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House of Representatives

The House met at 10 a.m.

The Reverend Richard Elliott, Pastor, New Hanover Evangelical Lutheran Church, Gilbertsville, Pennsylvania, offered the following prayer:

Eternal and most gracious God, before Your face empires of the past have risen and fallen away. We pray this day for our Nation; a nation entrusted to us by Your gracious hand and rooted in the sacrifices and patriotism of previous generations; a nation nurtured by You with expansive freedom, limitless opportunity, bountiful natural resources, and creative and energetic citizens.

Bless Your servants gathered here this day. Enable them to flourish. Give them wisdom to lead with character, power to serve with humility, kindness to respond with compassion, courage to strive for justice, and strength to pursue peace. Give us to Your children the vision to see the seeds of Your kingdom and to dream and reach for Your future. Amen.

THE JOURNAL

The SPEAKER. 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.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Texas (Mr. DOGGETT) come forward and lead the House in the Pledge of Allegiance.

Mr. DOGGETT 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.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate agrees to the amendment of the House to the amendment of the Senate to the bill (H.R. 2909) ''An Act to provide for implementation by the United States of the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, and for other purposes.''

WELCOME TO PASTOR RICHARD ELLIOTT

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

Mr. TOOMEY. Mr. Speaker, I rise today to pay tribute to our guest pastor, the Reverend Richard Elliott of New Hanover Evangelical Lutheran Church, in Gilbertsville, Pennsylvania. The House is privileged to have Pastor Elliott deliver such an inspirational opening prayer for us today, Thursday, September 21, 2000.

His message to ''strive for justice and strength in order to pursue peace'' is reflected in the long history of his congregation and its wisdom to lead by example. Founded in 1700, the congregation is currently celebrating the church's 300th anniversary. It is the oldest German Lutheran congregation in the United States.

New Hanover Evangelical Lutheran Church has nurtured a nation with its creative and energetic congregation, with character, with humility, with kindness and compassion. During the War for American Independence, the church served as a temporary hospital for General George Washington's troops after the Battles of Brandywine and Paoli.

Mr. Speaker, the House of Representatives is indeed privileged to have Pastor Richard Elliott of new Hanover Evangelical Lutheran Church deliver the opening prayer today. Pastor Elliott and his congregation are a true reflection of what our Founding Fathers envisioned when they fought for the birth of our Nation.

ANNIVERSARY OF PRESIDENT WASHINGTON'S ''FAREWELL ADDRESS''

(Mr. DELAY asked and was given permission to address the House for 1 minute.)

Mr. DELAY. Mr. Speaker, 204 years ago, President George Washington's ''Farewell Address'' was published in the New York Herald.

For generations, the ''Farewell Address'' was one of the most recommended political works in American history. Schoolchildren studied it and citizens celebrated it. In fact, in 1862, President Lincoln even issued a national proclamation recommending that people all over the country read the address aloud.

One lengthy section of Washington's address dealt with the importance of religion and morality to public life. After declaring that religion and morality were indispensable to political prosperity, Washington bluntly asked, ''Where is the security for property, for reputation, for life, if the sense of religious obligation desert?'' He continued, ''Reason and experience both forbid us to expect that national morality can prevail in exclusion of religious principle.''

Washington warned Americans that without religious principles, neither education nor any other force would be capable of protecting either our life or our property. This is a lesson to remember today, the 204th anniversary of the printing of Washington's ''Farewell Address.''

This symbol represents the time of day during the House proceedings, e.g., 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

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LANCE ARMSTRONG CONGRESSIONAL GOLD MEDAL ACT

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

Mr. DOGGETT. Mr. Speaker, I am joining a cancer survivor, the gentlewoman from North Carolina (Mrs. MYRICK), our colleague, in what is truly a bipartisan recognition of excellence as we introduce legislation to award a Congressional Gold Medal to Lance Armstrong. Lance is an Austinite, but one does not have to share his hometown to appreciate the depth of his achievements.

After being stricken with advanced cancer, Lance's chances of survival were slim and his chances of getting back on a bicycle were even slimmer. Just 3 months after his diagnosis in 1996, he formed the Lance Armstrong Foundation to promote cancer awareness, education, and research.

And then, his amazing comeback. Last year he conquered the Tour de France with the same strength and grace as he conquered cancer, and this year he did it again. Next week in Australia we hope his yellow jersey is turned into Olympic gold. While his courageous battle with cancer set the stage for an amazing comeback, one of the most amazing in sports history, it is his commitment to raising cancer awareness and helping others triumph over this disease that particularly merits congressional recognition.

In honor of his courage, his preeminence in the sport of cycling, and his dedication to both improving the lives of cancer victims and finding a cure for this disease, please join us in supporting the Lance Armstrong Congressional Gold Medal Act.

HONORING SENATOR BRYAN

(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, I proudly rise today to recognize one of Nevada's great statesman who, at the end of this Congress, will be retiring from the United States Senate. Senator RICHARD BRYAN, a native of southern Nevada, has been a leader from a very young age, ever since being elected president of his eight grade class at John Park Elementary School.

Senator BRYAN's distinguished career in public service has spanned more than 3 decades, culminating with his two terms as a United States Senator.

Throughout his tenure in the Senate, he has been committed to protecting Nevada's interest in Congress, and with only four Members in Congress to represent the entire State of Nevada, I learned during my first days here in the House the importance of a good working relationship with the other Chamber. It has been an honor for me to have the opportunity to work with such a fine legislator and dedicated Nevadan as Senator RICHARD BRYAN.

Mr. Speaker, I wish him all the best in his future endeavors after the 106th Congress comes to a close.

CONSPIRACIES WITHIN JUSTICE DEPARTMENT

(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, a Federal judge ruled that the Branch Davidians were responsible for killing their own children. The Justice Department spit the hook again. Beam me up.

I did not believe it when the Justice Department said there was no conspiracy in the assassination of JFK, there was no conspiracy in the assassination of Martin Luther King, or the assassination of Bobby Kennedy; and I do not believe that the parents of the young children of the Branch Davidians knowingly and with intent incinerated their own children. Is it any wonder America is losing trust in our government? Cannot Congress see it?

I yield back the lives, the crimes, the coverups, and the withholding of exculpatory evidence to judges and juries by the Justice Department.

PAYING OFF AMERICA'S DEBT SHOULD BE TOP PRIORITY FOR CONGRESS

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

Mr. PITTS. Mr. Speaker, earlier this year, Allen Greenspan appeared before one of our committees here on Capitol Hill, and he made it clear that increased spending was the worst option for using the budget surplus we have today. He said very clearly that the first thing we should do is pay down the public debt. He said, and I quote, ''If that proves politically infeasible, I would opt for cutting taxes.''

Mr. Speaker, this Nation has a public debt of over $3 trillion. How much is $1 trillion? If we borrowed $1 million a day 7 days a week every year and we began on the day Jesus Christ was born and went until now, we would not yet have $1 trillion.

We have the opportunity right now to pay off the public debt, and that is what our Republican Congress wants to do.

But the big spenders say we are not spending enough. The President wants $40 billion more than we have appropriated, even though every dollar we do not pay off as debt our children will have to pay interest on.

Is there any end to the Clinton-Gore administration's thirst for big government spending?

HUNGER RELIEF ACT

(Mrs. CLAYTON asked and was given permission to address the House for 1 minute.)

Mrs. CLAYTON. Mr. Speaker, we all recognize that we are enjoying great prosperity, prosperity that we have not experienced ever before, and this is indeed a time to do those things that we could not afford to do before.

I want to bring to my colleagues' attention that there is a bill, H.R. 3192, it is called the Hunger Relief Act, and it has more than 180 cosponsors; and in the Senate, it has more than 39 cosponsors. It is a bipartisan bill.

It is a bill that looks at the fact that the least among us are not able to feed themselves. Some estimate that there are more than 40 million people who are facing hunger, or hunger insecurity. This is the time indeed, if we want to use the surplus, part of that surplus should be used to relieve those who are indeed suffering from hunger.

I would say to my colleagues, we would be spending more money, truly we would; but investing in nutrition would reduce, guess what, the cost of health care. Vesting in nutrition would mean that children would learn better. So this would be an investment, Mr. Speaker, that I think we cannot afford not to do.

Please, let us bring this bill up on suspension so we can do this before the end of this Congress.

PEOPLE SHOULD COME BEFORE POLITICS

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

Mr. BARTLETT of Maryland. Mr. Speaker, look at this week's headlines. The Boston Globe: ''Gore Misstates Fact in Drug Cost Pitch.'' The Washington Times: ''Gore Made Up Anecdote About Cost of Drugs.''

Mr. Speaker, we now have a new twist to ''the dog ate my homework'' saga. Just like supposedly inventing the Internet, the Vice President has invented a story on the campaign trail where he falsely claims his mother-in-law pays three times the price for prescription drugs as his black labrador. Make no mistake. No senior citizen should have to choose between food and medicine. That is why the Republican House passed legislation to lower the cost of prescription drugs by 25 percent, without creating a cumbersome government-run HMO as the Vice President has proposed.

Mr. Speaker, our Nation's leaders should give the American people some straight talk, not invent personal stories solely for political gain. Our Nation's seniors, mothers-in-law, and even family pets, deserve no less. People should come before politics.

EQUITY AND RELIEF NEEDED IN PRESCRIPTION PRICE MAZE

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

Ms. SCHAKOWSKY. Mr. Speaker, I would like to read a letter, Mr. Speaker, from one of my constituents. It says, ''Thank you for being a supporter in the right to correct the disparity in prescription medication as it pertains to seniors in this country. Below is a chart showing medicines my wife and I take on a daily basis.''

