

(B) by inserting before the period the following: “, (G) in the case of certified nurse-midwife services or certified midwife services under section 1961(s)(2)(L), payment may be made in accordance with subparagraph (A), except that payment may also be made to such person or entity (or to the agent of such person or entity) as the certified nurse-midwife or certified midwife may designate under an agreement between the certified nurse-midwife or certified midwife and such person or entity (or the agent of such person or entity);”

(7) CLARIFICATION REGARDING PAYMENTS UNDER PART B FOR SUCH SERVICES FURNISHED IN TEACHING HOSPITALS.—(A) Section 1842(b)(7) of such Act (42 U.S.C. 1395u(b)(7)) is amended—

(i) in subparagraphs (A) and (C), by inserting “or, for purposes of subparagraph (E), the conditions described in section 1861(b)(8),” after “section 1861(b)(7).”; and

(ii) by adding at the end the following new subparagraph:

“(E) In the case of certified nurse-midwife services or certified midwife services furnished to a patient in a hospital with a teaching program approved as specified in section 1861(b)(6) but which does not meet the conditions described in section 1861(b)(8), the provisions of subparagraphs (A) through (C) shall apply with respect to a certified nurse-midwife or a certified midwife respectively under this subparagraph as they apply to a physician under subparagraphs (A) through (C).”

(B) Not later than 180 days after the date of the enactment of this Act, the Secretary shall prescribe regulations to carry out the amendments made by subparagraph (A).

SEC. 3. MEDICARE PAYMENT FOR FREESTANDING BIRTH CENTER SERVICES.

(a) FREESTANDING BIRTH CENTER SERVICES, FREESTANDING BIRTH CENTER DEFINED.—

(1) IN GENERAL.—(A) Section 1861(gg) of the Social Security Act (42 U.S.C. 1395x(gg)), as amended in section 2(a)(1), is amended by adding at the end the following new paragraphs:

“(5) The term ‘freestanding birth center services’ means items and services furnished by a freestanding birth center (as defined in paragraph (6)) and such items and services furnished as an incident to the freestanding birth center’s service as would otherwise be covered if furnished by a physician or as an incident to a physician’s service.

“(6) the term ‘freestanding birth center’ means a facility, institution, or site (other than a rural health clinic, critical access hospital, or a sole community hospital) (A) in which births are planned to occur (outside the mothers’s place of residence), (B) in which comprehensive health care services are furnished, and (C) which has been approved by the Secretary or accredited by an organization recognized by the Secretary for purposes of accrediting freestanding birth centers. Such term does not include a facility, institution, or site that is a hospital or an ambulatory surgical center, unless with respect to ambulatory surgical centers, the State law or regulation that regulates such centers also regulates freestanding birth centers in the State.”

(B) The heading in section 1861(gg) of such Act (42 U.S.C. 1395x(gg)), as amended in section 2(b)(2), is further amended by adding at the end the following:

“; Freestanding Birth Center Services”.

(2) MEDICAL AND OTHER SERVICES.—Section 1861(s)(2)(L) of such Act (42 U.S.C. 1395x(s)(2)(L)), as amended in section 2(b)(1), is further amended—

(A) by inserting “(i)” after “(L).”; and

(B) by adding “and” after the semicolon; and

(C) by adding at the end the following new clause:

“(ii) freestanding birth center services;”.

(b) PART B BENEFIT.—

(1) IN GENERAL.—Section 1832(a)(2)(B)(iii) of such Act (42 U.S.C. 1395k(a)(2)(B)(iii)), as amended in section 2(b)(4), is further amended by inserting “freestanding birth center services,” after “certified midwife services.”

