. Casey Foundation that measured the well-being of children reflected that, with 1 exception, the District ranked worst in the United States in every category from infant mortality to the rate of teenage births to statistics chronicling child poverty.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that in considering the District of Columbia's fiscal year 2001 budget, the Senate will take into consideration progress or lack of progress in addressing the following issues:

(1) Crime, including the homicide rate, implementation of community policing, the number of police officers on local beats, and the closing down of open-air drug markets.

(2) Access to drug abuse treatment, including the number of treatment slots, the number of people served, the number of people on waiting lists, and the effectiveness of treatment programs.

(3) Management of parolees and pretrial violent offenders, including the number of halfway house escapes and steps taken to improve monitoring and supervision of halfway house residents to reduce the number of escapes.

(4) Education, including access to special education services and student achievement.

(5) Improvement in basic city services, including rat control and abatement.

(6) Application for and management of Federal grants.

(7) Indicators of child well-being.

SEC. 152. The Mayor, prior to using Federal Medicaid payments to Disproportionate Share Hospitals to serve a small number of childless adults, should consider the recommendations of the Health Care Development Commission that has been appointed by the Council of the District of Columbia to review this program, and consult and report to Congress on the use of these funds.

SEC. 153. GAO STUDY OF DISTRICT OF COLUMBIA CRIMINAL JUSTICE SYSTEM. Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall—

(1) conduct a study of the law enforcement, court, prison, probation, parole, and other components of the criminal justice system of the District of Columbia, in order to identify the components most in need of additional resources, including financial, personnel, and management resources; and

(2) submit to Congress a report on the results of the study under paragraph (1).

SEC. 154. TERMINATION OF PAROLE FOR ILLEGAL DRUG USE. (a) ARREST FOR VIOLATION OF PAROLE.—Section 205 of title 24 of the District of Columbia Code is amended—

(1) in the first sentence, by striking ''If the'' and inserting the following:

''(a) If the''; and

(2) by adding at the end the following:

''(b) Notwithstanding subsection (a), with respect to a prisoner who is convicted of a crime of violence (as defined in §23–1331) and who is released on parole at any time during the term or terms of the prisoner's sentence for that offense, the Board of Parole shall issue a warrant for the retaking of the prisoner in accordance with this section, if the Board, or any member thereof, has reliable information (including positive drug test results) that the prisoner has illegally used a controlled substance (as defined in §33–501) at any time during the term or terms of the prisoner's sentence.''.

(b) HEARING AFTER ARREST; TERMINATION OF PAROLE.—Section 206 of title 24 of the District of Columbia Code is amended by adding at the end the following:

''(c) Notwithstanding any other provision of this section, with respect to a prisoner with respect to whom a warrant is issued under section 205(b), if, after a hearing under this section, the Board of Parole determines that the prisoner has illegally used a controlled substance (as defined in §33–501) at any time during the term or terms of the prisoner's sentence, the Board shall terminate the parole of that prisoner.''.

This Act may be cited as the ''District of Columbia Appropriations Act, 2000''.

ORDERS FOR TUESDAY, JULY 13, 1999

Mr. NICKLES. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in recess until the hour of 9:30 a.m. on Tuesday, July 13. I further ask unanimous consent that on Tuesday, immediately following the prayer, the Journal of proceedings be approved to date, the morning hour be deemed to have expired, the time for the two leaders be reserved for their use later in the day, and the Senate then begin a period of morning business until 10 a.m. with Senators speaking for up to 5 minutes each with the following exceptions:

Senator ASHCROFT, or his designee, 20 minutes;

Senator DASCHLE, or his designee, 10 minutes.

Mr. President, I further ask unanimous consent that the Senate stand in recess from the hours of 12:30 to 2:15 p.m. for the weekly policy conferences to meet. I finally ask unanimous consent that when the Senate reconvenes at 2:15 p.m. Senator SMITH of New Hampshire be recognized for a point of personal privilege for not to exceed 45 minutes.

Mr. REID. Reserving the right to object, Mr. President, I say to my friend, the majority whip, that I hope during the evening or in the morning the majority would agree that we can tomorrow, until this bill is concluded, alternate the offering of amendments. That way we don't have Senators trying to, in effect, jump ahead of someone else. I think it would add to much better movement of this bill. I hope my friend could move that along.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Mr. President, I appreciate Senator REID's suggestion. I think it is a good suggestion. It is certainly my intention to alternate. I think the unanimous consent request agreement that we have calls for alternating first-degree amendments and says that each side shall have a second-degree amendment. It didn't say we would be alternating from first-degree to second-degree amendments. I think the suggestion of my colleague from Nevada is a good one, and I will work with him to see that is the normal order of business. We may at some point have a unanimous consent agreement to do that but not at this time. I appreciate his suggestion, and as always, it is a pleasure for me to work with him to see if we can keep the Senate working together in a collegial and fair manner.

Mr. REID. Mr. President, further reserving the right to object, I also say to my friend that I hope tomorrow the two leaders can work out a time that we can vote. I assume it would be after the conferences—the problem being now, with Senator SMITH being recognized for a point of personal privilege, it would be sometime after that. But I hope the leaders can work that out as quickly as possible.

Mr. NICKLES. Mr. President, again I appreciate the clarification of my colleague from Nevada. I think it would be our intention to vote on the amendments. We now have a substitute offered. We have three amendments that are pending in line. I expect there will be additional amendments offered tomorrow and throughout the course of business.

For the information of all of our colleagues, we expect to have several votes in the next few days. With Senator SMITH's speech tomorrow afternoon, my guess is that we will be voting on the amendments as previously ordered sometime shortly after Senator SMITH's statement.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

PROGRAM

Mr. NICKLES. Mr. President, for the information of all Senators, the Senate will be in a period of morning business tomorrow until 10 a.m. Following morning business, the Senate will resume consideration of the Patients' Bill of Rights. Further amendments to the bill are expected to be offered and debated throughout Tuesday's session of the Senate. For the information of all Senators, votes can be expected on or in relation to the pending amendments throughout Tuesday's session.

Mr. REID. Mr. President, if the Senator will yield, I also alert Members that tomorrow at 10 o'clock when we come in we are going to complete debate on the emergency care amendment that was offered this evening. The majority has about 35 minutes and the minority about 10 minutes, so that Members have some idea of what we are going to be doing at 10 o'clock tomorrow morning. Those wishing to speak on that issue should be ready to do so.

Mr. NICKLES. Mr. President, I appreciate my colleague's thoughts on that. For the information of all Senators, we will be debating the emergency room amendment at 10 o'clock followed by subsequent amendments.

EFFORTS TO SECURE THE RELEASE OF HUMANITARIAN WORKERS IN THE FEDERAL REPUBLIC OF YUGOSLAVIA

Mr. NICKLES. Mr. President, I ask unanimous consent that the Senate now proceed to the immediate consideration of H. Con. Res. 144.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A resolution (H. Con. Res. 144) urging the United States Government and the United Nations to undertake urgent and strenuous efforts to secure the release of Branko Jelen, Steve Pratt, and Peter Wallace, 3 humanitarian workers employed in the Federal Republic of Yugoslavia by CARE International, who are being unjustly held as prisoners by the Government of the Federal Republic of Yugoslavia.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. NICKLES. Mr. President, I ask unanimous consent that the concurrent resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and that any statements relating to the resolution be printed in the RECORD.

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

The concurrent resolution (H. Con. Res. 144) was agreed to.

The preamble was agreed to.

RECESS UNTIL 9:30 A.M. TOMORROW

Mr. NICKLES. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in recess under the previous order.

There being no objection, the Senate, at 7:37 p.m., recessed until Tuesday, July 13, 1999, at 9:30 a.m.

EXTENSIONS OF REMARKS

FINANCIAL SERVICES ACT OF 1999

SPEECH OF

HON. JOHN J. DUNCAN, JR.

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 1, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 10) to enhance competition in the financial services industry by providing a prudential framework for the affiliation of banks, securities firms, and other financial service providers, and for other purposes:

Mr. DUNCAN. Madam Chairman, I would like to thank the gentlelady from New Jersey for all of her hard work on this legislation and her efforts on this amendment. I would also like to discuss another accounting related matter.

I have been informed by a constituent that the Federal Accounting Standards Board (FASB) may propose a rule eliminating an accounting practice known as ''pooling''.

Pooling is an accounting method used when two companies merge to become one.

In a pooling, the acquiring and acquired companies simply combine their financial statements.

I believe it is important that this issue be discussed publicly before any final rule is implemented.

In addition, it is my understanding that in the past the Federal Accounting Standards Board has not always sought adequate input from the accounting or banking communities on proposed changes in regulations.

I would like to thank the chairwoman for her efforts on the pending amendment. I would also appreciate it if she would keep this in mind when the conference committee meets so that we include language either in this bill or future legislation to ensure that this process is an open and fair one.

I thank the gentlelady for her time and attention to this matter.

TRIBUTE TO DR. W. HAZAIAH WILLIAMS

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Ms. LEE. Mr. Speaker, I rise today to pay tribute to Dr. W. Hazaiah Williams, a great man of many talents who passed away from complications of diabetes April 24, 1999. Dr. Williams' accomplishments were considerable.

Dr. Williams brought to the Bay Area some of the world's leading artists, including Marian Anderson, Roland Hayes, Dorothy Maynor, Veronica Tyler, Theresa Berganza, Sherrill Milnes, Grace Bumbry, Jean-Phillippe Collard, Cyprien Katsaris, Grant Johannesen, Leon Bates, Tatayana Nikolaeva, Natalie Hinderas among hundreds of others.

William Hazaiah Williams Jr., was born in Columbus, Ohio, on May 14, 1930, and was the youngest of six children born to the Rev. W. Hazaiah Williams, Sr., and Cora Leon Williams. The Williams family moved to Detroit when William Hazaiah Williams, Jr., was 11 years old. He attended Adrian College in Adrian, MI, and received a Bachelor of Arts degree from Wayne State University School of Theology in Detroit, MI, and a Master of Theology degree from Boston University's School of Theology in Boston, MA. Dr. Williams did postgraduate work in Sociology at the University of California at Berkeley, and received two honorary Doctorate of Divinity degrees, one from the Pacific School of Religion and the other from the Church Divinity School of the Pacific, both located in Berkeley, CA.

Dr. Williams founded the Church For Today in Berkeley, CA, in 1956, the church in which he was active as the pastor until his death. Dr. Williams formed the Center for Urban-Black Studies at the Graduate Theological Union in 1969, where he served as the president, in addition to his service as a full professor for 20 years. He also taught at the San Francisco Theological Seminary and at the College of San Mateo, CA, and was the founder and president of the Alamo Black Clergy, an East Bay, California, consortium of ministers of various denominations. Dr. Williams led civil rights causes in the San Francisco Bay Area and served as Executive Director of the East Bay Conference on Race, Religion, and Social Justice. His community work also included eight years of service on the Berkeley Board of Education, during the period in which the Berkeley schools were integrated.

Dr. Williams lectured extensively at colleges, universities, and institutions throughout the United States, among them: the California Institute of Technology, Howard University, Stanford University, Vanderbilt University, University of Oklahoma, Lewis and Clark College, Beloit College, St. Procopius College, Georgia Technological University, University of Washington, Merritt College, Evergreen State College, University of Santa Clara, Claremont College, San Francisco Theological Seminary, American Baptist Seminary of the West, Interdenominational Theological Center, Gammon Theological Seminary, and the Pacific School of Religion. He delivered keynote addresses at conferences on racism for the National Protestant Episcopal Church, the United Church of Christ, and the Evangelical Lutheran Church in Mission. In the mid-1970s, he was a delegate to the World Council of Churches' Symposium on Black and Liberation Theology in Geneva, Switzerland.

In addition to religion and civil rights, Dr. Williams was profoundly devoted to music. Dr. Williams taught himself piano at the age of three, and held his first public performance at the age of five. Later, he studied piano at the Detroit Institute of Musical Art, the Detroit Conservatory of Music, and Detroit's Robert Nolan School of Music. At age 15, he was Concert Manager of the Robert Nolan Chorale. While in college in Adrian, MI, he hosted a musical program on local radio.

In 1958, Dr. Williams founded Today's Artists Concerts. For over three decades, this organization presented an annual concert series in the Bay Area, as well as concerts in New York, Paris, and Haifa, Israel. In 1981, he established the annual Yachats Music Festival in Oregon. In 1993, Dr. Williams created Four Seasons Concerts, of which he was the President and Artistic Director until his death. Dr. Williams served on the Board of Directors of the Oakland, California Symphony and the Ross McKee Foundation for the Musical Arts, and was an honorary board member of the Chicago Sinfonietta.

Dr. Williams leaves behind him a son, William Hazaiah III; a daughter-in-law, Linda Vanterpool; a granddaughter, Lauren of Elk Grove, CA; a daughter, Countess of Los Angeles, CA; a former wife, Countess of Berkeley, CA; a brother-in-law, Louis Irwin; sisters Ruth Williams and Naomi Sharp; brother William James Williams; and sister-in-law Rubye Williams of Detroit, MI; nephews Frederick Cornell Sharp of Southfield, MI, and Michael Hazaiah Williams of Detroit, MI; the members of the Church For Today; and the staff of Four Seasons Concerts. While Dr. Williams is sorely missed here, we honor and celebrate his legacy.

CONGRATULATIONS TO MARIE SEVELL

HON. BOB FRANKS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. FRANKS of New Jersey. Mr. Speaker, I rise today to recognize a true champion of the arts in New Jersey, Ms. Marie Sevell, and to offer my congratulations on her being honored with the sixth ''Francis Albert Sinatra Tribute to the Performing Arts'' award from the Garden State Arts Center Foundation.