They show that Mr. And Mrs. Olsen combined spend $5,556 a year on their medication. Mrs. Olsen takes seven; Mr. Olsen takes three every single day.

It says, ''How long can a person on a fixed income carry this financial burden? We do not expect these medicines to be given to us free; we expect to pay our fair share. We certainly know that they help us have an extended and quality life. Please help us find some equity and relief in this whole prescription price maze. May we hear from you soon, thank you.''

Well, we could do something soon. I look at Zoloft, a prescription Mr. Olsen takes and he pays $763 a year for that. He could go to Canada and get that for 68 percent less. He could go to Canada and get it less for the exact same drug, same package, same everything.

Mr. Speaker, we can reimport drugs and lower the cost.

RELEASE STRATEGIC PETROLEUM RESERVE

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

Mr. SHERWOOD. Mr. Speaker, we are in a full blown energy crisis. Due to the lack of a coherent national energy policy, we are facing a winter which many in the Northeast will be forced to choose between heating their homes and buying food. This is a terrible dilemma that we saw in the Northeast last winter, and we are about to do it once again.

The United States' dependence on foreign oil has resulted in record-high crude oil prices, resulting in adverse economic impacts on our Nation's farmers, independent truck drivers, small business owners, and homeowners.

I have a letter here from Bernie Lapara at Lapara Oil in Carbondale, Pennsylvania, detailing the hardships faced by his customers.

Mr. Speaker, the solution is simple. We need more production and supply, but right now we could ease the impact by drawing down on the Strategic Petroleum Reserve to get over this winter heating oil crisis in the Northeast.

Mr. Speaker, I say to the President, please act now. Release the reserve for the sake of America's families and business people.

1015

MEDICARE PRESCRIPTION DRUGS

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

Mr. LEWIS of Georgia. Mr. Speaker, I rise today to urge my colleagues to pass legislation that would give a real prescription medicine benefit to our Nation's seniors. The Republican plan failed to meet the real problems that face our Nation's seniors. Our seniors have been receiving a bad deal when it comes to prescription medicine. Now is the time to give our seniors a good deal, a better deal, a fair deal.

The American people need and want a meaningful benefit that is voluntary, universal, affordable and accessible to all of our seniors. There is no room here to play partisan politics. No senior, but no senior should have to choose between putting food on the table and getting his or her heart medicine. This is not just, this is not right, and this is not fair.

My Republican brothers and sisters, this is our moral obligation, to do what is right.

SUPPORT PASSAGE OF THE DATA ACT

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

Mr. WELLER. Mr. Speaker, I rise today to ask for bipartisan support for the Data Act, and let me tell my colleagues why.

Over 100 million Americans today are on line using the Internet. Seven Americans go on line every second for the first time. There is great opportunity, whether in e-commerce or the technology sector, for millions of Americans. But millions of Americans are not participating, and that is called the digital divide.

I am pleased the private sector has stepped forward to address the so-called digital divide, because educators tell us they notice a difference in the classroom between children who have a computer at home and those who do not in their being able to do their homework and compete in the class. Ford, Intel, Delta and American Airlines have announced plans to provide 600,000 families computers and Internet access.

Think about that. The janitor, the laborer, the assembly line worker, the baggage handler, their children having computers and Internet access just like the CEO's kids. That is a great opportunity. But here is the hitch. The IRS wants to tax it. That is right, the IRS wants to tax those workers who accept those computers. For a worker making $27,000 a year that is $200 in taxes they would have to pay.

We have a solution, the Data Act, legislation making sure that these employer-provided computers and Internet access are tax exempt for the workers. It is called the Data Act. I would ask for bipartisan support. Please join as a cosponsor and help us pass the Data Act.

SUPPORT REIMPORTATION LEGISLATION

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

Mr. ALLEN. Mr. Speaker, 2 years ago, in October of 1998, I released in my district the first study comparing the prices of prescription drugs in the United States to prices in Mexico and Canada. In that study we found that Mainers pay 72 percent more than Canadians and 102 percent more than Mexicans for the same drugs from the same U.S. manufacturers in the same quantities.

For 2 years, the Democrats here have been fighting for a prescription drug benefit, fighting for a discount for seniors. But today I rise to ask for support for legislation that would allow pharmacists to buy prescription drugs in other countries and bring them and sell them here. That would mean a substantial discount for our seniors.

We need to reduce prescription drug prices for seniors in this country. Seniors cannot wait until the next Congress to get relief from price gouging by the pharmaceutical industry. I urge my Republican colleagues to act now.

CANDIDATES FOR ELECTION SHOULD STICK TO THE FACTS; NOT MAKE UP STORIES

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

Mr. FOLEY. Mr. Speaker, in 1992, then Governor Lawton Childs ran some negative ads about Jed Bush, saying that if elected governor, a Republican candidate would take away Social Security. It was a lie, but it was meant to scare people.

Recently, in Tallahassee, Florida, the Vice President went on to say that his mother-in-law and dog took the same drug and the dog was getting a better break. He lied. He made a story up, trying to confuse the voters.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SUNUNU). The gentleman will suspend.

The Chair will remind the Member that although remarks in a debate may level criticisms against the policies of the President and Vice President or against the nominated candidates for the offices of Vice President or President, remarks in debate should avoid personality and, therefore, should not include personal accusation or characterizations.

The gentleman may continue in order.

Mr. FOLEY. I thank the Speaker. I just suggest that the candidates for office use facts, not fiction; that they

tell the voters the truth and not make up stories about imaginary drugs being taken by their dog or mother-in-law.

I think the senior citizens of America deserve the truth and, regrettably, they do not get it, because they have to get made-up stories about drugs being taken by Fido, the dog, and the mother-in-law. I think the mother-in-law must be embarrassed today because her drug formulary has now been released to the public, despite the Vice President's insistence that we have privacy in medical records.

My colleagues, it is serious. People need prescription drugs. They need it in Florida; they need it now. But they certainly do not need conjured-up stories by the candidates for office proclaiming to know the facts about their own medical histories and lying to the American public.

SENIORS DESERVE EQUAL TREATMENT BY PHARMACEUTICAL COMPANIES

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

Ms. DELAURO. Mr. Speaker, today only the manufacturer of a drug can import a drug into the United States. Pharmaceutical companies have unfairly used this regulation to control prescription drug distribution at the expense of seniors.

Seniors know that people in other countries pay 20 to 50 percent less for their medications. Consider this: Zantac, made by GlaxcoWellcome in the United Kingdom is marked up by 58 percent in the United States. Our seniors deserve better. They deserve the same medication at the same price. No one should have to choose between food and vital medications.

The Republican leadership should stop supporting the pharmaceutical industry's race for profit at the expense of seniors' financial security. They should stop their rhetoric and false issues and talk about the real issue, which is the cost of prescription drugs. We have the opportunity to support the safe reimportation of prescription drugs. We should do it, and we should do it immediately while we are still in this session of Congress.

Let me tell my colleagues that the Republican House leadership does not want to cover seniors through Medicare, and they do not want to bring the cost down through the reimportation of prescription drugs.

GET RID OF FRAUD, WASTE AND ABUSE AT DEPARTMENT OF EDUCATION

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

Mr. SCHAFFER. Mr. Speaker, back home in Colorado, school is just getting underway. Three of those kids in public schools are my own, and I care about education. And I, like most parents, want the U.S. Department of Education to get the money that it spends to the classroom. I do not want to see the Department waste any more on bureaucracy and red tape, and I am tired of the theft, the fraud, and the abuse that goes on at the Department of Education that robs children of the precious resources they need.

Mr. Speaker, we spend $40 million a year on accountants and overseers and auditors to make sure that the money the Department gets does get to the children and the classroom. But it was a car dealer in Hyattsville, Maryland, that found the latest fraud of Department employees defrauding $2 million of the U.S. Department of Education into personal bank accounts. Mr. Speaker, let us get money to the classroom.

Let us get rid of the waste, fraud, and abuse at the U.S. Department of Education. Let us put children before crime and bureaucracy.

HCFA'S BAD ADVICE TO SENIOR CITIZENS IN HOUSTON

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

Mr. GREEN of Texas. Mr. Speaker, during the August district work period, I sponsored a senior citizens forum with invitations to representatives from the Social Security Administration and the Health Care Financing Administration, and they participated.

Seniors do want a prescription drug benefit as part of Medicare, but Houston seniors are worried because, at the end of December, they will be losing our biggest HMO provider for Medicare, NYLCare-65, one of our largest. They have given notice that they are not going to serve the Houston market. HCFA advised the over 100 seniors in attendance, some of whom are currently enrolled in NYLCare-65, not to worry, not to do anything until after October 1. That way they would have 3 months to decide where they would go before the end of the year because the contract lasted until December 31. This included enrolling in the one sole remaining HMO in the Houston market, Secure Horizons.

Yesterday, I found out that HCFA has granted a temporary capacity waiver to Secure Horizons, which basically freezes their enrollments effective October 1 for 120 days to February 1. This temporary capacity waiver will keep seniors from being able to have the opportunity to select the one remaining HMO. HCFA should have notified us; and they gave my constituents false information in August.