(2) AMOUNT OF PAYMENT.—Section 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) is amended—

(A) by striking “and (S)” and inserting in lieu thereof “(S)”; and

(B) by inserting before the semicolon the following new subparagraph: “, and (T) with respect to freestanding birth center services under section 1861(s)(2)(L)(ii), the amount paid shall be made on an assignment-related basis and shall be 80 percent of the lesser of (i) the actual charge for the services or (ii) an amount established by the Secretary for purposes of this subparagraph, such amount being 95 percent of the Secretary’s estimate of the average total payment made to hospitals and physicians during 1997 for charges for delivery and pre-delivery visits, such amounts adjusted to allow for regional variations in labor costs; except that (I) such estimate shall not include payments for diagnostic tests, drugs, or the cost associated with the transfer of a patient to the hospital or the physician whether or not separate payments were made under this title for such tests, drugs, or transfers, and (II) such amount shall be updated by applying the single conversion factor for 1998 under section 1848(d)(1)(C).”

SEC. 4. INTERIM, FINAL REGULATIONS.

Except as provided in section 2(b)(7)(B), in order to carry out the amendments made by this Act in a timely manner, the Secretary of Health and Human Services may first promulgate regulations, that take effect on an interim basis, after notice and pending opportunity for public comment, by not later than 6 months after the date of the enactment of this Act.

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS APPROPRIATIONS ACT, 2000

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, August 2, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes:

Ms. JACKSON-LEE of Texas. Mr. Chairman, I rise in opposition to this amendment offered by Representative BURTON. This amendment terminates United States bilateral aid to India for human rights reasons.

The Burton amendment is wrong on several fronts. In the wake of the recent Pakistani incursion across the line of control, the U.S. and India have a new opportunity to build a broad-based relationship. Instead of applauding India for the admirable restraint shown in the recent Kashmir crisis, this amendment would punish India by cutting humanitarian assistance.

India has been working to address its human rights record. As evidenced by the most recent State Department Country Reports on Human Rights, India has received

high marks for its significant improvement. The report praised India for its substantial progress and for its Independent National Human Rights Commission. Despite the continued dispute over the future of Kashmir, India continues to allow the International Committee of the Red Cross to visit prisons in Kashmir.

India the world’s largest democracy has a strong and vibrant democracy. Despite the relative youth of this democracy it features an independent judiciary, free press and political parties. The Indian press has been at the forefront in investigating human rights violations.

In a few short months, most Indians will exercise one of the greatest hallmarks of democracy, the right to vote. In the world’s largest people will vote and more than 100 national regional parties will participate in this national election for India.

The best way we can influence our democratic allies is to continue our nation to nation dialogue. Punitive damages will only serve to hinder the progress that has been made in the relations between the United States and India. During the last year this relationship has resulted in an increased dialogue on nuclear nonproliferation, a firmer understanding of Southeast Asia security concerns, and an increase in constructive trade between our two nations. And we must encourage India and Pakistan to seek peace not war.

A “yes” vote on the Burton amendment would send the wrong message at the wrong time. We do not want to be responsible for undercutting peace and stability in the region. I respectfully ask my colleagues to vote “no” on the Burton amendment and let us continue the dialogue with India.

AMERICAN INVENTORS PROTECTION ACT OF 1999

SPEECH OF

HON. HOWARD COBLE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. COBLE. Mr. Speaker, in light of eleventh-hour negotiations on a final suspension version of H.R. 1907, which the House of Representatives passed on August 4, 1999, changes have been made to the bill which are not reflected in the committee report that was filed. I therefore intend that this document supplement the report for purposes of detailing a more accurate legislative history of H.R. 1907. It should be noted that the later-adopted changes to the suspension version primarily concern title II, title V, and title VI, to which these supplementary comments will be confined. Changes to other sections of the bill are technical.

TITLE II—FIRST INVENTOR DEFENSE

Generally, Title II strikes an equitable balance between the interests of U.S. inventors who have invented and commercialized business methods and processes, many of which until recently were thought not to be patentable, and U.S. or foreign inventors who later patent the methods and processes. The title creates a defense for inventors who have reduced an invention to practice in the U.S. at least one year before the patent filing date of another, typically later, inventor and commercially used the invention in the U.S. before the filing date. A party entitled to the