The Garden State Arts Center Foundation was established in 1984 to support the Garden State Cultural Center Fund, now in its 32nd year. By raising money through benefit receptions, grants, donations and the sale of sponsorships, the Foundation has helped to provide free performances to New Jersey's school children, senior citizens, and other deserving residents.

Marie Sevell's commitment to the arts in New Jersey spans over thirty years. As the current Chairwoman of the Foundation, and as a long-time, generous financial contributor to the Cultural Fund, Marie has over the years helped to enable millions of school children and seniors enjoy the wonderful free programs presented at the PNC Bank Arts Center.

It is truly fitting that such a tireless advocate of the arts should receive an award as esteemed as the Francis Albert Sinatra Tribute to the Performing Arts, which recognizes dedication to improving the cultural life of residents

in the state of New Jersey. Marie Sevell joins the ranks of this award's many distinguished past honorees, including the beloved Frank Sinatra himself, and I wish to join her family and friends in applauding her on the occasion of this outstanding achievement.

HONORING TODD OLSON

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. MCINNIS. Mr. Speaker, I would like to take this opportunity to honor and recognize the hard work, strength and courage of one of Colorado's finest, Mr. Todd Olson of Carbondale, Colorado. I applaud his positive outlook and determination and wish him luck in his battle with leukemia.

For over 20 years, Mr. Olson has worked to help others enjoy and appreciate the natural beauty of Colorado. Guiding visitors on exciting river trips on the Colorado and Roaring Fork rivers, Mr. Olson came to love working outdoors. In 1970, he made his way to Aspen after growing up in Minnesota. He began work as a ski instructor for Aspen Skico and later became quite fond of summer rafting. His love of the outdoors and the rivers led him to become a guide for Glenwood's Whitewater Rafting.

At age 47, Mr. Todd Olson maintains a dual career as ski instructor in the winter and raft guide in the summer. Throughout his life and outdoor career he has experienced great challenges and has overcome many obstacles. Now as he faces a life threatening battle with leukemia, I hope that his battles with nature will give him encouragement and the will to continue fighting.

Mr. Speaker, it is with this in mind that I wish to pay tribute to Mr. Todd Olson for his work to maintain and help others enjoy the wilderness of Colorado. Mr. Olson is a man with spirit, a man who knows the meaning of enjoying life. I would like to thank Mr. Olson for the example he has set, and I would like to let him know that our thoughts and prayers are with him.

IN HONOR OF VOLNEY J. TEEPLE

HON. DEBBIE STABENOW

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Ms. STABENOW. Mr. Speaker, I rise today to recognize the life and accomplishments of Mr. Volney J. Teeple, a life-long Michigan resident, who will be named Chevalier of the National Order of the Legion of Honor this week. This honor was ordered by the President of the French Republic and is the highest civilian award bestowed by the government of France.

Mr. Teeple was born in 1897 in Pinckney, Michigan, and enlisted in the armed forces in 1918. During World War I, he was sent to France where he helped assemble and maintain the U.S. air fleet.

After the war, Mr. Teeple returned to Michigan, where he married and had three sons. Each of his sons followed in their father's footsteps by serving in the military, and his eldest son, William, died serving his country in World War II.

In 1966, he retired after a 28-year career with Union Carbide. He is a member of the American Legion and the Veterans of Foreign Wars and played in both the American Legion and World War I drum and bugle corps. Volney Teeple has spent his recent years hunting and fishing in Northern Michigan, and he still enjoys listening to the Detroit Tigers games on the radio. At 102, he very well may be the Tigers longest fan.

Today I would like to join the French Ambassador in honoring Volney J. Teeple for his commitment to his country so many years ago. Thank you for your lifelong service and your commitment to the United States of America. Your contributions will not be forgotten.

PERSONAL EXPLANATION

HON. DAVID MINGE

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. MINGE. Mr. Speaker, due to the death of my mother, and in order that I might attend her June 18 funeral, I was not present during several rollcall votes on June 17 and June 18. I would like to enter into the RECORD votes that, had I been present, I would have cast on amendments to and final passage of H.R. 1501 and H.R. 2122.

Had I been present, I would have voted ''aye'' on rollcall votes 228, 229, 230, 231, 232, 233, 235, 236, 237, 238 and 242. I would have voted ''nay'' on rollcall votes 234, 240, 241 and 244.

The provisions I would have voted for are targeted at improving gun safety and at reducing the risk that firearms would fall into the hands of convicted felons and others who should not own firearms. These are common sense reforms that deserve support.

A TRIBUTE TO MS. SHIRLEY WARE

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Ms. LEE. Mr. Speaker, I rise today to pay tribute to Shirley Ware, a longtime resident of East Oakland, CA whose strong voice for labor will be remembered by the many people whose lives she so positively affected.

Ms. Ware was one of the first African-American women elected to lead a major union. She served as the Secretary/Treasurer of the Oakland-based Health Care Workers Union/SEIU Local 250 for more than ten years, managing the multimillion dollar budget of the second largest health care union in the United States. As Secretary/Treasurer, Shirley Ware and the ''New Leadership Team'' brought Local 250 from the brink of financial disaster into an era of economic stability. During her leadership tenure, Local 250's membership grew from 21,000 to 46,000 members. Ms. Ware left SEIU stronger, bigger, and better.

Ms. Ware was born in Shreveport, Louisiana on August 24, 1941 to Mary Jane Jones and the late Robert Wilson. When she was a child, her family moved to Oakland, where she attended Fremont High School; Ms. Ware later attended Chabot Community College, where she earned her certification as a licensed nurse.

Shirley Ware entered the labor movement as an organizer in 1963, when her co-workers in an East Bay nursing home complained to her about working conditions. Her natural instincts as an activist said, ''organize.'' Her co-workers gathered around her. Confident and strong, Mrs. Ware knew what to do. They would organize, and, together, they did. Without knowing it at the time, Ms. Ware had begun a 30-year career in organizing, a calling to which she would dedicate the rest of her life.

Shirley Ware was a unique and a special role model for young people, African-Americans, women, union activists, and for all of us. In the years following her initiation into union work, she became an LVN. Then, as one of the fist two women hired by Local 250 as a field representative, she worked diligently to present the workers' point of view on a full-time basis. For the next two decades, health care workers would see Shirley as a tenacious, hardworking fighter, and a critical voice for patients' and workers' rights. Her opponents saw her as a dynamic and powerful adversary.

Ms. Ware was a member SEIU's Public Sector Board and, in 1998, was appointed as a trustee to the pension trust of the Service Employee International Union. Ms. Ware also was a delegate to the Alameda Central Labor Council for 31 years, was elected to the executive board in 1989, and was named ''Unionist of the Year'' in 1991. Since 1989, Ms. Ware was a delegate to the California State Democratic Central Committee and served as a delegate to the 1992 and 1996 Democratic National Conventions. In addition, Ms. Ware was a member of the Alameda County Human Relations Commission from 1970 to 1997, and served as the Commission's chair from 1992–1994. She was the Oakland Mayor's appointee to the Private Industry Council.

''Shirley dedicated her life to the cause of helping workers,'' said Sal Rosselli, president of Local 250. Throughout her career, even during the last year of her life, Ware expressed deep concern for the members of Local 250 as well as for other health care workers. Even after she learned last year that she had cancer, Shirley Ware remained fully engaged in the struggles and challenges of the Union.

Ms. Shirley Ware, lifelong organizer and advocate for working people, passed away on April 23, 1999. Ware is survived by her mother, Mary J. Henson and her stepfather, Melton Henson of Calaveras County, CA; two daughters, Mary Marlene Williams and Jannis Tolvert Gideon; two sons, George Marvin Willoughby, Jr. and Jaddias O'Neil Franklin; one son-in-law, Andrew Williams; one daughter-in-law, Luctricia Franklin; 12 grandchildren: Dwayne Lawson, George M. Willoughby III, Dana Willoughby, Donald and Demerits Franklin III, Wakter A. Vachemin, V, and Marchael Gidion; one great-grandson, Solomon Tolvert; one stepbrother, Melton Ray Henson, Jr. and his wife, Shelia; one stepsister, Melinda Faye Henson; and other relatives and friends.

RECOGNIZING CLAY BADER

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. McINNIS. Mr. Speaker, it is with great pleasure that I now recognize Mr. Clay Bader of Mancos, Colorado. His years of service and dedication to the Mancos Water Conservancy District are worthy of the highest praise.

Appointed by the district court judge for four year terms, the Conservancy District board consists of five members. The seat held by Mr. Bader has only been held by one other, Mr. Bader's father-in-law, Ira Kelly. After 28 years as a member of the board, Mr. Bader has decided to retire.

Each member represents a different geographic division of the Mancos Valley. Since 1971, Mr. Clay Bader has served as a representative for the Upper Mancos division. For his years of service, involvement and leadership I would like to thank Mr. Bader. His efforts and the example he has set are to be commended.

It is with this in mind that I congratulate Mr. Bader on a job well done. Many have benefited from his hard work and expertise. I wish him the best of luck in all of his future pursuits as he enters into a new era of his life.

HONORING LIEUTENANT ROBERT SCHUTT

HON. DEBBIE STABENOW

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Ms. STABENOW. Mr. Speaker, a ceremony will be held tomorrow to recognize Ionia County Police Officer Lieutenant Robert Schutt for his bravery, commitment, and concern for a fellow officer in a harrowing incident that occurred on May 1, 1998. I am proud to join officers from across Michigan in honoring Lieutenant Schutt, a distinguished twenty-five year veteran of the Ionia County Sheriff Department.

On the morning of May 1, Lieutenant Schutt and a fellow officer, Deputy Jeff Goss, were pursuing a dangerous suspect who began firing at them. Deputy Goss was wounded in the head, and Lieutenant Schutt was shot in the shoulder.

Despite his serious injury, Lieutenant Schutt took several selfless actions that ensured his fellow officer's safety and provided important information on the suspect. He not only relayed information about the suspect, his vehicle, and the incident to a 911 dispatcher, he also went to the aid of his fellow officer. His actions that morning saved his fellow officer's life.

Lieutenant Schutt's bravery and selflessness under extraordinary circumstances serves as an inspiration to us all. This year, Lieutenant Schutt was honored with a nomination for Deputy Sheriff of the year. I commend Lieutenant Robert Schutt for his courage and thank him for his twenty-five years of dedicated service.

RECOGNIZING MR. ARTHUR NELSON FOR HIS FIFTY-EIGHT YEARS OF SERVICE TO THE GOSHEN VOLUNTEER FIRE DEPARTMENT

HON. CHARLES F. BASS

OF NEW HAMPSHIRE

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. BASS. Mr. Speaker, I am pleased to have this opportunity to recognize a gentleman from Goshen, New Hampshire, who has dedicated fifty-eight years of his life to the Goshen Volunteer Fire Department. Mr. Arthur Nelson, ninety-two years young, has been associated with the Goshen Volunteer Fire Department since 1941. In addition to fighting fires in Goshen for decades, Mr. Nelson was also a Forest Fire Warden for fifty years and is an active member of his community. Mr. Nelson has served on the Goshen Conservation Commission, the Board of the Historical Society, and as a town selectman. He also remains a dedicated member of the Goshen Community Church.

On July 10, the Goshen Volunteer Fire Department will celebrate its 60th Anniversary. As part of their celebration, they will be recognizing Mr. Nelson's unparalleled service to the Department and the community. Arthur Nelson's commitment to the Goshen Volunteer Fire Department for nearly six decades exemplifies the importance of volunteerism and serves as a tribute to himself and the Town of Goshen. I would like to congratulate the Goshen Volunteer Fire Department on their 60th Anniversary and thank Mr. Nelson for his years of service protecting the citizens of Goshen, New Hampshire.

IN MEMORY OF RANDOLPH GUGGENHEIMER

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mrs. MALONEY of New York. Mr. Speaker, I rise today to pay tribute to Randolph Guggenheimer, a beloved member of the New York community who recently passed away. I ask my colleagues to join me in recognizing and honoring the memory and contributions of Mr. Guggenheimer, whose dedication to public service has improved the lives of countless individuals.

Mr. Guggenheimer was a man with vast and varied accomplishments. A graduate of Yale University and Harvard Law School, he earned a partnership in the law firm of Guggenheimer & Untermyer. During World War II, Mr. Guggenheimer answered his nation's call to service, enlisting in the U.S. Air Force and serving as an executive officer of a fighter squadron in Europe.

Mr. Guggenheimer's philanthropic activities were extensive and impressive; he believed passionately in contributing to the community. He was active in many organizations, including the Mount Sinai Hospital School for Nursing and the Jewish Child Care Association.

Mr. Guggenheimer also held the position of Chairman of the Board for North General Hospital, a hospital he saved from closing after championing the movement to insure adequate hospital service to the people of Harlem. Without Mr. Guggenheimer's dedication and perseverance, Harlem would have had only one hospital.

Randolph Guggenheimer dedicated himself to getting the necessary funding to keep North General meeting the needs of the community. Whenever North General faced financial difficulty, it was always able to rely on Mr. Guggenheimer's efforts to help secure the needed financing to weather the storm. Through Mr. Guggenheimer's oversight, North General grew even as other small community hospitals were forced to close.

Mr. Guggenheimer's dedication to the public good was well known in the New York community. Mr. Guggenheimer was awarded the United Hospital Annual Distinguished Trustee of the Year award. In 1991, he was honored by the Mayor of New York, David Dinkins. North General established the Randolph Guggenheimer Community award to acknowledge hospital staff that displayed excellence for community service.