REPUBLICANS WANT TO PAY DOWN THE DEBT

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

Mr. CHABOT. Mr. Speaker, would we go on a huge credit card spending spree if we knew that once the bill came we would leave it to our children; that they would be responsible for paying it off? Of course not. Most responsible Americans work hard to make sure they can give their kids a good life. They want to leave their children something when they die. Most responsible Americans would never dream of leaving their children a pile of debt for their inheritance.

That is exactly what the Federal Government has been doing for years. For 40 years, Democrats here in Washington spent money on bigger and bigger government and created a bigger and bigger debt. They knew our children would be the ones saddled with the bill, but they just kept spending. That was wrong.

Republicans are putting an end to that kind of spending spree and that kind of spend now and pay later mentality. That is why we want to pay down the debt. We want to pay off those bills so our children do not have to.

Let us work together to make sure our legacy to our children is a sound economy, lower taxes, safe neighborhoods and quality schools, instead of decades worth of bad debt.

LOAN REPAYMENT PROGRAM

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

Mr. TIERNEY. Mr. Speaker, I rise today to urge my colleagues who have yet to do so to join almost 80 of my colleagues and myself in sending a bipartisan letter to the appropriators. That letter would support the National Health Service Corps Loan Repayment Program.

As my colleagues have probably seen, news accounts have highlighted funding shortfalls in the National Health Service Corps. The Corps recruits health care professionals to work in medically underserved communities. Regardless of one's particular disposition concerning how to improve health care, it is widely accepted that this important program provides underserved Americans with vital health care.

We should not allow the current disagreement on health care matters to prevent us from properly funding this program and ensuring that not only the current participants can continue to provide this care but that we can attract enough clinicians to meet all the needs of these communities.

The $49 million required to cover existing shortfalls is a fair price to pay to help our doctors and nurses help our neediest constituents. Let us take this opportunity to address this urgent need. If my colleagues have not already done so, I urge them to join us in this important effort.

SEEDS OF OPPORTUNITY/FEAR PROFITEERS

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

Mr. SMITH of Michigan. Mr. Speaker, I would like to invite my colleagues, the press, all those that might be interested in a press briefing that we are having at 11:30 this morning in room 1302 of the Longworth. That is 11:30, 1302, on fear profiteering.

Do we select our science and those stories that are going to justify what policy we want to pass and the decisions we want to make, or do we base our policy on the kind of real science that is going to make this country and the people of the world better off?

I have been doing a study on seeds of opportunity, which is in the biotechnology. In Europe, they have brought that scientific research to a halt. What is going to happen in this country, as we look at the alar in apples; as we look at organic foods?

We need to make sure we base our policy on real science.

Mr. Speaker, I submit the agenda on the 11:30 briefing on fear profiteers for the RECORD.

Introduction: Steve Milloy, publisher of www.junkscience.com

Speaking Order: Nick Smith.

Fred Smith, Competitive Enterprise Institute.

Bonner Cohen, Lexington Institute, Editor of Fear Profiteers.

Alex Avery, Hudson Institute.

HMO'S WANT $15 BILLION FROM CONGRESS

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

Mr. BROWN of Ohio. Mr. Speaker, last year taxpayers spent $3 billion more on people enrolled in Medicare HMOs than if they had remained in traditional Medicare. It cost the public more to pay managed care plans than to pay for the same plans financed through traditional Medicare.

I do not recall Medicare managed care plans offering to give back the excess dollars they were paid then. I do recall them unceremoniously dropping 200,000 seniors that year, claiming the Federal Government was underpaying them.

Now Medicare HMOs and Republican leaders are asking Congress to devote $15 billion, three-fourths of the dollars set aside for Medicare funding increases this year, to Medicare HMOs. They serve 14 percent of the Medicare population; they want 75 percent of the money. They want $15 billion.

That is $15 billion that Republicans want to give to the managed care industry after they abandoned 900,000 seniors; not because these plans were going bankrupt, but because other lines of business were more profitable for insurance companies HMOs. It is incomprehensible to me, Mr. Speaker, that my Republican colleagues and the Presidential candidates are trying to sell the public on privatizing Medicare. It is a bad idea.

WASTE, FRAUD, AND ABUSE AT U.S. DEPARTMENT OF EDUCATION

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

Mr. THUNE. Mr. Speaker, our children are our most important and precious resource. We ought to make very certain that they have the opportunity to learn in safe and drug-free schools, to be taught by our brightest and best teachers, and to ensure that they have the highest possible opportunity to learn. And that is one thing we have been failing our children on.

Mr. Speaker, today the other thing I would note about our educational system is that our parents ought to know that when they send their education tax dollars to Washington that they are going to get spent on our children, on helping them learn at the fastest rate possible. This last week we learned of another blatant example of waste, fraud and abuse in Washington, and that was when $2 million at the Education Department was siphoned off from two schools in South Dakota and spent to buy a Cadillac, an SUV, and a house in Maryland. It took a car dealer, a car dealer, who broke this story, because the Education Department did not know what was going on.

It is another example, Mr. Speaker, of why we need to get the education dollars back into the classroom, back to our school administrators, and our school boards and our parents so that they are being spent on our children and not in the Washington bureaucracy.

1030

ENERGY POLICY

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

Mr. GEJDENSON. Mr. Speaker, the American people are being held hostage by foreign oil producers and American energy companies. We are now heading for our second cycle where we go from heating oil crisis to gas crisis, and now we are heading back for another heating oil crisis. At a time when oil companies should have been filling the reserves of Americans to keep their homes warm this winter, they were shipping refined No. 2 fuel oil overseas.

We need aggressive action from this administration: the release of the Strategic Petroleum Reserve. We need to have weatherization funds. We need real conservation programs that have been blocked for the last 20 years since the Reagan presidency. We have had no energy policy as far as conservation, alternative energy, energy conservation. We need to move on these things now or seniors and others will see their lives and their life savings threatened this winter for a shortage of oil.

We have made some progress. We have got millions of barrels in reserve, now gallons in reserve in Connecticut; but we need to do a lot more. We need the Senate to move the legislation that gives authorization for the heating oil reserve.

PRESCRIPTION DRUG COVERAGE FOR SENIORS

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

Mr. GEORGE MILLER of California. Mr. Speaker, time is running out for America's seniors. America's seniors are well aware now that many of them cannot afford the drugs that their doctors prescribe. If they in fact buy those drugs, we find that they are taking the medicine one every other day instead of one every day or three times a day instead of four times a day to try to extend the medicine at the peril of their own health. Time is running out for them because the Republican leadership refuses to bring forth a real prescription drug benefit.

Rather than use the prescription drug benefit to try to undermine the Medicare system as George W. Bush has or to undermine the Medicare system as the Republican leadership has——

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SUNUNU). All members are reminded that although the debate may criticize the policies of the President or the Vice President, or the nominees for those respective offices, remarks should avoid personality and, therefore, may not include personal accusations or characterizations.

The gentleman may continue in order.

Mr. GEORGE MILLER of California. I stand corrected, Mr. Speaker. It is George W. Bush's Medicare prescription drug benefit plan that undermines Medicare, not George W. Bush but his Medicare plan, so everybody is corrected.

He would undermine the system and put these seniors at the peril of the same HMOs that are canceling their coverage all over the country, put them at the peril of the insurance companies, put them at the peril of pharmaceutical companies. What we need is a prescription drug benefit as part of Medicare so that senior citizens can get the medicine they need.

CONFERENCE REPORT ON H.R. 4919, SECURITY ASSISTANCE ACT OF 2000

Mr. DIAZ-BALART. Mr. Speaker, by direction of the Committee on Rules, I

call up House Resolution 584 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 584

Resolved, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 4919) to amend the Foreign Assistance Act of 1961 and the Arms Export Control Act to make improvements to certain defense and security assistance provisions under those Acts, to authorize the transfer of naval vessels to certain foreign countries, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore. The gentleman from Florida (Mr. DIAZ-BALART) is recognized for 1 hour.

Mr. DIAZ-BALART. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Ohio (Mr. HALL), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, House Resolution 584 is a rule providing for the consideration of H.R. 4919, the Security Assistance Act of 2000. The rule provides for 1 hour of general debate equally divided between the chairman and the ranking minority member of the Committee on International Relations. The rule waives all points of order against the conference report and its consideration.

Mr. Speaker, I am pleased to support this rule which provides for the consideration of the conference report to accompany H.R. 4919, an act to amend the Foreign Assistance Act of 1961 and the Arms Control Act, to make improvements to certain defense and security assistance provisions under those acts, and to authorize the transfer of naval vessels to certain foreign countries.

H.R. 4919 seeks to increase the funds spent from the foreign military financing account to build security ties with more areas of the world. The conference report authorizes $3.5 billion in fiscal year 2001 and $3.6 billion in 2002 for the foreign military financing program.

In addition, it makes several improvements to defense and security assistance provisions, such as authorizing $2 million in nonproliferation and export control funding for training and education of personnel from friendly countries in the United States as well as authorizing $55 million in 2001 and $65 million in 2002 to carry out international military education and training of military and related civilian personnel of foreign countries.

The legislation represents the first time since 1985 that the security assistance programs of the United States have been fully authorized. Passing this conference report is an important step in achieving this goal which can help us toward a safer world.

This bill, H.R. 4919, passed under suspension of the rules and passed the Senate with an amendment by unanimous consent. I believe this conference report is an excellent product. I want to commend the distinguished chairman of the Committee on International Relations, the gentleman from New York (Mr. GILMAN), for his leadership and hard work in bringing forth this legislation.

I would urge my colleagues to support the rule and the underlying conference report.

