By Mr. THOMPSON:

S. 3030. A bill to amend title 31, United States Code, to provide for executive agencies to conduct annual recovery audits and recovery activities, and for other purposes; to the Committee on Governmental Affairs.

By Mr. CAMPBELL:

S. 3031. A bill to make certain technical corrections in laws relating to Native Americans, and for other purposes; to the Committee on Indian Affairs.

By Mr. SMITH of New Hampshire (for himself, Mr. WARNER, and Mr. L. CHAFEE):

S. 3032. A bill to reauthorize the Junior Duck Stamp Conservation and Design Program Act of 1994, and for other purposes; to the Committee on Environment and Public Works.

By Mr. BOND:

S. 3033. A bill to delegate the Primary Responsibility for the Preservation and Expansion of Affordable Low-Income Housing to States and Localities; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. KERRY:

S. 3034. A bill to amend title XVIII of the Social Security Act with respect to payments made under the prospective payment system for home health services furnished under the Medicare program; to the Committee on Finance.

By Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. JEFFORDS, Mr. ROCKEFELLER, and Mr. HATCH):

S. 3035. A bill to amend title XI of the Social Security Act to create an independent and nonpartisan commission to assess the health care needs of the uninsured and to monitor the financial stability of the Nation's health care safety net; to the Committee on Finance.

By Mr. TORRICELLI:

S. 3036. A bill to assure that recreation and other economic benefits are accorded the same weight as hurricane and storm damage reduction benefits as well as environmental restoration benefits; to the Committee on Environment and Public Works.

By Mr. SANTORUM:

S. 3037. A bill to amend title XVIII of the Social Security Act to increase payments under the Medicare program to Puerto Rico hospitals; to the Committee on Finance.

By Mr. CONRAD (for himself, Mr. FRIST, Mr. DEWINE, Mr. BRYAN, and Mr. THOMPSON):

S. 3038. A bill to amend title XVIII of the Social Security Act to update the renal dialysis composite rate; to the Committee on Finance.

By Mr. CRAIG:

S. 3039. To authorize the Secretary of Agriculture to sell a Forest Service administrative site occupied by the Rocky Mountain Research Station located in Boise, Idaho, and use the proceeds derived from the sale to purchase interests in a multiagency research and education facility to be constructed by the University of Idaho, and for other purposes; to the Committee on Energy and Natural Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BIDEN (for himself, Mr. ABRAHAM, Mr. AKAKA, Mr. ASHCROFT, Mr. BAYH, Mr. BINGAMAN, Mrs. BOXER, Mr. BREAUX, Mr. BRYAN, Mr. BYRD, Mr. CLELAND, Mr. CONRAD, Mr. DEWINE, Mr. DOMENICI, Mr. DORGAN, Mr. DURBIN, Mrs. FEINSTEIN, Mr. FITZGERALD, Mr. FRIST, Mr. GORTON, Mr. GRAHAM, Mr. GRAMM, Mr. HAGEL, Mr. HELMS, Mrs. HUTCHISON, Mr. INOUYE, Mr. JEFFORDS, Mr. JOHNSON, Mr. KENNEDY, Mr. KERREY, Mr. KERRY, Mr. HOLLINGS, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mr. LUGAR, Mr. MACK, Ms. MIKULSKI, Mr. MILLER, Mr. MURKOWSKI, Mrs. MURRAY, Mr. REID, Mr. ROBB, Mr. ROTH, Mr. SARBANES, Mr. SCHUMER, Mr. SMITH of Oregon, Ms. SNOWE, Mr. SPECTER, Mr. VOINOVICH, Mr. WARNER, and Mr. WELLSTONE):

S. Res. 353. A resolution designating October 20, 2000, as ''National Mammography Day''; to the Committee on the Judiciary.

By Mr. LOTT (for himself and Mr. DASCHLE):

S. Res. 354. A resolution amending paragraphs 2 and 3(a) of Rule XXV and providing for certain appointments to the Agriculture, Nutrition, and Forestry Committee, the Banking, Housing, and Urban Affairs Committee, the Finance Committee, the Small Business Committee, and the Veterans' Affairs Committee; considered and agreed to.

By Mr. LEAHY (for himself and Mr. JEFFORDS):

S. Res. 355. A resolution commending and congratulating Middlebury College; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. WYDEN:

S. 3026. A bill to establish a hospice demonstration and grant program for beneficiaries under the Medicare Program under title XVIII of the Social Security Act, and for other purposes; to the Committee on Finance.

HOSPICE DEMONSTRATION AND GRANT PROGRAM

Mr. WYDEN. Mr. President, today, I am introducing groundbreaking legislation to make a difference in the way in which dying patients and their families can access hospice care. Ninety percent of Americans do not realize that there is a hospice benefit provided under the Medicare program. Over time, the length of stay in a hospice is decreasing so that patients do not get the full benefit of services that could make them more comfortable at a crucial time in their lives.

The issues related to how we die are too important to permit the Medicare Hospice benefit to remain fixed in time. Now is the time to begin to test new ways to design the benefit so that the benefit can remain truly patient-centered at one of the most crucial times in patients' and their families' lives.

Just as we push our health care system for medical breakthroughs that will allow more of us to live healthier and longer, we need to drive our health care system to create accessible, positive care for those facing the end of life.

My legislation, the Hospice Improvement Act of 2000, would require the Secretary to establish a demonstration program to increase access and use of hospice care for patients at the end-of-life, and to increase the knowledge of hospice among the medical, mental health and patient communities. My legislation stresses the following:

Supportive and Comfort Care: To assist families and patients in getting the benefit of hospice care, the Demonstration program will allow for a new supportive and comfort care benefit. This benefit, elected at the option of the patient, will not require the terminally ill to elect hospice care instead of other medical treatment, but will permit a patient to have supportive and comfort care in place while the patient still seeks ''curative treatment.'' This will permit patients and families to learn about hospice without forcing them to make a choice between hospice and other care. Case management would be provided through a hospice provider reimbursed on a fee-for-service basis.

Severity Index Instead of a Six-Month Prognosis: To determine whether or not a patient is eligible for the supportive and comfort care option, a severity index will be used instead of the current hospice requirement of a 6 month prognosis. This will permit patients to have access to support services, as needed, instead of relying on an often inaccurate time-related prognosis.

Increase Rural Hospice Access: Permit nurse practitioners and physician assistants to admit patients to hospice if this is within their authority under state practice law. In communities without a qualified social worker, other professionals with skills, knowledge and ability may provide medical social services such as counseling on the effects of illness on the family.

Respite Care: Nursing facilities used for respite care would not be required to have skilled nurses on the premises 24 hours a day (because hospice will be caring for the patient) or respite could be provided in the patient's home.

Payment Issues: Permit reimbursement for consultations, preadmission informational visits, even if the patient does not elect hospice/supportive care and provide minimum payment for Medicare hospice services provided under the demonstration program based on the provision of services for a period of 14 days, regardless of length of stay.

In addition, the demonstration project could address other payment issues such as offsetting changes in services and oversight and the increased cost of providing services in rural areas and creating a per diem rate of payment for respite care that reflects the range of care needs.

In addition to the Demonstration program, the Secretary would be required to establish an education grant program for the purpose of providing information about the Medicare hospice benefit, and the benefits available under the demonstration program. Education grants could be used to provide individual or group education to patients and their families and to the medical and mental health community, and to test messages to improve public