Mr. Guggenheimer leaves behind a wife, Elinor, who shares his passion for philanthropy and community service. He is also survived by two sons, Charles and Randolph Jr., three grandchildren and six great-grandchildren.

Mr. Speaker, for all his good work and for his compassion and commitment to his community, his city, and country, Mr. Randolph Guggenheimer is deserving of a special tribute. I ask that my colleagues join me in acknowledging Randolph Guggenheimer's years of accomplishments as an inspirational leader to the community at large and as a devoted friend to the people of New York City. He will be deeply missed.

IN COMMEMORATION OF THE GRAND OPENING OF THE EASTMONT COMPUTING CENTER FOR THE OAKLAND COMMUNITY

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Ms. LEE. Mr. Speaker, I rise to recognize the Eastmont Computing Center, located in East Oakland, California, on its grand opening. This multi-million dollar computing center is a project of The Oakland Citizens Committee for Urban Renewal (OCCUR), which was established in Oakland, California in 1954 for the purpose of raising the quality of life for all of Oakland's residents, with the emphasis on serving those in the greatest need of a balanced delivery of goods, effective public policy, and services. OCCUR created the Eastmont Computing Center (ECC) to serve as a community resource on information technologies in order to provide universal computer and Internet access and employment focused training to Oakland citizens.

The Eastmont Computing Center provides cutting-edge information technology training to youth and other residents of under-served communities. The Center provides a broad range of unique skills and employment training programs to youth, senior citizens, and community-based organizations.

The Center is one of only three California recipients of the highly competitive U.S. Department of Commerce Telecommunications

and Information Infrastructure Assistance Program grants. Additional funding for the Center is provided by a number of government, foundation, corporate and individual donors including the Eastmont Town Center, Pacific Gas and Electric, Chevron, Pacific Bell, The San Francisco Foundation, Oracle, Hewlett Packard and IBM.

I wish to commend the management and staff of the Eastmont Computing Center for their tireless work and for their diligence. It has been through their perseverance that they have garnered the resources necessary to establish and operate this training facility for the benefit of all the citizens of Oakland.

I wish to extend to the Eastmont Computing Center, its staff, donors and support volunteers sincere best wishes for success as they begin to deliver technology access and employment training services to the citizens of Oakland.

RECOGNIZING JAN JACOBS

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. McINNIS. Mr. Speaker, it is with great pleasure that I now recognize Jan Jacobs of Creede, Colorado. After 29 years of dedication to education and long hours of planning as a teacher of History, Geography, and Government, Ms. Jacobs has retired. I would like to thank her for her commitment to the youth of Creede and for her involvement in the Creede community.

After graduating from Western State, Ms. Jacobs taught for three years in Nebraska before making Creede her home. Jan Jacobs not only taught, but she cared and was dedicated to her students. She served as a sponsor for trips to Washington, D.C. and annual trips to Mesa Verde. Trips to Denver and various other projects were made possible through her efforts.

Ms. Jan Jacobs touched the lives of countless individuals through her work in education. Students undoubtedly gained much and benefitted greatly from her expertise and kindness. As students, parents, and community members say farewell to this much-respected and loved teacher, I would like to wish her well as she enters a new era of her life, and congratulate her on a remarkable career of dedication and service.

TRIBUTE TO REV. LINDSAY G. FIELDS OF HUNTSVILLE, ALABAMA

HON. ROBERT E. (BUD) CRAMER, JR.

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. CRAMER. Mr. Speaker, I would like to take this opportunity to pay tribute to the life and legacy of Rev. Lindsay G. Fields of Huntsville, Alabama, an extraordinary man whose one hundred and seven years were marked by a true sense of compassion and a dedication of God and his family.

Rev. L.G. Fields was born in Harris, Alabama on February 6, 1892 and spent over fifty years in the United Methodist ministry. He spent sixteen years in Gadsden as pastor of Sweet Home Methodist Church and then led Village view Methodist Church in Athens until his retirement.

The long and blessed life of Rev. Fields included a passion for education. He attended the American School of Correspondence in Chicago and then Gammon Theological Seminary in Atlanta. He continued his love of education by serving on the board of trustees for Clark and Rust Colleges.

For Rev. Fields, community service was a way of life. He worked with the Madison County Council on Aging, the Mental Health Centers, the Madison County Senior Center and the Model Cities Program. I believe this tribute is only fitting for one who has given so much of himself for others.

I commend the perseverance of Rev. Fields is the raising and educating of his twelve children with the late Rosa Perry Fields. With 24 grandchildren and 22 great-grandchildren, Rev. Fields has left a proud and beloved legacy. I offer my sympathy to the Fields family

On behalf of the people of Alabama's fifth Congressional District, I join them in celbrating the extraordinary life and honoring the memory of a man who filled his one hundred and seven years with a love of God, country and family.

CONGRATULATING DEE ARNTZ

HON. JAY INSLEE

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. INSLEE. Mr. Speaker, I am delighted to announce that one of my constituents, Ms. Dee Arntz, recently won the 1999 National Wetlands Award.

In 1990, Ms. Arntz co-founded the Washington Wetlands Network (Wetnet). The Wetnet organization connects citizens, local government officials, federal representatives, and others into a centralized network of people concerned about wetland protection and preservation. As a result, this important network approach gives small organizations information and links to larger state and national efforts. Through Ms. Arntz's efforts, citizens have joined together to protect thousands of wetland acres throughout Washington State.

In the process of building Wetnet, Ms. Arntz worked as a community development program administrator for King County and other Puget Sound local governments. Her experience also includes serving on the boards of the Seattle Audubon Society, the Nisqually Delta Association, and the Washington Environmental Council. In addition, Ms. Arntz earned a Certificate in Wetlands Science and Management from the University of Washington in 1995.

I would like to congratulate Ms. Arntz for winning the 1999 National Wetlands Award. Her dedication to wetland protection has led to major environmental accomplishments at both the state and national level. Ms. Arntz is an example of the enormous impact one citizen can have on the environment. This award is very well-deserved.

PERSONAL EXPLANATION

HON. KENNY C. HULSHOF

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. HULSHOF. Mr. Speaker, pursuant to rule changes for the 106th Congress, I am informing you that I missed one vote on Friday, June 25, 1999, rollcall No. 256. On this vote, I would have voted ''aye''.

VETERANS BENEFITS IMPROVEMENT ACT OF 1999

SPEECH OF

HON. BARON P. HILL

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 29, 1999

Mr. HILL of Indiana. Mr. Speaker, I rise in support of H.R. 2280, the Veterans' Benefits Improvement Act of 1999.

I believe that this bill makes some important changes to the benefits available to veterans. I am a cosponsor of this bill. It increases rates of disability compensation and indemnity compensation to veterans. It enhances the quality assurance program at the Veterans Benefits Administration. It also provides permanent eligibility for housing loans for members of the Selected Reserve. And it reauthorizes important programs for homeless veterans.

I wanted to be sure to mention this bill because another of its provisions helps get construction of the World War II Memorial underway. This past Memorial Day, I attended a wonderful ceremony back in Versailles, Indiana. At that ceremony the American Legion Post in Versailles presented me with a check for one thousand dollars to forward to the American Battle Monuments Commission to help build the World War II Memorial. That struck me as uncommon generosity from men and women who have already given so much.

I salute them and all the people who are making this monument possible. The more we work toward building this memorial, the more World War II veterans will be able to see this proud symbol of what our ''Greatest Generation'' accomplished.

I ask my fellow members of Congress to support the Veterans' Benefits Improvement Act because it honors our veterans and helps to provide the benefits that they have earned.

Since taking office in January I have been talking to the House leadership about ways I could become more involved in Veterans' issues. Last week, I'm proud to say that I received a seat on the Veterans' Committee. I know that we owe a lot to those who currently serve our country and also to those who have served in the past. With this appointment I hope I can make a real difference for all our veterans.

This year, one of our nation's oldest and most distinguished service organizations, the Veterans of Foreign Wars of the United States, celebrates its 100-year anniversary. I was first reminded by constituents that this year marked that important anniversary.

The first bill I sponsored and the first speech I made in the United States House of Representatives was to celebrate and recognize the Veterans of Foreign Wars by requesting that the U.S. Postal Service issue a stamp

commemorating the VFW's 100 year anniversary (H. Res. 115).

I still believe that we will be able to accomplish this task. I hope that my recent appointment will help move this process along.

MEGAN MONTONI'S ATHLETIC ACHIEVEMENTS

HON. SHERROD BROWN

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. BROWN of Ohio. Mr. Speaker, I rise to highlight the recent athletic achievements of Megan Montoni, who hails from Wadsworth, Ohio in my Congressional District. As a sophomore at Ashland University this past school year, Megan recently earned All-American honors for her performance in the shot put at the NCAA Division II National Championships in Emporia, Kansas. She also participated in the shot put and the discuss at the Great Lakes Intercollegiate Athletic Conference, receiving silver and bronze medals, respectively.

Being recognized as an All-America athlete is a prestigious accomplishment in college athletics and in all of sports. Dedication and a solid work ethic have launched Megan to the top of her game. Remarkably, she underwent knee surgery one year before the NCAA championships. Her discipline, resilience, and passion to succeed were clearly illustrated at the NCAA championships. Megan's work ethic and determination are an inspiration to us all.

On behalf of the people of Ohio's 13th Congressional District, I am honored to congratulate Megan for earning All-America honors.

FLAG PROTECTION

HON. DOUG BEREUTER

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. BEREUTER. Mr. Speaker, this Member highly commends to his colleagues the following editorial, ''Flag Deserves Extra Protection,''; which appeared in the Wednesday, June 30, 1999, edition of the Norfolk Daily News.

[From the Daily News, June 30, 1999]

FLAG DESERVES EXTRA PROTECTION

COURT'S RULING SHOULD BE SUBJECT TO FINAL DECISION BY AMENDMENT PROCESS

One member of the House of Representatives was careful to note what is sometimes ignored in the heat of debate. ''We all believe in our country; this is an honest dispute about how we reflect patriotism,'' said Rep. Mel Watt, D-NC., of the proposal to amend the Constitution to allow Congress to ban desecration of the flag.

That is proper acknowledgment that people who believe flag burning is an offensive act but one protected by the First Amendment may be no less less sincere patriots than those who believe this symbol of the nation is sacred and deserves special protection.

Opponents to an amendment, however, seem too willing to accept court interpretations of First Amendment issues as final, irreversible truth. When such decisions—especially those so narrowly decided as in the flag burning case—are controversial enough, it is proper that they produce legislative reaction. That can take the form of utilizing the constitutional amendment procedure.

It is rarely invoked, and requires overwhelming popular support. But the amendment process should not be avoided either because it is difficult or because jurists are thought to have the last word. If it is otherwise, then America is not so much a nation governed by laws as one governed by lawyers—in this case, lawyers who have reached the stature of judges. However objective those learned men and women try to be, the American system did provide for amendments and there are some issues which deserve that attention.

It will not diminish the Bill of Rights to allow Congress to define and allow either state or federal enforcement of a law or laws which put Old Glory in a special category for protection. It will, instead, provide a small countermeasure to offensive behavior of a sort which deserves no First Amendment protection.

The argument is not about legitimate free expression, but rather the extent to which free people must tolerate offensive acts. The American people should be given a chance to decide whether or not they want their government to protect their flag from desecrators. The many exceptions to the First Amendment—libelous and slanderous statements, treasonous acts, defacement of property, incitement to riot among them—have been defined by court opinions. In this case, an exception would be made directly by the amendment process.

It should be allowed to go forward. The House of Representatives decided that it should, and by a 305–124 margin. The Senate ought to act positively this time, and acknowledge that the flag deserves to be treated as a living thing.

HONORING DEPUTY TOM PROUD

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. McINNIS. Mr. Speaker, it is with great pleasure that I now take this opportunity to honor Deputy Tom Proud of the Pueblo County Sheriff's Department. I wish to recognize Deputy Proud for his dedication, hard work and involvement in the Pueblo community. I would like to commend him for his efforts and for receiving designation as the Outstanding Deputy of Pueblo County Sheriff's Department.

Serving in various capacities, Proud is particularly dedicated to protecting the youth of Pueblo. Assigned as Crime Prevention Officer to Pueblo West in 1993, he has continued to be involved in prevention efforts including Pueblo County Safety Fair and the implementation of the Pueblo West Crime Watch.

Deputy Proud is an active participant in the Pueblo West Substation Committee in which he contributed to the fulfillment of the Sheriff's Office vision of decentralization. He has taken a leadership role in the Child Safety Seat Program through his work to organize safety check-points to serve thirty families with installation of new car seats.

Currently, he has extended his duties to dedicating time as School Resource Officer for Pueblo West High School, Pueblo West Middle School, Pueblo West Elementary School, and Sierra Vista Primary School. He has undertaken many tasks, in particular, special missions on traffic control around the schools. Deputy Sheriff Proud is becoming a talented instructor in the subjects of drug and alcohol awareness.

Men like Tom Proud are a rare breed. I appreciate his involvement in the Pueblo community and his dedication to the citizens and youth of Pueblo. Deputy Sheriff Tom Proud is a great asset to the Pueblo County Sheriff's Office and to Pueblo. I would like to congratulate him on a job well done, and I hope that he will continue in his service.

LUPUS FOUNDATION OF AMERICA

HON. CARRIE P. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mrs. MEEK of Florida. Mr. Speaker, I rise to welcome to Washington the members of the Lupus Foundation of America, and my friend and Chairman of the Lupus Foundation of America—Mr. Terry Bell. The delegates are here this week to inform Members of Congress and their staff about the cataclysmic effects of lupus and to request support for my bill, H.R. 762—the Lupus Research and Care Amendments Act of 1999.