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

Mr. HALL of Ohio. Mr. Speaker, I want to thank the gentleman from Florida (Mr. DIAZ-BALART) for yielding me the time, and I yield myself such time as I may consume.

Mr. Speaker, as my colleague from Florida has explained, this rule waives all points of order against the conference report. The measure authorizes a total of $7.7 billion in the next 2 years for foreign military financing, international military education and training, antiterrorism, nonproliferation, and export control assistance.

Mr. Speaker, I am not opposed to the conference report. However, I believe that the process that has brought this legislation to the floor this morning is flawed and opens the possibility for mistakes that will be difficult to correct. Moreover, the process has limited the opportunity for House Members on both sides of the aisle to debate and participate in the shaping of this legislation.

This bill has never been considered by any committee of the House of Representatives. In July, the full House voted on a scaled-down version of this measure, and that was only under suspension of the rules which limits the opportunity for debate. The conference report was made available only yesterday, the same day the Committee on Rules took up the measure. As the bill passed this House, it had to be on the suspension calendar under $100 million. The bill is now up to $7.7 billion. It will have a major effect on the lives of millions of people around the world. It deals with the fundamental issues of war and peace. Yet most of what is in this conference report has never been seen by House Members until today.

Already, we have found two critical mistakes in the conference report affecting our assistance to Israel. We spent considerable time in the Committee on Rules last night debating how best to fix these mistakes. Our Israeli friends deserve better than this.

Let me give my colleagues one example of a provision in the conference report that the House has never seen before. The legislation authorizes over the next 2 years $120 million for the international military education and training program, known as IMET. Through IMET, the United States trains students from around the world how to wage war. The conference report we are now considering sets the level of IMET funding at more than double the level just 5 years ago. This is a controversial issue. Many observers believe that IMET fails to sufficiently address the need for protecting human rights and promoting democracy.

I believe the administration has misused the IMET program by funding the military of nations involved in human rights abuses. This has gone on under both Democratic and Republican administrations. Until recently, our government provided IMET assistance to Indonesia, which has carried on a brutal campaign against East Timor. Only from the pressure of Congress was this position changed.

Mr. Speaker, I am not opposed to all IMET funding, I am opposed to a House process that denies Members the opportunity to shape this program.

Finally, I want to express my disappointment in the House that we are unable to increase international development assistance, humanitarian relief and aid to refugees. These programs, along with the military assistance contained in this conference report, are an essential part of our foreign policy and our moral obligation. We seem to have no problem moving military assistance at lightning speed, but increases for humanitarian assistance are much harder to pass.

Mr. Speaker, by taking up this conference report, we are considering legislation that has never been debated in a House committee and that has never been debated on the House floor. Because this is a conference report, there is no opportunity for amendment. And because it is a conference report, there is no chance to consider the measure again before it is sent to the White House. On top of that, we are waiving the House rule that requires a 3-day layover for conference reports. This further limits the chance for House Members to read and understand the bill before the vote.

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

Mr. DIAZ-BALART. Mr. Speaker, I yield myself such time as I may consume.

This is very important legislation which again I reiterate my support for and urge adoption of both the rule and the underlying legislation.

Mr. Speaker, the leader behind this important effort is the distinguished chairman of the Committee on International Relations. On the issue of Israel, for example, that the distinguished gentleman from Ohio brought up, there is certainly without any doubt no stronger supporter of that critical ally of the United States than the chairman of the Committee on International Relations and also on issue after issue whether it be military education that stresses loyalty to civilian control and human rights and so many other issues, the gentleman from New York (Mr. GILMAN) is at the forefront leading the best efforts of this Congress.

Mr. Speaker, I yield such time as he may consume to the gentleman from

New York (Mr. GILMAN) in order to clarify the points that have been brought up by the gentleman from Ohio.

Mr. GILMAN. I thank the gentleman for yielding me this time.

Mr. Speaker, with regard to the gentleman from Ohio's concerns, the full committee did consider this legislation. In fact, we had rollcall votes on the House bill during full committee consideration.

The gentleman is correct that the House bill did not authorize any funding. We receded to the Senate on these numbers. These are the President's numbers, the President's requests for authorization, and they are the numbers that the House will most likely adopt when it considers the Foreign Ops legislation, including the level of funding for IMET.

With regard to development assistance for fiscal year 2001, this is still substantially higher than last year's level and more than the President had requested. I am fully committed to more spending for development assistance and would like to authorize more for these programs. But the gentleman fully knows that we have encountered a number of difficulties in authorizing development programs, largely because of family planning issues.

I want to assure the gentleman that we will continue in our efforts to make certain that we do as much as we can for development assistance.

Mr. HALL of Ohio. Mr. Speaker, I yield myself such time as I may consume and just respond to the gentleman from New York (Mr. GILMAN), for whom I have great respect, that most of the funding in this bill we do not have a problem with. I do not have a problem with. I think the problem that I see and some people on the Committee on Rules see is that when we pass a bill originally in a conference or in a suspension package which does not go to any committee, it is under $100 million, it goes over to the Senate, and then it comes back very close to $8 billion. We do not get a chance to not only debate it, we do not get a chance to amend it. We do not have a lot to say about it. We get one vote up or down.

So the bill left here without any debate, well, with a little bit of debate on something that was under $100 million; and it was all taken care of in the Senate. Who knows what they put in there in the Senate. It comes back here without any thought, without looking at it, waiving the 3-day layover, it is now $8 billion; and it has got some controversial programs in here like IMET that a lot of Members here if they really looked at it probably would have some problems with it, but they cannot get at it, we cannot amend it; and as a result we are dealing with almost an $8 billion bill of which there will be very little discussion.

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We do not like the process and how this has come up, and we think it is unfair this late in the session. We think probably, without having a chance to debate it, there are probably some very controversial things in here that if brought up on individual votes would fail.

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

Mr. DIAZ-BALART. Mr. Speaker, urging support for the rule, it is a fair rule, bringing forth this conference report and the underlying legislation, I also yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

Mr. GILMAN. Mr. Speaker, pursuant to House Resolution 4919, I call up the conference report on the bill (H.R. 4919) to amend the Foreign Assistance Act of 1961 and the Arms Export Control Act to make improvements to certain defense and security assistance provisions under those Acts, to authorize the transfer of naval vessels to certain foreign countries, and for other purposes.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. SUNUNU). Pursuant to House Resolution 584, the conference report is considered as having been read.

(For conference report and statement, see proceedings of the House of September 19, 2000, at page H7743).

The SPEAKER pro tempore. The gentleman from New York (Mr. GILMAN) and the gentleman from Connecticut (Mr. GEJDENSON) each will control 30 minutes.

The Chair recognizes the gentleman from New York (Mr. GILMAN).

GENERAL LEAVE

Mr. GILMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the conference report on H.R. 4919.

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

There was no objection.

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

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

Mr. GILMAN. Mr. Speaker, I am pleased to bring to the floor for House consideration a conference report on H.R. 4919, the Security Assistance Act of 2000. Permit me to begin by thanking the ranking Democratic Member of our committee, the gentleman from Connecticut (Mr. GEJDENSON), for his work and cooperation on this conference report. I appreciate his willingness to work on a bipartisan basis to authorize security assistance for the first time in 15 years.

The conference report is a 2-year authorization measure for security assistance. In fiscal year 2001, this measure authorizes $3.8 billion in security assistance, fully funding the President's request for foreign military financing, for international military education, and training for antiterrorism and for nonproliferation and export control assistance.

In fiscal year 2002, this measure authorizes $3.9 billion for the same programs. I am pleased to support these authorization amounts for security assistance.

The fiscal year 2001 levels meet the President's request, and they reflect levels that we expect our appropriation colleagues to be at as they wind up their work on the Foreign Operations measure.

This conference report modifies authorities with respect to the provision of security assistance under the Foreign Assistance Act of 1961 and the Arms Export Control Act, including those authorities governing war reserve stockpiles in allied countries, excess defense articles for foreign nations, and defense drawdown authorities.

The measure before us also includes provisions which will ensure that our weapons systems are not going to be diverted by foreign nations for purposes that were not intended by ensuring end-use monitoring on government-to-government arms sales and by modifying the existing 655 report on annual military assistance to provide information on commercial arms sales delivery.

The conference report also adds a new chapter to the Foreign Assistance Act to authorize nonproliferation and export control assistance and provide specific authorization for the nonproliferation and disarmament fund, for the International Science and Technology Centers, and for export control assistance programs.

Further, this measure urges the President to develop a multiyear national security assistance strategy which would identify overarching security assistance objectives and would identify on a country-to-country basis how specific resources are going to be allocated.

This measure also authorizes the transfer of 12 aging naval vessels to four nations, to Brazil, to Chile, to Greece and to Turkey, thereby serving U.S. foreign policy objectives while saving U.S. taxpayer dollars and the Navy scarce resources to scrap those vessels.

The conference report also includes an important bipartisan provision to address the administration's initiative regarding exemptions for defense export licensing to foreign countries.

I want to particularly thank the ranking Democratic member of the committee, the gentleman from Connecticut (Mr. GEJDENSON), for his cooperation and input on that provision. Further, the conference report streamlines the export of commercial communication satellites by cutting in half, from 30 to 15 days, the formal congressional review period for licenses to Russia, to the Ukraine and to Kazakhstan.

We have also included a provision requiring an annual assurance from the President that Russian entities, which are approved by the Congress for cooperation on space programs with U.S. firms, are not selling missile technology to Iran.