The members of the Lupus Foundation have long been on the front line of the fight against lupus, a devastating disease that affects over 1.4 million Americans. The Lupus Foundation is a national voluntary health agency, with more than 100 affiliate chapters across the country, representing people with lupus, their families, friends and others who are concerned about this destructive disease.

I know something about lupus. I lost a sister to lupus. It is because of my experience with this disease that I have introduced H.R. 762. This bill expands and intensifies the research effort of the NIH to diagnose, treat, and eventually cure lupus. My bill increases the funding for lupus research and education, and it establishes a grant program to expand the availability of lupus service. It also protects the poor and the uninsured from financial devastation, by limiting their annual out-of-pocket expenses for lupus services.

Lupus is an auto-immune disease that afflicts women nine times more than it does men, and has its most significant impact on women during the childbearing years. About 1.4 million Americans have some form of lupus—one out of every 185 Americans. An estimated 1 in 250 African American women between the ages of 15 and 65 develop lupus.

Thousands of women with lupus die each year. Many other victims suffer debilitating pain and fatigue, making it difficult to maintain employment and lead normal lives. Perhaps the most discouraging aspect of lupus for sufferers and family members is the fact that there is no cure. Lupus is devastating not only to the victim, but to family members as well.

Since my arrival in the House in 1993, I have urged the Congress to direct the NIH to mount an all-out campaign against lupus. We can and must do more this year to conquer lupus, while offering treatment and protection against financial devastation to the victims of lupus.

Without struggle, there can be no progress. The members of the Lupus Foundation are leading the struggle to inform Members of

Congress about lupus and to help find a cure. In the past, Congressional support has proven to be an important factor in providing the much needed funds to help the National Institutes of Health make important medical breakthroughs in the fight against lupus. Mr. Speaker, I urge my colleagues to join me in welcoming the members and friends of the Lupus Foundation to Washington. I also urge my colleagues to sign on as a cosponsor of H.R. 762. With your help, we will win this fight.

TRIBUTE TO JACK RUDIN

HON. CAROLYN McCARTHY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mrs. McCARTHY of New York. Mr. Speaker, I rise today to pay tribute to and wish a very happy birthday to a great New Yorker and wonderful American, Jack Rudin. Jack Rudin has served for many years on the boards of many of New York's prominent cultural, education and social service organizations. He is a current member of the executive committee and board of overseers and managers of Memorial Sloan Kettering Cancer Center; an honorary trustee of the American Museum of Natural History and of the Congregation Shearith Israel, the Spanish and Portugese Synagogue; vice chairman of Jazz at Lincoln Center and director of the Hebrew Free Loan Society and the George C. Marshall Foundation.

In addition, Mr. Rudin is a trustee emeritus of Iona College, where the Rudins established the Roberta C. Rudin Program in Judeo-Christian Studies. As the original sponsor of the New York City Marathon, he is also the chairman of that event.

As a veteran of World War II, he was awarded the Combat Infantryman's Badge and the Bronze Star for his courage and patriotism. He also holds awards from many organizations, including the Greater New York Councils of the Boy Scouts of America, Jewish Theological Seminary for America, the Jewish Foundation for Christian Rescuers/ADL, Catholic Charities of the Archdiocese of New York, Conservancy for Historic Battery Park, and the Congregation of Christian Brothers. Mr. Rudin has received honorary degrees from Iona College, City College, City University of New York and the Hebrew University of Jerusalem.

Jack Rudin has been a great friend to Long Island. On behalf of Long Island, Happy Birthday, Jack!

PERSONAL EXPLANATION

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. GREEN of Texas. Mr. Speaker, on July 1, 1999, I missed fifteen votes because of scheduled back surgery in Houston.

Had I been present, I would have voted:

Rollcall No. 262: Aye.
Rollcall No. 263: Aye.
Rollcall No. 264: No.
Rollcall No. 265: Aye.
Rollcall No. 266: Aye.
Rollcall No. 267: Aye.
Rollcall No. 268: No.
Rollcall No. 269: No.
Rollcall No. 270: No.
Rollcall No. 271: Aye.
Rollcall No. 272: Aye.
Rollcall No. 273: Aye.
Rollcall No. 274: Aye.
Rollcall No. 275: Aye.
Rollcall No. 276: Aye.

BROADBAND LEGISLATION WILL SPUR COMPETITION, BENEFIT CONSUMERS

HON. JOHN. D. DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. DINGELL. Mr. Speaker, we began to write the law that would become the Telecommunications Act of 1996 in 1993. At that time, the vast majority of the American people were scarcely aware of the Internet's existence and potential. In fact, it's amusing to recall that some of the people we today revere as visionaries—including those in, say, Redmond, Washington—initially failed to understand the importance of the World Wide Web.

Much has changed since then. The Internet is on the front page of every major daily newspaper, and every major daily newspaper is on the Internet. E-mail addresses are exchanged as freely as telephone numbers. And the effect on the nation's commerce has been staggering. But the most amazing thing about this technological revolution is that this is only the beginning.

That is why Representative BILLY TAUZIN (R–LA) and I introduced H.R. 2420, the ''Internet Freedom and Broadband Deployment Act'' on July 1, 1999. We want the exponential growth of the Internet to continue unabated. We want to remove outdated remnants of regulation written when we needed to safeguard and promote a different world of telecommunications. Today, those rules do little more than slow down progress. Out legislation is designed to take the speed limits off the Information Superhighway once and for all.

First, the bill makes sure that Internet service will not become a de facto monopoly for any one provider. As technological convergence allows the cable and telephone wires in every home to deliver virtually the same services to the American people, it makes no sense to treat these wires differently under the law. It grossly distorts the operation of the market by giving one wire an artificial advantage over the other. Our bill protects consumers from a new monopoly in the business of Internet access and guarantees all Americans the freedom to choose the very best service at the lowest possible price.

Second, our bill protects consumers against the increasing concentration of market power in the Internet backbone business. The backbone of the Internet is virtually invisible to the average user, but it's arguably the most important communications link in the chain. It also has the potential of becoming the bottleneck of the 21st century. Virtually every bit and byte that travels over the Internet must cross one or more of these backbone networks to reach its destination. It is imperative that these networks remain competitive, and our bill will make sure that is so.

We are embarking on a technological journey that has already transformed our lives. The public is clamoring for new, high tech services, but they will be slow in coming and more expensive under current rules. Chairman TAUZIN and I have put together a blueprint for change that we believe will bring tremendous benefits to American consumers and the nation's economy. We propose to leave behind any personal biases and battle scars from past telecom wars, and we look forward to an exciting and stimulating debate characterized first and foremost, by open minds, fresh ideas, and a singular focus on what's best for the American people.

HONORING ONI BUTTERFLY

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. McINNIS. Mr. Speaker, I would like to take this opportunity to honor Ms. Oni Butterfly of Silt, Colorado, for her community involvement, leadership, and instrumental role in forming the Silt Area Chamber of Commerce in 1997. Her exceptional work ethic and willingness to serve and help others are to be commended.

After growing up in New Jersey, Ms. Butterfly attended college in Syracuse, New York where she earned a degree in bacteriology. Later she received her master's degree in environmental sciences. She has worked for the U.S. Army Corps of Engineers and for the Northeastern U.S. Water Supply Study for the Environmental Protection Agency.

Her integrity and ethics have aided her and have led her to become the executive director of the Silt Area Economic Development Council and the music director for the valley's Hot Strings Band. Ms. Butterfly also dedicates her time as the membership director for the mountain states region of the Better Business Bureau.

Ms. Oni Butterfly provides inspiration and an example to follow as she works to serve and better her community. I am grateful to her for her hard work and dedication. Ms. Butterfly is an amazing individual and it is for her commitment to the citizens of Silt and for her perseverance that I now pay tribute to this remarkable woman.

TRIBUTE TO BOBBY LANG LEGENDARY TRACK COACH AT FLORIDA A&M

HON. CARRIE P. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mrs. MEEK of Florida. Mr. Speaker, I rise to pay tribute to Coach Bobby Lang, the legendary track coach at Florida A&M University, who resigned this past Friday, after 40 years of service.

Coach Lang is the last in a long line of legendary Florida A&M coaches who took little and did much. A full time professor of health

and physical education Coach Lang has also directed the men's track program at Florida A&M since 1966. He's coached men and women's track full-time since 1982. For many years, Lang coached track, was an assistant football coach, and taught classes.

During his tenure at Florida A&M, Coach Lang has pretty much done it all, and along the way, he's developed some pretty good talent, too; dozens of All-Americans and even an Olympian.

In forty year's, his teams have won 38 conference titles; including a rare triple crown this year where his team won conference championships in cross country, indoor track and outdoor track—the first Mid-Eastern Athletic Conference Coach to achieve this.

Few men have achieved the success that Bobby Lang has known in his profession. Few men have achieved such universal respect and admiration from his colleagues. Few men have known the thrill that has come to this compassionate giant in taking young men and women and instilling confidence and pride in them, to the extent that those lessons are never forgotten.

They don't make great men like Bobby Lang anymore. His presence at the Florida A&M track program will sorely be missed. He won't be there next year to train the next generation of Rattler track athletes; he'll be at home spending a little more time with his wife of many years, Gladys, and his family.

My colleagues, Bobby Lang is more than just a great track coach; he is a great teacher, a great motivator and innovator, a great human being, and indeed, a great American.

Coach Lang, we'll all miss you. Enjoy your retirement from track.

TRIBUTE TO COLONEL DALTON WRIGHT

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. SKELTON. Mr. Speaker, let me take this means to pay tribute to an outstanding Missourian, Colonel Dalton Wright of Lebanon, Missouri.

On the morning of the 55th anniversary of the allied invasion of Normandy, the Missouri Army National Guard 35th Aviation Brigade held a time-honored military event, the change of command ceremony, with Colonel Dalton Wright passing command of the 35th Aviation Brigade to Colonel Michael Pace.

The ceremony was held at the 1st Battalion, 135th Aviation armory at Whiteman Air Force Base. Prior to turning over command to Colonel Pace, Major General John Havens, the Adjutant General of Missouri, presented Colonel Wright the Legion of Merit Medal for exceptionally meritorious performance of duty while serving as commander of the 35th Aviation Brigade. Colonel Wright had commanded the brigade since Jan. 1, 1995. He will be reassigned as the Missouri State Aviation Officer in Jefferson City. His next assignment is the highest position that any pilot in the Missouri National Guard can attain. He takes over that position in July.

Colonel Wright originally served in the U.S. Navy. He completed flight training in 1967 and flew the A–6 Intruder from 1968 to 1971. He had one tour in Vietnam where he was decorated with the Naval Commendation for Valor, the Air Medal (six awards) and the Navy Achievement Medal.

After Colonel Wright's service in the Navy, he returned to Missouri and joined the National Guard. He was instrumental in getting attack helicopter assets added to the Guard inventory.

Some of Wright's duties in Missouri included commander of the 1st Battalion, 135th Aviation in Warrensburg; commander of Detachment 1, 1107th AVCRAD in Springfield; and his latest as commander, 35th Division Aviation Brigade.

Colonel Wright was president of the National Newspaper Association from 1997 to 1998. He is the president and owner of Lebanon Publishing Company.

Mr. Speaker, I know that the other Members of the House join me in expressing congratulations to Colonel Wright for a job well done.

FINANCIAL SERVICES ACT OF 1999

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 1, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 10) to enhance competition in the financial services industry by providing a prudential framework for the affiliation of banks, securities firms, and other financial service providers, and for other purposes;

Ms. JACKSON-LEE of Texas. Mr. Chairman, Today I rise in support of H.R. 10, the Financial Services Competition Act of 1999. I would be remiss if I did not acknowledge the hard work of the Banking and Commerce Committees in crafting this legislation.

I support the idea of updating the rules that our Nation's financial institutions operate under to bring their activity in line with the realities of life in today's America.

Today's vote represents groundbreaking financial services legislation that would dismantle many of the depression era laws currently hindering the financial services industry from engaging in a modern global marketplace.

In Congress, we have spent more than twenty years debating how to update the Nation's antiquated banking laws that prohibit banks, securities firms and insurance companies from entering into another's businesses. H.R. 10 would permit streamlining of the financial service industry thereby creating one-stop shopping with comprehensive services choices for consumers. The streamlining of financial services will not only mean increased consumer confidence, it would also mean increased savings for consumers. The Treasury Department estimates that financial services modernization could mean as much as $15 billion annually in savings to consumers.

I am heartened that many provisions of the Community reinvestment Act (CRA) remain in H.R. 10. The CRA, enacted in 1977 to combat discrimination in lending practices, encourages federally-insured financial institutions to help meet the credit needs of their entire communities by providing credit and deposit services in the communities they serve.

Indeed, in many respects, H.R. 10 strengthens the CRA. Under the bill, CRA would be extended to the newly created wholesale financial institutions, which are institutions that could only accept deposits above $100,000 and are not FDIC-insured. Additionally, H.R. 10, provides consumer protection provisions that require institutions to ensure that consumers are not confused about new financial products along with strong anti-tying and anti-coercion provisions governing the marketing of financial products. Further, the bill requires that all of a holding company's subsidiary depository institutions have at least a ''satisfactory'' CRA rating in order to affiliate as a financial holding company and in order to maintain that affiliation.

CRA is a success story. Between 1993 and 1997, the number of home purchase loans to African Americans soared 62 percent; Hispanics saw an increase of 58 percent, Asian Americans nearly 30 percent; and loans to Native Americans increased by 25 percent. Since 1993, the number of home mortgages extended to low- and moderate-income borrowers has risen by 38 percent.