Further, the measure establishes a special military assistance program for Eastern Europe and for the Caucasus to strengthen the territorial independence of these countries in the face of Russian efforts to undermine and sabotage their fledgling democracies. The countries authorized for this special program are Georgia, Azerbaijan, Armenia, Uzbekistan, Moldova, and the Ukraine.

Finally, I want to point out that this conference report authorizes $1.98 billion in military aid to Israel for fiscal year 2001 and over $2 billion for fiscal year 2002, authorizes $1.3 billion in military aid to Egypt for fiscal year 2001 and 2002, and allows for the sale of U.S. military equipment to Israel from the United States War Reserve Stockpile, and provides for rapid disbursement of military assistance funds to both Israel and to Egypt.

It is my understanding that the administration does not want to oppose the conference report. We expect the President to sign it into law.

I would also like to recognize the excellent staff work that went into producing this conference report, particularly thank David Fite and Amos Hochstein from the staff of the gentleman from Connecticut (Mr. GEJDENSON); Walker Roberts on our staff on our side of the aisle; Marshall Billingslea of Senator HELMS' staff and Ed Levine of Senator BIDEN's staff.

Mr. Speaker, I urge our colleagues to fully support this bipartisan conference report.

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

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

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

Mr. GEJDENSON. Mr. Speaker, while I commend the chairman on some of our accomplishments on some of this legislation, there is still a lot left to be done. It seems that we were not able to reverse what has been a damaging impact on America's satellite industry. Since the transfer of the licensing process from the Commerce Department to the State Department, we have had a 40 percent loss in American sales in the area of satellites. We continue to place restrictions on Russia as if they were the old Soviet Union and appear to try to re-create tensions that we ought to be working to ease.

Lastly, in this legislation, while we made some progress from the original concerns by Senator HELMS, it is clear that what we have here we are still placing restrictions on the United Kingdom and Australia, two of our closest allies that we work in harmony with in almost every theater in the world. The idea that American sales of nonclassified defense items should go through a complicated licensing process is against our national interest and against our global interest.

One of the things we are going to have to do as a country, as we have downsized as a result of the end of the confrontation with the Soviet Union, is to make sure that the systems we manufacture have adaptability and are sold to some of our closest allies because we will not be buying them in sufficient number to keep the per-unit price affordable if countries like England and Australia and others that are our close friends find it easier to buy systems made in Germany, France or other countries around the globe.

In a similar manner, the restrictions that were placed on the exports of satellites leave us in a situation where we have seen 40 percent of America's market share lost in a year's period in one of the most critical future industries for this country. When we take a look at where America is most competitive, it is most competitive in the front end of technology, the most modern technologies, and to put obstacles in the way of sales in that area makes no sense at all.

I want to thank the chairman for his work and effort and success in passing this first authorization in years and commend the work he has done; but we have a long way to go in these other areas, especially when we take a look at the nature of international competition today. The United States is in a very strong position, but it was not that long ago the American economy was in deep trouble. In the early 1990s and before that, we sat and watched as the Japanese seemed to control every element of international competition. We do not want to, as a result of the actions of Congress, cripple American industry and end up back in that same position.

So I commend the chairman for his success in getting this conference through and a number of things we accomplished here. There is a lot more that needs to be done that we have not done, and some damage that has been re-created by this Congress we need to undo very rapidly.

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

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

Mr. Speaker, I want to thank the gentleman from Connecticut (Mr. GEJDENSON) for his remarks. I welcome his support. We look forward to working with him and doing what more has to be done up the road.

Mr. ROTHMAN. Mr. Speaker, I rise today to express my deep concern over a provision of H.R. 4919, the Defense and Security Assistance Act Conference Report, that we are considering today.

I understand that Section 514 of this conference report allows U.S. aid to Egypt for the entire Fiscal Year 2001 to be disbursed in a lump sum no later than October 31, 2000, and placed in an interest-bearing account at the Federal Reserve, thereby earning $25 to $30 million in additional funds for the Egyptian Government during the course of 2001.

The provision, which can only be seen as a reward of additional U.S. taxpayer dollars to Egypt, is poorly timed:

At a time when Egyptian President Hosni Mubarek is indicating that he will move to recognize a unilaterally declared Palestinian State, in direct contravention of U.S. policy;

At a time when the Foreign Minister of Egypt, Amr Mousa, is demanding that a future Palestinian State have Jerusalem as its capital, a fact which directly contravenes the will of the U.S. Congress, which has repeatedly gone on record affirming Jerusalem as the State of Israel's undivided capital;

At a time when publications supported by the Egyptian Government have been undermining the Middle East Peace Process by printing anti-Israel and anti-Semitic diatribes;

Why, at this time, would we seek to reward Egypt with $25 to $30 million in additional U.S. aid, especially when close to $2 billion in U.S. taxpayer dollars already goes to Egypt every year?

I think it is more appropriate to ask why Egypt is obstructing the Middle East peace process and why our longtime ally is not serving as a helpful facilitator, a role Egypt played back at the 1978 Camp David talks.

Rewarding Egypt when it hurts America's efforts to help Israel secure a lasting peace with the Palestinian people is wrong. To be a friend, to be deserving of more U.S. aid, Egypt should work with the U.S. and help bring a new dawn of peace in the Middle East.

Notwithstanding my support for this bill, I urge my colleagues to think long and hard before they appropriate more U.S. aid to Egypt.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the conference report.

There was no objection.

The SPEAKER pro tempore. The question is on the conference report.

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

Mr. GILMAN. 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 vote was taken by electronic device, and there were—yeas 396, nays 17, not voting 20, as follows:

[Roll No. 485]

YEAS—396

Abercrombie	Barcia	Bilbray
Ackerman	Barr	Bilirakis
Aderholt	Barrett (NE)	Bishop
Allen	Barrett (WI)	Blagojevich
Andrews	Bartlett	Bliley
Archer	Barton	Blumenauer
Armey	Bass	Blunt
Baca	Becerra	Boehlert
Bachus	Bentsen	Boehner
Baird	Bereuter	Bonilla
Baker	Berkley	Bonior
Baldacci	Berman	Bono
Baldwin	Berry	Borski
Ballenger	Biggert	Boswell

Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Bryant
Burr
Burton
Buyer
Calvert
Camp
Canady
Cannon
Capps
Capuano
Carson
Castle
Chabot
Chambliss
Chenoweth-Hage
Clayton
Clement
Clyburn
Coble
Coburn
Collins
Combest
Condit
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Doolittle
Doyle
Dreier
Dunn
Edwards
Ehrlich
Emerson
Engel
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
Gephardt
Gibbons
Gilchrest
Gillmor
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
Houghton
Hoyer
Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Knollenberg
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Largent
Larson
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Markey
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Millender-McDonald
Miller (FL)
Miller, Gary
Minge
Mink
Moakley
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Myrick
Nadler
Neal
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Payne
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Quinn
Radanovich
Ramstad
Rangel
Regula
Reyes
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Rothman
Roukema
Roybal-Allard
Rush
Ryan (WI)
Ryun (KS)
Sabo
Salmon
Sanchez
Sandlin
Sawyer
Saxton
Scarborough
Schakowsky
Scott
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Spence
Spratt
Stabenow
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tiahrt
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Visclosky
Vitter
Walden
Walsh
Wamp
Watkins
Watt (NC)
Watts (OK)
Weiner
Weldon (FL)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wu
Wynn
Young (FL)

NAYS—17

Conyers
DeFazio
Duncan
Ehrlers
Hostettler
McKinney
Miller, George
Mollohan
Paul
Rahall
Royce
Sanders
Sanford
Schaffer
Sensenbrenner
Stark
Waters

NOT VOTING—20

Callahan
Campbell
Cardin
Clay
Cunningham
Dooley
Hastings (FL)
Kasich
Klink
Lazio
Martinez
McCollum
McIntosh
Metcalf
Napolitano
Ros-Lehtinen
Vento
Waxman
Weldon (PA)
Young (AK)

1123

Mr. GEORGE MILLER of California, Mr. DUNCAN and Ms. WATERS changed their vote from ''yea'' to ''nay.''

Messrs. WYNN, KUCINICH, WISE, ROHRABACHER, and Ms. LEE and Ms. WOOLSEY changed their vote from ''nay'' to ''yea.''

So the conference report was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mrs. NAPOLITANO. Mr. Speaker, on rollcall No. 485, Defense and Security Assistance Act Conference Report, H.R. 4919, I was inadvertently detained. Had I been present, I would have voted ''aye.''

CORRECTING ENROLLMENT OF H.R. 4919, DEFENSE AND SECURITY ASSISTANCE ACT OF 2000

Mr. GILMAN. Mr. Speaker, I offer a concurrent resolution (H. Con. Res. 405) to correct the enrollment of H.R. 4919, and ask unanimous consent for its immediate consideration.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore (Mr. SUNUNU). Is there objection to the request of the gentleman from New York?

There was no objection.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 405

Resolved by the House of Representatives (the Senate concurring), That the Clerk of the House of Representatives, in the enrollment of the bill (H.R. 4919) to amend the Foreign Assistance Act of 1961 and the Arms Export Control Act to make improvements to certain defense and security assistance provisions under those Acts, to authorize the transfer of naval vessels to certain foreign countries, and for other purposes, shall make the following corrections:

(1) On page 34, line 1, insert ''on a grant basis'' after ''available''.

(2) On page 34, line 11, strike ''paragraph (1)'' and insert ''subsection (b)(1) and paragraph (1) of this subsection''.