Indeed, in my district, Hispanic students from the east end district of Houston historically have had a high dropout rate. Using funds made available by the CRA, the Tejano Center for Community Concerns built the Raul Yzaguirre School for Success to meet the special needs of students from low-income families in this inner-city neighborhood. This school has performed outstandingly in its three years in existence. In fact, over the past two years, the school's students' average Texas assessment of academic skills scores increased 18 to 20 percent.

In addition to the school, funding made available by the CRA has helped the Tejano Center for Community Concerns build and sell 15 homes to new home buyers, with nine additional homes planned, as well as a health clinic that serves approximately 1,500 patients per year. Examples such as this speak volumes on the CRA's ability to positively impact people's lives.

This is why I am concerned that H.R. 10 does not extend the CRA to non-banking financial companies that affiliate with banks. Specifically, H.R. 10 does not require securities companies, insurance companies, real estate companies and commercial and industrial affiliates engaing in lending or offering banking products to meet the credit, investment and consumer needs of the local communities they serve.

The exclusion of nonbank affiliates' banking and lending products from the CRA is significant because increasingly, businesses such as car makers and credit card companies, securities firms and insurers are behaving like banks by offering products such as FDIC-insured depository services, consumer loans, as well as debit and commercial loans. Additionally, private investment capital is decreasingly covered by CRA requirements, making it more difficult for underserved rural and urban communities to access badly-needed capital for housing, economic development and infrastructure.

Madam Chairman, I am also troubled by the fact that rules committee did not make in order several key amendments offered by the democrats including my own to address issues such as redlinging, stronger financial and medical record privacy safeguards and community

lending. I hope that during the course of our debate we can address these concerns.

Both our financial service laws and consumer protection laws need to be modernized. On balance, H.R. 10, is a positive step in the right direction to achieve this goal. I urge my colleagues to join with me in supporting this bill.

TRIBUTE TO DR. MYROSLAW M. HRESHCHYSHYN

HON. JACK QUINN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. QUINN. Mr. Speaker, I rise today in memory of Dr. Myroslaw M. Hreshchyshyn, a medical scientist, a professor of gynecologic oncology and obstretics at the University of Buffalo Medical School, and a leader in the Ukrainian-American community in Western New York.

I would like to read into the RECORD an article which appeared in the Buffalo News honoring the life of Dr. Hreshchyshyn.

''Dr. Myroslaw M. Hreshchyshyn, 71, a medical scientist and professor of gynecologic oncology and obstetrics at the University at Buffalo Medical School, died Monday (May 24, 1999) in Lviv, Ukraine, while working on a gynecology and obstetrics textbook to be published there.

He introduced the use of chemotherapy in gynecological oncology in the United States in the 1960s and at the time of his death was continuing an investigation he began in the late 1980s on diagnosing osteoporosis.

Born in Kovel (Volya), Ukraine, he finished his doctorate at J.W. Goethe University in Frankfurt, Germany, 1951. He served as an intern in Yonkers, did his residency at Cumberland Hospital, Brooklyn, and was a clinic fellow in gynecologic cancer at Kings County Hospital, Brooklyn.

He moved to Buffalo in 1957 after becoming a fellow in chemotherapy at Roswell Park Cancer Institute. He joined the UB Medical School faculty in 1970 and served as chairman of department of gynecology and obstetrics from 1982 to 1996.

He also headed the gynecology and obstetrics departments at Children's Hospital, Buffalo General Hospital, Millard Fillmore Hospital and Erie County Medical Center until 1996. He oversaw the Reproductive Endocrinology Center, which is run by UB Medical School and Children's Hospital.

He was a fellow of the American College of Obstetrics and Gynecology, founding chairman of the Gynecologic Oncology Group from 1971 to 1975 and president of the Buffalo Gynecologic and Obstetric Society from 1977 to 1978.

Hreshchyshyn helped initiate the USAID American International Health Alliance Medical Partnerships Program, which exchanges medical personnel and information between two hospitals in Lviv and Millard Fillmore Hospital. He also was one of the investigators in the $10 million National Institutes of Health-funded Women's Health Initiative at UB.

He was a member of more than 20 professional associations and societies and contributed much to civic and educational organizations, especially in the Ukrainian-American community.

He and Lidia Warecha were married in 1958.

In addition to his wife, survivors include two sons, Yuri of South Buffalo and Adrian of Scottsdale, Ariz.; three daughters, Marta Hreshchyshyn of Eagle River, Alaska, Nadia McQuiggen of Amherst and Kusia Hreshchyshyn of Oakland, Calif.; and four grandchildren.''

Mr. Speaker, today I would like to join with the Ukrainian-American community, and indeed, all of Western New York to honor Dr. Myroslaw M. Hreshchyshyn. To that end, I would like to convey to the Hreshchyshyn family my deepest sympathies, and ask my colleagues in the House of Representatives to join with me in a moment of silence.

RECOGNIZING TROOPER SAM MITCHELL

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. MCINNIS. Mr. Speaker, I would like to take this opportunity to recognize the dedication, service and outstanding efforts of one of Colorado's finest, Trooper Sam Mitchell of the Colorado State Patrol. As a former police officer, I know the time and commitment required and for his work and achievements I wish to pay tribute to Trooper Mitchell and commend him for receiving distinction as the Outstanding State Patrol Trooper by The Hundred Club.

Joining the Colorado State Patrol in October of 1985, Sam Mitchell served with the Golden troop before transferring to the Colorado Springs Troop and later to the Pueblo Troop. He is a distinguished D.U.I. officer averaging over 300 D.U.I. arrests per year. His commitment to protecting the citizens of Pueblo has helped to save many families the heartbreak of losing a loved one to drunk driving.

He not only dedicates his time to insuring the safety of those on the roads, he also gives of his time to attend court hearings in order to insure that the intoxicated drivers he arrests face justice for their crimes. I greatly appreciate Trooper Mitchell and his work for the people of Pueblo. Trooper Sam Mitchell is one of a kind and I am grateful for his service and dedication to protecting innocent people from the atrocities that may be inflicted by intoxicated drivers.

For his commitment, compassion, and willingness to help I wish to commend Trooper Sam Mitchell. I would also like to congratulate him on a job well done, and I hope that he will continue in his noble pursuits to see justice done.

IN MEMORY OF JUDGE ROBERT T. DONNELLY

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. SKELTON. Mr. Speaker, it is with deep sadness that I inform the House of the death of former Missouri Supreme Court Judge Robert T. Donnelly, 74, of Jefferson City, Missouri.

Judge Donnelly was born Aug. 31, 1924, in Lebanon, Missouri, a son of Thomas J. and Sybil True Donnelly. He was married Nov. 16, 1946, in Little Rock, Arkansas, to Wanda Sue ''Susie'' Oates, who survives at the home.

A graduate of Lebanon High School, he attended the University of Tulsa and Ohio State University. He graduated from the University of Missouri-Columbia, receiving his law degree from the university in 1949. An Army veteran of World War II, he received the Purple Heart and a Bronze Star.

Judge Donnelly practiced law in Lebanon, Missouri, with Phil M. Donnelly and David Donnelly from 1952 to 1965. He was an assistant Attorney General of Missouri from 1957 to 1963.

He was appointed to the Missouri Supreme Court by Governor Warren E. Hearnes in 1965, and served as chief justice from 1973 to 1975, and from 1981 to 1983. He was the first chief justice to address the General Assembly of Missouri on the State of the Judiciary in January 1974.

Judge Donnelly was active in the community. He was a member and elder at First Presbyterian Church, a member of Lebanon Masonic Lodge, A.F. & A.M. and a 50-year member of the Missouri Bar. He served on the Lebanon Board of Education from 1959 to 1965; on the board of the School of Religion, Drury College, Springfield, from 1958 to 1963; and on the board of the Missouri School of Religion, Columbia, from 1971 to 1972.

He was deputy chairman of the National Conference of Chief Justices in 1975. In 1998 he published ''A Whistle in the Night,'' his autobiography and memoir.

Judge Robert T. Donnelly will be missed by all who had the privilege to know him. I know the Members of the House will join me in extending heartfelt condolences to his family: his wife, Susie; his two sons, Thomas and Brian; his sister, Helen; and his three grandchildren.

YOUTH VIOLENCE AND THE MEDIA

HON. BOB STUMP

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. STUMP. Mr. Speaker, last week, a very insightful article appeared on the Op-Ed page of The Washington Post. This article was written by William B. Ruger, Sr., chairman of the board of Sturm, Ruger & Company, which is located in Prescott, Arizona. Mr. Ruger is considered one of the most respected and responsible voices in the firearms industry. His motto, and the company's motto, has always been ''Arms Makers for Responsible Citizens.''

The article dealt with violence as part of the ongoing debate since the tragedy of Littleton, Colorado. Bill Rugar's well thought out article would be required reading for anyone concerned about the role of the media as it relates to youth violence. I submit the article to be printed in the RECORD.

[From the Washington Post]

OUR DAILY DOSE OF DEATH

(By William B. Ruger Sr.)

When was the last time the media portrayed the responsible use of recreational firearms? You wouldn't know it from reading the newspaper or watching television, but according to the National Safety Council, the firearms accident rate has declined 20 percent during the past decade, plummeting to a 90-year low. In 1998, only one percent of accidental deaths were attributable to firearms accidents.

There is a subconscious anti-gun bias on the part of major media. Certainly, our society has changed since I founded Sturm, Ruger & Co., but I can assure you that my reaction to a ''gang-banger'' on the news is precisely the same as that of every law-abiding American—profound outrage.

The antisocial elements of our society seem to hold the rest of us hostage. The media constantly portray carnage and gore, often in agonizingly slow motion, for no discernible reason. The same goes for incredibly violent video games that some young people play for hours on end. Such portrayals have their staunch defenders, but as a firearms manufacturer, I would implore them to stop using violence to make a killing. Let's not pretend it's anything else. The incessant desensitizing of our young people to mindless violence is beyond measure and beyond comprehension.

Graphic, vicious and sadistic films, television shows, video games and music lyrics that trumpet wanton killing—often directed against the police—are outrageous. Drug and alcohol abuse, the breakdown of the family, inadequate child supervision and the lack of ''a decent respect for the opinions of others'' (to paraphrase Jefferson) are far more pernicious and harder to address than simply passing another ''gun law.'' But we won't accomplish much until we stop deluding ourselves into thinking that society's violence is because of firearms and that the media bear no responsibility for this witches' brew.

More law enforcement agents were mowed down by machine guns in ''Die Hard II'' than have been killed on duty in the history of the nation. The impression left is that ''something must be done'' to get machine guns off the streets. But they have been essentially illegal since 1936. We have so-called ''assault weapon'' bans, which do nothing but ban guns that look like machine guns but operate just like the shotgun President Clinton takes duck hunting—one shot at a time.

When anyone protests gratuitous violence or counsels restraint in portraying violence, the media take umbrage behind their right to do so. In 1955, we placed a full-page ad, ''A Symbol of Responsibility,'' stating ''with the right and enjoyment of owning a firearm goes that constant responsibility of handling it safely and using it wisely.'' Would not a little self-restraint similarly apply to the right to produce a movie, print a newspaper or record a song?

We recently protested to a major newspaper about its irresponsible behavior in bringing a child to a gun show display and then deliberately taking a photograph of him brandishing a pistol in an unsafe manner. The newspaper defended the photographer. We do not sell our products to minors and deplore their unsupervised use, yet we were cast as villains ''promoting violence'' by this same newspaper. Similarly, television networks that show ultra-violent films with guns portrayed in the most antisocial ways piously denounce firearms on their evening editorials. Some won't even run firearms safety spots because ''they show a gun.''

Isn't it ironic that those who scorn the Second Amendment are cavalier in treating the First Amendment as their right but not a responsibility? Let anyone ask for any restraint of those who would abuse their First Amendment rights to incite antisocial behavior, and the purveyors hide behind that amendment, loudly decrying ''censorship.'' While there are legitimate adult uses for firearms, nothing justifies this excessively violent ''free speech'' aimed at our youth in the guise of ''entertainment.''

Our corporate motto is ''Arms Makers for Responsible Citizens.'' We have strongly supported more than 20,000 gun control laws and ''point-of-sale'' background checks for new gun purchasers. We voluntarily ship our pistols in lockable boxes as a precautionary measure. I only wish that others would also become symbols of responsibility before they desensitize another generation of youth to the horror of violence. We are all sick of it.

FINANCIAL SERVICES ACT OF 1999

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 1, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 10) to enhance competition in the financial services industry by providing a prudential framework for the affiliation of banks, securities firms, and other financial services providers, and for other purposes:

Ms. JACKSON-LEE of Texas. Madam Chairman, today I rise to voice my opposition to the structured rule to House Resolution 10, the Financial Services Competition Act of 1999. This rule stifles debate on critical issues from the modernization of the financial services industry. Forty Amendments offered by the Democrats, including my own, which addressed issues of redlining, stronger financial and medical record privacy safeguards and community lending were not made in order by the Rules Committee.

I support the idea of updating the rules that our nation's financial service institutions operate under to bring their activity in line with the realities of life in today's America. With that said, I believe that in our rush to modernize financial services, we are overlooking critical issues that the Democrats sought to address through the amendment process.

The Republicans failed to make in order Representative BARBARA LEE's anti-redlining amendment. Currently, CRA applies to only banks and thrifts. Representative LEE's proposed amendment would have required insurance companies and their affiliates to remain in compliance with the Fair Housing Act. Interestingly enough, this provision was included in the Banking Committee version of H.R. 10.