(3) On page 36, line 19, insert ''on a grant basis'' after ''available''.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

LACKAWANNA VALLEY HERITAGE AREA ACT OF 2000

Mr. HASTINGS of Washington. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 583 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 583

Resolved, That upon adoption of this resolution it shall be in order to take from the Speaker's table the bill (H.R. 940) to designate the Lackawanna Valley National Heritage Area, and for other purposes, with Senate amendments thereto, and to consider in the House, without intervention of any point of order, a single motion offered by the chairman of the Committee on Resources or his designee that the House concur in the Senate amendments. The Senate amendments and the motion shall be considered as read. The motion shall be debatable for one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Resources. The previous question shall be considered as ordered on the motion to final adoption without intervening motion or demand for division of the question.

The SPEAKER pro tempore. The gentleman from Washington (Mr. HASTINGS) is recognized for 1 hour.

Mr. HASTINGS of Washington. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the distinguished gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of the resolution, all time yielded is for the purpose of debate only.

(Mr. HASTINGS of Washington asked and was given permission to revise and extend his remarks.)

Mr. HASTINGS of Washington. Mr. Speaker, H. Res. 583 is a rule waiving all points of order against a motion to concur in the Senate amendments to H.R. 940, the Lackawanna Valley National Heritage Act of 1999. The rule provides 1 hour of debate on the motion to be equally divided and controlled by the chairman and ranking minority member of the Committee on Resources.

Mr. Speaker, H.R. 940, introduced by the gentleman from Pennsylvania (Mr. SHERWOOD) would establish the Lackawanna Valley National Heritage Area in the State of Pennsylvania. The proposed area would cover a four-county region in the northeastern part of the

State, which is a nationally significant historical area.

The bill establishes an authority which would prepare a management plan for the area, which will be submitted to the Secretary of the Interior for approval within 3 years of enactment of this legislation. The plan shall include recommendations for actions to be undertaken by units of government and private organizations in order to protect and interpret the historical, natural, cultural, and recreational resources of the area.

Mr. Speaker, H.R. 940 authorizes the appropriation of not more than $1 million for any fiscal year and not more than $10 million in total for purposes set forth in this act.

Finally, Federal funding may not exceed 50 percent of the cost of any assistance authorized in this act, and the authority may not use Federal funds received under the legislation to acquire real property or interest in real property.

Mr. Speaker, H.R. 940 passed the House on September 19, 1999, and was passed with an amendment in the nature of a substitute by the Senate on September 18, 2000. The amendment merely makes several technical and clarifying changes and conforms to the management authorities for the heritage area to those approved for other heritage areas.

Mr. Speaker, this measure is straightforward and noncontroversial; and, accordingly, I urge support for both the rule and H.R. 940.

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

Ms. SLAUGHTER. Mr. Speaker, I thank the gentleman from Washington (Mr. HASTINGS) for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, I rise in support of the resolution as well as the underlying bill. The measure would establish the Lackawanna Valley Heritage Area in the State of Pennsylvania. The proposed areas would cover a four-county region in northeastern Pennsylvania, including Lackawanna, Luzerne, Wayne, and Susquehanna Counties.

Also included in H.R. 940 is the designation of the Schuykill River Valley. This river valley developed a charcoal iron industry that made Pennsylvania the center of the iron industry within the American colonies.

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This measure will go a long way toward repairing the environmental damage to the river and its surroundings caused by the largely unregulated industrial activity. H.R. 940 authorizes the appropriation of up to $1 million for any fiscal year, not exceeding $10 million, for carrying out this act.

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

Mr. HASTINGS of Washington. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. SHERWOOD), the author of this bill.

Mr. SHERWOOD. Mr. Speaker, I thank the gentleman for yielding me this time, I thank the leadership for the prompt movement of this bill, and I thank as well the chairman of the Committee on Rules, the gentleman from California (Mr. DREIER) for providing us with a rule which I rise in strong support of.

This bill, to provide a Lackawanna heritage area for four counties in northeastern Pennsylvania, has been a long time in the process. That area fueled the industrial revolution with its coal mines and its steel, and it had the seeds of the modern labor movements in the coal mines. This is a beautiful historical area which alternates between the ravages of two centuries of anthracite mining and the beautiful scenic Lackawanna River Valley. This is a historical and cultural area that deems preserving.

The designation of the Lackawanna and Schuylkill River Valleys as national heritage areas will enable all Americans for years to come to witness and learn the story of anthracite mining, the labor movement, and the industrialization of our great Nation. I urge my colleagues to support this rule.

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

Mr. HASTINGS of Washington. Mr. Speaker, I have no further requests for time, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

Mr. SHERWOOD. Mr. Speaker, pursuant to House Resolution 583, I call up from the Speaker's table the bill (H.R. 940) to designate the Lackawanna Valley National Heritage Area, and for other purposes, with the Senate amendments thereto, and ask for its immediate consideration.

The Clerk read the title of the bill.

MOTION OFFERED BY MR. SHERWOOD

Mr. SHERWOOD. Mr. Speaker, I offer a motion.

The SPEAKER pro tempore. The Clerk will designate the motion.

The text of the motion is as follows:

Mr. SHERWOOD moves to concur in the Senate amendments to H.R. 940, as follows:

Senate amendments:

Strike out all after the enacting clause and insert:

TITLE I—LACKAWANNA VALLEY NATIONAL HERITAGE AREA

SECTION 101. SHORT TITLE.

This title may be cited as the ''Lackawanna Valley National Heritage Area Act of 2000''.

SEC. 102. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress finds that—

(1) the industrial and cultural heritage of northeastern Pennsylvania, including Lackawanna County, Luzerne County, Wayne County, and Susquehanna County, related directly to anthracite and anthracite-related industries, is nationally significant;

(2) the industries referred to in paragraph (1) include anthracite mining, ironmaking, textiles, and rail transportation;

(3) the industrial and cultural heritage of the anthracite and anthracite-related industries in the region described in paragraph (1) includes the social history and living cultural traditions of the people of the region;

(4) the labor movement of the region played a significant role in the development of the Nation, including—

(A) the formation of many major unions such as the United Mine Workers of America; and

(B) crucial struggles to improve wages and working conditions, such as the 1900 and 1902 anthracite strikes;

(5)(A) the Secretary of the Interior is responsible for protecting the historical and cultural resources of the United States; and

(B) there are significant examples of those resources within the region described in paragraph (1) that merit the involvement of the Federal Government to develop, in cooperation with the Lackawanna Heritage Valley Authority, the Commonwealth of Pennsylvania, and local and governmental entities, programs and projects to conserve, protect, and interpret this heritage adequately for future generations, while providing opportunities for education and revitalization; and

(6) the Lackawanna Heritage Valley Authority would be an appropriate management entity for a Heritage Area established in the region described in paragraph (1).

(b) PURPOSES.—The purposes of the Lackawanna Valley National Heritage Area are—

(1) to foster a close working relationship among all levels of government, the private sector, and the local communities in the anthracite coal region of northeastern Pennsylvania and enable the communities to conserve their heritage while continuing to pursue economic opportunities; and

(2) to conserve, interpret, and develop the historical, cultural, natural, and recreational resources related to the industrial and cultural heritage of the 4-county region described in subsection (a)(1).

SEC. 103. DEFINITIONS.

In this title:

(1) HERITAGE AREA.—The term ''Heritage Area'' means the Lackawanna Valley National Heritage Area established by section 4.

(2) MANAGEMENT ENTITY.—The term ''management entity'' means the management entity for the Heritage Area specified in section 4(c).

(3) MANAGEMENT PLAN.—The term ''management plan'' means the management plan for the Heritage Area developed under section 6(b).

(4) PARTNER.—The term ''partner'' means—

(A) a Federal, State, or local governmental entity; and

(B) an organization, private industry, or individual involved in promoting the conservation and preservation of the cultural and natural resources of the Heritage Area.

(5) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

SEC. 104. LACKAWANNA VALLEY NATIONAL HERITAGE AREA.

(a) ESTABLISHMENT.—There is established the Lackawanna Valley National Heritage Area.

(b) BOUNDARIES.—The Heritage Area shall be comprised of all or parts of Lackawanna County, Luzerne County, Wayne County, and Susquehanna County, Pennsylvania, determined in accordance with the compact under section 5.

(c) MANAGEMENT ENTITY.—The management entity for the Heritage Area shall be the Lackawanna Heritage Valley Authority.

SEC. 105. COMPACT.

(a) IN GENERAL.—To carry out this title, the Secretary shall enter into a compact with the management entity.

(b) CONTENTS OF COMPACT.—The compact shall include information relating to the objectives and management of the area, including—

(1) a delineation of the boundaries of the Heritage Area; and

(2) a discussion of the goals and objectives of the Heritage Area, including an explanation of the proposed approach to conservation and interpretation and a general outline of the protection measures committed to by the partners.

SEC. 106. AUTHORITIES AND DUTIES OF THE MANAGEMENT ENTITY.

(a) AUTHORITIES OF MANAGEMENT ENTITY.—The management entity may, for the purposes of preparing and implementing the management plan, use funds made available under this title to hire and compensate staff.

(b) MANAGEMENT PLAN.—

(1) IN GENERAL.—The management entity shall develop a management plan for the Heritage Area that presents comprehensive recommendations for the conservation, funding, management, and development of the Heritage Area.

(2) CONSIDERATION OF OTHER PLANS AND ACTIONS.—The management plan shall—

(A) take into consideration State, county, and local plans;

(B) involve residents, public agencies, and private organizations working in the Heritage Area; and

(C) include actions to be undertaken by units of government and private organizations to protect the resources of the Heritage Area.