H.R. 10 allows virtually unlimited access by organizations such as insurance companies, employment agencies and credit bureaus of a patient's medical records. Under these provisions, patient information could be disclosed or even sold to the highest bidder for reasons that have nothing to do with the health of the patient. This will threaten the confidential relationship between a doctor and the patient—an essential component of high quality health care.

Similarly, the rule prohibited a discussion on creating parity between large and community banks with respect to sharing protected information. Large banks rely on sharing customer information with affiliates and subsidiaries, while smaller banks rely on the transfer of information between third parties.

The amendment offered by Representative MARKEY would have preserved the meaningful consumer financial privacy protections adopted on a bipartisan basis in the Commerce Committee. H.R. 10 will greatly accelerate mergers, creating huge money centers with access to once-confidential information about millions of customers.

The Commerce Committee, in a bipartisan manner, adopted a compromise approach to financial privacy by giving consumers an across-the-board ''opt-out''—the ability to stop information from being disclosed to third parties and affiliates. H.R. 10 only permits consumers to opt-out of third party information sharing. Financial institutions are still free to share consumer information with their affiliates and subsidiaries.

Madam Chairman, the structured rule prohibits discussion of the lack of sufficient protections for the privacy of an individual's medical records. This bill allows virtually unlimited access by organizations such as insurance companies, employment agencies and credit bureaus of a patient's medical records without the patient's consent or knowledge. Under these provisions, patient information could be disclosed or even sold to the highest bidder for reasons that have nothing to do with the health of the patient. This will threaten the confidential relationship between a doctor and patient—an essential component of high quality health care.

Under the bill, Madam Chairman, health insurers could compel individuals to allow their medical records to be sold or disclosed to employers, direct marketing firms and others. While the bill technically requires individuals to consent to such disclosures, the consent process can and will be coercive. Insurers could refuse to provide health insurance to individuals who fail to provide blanket authorization for disclosure. Faced with such a choice, individuals will have no option but to sign away their privacy rights.

The amendment offered by Representative CONDIT and others would have stripped Section 351 from the bill in order to prevent this erosion of medical privacy. Section 351 of H.R. 10 purports to protect the privacy of medical records. In fact, it would do just the opposite by allowing a major invasion of consumer privacy.

Among other things, Section 351 would allow health insurers to sell health records, would preempt state privacy laws and would allow insurers to effectively coerce disclosure ''consent'' from consumers. This would have prevented by the adoption of the Condit Amendment.

I also oppose the rule, because it failed to contain my amendment which would have directed the Comptroller General of the United States to conduct a study of the extent to which the lack of availability of a full-range of financial services in low- and moderate-income neighborhoods has resulted in an undue reliance in such neighborhoods on check cashing services which impose a fee equal to 1 percent or more of the amount of a transaction.

This report would have also assessed to what extent check cashing services are regulated and audited by Federal, State, or local governments to prevent unscrupulous practices and fraud. This amendment would have also reviewed to what extent owners and employees of check cashing services are licensed or regulatory screened to prevent the inflitaration of elements of organized crime.

According to the National Association of Check Cashers, the industry cashes about 200 million checks a year, totaling $60 billion, and earned more than $1 billion last year. The number of check cashing outlets in the United States has nearly tripled about 6,000 compared to about 2,150 in the mid-1980s.

Banks are hard to find in the inner city, and I am sure that this fact has contributed to the presence of check cashers in the inner city. In the City of Houston 23 establishments are listed as offering check cashing services to poor or moderate income Houstonians.

It is estimated that 12% of the population in this country does not have a checking account. Resulting in one in every 13 U.S. households not having a bank account. This percentage is growing with the escalation of banking fees and the closing of full service bank branches.

In the state of Texas a low-income family may spend more than $200 a year in checks cashing fees.

Currently, no national law guarantees access to banking services for all Americans. Illinois, Massachusetts, New Jersey, New York and Minnesota require banks operating with their boarders to offer basic checking accounts with minimal fees for consumers making a limited number of transactions.

Some check cashing services offer short term credit called a payday loan to customers who are in need of cash. A customer writes a check for one amount and receives a lower amount in return. The check casher in turn agrees to hold off cashing the check until payday. A customer can choose to ''roll'' the check over by paying another fee to extend the loan, a process that can become extremely costly over time.

A class-action lawsuit in Tennessee describes a borrower who renewed cash advance loans 20 to 29 times. One plaintiff ''rolled over' loans 24 time in 15 months, borrowing a total of $400 and paying $1,364 while still owing $248. The allowance of this amendment would have made sure that the reform of our nation's financial service industry includes benefits to all Americana.

Madam Chairman, H.R. 10, the Financial Services Act of 1999, represents a historic moment for America. I am supportive of a bill that would update our Depression era banking laws. Indeed, according to the Treasury Department, financial services modernization could provide as much as $15 billion annually in savings to consumers. Modernization will create a streamlined, one stop shopping with comprehensive choices for consumers.

I must state in no uncertain terms that notwithstanding the potential benefits that H.R. 10 represents for consumers, the structured rule prohibited dialogue on the key issues of redlining, financial and medical record privacy and community lending. Accordingly, I strongly oppose the rule. It is my desire that these important issues will be revisited in conference.

RECOGNIZING SERGEANT J. EMILIO TRUJILLO

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. McINNIS. Mr. Speaker, it is with great pleasure that I wish to recognize Sergeant J. Emilio Trujillo of the Pueblo Police Department for his years of outstanding service and for his dedication to protecting the citizens of Pueblo, Colorado. His hard work, commitment, and compassion are to be commended.

For 34 years, Mr. Trujillo has served in law enforcement, spending most of his time in the department's identification section. He is known as the best identification officer in Colorado. As supervisor of the section, he has served on and managed the crime-scene investigation of virtually every homicide, robbery, or serious crime committed in the Pueblo area.

Sergeant Trujillo's knowledge, experience, and work ethic are to be valued and appreciated. He is highly respected and admired in the law enforcement community for his technical knowledge and supervisory skills. Recognized throughout the nation as an expert in latent fingerprint examination, Emilio Trujillo is a qualified expert court witness in fingerprints, photography, and marijuana identification.

Not only has he served as an active policeman, he has also worked to prepare future police officers by teaching and sharing his experience with those attending the police academy. He has provided leadership and an example to follow for students of forensic investigation techniques. Men like Sergeant Trujillo are few and far between. I am thankful for his dedication to the citizens of Pueblo. It is for his efforts to uphold justice and serve and protect the people that I now pay tribute to Sergeant J. Emilio Trujillo.

RECOGNIZING EMERGENCY MEDICAL OFFICER RANDALL BRADFORD

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, July 12, 1999

Mr. McINNIS. Mr. Speaker, I would like to take a moment to recognize Emergency Medical Officer Randall Bradford of Pueblo, Colorado. For his bravery, dedication and hard work. I would like to pay tribute to Mr. Bradford.

For 28 years, Randall Bradford has spent his time responding to medical emergencies of all kinds, and saving the lives of many individuals. Classified as a medical officer, he not only actively serves to protect life, he also trains other firefighters and the public to perform CPR and to work as EMTs. Known for his patience and composure while aiding the injured and the ill, Mr. Bradford is well liked by all he comes into contact with.

Mr. Bradford goes above and beyond the call of duty volunteering for and striving to complete tasks outside of his job description. He serves as a Medical Evaluator for the CSEPP Program, and as a member of the fire Department Critical Incident Debriefing Team. Credited with writing the Mass Fatality section of the Pueblo County Disaster Plan, he has also written and assembled the guide currently used by the Fire Department for medical reports.

Currently, Mr. Bradford is focusing on the ''Drive Smart Pueblo'' program to educate drivers in the selection and use of child safety seats. He has volunteered numerous hours toward working at child Safety Seat check points. I appreciate his efforts in protecting and educating the citizens of Pueblo. His dedication, hard work, kindness, and generosity of his time are to be commended and because of them, I wish to recognize Randall Bradford.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Tuesday, July 13, 1999 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

JULY 14

9:30 a.m.
Indian Affairs
Energy and Natural Resources
To hold joint oversight hearings on the General Accounting Office report on Interior Department's trust funds reform.
SH–216
Health, Education, Labor, and Pensions
Children and Families Subcommittee
To hold oversight hearings on the implementation Family Medical Leave Act.
SD–430
Environment and Public Works
To hold hearings on conformity issues relating to the Clean Air Act.
SD–406

10 a.m.
Judiciary
To hold hearings to examine competition and consumer choice in high-speed internet services and technologies.
SD–628
Appropriations
Defense Subcommittee
To hold hearings on forward operating locations for counterdrug operations.
SD–192
Appropriations
Agriculture, Rural Development, and Related Agencies Subcommittee
To hold hearings on health care cost issues affecting rural hospitals.
SD–138

2 p.m.
Intelligence
Closed business meeting; to be followed by a closed hearing on pending intelligence matters.
SH–219

3 p.m.
Finance
International Trade Subcommittee
To hold hearings on managing global and regional trade policy without fast track negotiating authority.
SD–215
Governmental Affairs
To hold hearings on S. 1214, to ensure the liberties of the people by promoting federalism, to protect the reserved powers of the States, to impose accountability for Federal preemption of State and local laws.
SD–342

JULY 15

9 a.m.
Small Business
Business meeting to consider pending calendar business.
SR–428A
Year 2000 Technology Problem
To hold hearings on state and local preparedness for year 2000.
SD–192

9:30 a.m.
Energy and Natural Resources
To resume hearings on S. 161, to provide for a transition to market-based rates for power sold by the Federal Power Marketing Administrations and the Tennessee Valley Authority; S. 282, to provide that no electric utility shall be required to enter into a new contract or obligation to purchase or to sell electricity or capacity under section 210 of the Public Utility Regulatory Policies Act of 1978; S. 516, to benefit consumers by promoting competition in the electric power industry; and S. 1047, to provide for a more competitive electric power industry.
SH–216
Banking, Housing, and Urban Affairs
International Trade and Finance Subcommittee
Economic Policy Subcommittee
To hold joint hearings on the official dollarization in Latin America.
SD–538
Commerce, Science, and Transportation
Business meeting to consider proposed legislation authorizing expenditures by the committee;to be followed by hearings on proposed legislation authorizing funds for the National Transportation Safety Board.
SR–253

10 a.m.
Judiciary
Business meeting to consider pending calendar business.
SD–628

JULY 16

10 a.m.
Judiciary
Administrative Oversight and the Courts Subcommittee
To hold hearings on S. 253, to provide for the reorganization of the Ninth Circuit Court of Appeals; and review the report by the Commission on Structural Alternatives for the Federal Courts of Appeals regarding the Ninth Circuit.
SD–628

JULY 20

9:30 a.m.
Armed Services
To hold hearings on the nomination of F. Whitten Peters, of the District of Columbia, to be Secretary of the Air Force; and the nomination of Arthur L. Money, of Virginia, to be an Assistant Secretary of Defense.
SR–222

2:30 p.m.
Energy and Natural Resources
Forests and Public Land Management Subcommittee
To hold hearings on S. 729, to ensure that Congress and the public have the right to participate in the declaration of national monuments on federal land.
SD–366
Aging
To hold hearings to examine the effects on drug switching in Medicare managed care plans.
SD–106

JULY 21

9:30 a.m.
Indian Affairs
To hold hearings on S. 985, to amend the Indian Gaming Regulatory Act.
SR–485

2 p.m.
Energy and Natural Resources
Forests and Public Land Management Subcommittee
To hold hearings on S. 1184, to authorize the Secretary of Agriculture to dispose of land for recreation or other public purposes; S. 1129, to facilitate the acquisition of inholdings in Federal land management units and the disposal of surplus public land; and H.R. 150, to amend the Act popularly known as the Recreation and Public Purposes Act to authorize disposal of certain public lands or national forest lands to local education agencies for use for elementary or secondary schools, including public charter schools.
SD–366

JULY 22

9:30 a.m.
Environment and Public Works
To hold hearings on S. 835, to encourage the restoration of estuary habitat through more efficient project financing and enhanced coordination of Federal and non-Federal restoration programs; S. 878, to amend the Federal Water Pollution Control Act to permit grants for the national estuary program to be used for the development and implementation of a comprehensive conservation and management plan, to reauthorize appropriations to carry out the program; S. 1119, to amend the Act of August 9, 1950, to continue funding of the Coastal Wetlands Planning, Protection and Restoration Act; S. 492, to amend the Federal Water Pollution Act to assist in the restoration of the Chesapeake Bay; S. 522, to amend the Federal Water Pollution Control Act to improve the quality of beaches and coastal recreation water; and H.R. 999, to amend the Federal Water Pollution Control Act to improve the quality of coastal recreation waters.
SD–406

2 p.m.
Energy and Natural Resources
Forests and Public Land Management Subcommittee
To hold hearings on S. 1320, to provide to the Federal land management agencies the authority and capability to manage effectively the Federal lands, focusing on Title I and Title II, and related Forest Service land management priorities.
SD–366

2:30 p.m.
Foreign Relations
To hold hearings on the nomination of J. Brady Anderson, of South Carolina, to be Administrator of the Agency for International Development.
SD–419

JULY 27

9:30 a.m.
Energy and Natural Resources
To hold hearings on S. 1052, to implement further the Act (Public Law 94-241) approving the Covenant to Establish a Commonwealth of the Northern Mariana Islands in Political Union with the United States of America.
SD–366

JULY 28

9:30 a.m.

Indian Affairs

To hold hearings on S. 979, to amend the Indian Self-Determination and Education Assistance Act to provide for further self-governance by Indian tribes.