(3) SPECIFICATION OF FUNDING SOURCES.—The management plan shall specify the existing and potential sources of funding available to protect, manage, and develop the Heritage Area.

(4) OTHER REQUIRED ELEMENTS.—The management plan shall include the following:

(A) An inventory of the resources contained in the Heritage Area, including a list of any property in the Heritage Area that is related to the purposes of the Heritage Area and that should be preserved, restored, managed, developed, or maintained because of its historical, cultural, natural, recreational, or scenic significance.

(B) A recommendation of policies for resource management that considers and details application of appropriate land and water management techniques, including the development of intergovernmental cooperative agreements to protect the historical, cultural, natural, and recreational resources of the Heritage Area in a manner that is consistent with the support of appropriate and compatible economic viability.

(C) A program for implementation of the management plan by the management entity, including—

(i) plans for restoration and construction; and

(ii) specific commitments of the partners for the first 5 years of operation.

(D) An analysis of ways in which local, State, and Federal programs may best be coordinated to promote the purposes of this Act.

(E) An interpretation plan for the Heritage Area.

(5) SUBMISSION TO SECRETARY FOR APPROVAL.—

(A) IN GENERAL.—Not later than the last day of the 3-year period beginning on the date of enactment of this Act, the management entity shall submit the management plan to the Secretary for approval.

(B) EFFECT OF FAILURE TO SUBMIT.—If a management plan is not submitted to the Secretary by the day referred to in subparagraph (A), the Secretary shall not, after that day, provide any grant or other assistance under this title with respect to the Heritage Area until a management plan for the Heritage Area is submitted to the Secretary.

(c) DUTIES OF MANAGEMENT ENTITY.—The management entity shall—

(1) give priority to implementing actions specified in the compact and management plan, including steps to assist units of government and nonprofit organizations in preserving the Heritage Area;

(2) assist units of government and nonprofit organizations in—

(A) establishing and maintaining interpretive exhibits in the Heritage Area;

(B) developing recreational resources in the Heritage Area;

(C) increasing public awareness of and appreciation for the historical, natural, and architectural resources and sites in the Heritage Area; and

(D) restoring historic buildings that relate to the purposes of the Heritage Area;

(3) encourage economic viability in the Heritage Area consistent with the goals of the management plan;

(4) encourage local governments to adopt land use policies consistent with the management of the Heritage Area and the goals of the management plan;

(5) assist units of government and nonprofit organizations to ensure that clear, consistent, and environmentally appropriate signs identifying access points and sites of interest are placed throughout the Heritage Area;

(6) consider the interests of diverse governmental, business, and nonprofit groups within the Heritage Area;

(7) conduct public meetings not less often than quarterly concerning the implementation of the management plan;

(8) submit substantial amendments (including any increase of more than 20 percent in the cost estimates for implementation) to the management plan to the Secretary for the Secretary's approval; and

(9) for each year in which Federal funds have been received under this title—

(A) submit a report to the Secretary that specifies—

(i) the accomplishments of the management entity; and

(ii) the expenses and income of the management entity;

(B) make available to the Secretary for audit all records relating to the expenditure of such funds and any matching funds; and

(C) require, with respect to all agreements authorizing expenditure of Federal funds by other organizations, that the receiving organizations make available to the Secretary for audit all records concerning the expenditure of such funds.

(d) USE OF FEDERAL FUNDS.—

(1) FUNDS MADE AVAILABLE UNDER THIS TITLE.—The management entity shall not use Federal funds received under this title to acquire real property or any interest in real property.

(2) FUNDS FROM OTHER SOURCES.—Nothing in this title precludes the management entity from using Federal funds obtained through law other than this title for any purpose for which the funds are authorized to be used.

SEC. 107. DUTIES AND AUTHORITIES OF FEDERAL AGENCIES.

(a) TECHNICAL AND FINANCIAL ASSISTANCE.—

(1) PROVISION OF ASSISTANCE.—The Secretary may, at the request of the management entity, provide technical and financial assistance to the management entity to develop and implement the management plan.

(2) PRIORITY IN ASSISTANCE.—In assisting the management entity, the Secretary shall give priority to actions that assist in—

(A) conserving the significant historical, cultural, and natural resources that support the purpose of the Heritage Area; and

(B) providing educational, interpretive, and recreational opportunities consistent with the resources and associated values of the Heritage Area.

(b) APPROVAL AND DISAPPROVAL OF MANAGEMENT PLANS.—

(1) IN GENERAL.—The Secretary, in consultation with the Governor of the Commonwealth of Pennsylvania, shall approve or disapprove a management plan submitted under this title not later than 90 days after receipt of the management plan.

(2) ACTION FOLLOWING DISAPPROVAL.—

(A) IN GENERAL.—If the Secretary disapproves a management plan, the Secretary shall advise the management entity in writing of the reasons for the disapproval and shall make recommendations for revisions to the management plan.

(B) DEADLINE FOR APPROVAL OF REVISION.—The Secretary shall approve or disapprove a proposed revision within 90 days after the date on which the revision is submitted to the Secretary.

(c) APPROVAL OF AMENDMENTS.—

(1) REVIEW.—The Secretary shall review substantial amendments (as determined under section 6(c)(8)) to the management plan for the Heritage Area.

(2) REQUIREMENT OF APPROVAL.—Funds made available under this title shall not be expended to implement the amendments described in paragraph (1) until the Secretary approves the amendments.

SEC. 108. SUNSET PROVISION.

The Secretary shall not provide any grant or other assistance under this title after September 30, 2012.

SEC. 109. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There is authorized to be appropriated to carry out this title $10,000,000, except that not more than $1,000,000 may be appropriated to carry out this title for any fiscal year.

(b) 50-PERCENT MATCH.—The Federal share of the cost of activities carried out using any assistance or grant under this title shall not exceed 50 percent.

TITLE II—SCHUYLKILL RIVER VALLEY NATIONAL HERITAGE AREA

SEC. 201. SHORT TITLE.

This title may be cited as the ''Schuylkill River Valley National Heritage Area Act''.

SEC. 202. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds that—

(1) the Schuylkill River Valley made a unique contribution to the cultural, political, and industrial development of the United States;

(2) the Schuylkill River is distinctive as the first spine of modern industrial development in Pennsylvania and one of the first in the United States;

(3) the Schuylkill River Valley played a significant role in the struggle for nationhood;

(4) the Schuylkill River Valley developed a prosperous and productive agricultural economy that survives today;

(5) the Schuylkill River Valley developed a charcoal iron industry that made Pennsylvania the center of the iron industry within the North American colonies;

(6) the Schuylkill River Valley developed into a significant anthracite mining region that continues to thrive today;

(7) the Schuylkill River Valley developed early transportation systems, including the Schuylkill Canal and the Reading Railroad;

(8) the Schuylkill River Valley developed a significant industrial base, including textile mills and iron works;

(9) there is a longstanding commitment to—

(A) repairing the environmental damage to the river and its surroundings caused by the largely unregulated industrial activity; and

(B) completing the Schuylkill River Trail along the 128-mile corridor of the Schuylkill Valley;

(10) there is a need to provide assistance for the preservation and promotion of the significance of the Schuylkill River as a system for transportation, agriculture, industry, commerce, and immigration; and

(11)(A) the Department of the Interior is responsible for protecting the Nation's cultural and historical resources; and

(B) there are significant examples of such resources within the Schuylkill River Valley to merit the involvement of the Federal Government in the development of programs and

projects, in cooperation with the Schuylkill River Greenway Association, the State of Pennsylvania, and other local and governmental bodies, to adequately conserve, protect, and interpret this heritage for future generations, while providing opportunities for education and revitalization.

(b) PURPOSES.—The purposes of this title are—

(1) to foster a close working relationship with all levels of government, the private sector, and the local communities in the Schuylkill River Valley of southeastern Pennsylvania and enable the communities to conserve their heritage while continuing to pursue economic opportunities; and

(2) to conserve, interpret, and develop the historical, cultural, natural, and recreational resources related to the industrial and cultural heritage of the Schuylkill River Valley of southeastern Pennsylvania.

SEC. 203. DEFINITIONS.

In this title:

(1) COOPERATIVE AGREEMENT.—The term ''cooperative agreement'' means the cooperative agreement entered into under section 204(d).

(2) HERITAGE AREA.—The term ''Heritage Area'' means the Schuylkill River Valley National Heritage Area established by section 204.

(3) MANAGEMENT ENTITY.—The term ''management entity'' means the management entity of the Heritage Area appointed under section 204(c).

(4) MANAGEMENT PLAN.—The term ''management plan'' means the management plan for the Heritage Area developed under section 205.

(5) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(6) STATE.—The term ''State'' means the State of Pennsylvania.

SEC. 204. ESTABLISHMENT.

(a) IN GENERAL.—For the purpose of preserving and interpreting for the educational and inspirational benefit of present and future generations certain land and structures with unique and significant historical and cultural value associated with the early development of the Schuylkill River Valley, there is established the Schuylkill River Valley National Heritage Area.

(b) BOUNDARIES.—The Heritage Area shall be comprised of the Schuylkill River watershed within the counties of Schuylkill, Berks, Montgomery, Chester, and Philadelphia, Pennsylvania, as delineated by the Secretary.

(c) MANAGEMENT ENTITY.—The management entity for the Heritage Area shall be the Schuylkill River Greenway Association.