SR–485

AUGUST 4

9:30 a.m.

Indian Affairs

To hold hearings on S. 299, to elevate the position of Director of the Indian Health Service within the Department of Health and Human Services to Assistant Secretary for Indian Health; and S. 406, to amend the Indian Health Care Improvement Act to make permanent the demonstration program that allows for direct billing of medicare, medicaid, and other third party payors, and to expand the eligibility under such program to other tribes and tribal organizations; followed by a business meeting to consider pending calendar business.

SR–485

SEPTEMBER 28

9:30 a.m.

Veterans Affairs

To hold joint hearings with the House Committee on Veterans Affairs to review the legislative recommendations of the American Legion.

345 Cannon Building

Monday, July 12, 1999

Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S8205–S8307

Measures Introduced: One bill was introduced on Thursday, July 8, 1999, during the adjournment of the Senate, pursuant to the order of June 29, 1999, as follows: S. 1344; and seven bills and two resolutions were introduced today, as follows: S. 1345–1351, S. Res. 137, and S.J. Res. 29.

Page S8266

Measures Reported: Reports were made as follows:

Reported on Thursday, July 8, during the adjournment:

S. 712, to amend title 39, United States Code, to allow postal patrons to contribute to funding for highway-rail grade crossing safety through the voluntary purchase of certain specially issued United States postage stamps. (S. Rept. No. 106–104)

S. 1072, to make certain technical and other corrections relating to the Centennial of Flight Commemoration Act (36 U.S.C. 143 note; 112 Stat. 3486 et seq.). (S. Rept. No. 106–105)

Reported today:

S. 296, to provide for continuation of the Federal research investment in a fiscally sustainable way, with amendments. (S. Rept. No. 106–106)

Page S8266

Measures Passed:

Efforts to Free Humanitarian Workers in Yugoslavia: Senate agreed to H. Con. Res. 144, urging the United States Government and the United Nations to undertake urgent and strenuous efforts to secure the release of Branko Jelen, Steve Pratt, and Peter Wallace, 3 humanitarian workers employed in the Federal Republic of Yugoslavia by CARE International, who are being unjustly held as prisoners by the Government of the Federal Republic of Yugoslavia. **Page S8307**

Patients' Bill of Rights Act: Senate began consideration of S. 1344, to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, taking action on the following amendments proposed thereto: **Pages S8209–51**

Pending:

Daschle Amendment No. 1232, in the nature of a substitute. **Pages S8212–51**

Daschle (for Kennedy) Amendment No. 1233 (to Amendment No. 1232), to ensure that the protections provided for in the Patients' Bill of Rights apply to all patients with private health insurance. **Pages S8221–35**

Nickles (for Santorum) Amendment No. 1234 (to Amendment No. 1233), to do no harm to Americans' health care coverage, and expand health care coverage in America. **Pages S8235–42**

Graham Amendment No. 1235 (to Amendment No. 1233), to provide for coverage of emergency medical care. **Pages S8242–51**

Senate will continue consideration of the bill on Tuesday, July 13, 1999.

Messages From the President: Senate received the following message from the President of the United States:

Transmitting the report of the District of Columbia's Fiscal Year 2000 Budget Request Act; referred to the Committee on Governmental Affairs. (PM–46). **Pages S8259–60**

Messages From the President: **Pages S8259–60**

Messages From the House: **Page S8260**

Measures Placed on Calendar: **Page S8260**

Communications: **Pages S8260–63**

Petitions: **Pages S8263–66**

Statements on Introduced Bills: **Pages S8266–71**

Additional Cosponsors: **Pages S8271–73**

Amendments Submitted: **Pages S8274–92**

Notices of Hearings: **Page S8292**

Additional Statements: **Pages S8292–97**

Text of S. 376 and S. 1283, as Previously Passed: **Pages S8297–S8307**

Recess: Senate convened at 12 noon, and recessed at 7:37 p.m., until 9:30 a.m., on Tuesday, July 13, 1999. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S8307.)

Committee Meetings

No committee meetings were held.

House of Representatives

Chamber Action

Bills Introduced: 20 public bills, H.R. 2467–2486; and 1 resolution, H. Res. 241 were introduced. **Page H5366**

Reports Filed: Reports were filed today as follows:

Filed on July 2, H.R. 413, to authorize qualified organizations to provide technical assistance and capacity building services to microenterprise development organizations and programs and to disadvantaged entrepreneurs using funds from the Community Development Financial Institutions Fund, amended (H. Rept. 106–184 part 2);

Filed on July 2, H.R. 2465, making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2000 (H. Rept. 106–221);

Filed on July 2, H.R. 2466, making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes (H. Rept. 106–222);

H.R. 1551, to authorize the Federal Aviation Administration's civil aviation research and development programs for fiscal years 2000 and 2001, amended (H. Rept. 106–223);

H.R. 1243, to reauthorize the National Marine Sanctuaries Act, amended (H. Rept. 106–224);

S. 361, a private bill, to direct the Secretary of the Interior to transfer to John R. and Margaret J. Lowe of Big Horn County, Wyoming, certain land so as to correct an error in the patent issued to their predecessors in interest (H. Rept. 106–225);

S. 449, a private bill, to direct the Secretary of the Interior to transfer to the personal representative of the estate of Fred Steffens of Big Horn County, Wyoming, certain land comprising the Steffens family property (H. Rept. 106–226);

H. Res. 242 providing for consideration of H.R. 2465, making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2000 (H. Rept. 106–227); and

H. Res. 243 providing for consideration of H.R. 2466, making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000 (H. Rept. 106–228). **Pages H5365–66**

Speaker Pro Tempore: Read a letter from the Speaker wherein he designated Representative Ney to act as Speaker pro tempore for today. **Page H5337**

Journal Vote: Agreed to the Speaker's approval of the Journal of Thursday, July 1, by a yea and nay vote of 329 yeas to 36 nays with 2 voting "present", Roll No. 277. **Pages H5339, H5347–48**

Recess: The House recessed at 12:43 p.m. and reconvened at 2:00 p.m. **Pages H5338–39**

Suspensions: The House agreed to suspend the rules and pass the following measures:

National Highway Traffic Administration Authorization Corrections: H.R. 2035, to correct errors in the authorizations of certain programs administered by the National Highway Traffic Administration. Agreed to amend the title; **Pages H5340–41**

Urging for the Release of Three CARE International Workers in Yugoslavia: H. Con. Res. 144, urging the United States Government and the United Nations to undertake urgent and strenuous efforts to secure the release of Branko Jelen, Steve Pratt, and Peter Wallace, 3 humanitarian workers employed in the Federal Republic of Yugoslavia by CARE International, who are being unjustly held as prisoners by the government of the Federal Republic of Yugoslavia; **Pages H5342–44**

Rejecting an American Psychological Association Article on Sexual Relations Between Adults and Children: H. Con. Res. 107, amended, expressing the sense of Congress rejecting the conclusions of a recent article published by the American Psychological Association that suggests that sexual relationships between adults and children might be positive for children (agreed to by a yea and nay vote of 355 yeas with none voting nay and 13 voting "present", Roll No. 278); and **Pages H5341–42, H5348**

Opposition to the Convening of the Fourth Geneva Convention: H. Con. Res. 117, amended, concerning United Nations General Assembly Resolution ES–10/6 (agreed to by a yea and nay vote of 365 yeas to 5 nays, Roll No. 279). **Pages H5344–49**

Recess: The House recessed at 2:55 p.m. and reconvened at 6:10 p.m. **Page H5347**

Presidential Message—District of Columbia Budget Request Act: Read a message from the President wherein he transmitted the District of Columbia's fiscal year 2000 Budget Request Act—referred to the Committee on Appropriations and ordered printed (H. Rept. 106–92). **Page H5349**

National Commission on Terrorism: Read a letter from the Minority Leader wherein he announced that he withdrew his appointment of Mr. Salam Al-Marayati to the National Commission on Terrorism. **Pages H5349–50**

Senate Messages: Messages received from the Senate on July 2 and today appear on pages H5337 and H5339.

Amendments Ordered Printed: Amendments ordered printed pursuant to the rule appear on page H5368.

Referrals: S. 323, S. 416, S. 700, S. 776, and S. 1027 were referred to the Committee on Resources; S. 376 was referred to the Committee on Commerce; S. 768 was referred to the Committees on Armed Services and Judiciary; and S. Con. Res. 36 was referred to the Committee on International Relations. **Page H5361**

Quorum Calls—Votes: Three yea and nay votes developed during the proceedings of the House today and appear on pages H5347–48, H5348, and H5348–49. There were no quorum calls.

Adjournment: The House met at 12:30 p.m. and adjourned at 8:17 p.m.

Committee Meetings

DEFENSE APPROPRIATIONS

Committee on Appropriations: Subcommittee on Defense met in executive session and approved for full Committee action the Defense appropriations for fiscal year 2000.

MILITARY CONSTRUCTION APPROPRIATIONS

Committee on Rules: Granted, by voice vote, an open rule providing 1 hour of debate on H.R. 2465, making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2000. The rule waives clause 2 of rule XXI (prohibiting unauthorized or legislative provisions in a general appropriations bill) against provisions in the bill. The rule authorizes the Chair to accord priority in recognition to Members who have pre-printed their amendments in the Congressional Record. The rule allows the Chairman of Committee of the Whole to postpone votes during consideration of the bill, and to reduce voting time to five minutes on a postponed question if the vote follows a fifteen minute vote. Finally, the rule provides one motion to recommit with or without instructions. Testimony was heard from Representatives Hobson and Olver.

INTERIOR APPROPRIATIONS

Committee on Rules: Granted, by voice vote, an open rule on H.R. 2466, making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, providing one hour of general debate equally divided between the chairman and ranking minority member of the Committee on Appropriations. The rule waives clause 2 of rule XXI (prohibiting unauthorized or legislative provisions in an appropriations bill against provisions in the bill), except as otherwise specified in the rule. The rule makes in order the amendment printed in the Rules Committee report, which may be offered only by a Member designated in the report, shall be considered as read, shall not be subject to amendment, and shall not be subject to a demand for a division of the question in the House or in the Committee of the Whole. The rule waives all points of order against the amendment printed in the Rules Committee report. The rule waives clause 2(e) of rule XXI (prohibiting non-emergency designated amendments to be offered to an appropriations bill containing an emergency designation) against amendments offered during consideration of the bill. The rule authorizes the Chair to accord priority in recognition to Members who have pre-printed their amendments in the Congressional Record. The rule allows the Chairman of the Committee of the Whole to postpone votes during consideration of the bill, and to reduce voting time to five minutes on a postponed question if the vote follows a fifteen minute vote. Finally, the rule provides one motion to recommit with or without instructions. Testimony was heard from Representatives Regula, Dicks and Farr.

CONGRESSIONAL PROGRAM AHEAD

Week of July 13 through July 17, 1999

Senate Chamber

On *Tuesday, Wednesday, and Thursday,* Senate will continue consideration S. 1344, Patients' Bill of Rights Act, with a vote on final passage to occur on Thursday.

On *Friday,* Senate will vote on a motion to close further debate on the pending Lott Amendment No. 297 (Social Security Lockbox), to S. 557, Budget Process Reform.

During the balance of the week, Senate may also consider any other cleared legislative and executive business.

(On Tuesday, Senate will recess from 12:30 p.m. until 2:15 p.m., for their respective party conferences.)

Senate Committees

(Committee meetings are open unless otherwise indicated)

Committee on Appropriations: July 14, Subcommittee on Defense, to hold hearings on forward operating locations for counterdrug operations, 10 a.m., SD–192.

July 14, Subcommittee on Agriculture, Rural Development, and Related Agencies, to hold hearings on health care cost issues affecting rural hospitals, 10 a.m., SD–138.

Committee on Banking, Housing, and Urban Affairs: July 15, Subcommittee on International Trade and Finance, with the Subcommittee on Economic Policy, to hold joint hearings on the official dollarization in Latin America, 9:30 a.m., SD–538.

July 15, Subcommittee on Economic Policy, with the Subcommittee on International Trade and Finance, to hold joint hearings on the official dollarization in Latin America, 9:30 a.m., SD–538.

Committee on Commerce, Science, and Transportation: July 15, business meeting to consider proposed legislation authorizing expenditures by the committee; to be followed by hearings on proposed legislation authorizing funds for the National Transportation Safety Board, 9:30 a.m., SR–253.

Committee on Energy and Natural Resources: July 13, Subcommittee on Forests and Public Land Management, to hold hearings on S. 1330, to give the city of Mesquite, Nevada, the right to purchase at fair market value certain parcels of public land in the city; and S. 1329, to direct the Secretary of the Interior to convey certain land to Nye County, Nevada, 2:30 p.m., SD–366.

July 14, Full Committee, with the Committee on Indian Affairs, to hold joint oversight hearings on the General Accounting Office report on Interior Department's trust funds reform, 9:30 a.m., SH–216.

July 15, Full Committee, to resume hearings on S. 161, to provide for a transition to market-based rates for power sold by the Federal Power Marketing Administrations and the Tennessee Valley Authority; S. 282, to provide that no electric utility shall be required to enter into a new contract or obligation to purchase or to sell electricity or capacity under section 210 of the Public Utility Regulatory Policies Act of 1978; S. 516, to benefit consumers by promoting competition in the electric power industry; and S. 1047, to provide for a more competitive electric power industry, 9:30 a.m., SH–216.

Committee on Environment and Public Works: July 14, to hold hearings on conformity issues relating to the Clean Air Act, 9:30 a.m., SD–406.

Committee on Finance: July 14, Subcommittee on International Trade, to hold hearings on managing global and regional trade policy without fast track negotiating authority, 3 p.m., SD–215.

Committee on Governmental Affairs: July 14, to hold hearings on S. 1214, to ensure the liberties of the people by promoting federalism, to protect the reserved powers of the States, to impose accountability for Federal preemption of State and local laws, 3 p.m., SD–342.

Committee on Health, Education, Labor, and Pensions: July 13, to resume hearings on proposed legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on drug free schools, 9:30 a.m., SD–430.

July 14, Subcommittee on Children and Families, to hold oversight hearings on the implementation Family Medical Leave Act, 9:30 a.m., SD–430.

Committee on Indian Affairs: July 14, with the Committee on Energy and Natural Resources, to hold joint oversight hearings on the General Accounting Office report on Interior Department's trust funds reform, 9:30 a.m., SH–216.

Select Committee on Intelligence: July 14, closed business meeting; to be followed by a closed hearing on pending intelligence matters, 2 p.m., SH–219.

Committee on the Judiciary: July 13, to hold hearings on pending nominations, 2 p.m., SD–628.

July 14, Full Committee, to hold hearings to examine competition and consumer choice in high-speed internet services and technologies, 10 a.m., SD–628.

July 15, Full Committee, business meeting to consider pending calendar business, 10 a.m., SD–628.

July 16, Subcommittee on Administrative Oversight and the Courts, to hold hearings on S. 253, to provide for the reorganization of the Ninth Circuit Court of Appeals; and review the report by the Commission on Structural Alternatives for the Federal Courts of Appeals regarding the Ninth Circuit, 10 a.m., SD–628.

Committee on Small Business: July 15, business meeting to consider pending calendar business, 9 a.m., SR–428A.

Special Committee on the Year 2000 Technology Problem: July 15, to hold hearings on state and local preparedness for year 2000, 9 a.m., SD–192.

House Chamber

Tuesday, Consideration of 2 Suspensions: (1) H.R. 916, Technical Amendments to Section 10 of Title 9, United States Code; and (2) H. Res. 241—Congratulating the United States Women's Soccer Team;

Consideration of H.R. 2465, Military Construction Appropriations Act, 2000 (open rule, one hour of general debate);

Consideration of H.R. 2466, Department of the Interior and Related Agencies Appropriations Act, 2000 (open rule, one hour of general debate);

Wednesday and the balance of the week, Consideration of H.R. , Treasury and General Government Appropriations Act, 2000 (Subject to a Rule);

Consideration of H.R. 1691, Religious Liberty Protection Act of 1999 (Subject to a Rule);

Consideration of H.R. 2415, to enhance security at U.S. Missions and Personnel Overseas and authorize Appropriations for the Department of State for Fiscal Year 2000 (Subject to a Rule); and

Consideration of H.R. 434, African Growth and Opportunity Act (Subject to a Rule).

House Committees

Committee on Agriculture, July 15, Subcommittee on Department Operations, Oversight, Nutrition, and Forestry, hearing on the following: H.R. 2389, County Schools Funding Revitalization Act of 1999; and a legislative alternative submitted to Congress by the U.S. Forest Service, 10 a.m., 1300 Longworth.

Committee on Appropriations, July 13, to mark up a measure making appropriations for the Treasury Department, the United States Postal Service, the Executive office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 2000, 9:30 a.m., 2359 Rayburn.

July 14, Subcommittee on Foreign Operations, Export Financing and Related Programs, to mark up appropriations for fiscal year 2000, 10 a.m., H–140 Capitol.

July 14, Subcommittee on the District of Columbia, to mark up appropriations for fiscal year 2000, 4 p.m., H–144 Capitol.

July 15, Subcommittee on Energy and Water Development, to mark up appropriations for fiscal year 2000, 9 a.m., 2362 Rayburn.

Committee on Armed Services, July 13, hearing on H.R. 850, Security and Freedom through Encryption (SAFE) Act, 10:30 a.m., 2118 Rayburn.

July 14, hearing on Department of Energy reorganization, 10 a.m., 2118 Rayburn.

Committee on Banking and Financial Services, July 14, Subcommittee on Housing and Community Opportunity, hearing on the Aging Crisis and H.R. 202, Preserving Affordable Housing for Senior Citizens into the 21st Century Act, 2:30 p.m., 2128 Rayburn.

Committee on the Budget, July 13, Social Security Task Force, hearing on the Costs of Transitioning to Solvency, 10 a.m., 210 Cannon.

Committee on Commerce, July 13, Subcommittee on Energy and Power and the Subcommittee on Energy and Environment of the Committee on Science, joint hearing on Restructuring the Department of Energy, 10 a.m., 2123 Rayburn.

July 13, Subcommittee on Telecommunications, Trade, and Consumer Protection, hearing on Electronic Commerce: The Current Status of Privacy Protections for Online Consumers, 10 a.m., 2322 Rayburn.

July 14, Subcommittee on Oversight and Investigations, hearing on How Healthy Are the Government's Medicare Fraud Fighters? 10 a.m., 2322 Rayburn.

July 14, Subcommittee on Telecommunications, to mark up H.R. 2384, Corporation for Public Broadcasting Authorization Act of 1999, 10 a.m., 2123 Rayburn.

July 15, Subcommittee on Energy and Power, to continue hearings on Electricity Competition, 9:30 a.m., 2123 Rayburn.

July 15, Subcommittee on Health and Environment, hearing on the Medical Information Protection and Research Enhancement Act of 1999, 10 a.m., 2322 Rayburn.

Committee on Education and the Workforce, July 13, hearing on Comprehensive School Reform: Current Status and Issues, 1:30 p.m., 2175 Rayburn.

July 14, to mark up H.R. 1102, Comprehensive Retirement Security and Pension Reform Act, 10:30 a.m., 2175 Rayburn.

Committee on Government Reform, July 13, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, hearing on Decriminalization of Illegal Drugs, 10 a.m., 2154 Rayburn.

July 15, full Committee, to continue hearings on Retaliation at the Departments of Defense and Energy: Do Advocates of Tighter Security for U.S. Technology Face Intimidation? Part II, 9:30 a.m., 2154 Rayburn.

July 15, Subcommittee on Government Management, Information, and Technology, hearing on H.R. 88, to amend the Treasury and General Government Appropriations Act, 1999, to repeal the requirement regarding data produced under Federal grants and agreements awarded to institutions of higher education, hospitals, and other nonprofit organizations, 9:30 a.m., 2154 Rayburn.

July 15, Subcommittee on National Economic Growth, Natural Resources and Regulatory Affairs, hearing on Credit for Early Action: Win-Win or Kyoto Through the Front Door, 2:30 p.m., 2154 Rayburn.

Committee on House Administration, July 13, to continue hearings on Campaign Reform, 2 p.m., 1310 Longworth.

Committee on International Relations, July 13, to mark up H.R. 850, Security and Freedom through Encryption (SAFE) Act, 11:30 a.m., 2172 Rayburn.

July 14, hearing on the Treatment of Israel by the United Nations, 10 a.m., 2172 Rayburn.

Committee on the Judiciary, July 15, Subcommittee on Courts and Intellectual Property, to mark up the following bills: H.R. 1752, Federal Courts Improvement Act; and H.R. 2112, Multidistrict, Multiparty, Multiforum Jurisdiction Act of 1999, 10 a.m., 2226 Rayburn.

July 15, Subcommittee on Crime, oversight hearing on the Shoot Down of the ''Brothers to the Rescue'' Planes, 10 a.m., 2141 Rayburn.

July 15, Subcommittee on Immigration and Claims, to mark up H.R. 238, to amend section 274 of the Immigration and Nationality Act to impose mandatory minimum sentences, and increase certain sentences, for bringing in and harboring certain aliens and to amend title 18, United States Code, to provide enhanced penalties for

persons committing such offenses while armed, 1 p.m., 2220 Rayburn.

Committee on Resources, July 13, oversight hearing on upcoming meeting on the Convention on International Trade in Endangered Species of Wild Fauna and Flora, 2 p.m., 1324 Longworth.

July 13, Subcommittee on Forests and Forest Health, hearing on the following bills: H.R. 1185, Timber-Dependent Counties Stabilization Act of 1999; and H.R. 2389, County Schools Funding Revitalization Act of 1999, 2 p.m., 1334 Longworth.

July 13, Subcommittee on National Parks and Public Lands, hearing on the following bills: H.R. 20, Upper Delaware Scenic and Recreational River Mongaup Visitor Center Act of 1999; H.R. 748, to amend the Act that established the Keweenaw National Historical Park to require the Secretary of the Interior to consider nominees of various local interests in appointing members of the Keweenaw National Historical Parks Advisory Commission; H.R. 1695, Ivanpah Valley Airport Public Lands Transfer Act; and H.R. 1725, Miwaleta Park Expansion Act, 10 a.m., 1334 Longworth.

July 15, Subcommittee on Fisheries Conservation, Wildlife and Oceans, oversight hearing on Yellowfin Tuna, 10 a.m., 1334 Longworth.

July 15, Subcommittee on National Parks and Public Lands, to mark up the following bills: H.R. 940, Lackawanna Valley Heritage Act of 1999; H.R. 1165, Black Canyon National Park and Gunnison Gorge National Conservation Area Act of 1999; H.R. 1619, Quinebaug and Shetucket Rivers Valley National Heritage Corridor Reauthorization Act of 1999; H.R. 2435, to expand the boundaries of the Gettysburg National Military Park to include the Wills House; and H.R. 2438, Gettysburg Preservation Act, 10 a.m., 1324 Longworth.

Committee on Rules, July 13, to consider H.R. 1691, Religious Liberty Protection Act of 1999, 1 p.m., H–313 Capitol.

July 14, to consider the following: a measure making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 2000; H.R. 2415, American Embassy Security Act of 1999; and H.R. 434, African Growth and Opportunity Act, 1 p.m., H–313 Capitol.

July 15, Subcommittee on Rules and Organization of the House, hearing on Cooperation, Comity, and Confrontation: Congressional Oversight of the Executive Branch, 10 a.m., H–313 Capitol.

July 16, full Committee, hearing on Legislating in the Information Age, 11 a.m., H–313 Capitol.

Committee on Science, July 13, Subcommittee on Space and Aeronautics, hearing on the Iran Nonproliferation Act, 2 p.m., 2318 Rayburn.

July 14, Subcommittee on Basic Research, hearing on the Networking and Information Technology Research and Development Act, 2 p.m., 2318 Rayburn.

Committee on Transportation and Infrastructure, July 13, Subcommittee on Water Resources and Environment, hearing on Estuaries and Coastal Water Quality, 1 p.m., 2167 Rayburn.

Committee on Veterans' Affairs, July 15, to mark up H.R. 2116, Veterans' Millennium Health Care Act, 1 p.m., 334 Cannon.

July 15, Subcommittee on Health, hearing on VA's experience in implementing patient enrollment under P.L. 104–262, 9:30 a.m., 334 Cannon.

Committee on Ways and Means, July 13 and 14, to mark up the Financial Freedom Act of 1999, 6 p.m., on July 13 and 10 a.m., on July 14, 1100 Longworth.

Permanent Select Committee on Intelligence, July 13, executive, briefing on Encryption, 2 p.m., H–405 Capitol.

July 14, hearing on Encryption, 10 a.m., 2212 Rayburn.

July 15, executive, to mark up an Encryption measure, 2 p.m., H–405 Capitol.

Next Meeting of the SENATE

9:30 a.m., Tuesday, July 13

Senate Chamber

Program for Tuesday: After the recognition of two Senators for speeches and the transaction of any morning business (not to extend beyond 10 a.m.), Senate will continue consideration of S. 1344, Patients' Bill of Rights Act.

At 2:15 p.m., Senator Smith (N.H.) will be recognized for a point of personal privilege. *(Senate will recess from 12:30 p.m. until 2:15 p.m. for their respective party conferences.)*

Next Meeting of the HOUSE OF REPRESENTATIVES

9 a.m., Tuesday, July 13

House Chamber

Program for Tuesday: Consideration of 2 Suspensions:

(1) H.R. 916, Technical Amendments to Section 10 of Title 9, United States Code; and

(2) H. Res. 241—Congratulating the United States Women's Soccer Team;

Consideration of H.R. 2465, Military Construction Appropriations Act, 2000 (open rule, 1 hour of general debate); and

Consideration of H.R. 2466, Department of the Interior and Related Agencies Appropriations Act, 2000 (open rule, 1 hour of general debate).

Extensions of Remarks, as inserted in this issue

HOUSE

Bass, Charles F., N.H., E1511
Bereuter, Doug, Nebr., E1513
Brown, Sherrod, Ohio, E1513
Cramer, Robert E. (Bud), Jr., Ala., E1512
Dingell, John D., Mich., E1514
Duncan, John J., Jr., Tenn., E1509
Franks, Bob, N.J., E1509
Green, Gene, Tex., E1514
Hill, Baron P., Ind., E1512
Hulshof, Kenny C., Mo., E1512
Inslee, Jay, Wash., E1512
Jackson-Lee, Sheila, Tex., E1515, E1517
Lee, Barbara, Calif., E1509, E1510, E1511
McCarthy, Carolyn, N.Y., E1514
McInnis, Scott, Colo., E1510, E1511, E1512, E1513, E1514, E1516, E1518
Maloney, Carolyn B., N.Y., E1511
Meek, Carrie P., Fla., E1513, E1514
Minge, David, Minn., E1510
Quinn, Jack, N.Y., E1516
Skelton, Ike, Mo., E1515, E1516
Stabenow, Debbie, Mich., E1510, E1511
Stump, Bob, Ariz., E1516

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