(d) COOPERATIVE AGREEMENT.—

(1) IN GENERAL.—To carry out this title, the Secretary shall enter into a cooperative agreement with the management entity.

(2) CONTENTS.—The cooperative agreement shall include information relating to the objectives and management of the Heritage Area, including—

(A) a description of the goals and objectives of the Heritage Area, including a description of the approach to conservation and interpretation of the Heritage Area;

(B) an identification and description of the management entity that will administer the Heritage Area; and

(C) a description of the role of the State.

SEC. 205. MANAGEMENT PLAN.

(a) IN GENERAL.—Not later than 3 years after the date of enactment of this title, the management entity shall submit to the Secretary for approval a management plan for the Heritage Area that presents comprehensive recommendations for the conservation, funding, management, and development of the Heritage Area.

(b) REQUIREMENTS.—The management plan shall—

(1) take into consideration State, county, and local plans;

(2) involve residents, public agencies, and private organizations working in the Heritage Area;

(3) specify, as of the date of the plan, existing and potential sources of funding to protect, manage, and develop the Heritage Area; and

(4) include—

(A) actions to be undertaken by units of government and private organizations to protect the resources of the Heritage Area;

(B) an inventory of the resources contained in the Heritage Area, including a list of any property in the Heritage Area that is related to the themes of the Heritage Area and that should be preserved, restored, managed, developed, or maintained because of its natural, cultural, historical, recreational, or scenic significance;

(C) a recommendation of policies for resource management that considers and details application of appropriate land and water management techniques, including the development of intergovernmental cooperative agreements to protect the historical, cultural, recreational, and natural resources of the Heritage Area in a manner consistent with supporting appropriate and compatible economic viability;

(D) a program for implementation of the management plan by the management entity;

(E) an analysis of ways in which local, State, and Federal programs may best be coordinated to promote the purposes of this title; and

(F) an interpretation plan for the Heritage Area.

(c) DISQUALIFICATION FROM FUNDING.—If a management plan is not submitted to the Secretary on or before the date that is 3 years after the date of enactment of this title, the Heritage Area shall be ineligible to receive Federal funding under this title until the date on which the Secretary receives the management plan.

(d) UPDATE OF PLAN.—In lieu of developing an original management plan, the management entity may update and submit to the Secretary the Schuylkill Heritage Corridor Management Action Plan that was approved by the State in March, 1995, to meet the requirements of this section.

SEC. 206. AUTHORITIES AND DUTIES OF THE MANAGEMENT ENTITY.

(a) AUTHORITIES OF THE MANAGEMENT ENTITY.—For purposes of preparing and implementing the management plan, the management entity may—

(1) make grants to, and enter into cooperative agreements with, the State and political subdivisions of the State, private organizations, or any person; and

(2) hire and compensate staff.

(b) DUTIES OF THE MANAGEMENT ENTITY.—The management entity shall—

(1) develop and submit the management plan under section 205;

(2) give priority to implementing actions set forth in the cooperative agreement and the management plan, including taking steps to—

(A) assist units of government, regional planning organizations, and nonprofit organizations in—

(i) preserving the Heritage Area;

(ii) establishing and maintaining interpretive exhibits in the Heritage Area;

(iii) developing recreational resources in the Heritage Area;

(iv) increasing public awareness of and, appreciation for, the natural, historical, and architectural resources and sites in the Heritage Area;

(v) restoring historic buildings relating to the themes of the Heritage Area; and

(vi) ensuring that clear, consistent, and environmentally appropriate signs identifying access points and sites of interest are installed throughout the Heritage Area;

(B) encourage economic viability in the Heritage Area consistent with the goals of the management plan; and

(C) encourage local governments to adopt land use policies consistent with the management of the Heritage Area and the goals of the management plan;

(3) consider the interests of diverse governmental, business, and nonprofit groups within the Heritage Area;

(4) conduct public meetings at least quarterly regarding the implementation of the management plan;

(5) submit substantial changes (including any increase of more than 20 percent in the cost estimates for implementation) to the management plan to the Secretary for the approval of the Secretary; and

(6) for any fiscal year in which Federal funds are received under this title—

(A) submit to the Secretary a report describing—

(i) the accomplishments of the management entity;

(ii) the expenses and income of the management entity; and

(iii) each entity to which the management entity made any grant during the fiscal year;

(B) make available for audit all records pertaining to the expenditure of Federal funds and any matching funds, and require, for all agreements authorizing expenditure of Federal funds by organizations other than the management entity, that the receiving organizations make available for audit all records pertaining to the expenditure of such funds; and

(C) require, for all agreements authorizing expenditure of Federal funds by organizations other than the management entity, that the receiving organizations make available for audit all records pertaining to the expenditure of Federal funds.

(c) USE OF FEDERAL FUNDS.—

(1) IN GENERAL.—The management entity shall not use Federal funds received under this title to acquire real property or an interest in real property.

(2) OTHER SOURCES.—Nothing in this title precludes the management entity from using Federal funds from other sources for their permitted purposes.

(d) SPENDING FOR NON-FEDERALLY OWNED PROPERTY.—The management entity may spend Federal funds directly on non-federally owned property to further the purposes of this title, especially in assisting units of government in appropriate treatment of districts, sites, buildings, structures, and objects listed or eligible for listing on the National Register of Historic Places.

SEC. 207. DUTIES AND AUTHORITIES OF FEDERAL AGENCIES.

(a) TECHNICAL AND FINANCIAL ASSISTANCE.—

(1) IN GENERAL.—At the request of the management entity, the Secretary may provide technical and financial assistance to the Heritage Area to develop and implement the management plan.

(2) PRIORITIES.—In assisting the management entity, the Secretary shall give priority to actions that assist in—

(A) conserving the significant natural, historical, and cultural resources that support the themes of the Heritage Area; and

(B) providing educational, interpretive, and recreational opportunities consistent with the resources and associated values of the Heritage Area.

(b) APPROVAL AND DISAPPROVAL OF COOPERATIVE AGREEMENTS AND MANAGEMENT PLANS.—

(1) IN GENERAL.—Not later than 90 days after receiving a cooperative agreement or management plan submitted under this title, the Secretary, in consultation with the Governor of the State, shall approve or disapprove the cooperative agreement or management plan.

(2) MANAGEMENT PLAN CONTENTS.—In reviewing the plan, the Secretary shall consider whether the composition of the management entity and the plan adequately reflect diverse interest of the region, including those of—

(A) local elected officials,

(B) the State,

(C) business and industry groups,

(D) organizations interested in the protection of natural and cultural resources, and

(E) other community organizations and individual stakeholders.

(3) ACTION FOLLOWING DISAPPROVAL.—

(A) IN GENERAL.—If the Secretary disapproves a cooperative agreement or management plan, the Secretary shall—

(i) advise the management entity in writing of the reasons for the disapproval; and

(ii) make recommendations for revisions in the cooperative agreement or plan.

(B) TIME PERIOD FOR DISAPPROVAL.—Not later than 90 days after the date on which a revision described under subparagraph (A)(ii) is submitted, the Secretary shall approve or disapprove the proposed revision.

(c) APPROVAL OF AMENDMENTS.—

(1) IN GENERAL.—The Secretary shall review and approve substantial amendments to the management plan.

(2) FUNDING EXPENDITURE LIMITATION.—Funds appropriated under this title may not be expended to implement any substantial amendment until the Secretary approves the amendment.

SEC. 208. CULTURE AND HERITAGE OF ANTHRACITE COAL REGION.

(a) IN GENERAL.—The management entities of heritage areas (other than the Heritage Area) in the anthracite coal region in the State shall cooperate in the management of the Heritage Area.

(b) FUNDING.—Management entities described in subsection (a) may use funds appropriated for management of the Heritage Area to carry out this section.

SEC. 209. SUNSET.

The Secretary may not make any grant or provide any assistance under this title after the date that is 15 years after the date of enactment of this title.

SEC. 210. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to carry out this title not more than $10,000,000, of which not more than $1,000,000 is authorized to be appropriated for any one fiscal year.

(b) FEDERAL SHARE.—Federal funding provided under this title may not exceed 50 percent of the total cost of any project or activity funded under this title.

Amend the title so as to read: ''An Act to designate the Lackawanna Valley and the Schuylkill River National Heritage Areas, and for other purposes.''.

The SPEAKER pro tempore (Mr. SUNUNU). Pursuant to House Resolution 583, the gentleman from Pennsylvania (Mr. SHERWOOD) and the gentleman from New Mexico (Mr. UDALL) each will control 30 minutes.

The Chair recognizes the gentleman from Pennsylvania (Mr. SHERWOOD).

Mr. SHERWOOD. Mr. Speaker, I yield myself such time as I may consume. I urge my colleagues to support this motion so that we can send this bill, which is important to the people of Pennsylvania and the Nation, to the President.

This bill, with the conforming amendments adopted by the Senate, establishes the two heritage areas in the State of Pennsylvania. The proposed Lackawanna Valley Heritage Area covers four counties in northeastern Pennsylvania, the counties of Lackawanna, Luzerne, Wayne and Susquehanna. The Schuylkill River Valley Heritage Area will be made up of the Schuylkill River watershed within the counties of Schuylkill, Berks, Montgomery, Chester, and Philadelphia, Pennsylvania.

The Lackawanna Valley was the first heritage area designated by the Commonwealth of Pennsylvania. I am pleased to tell my colleagues that the Lackawanna Heritage Valley Authority has been providing outstanding oversight and support of the Valley's historical and cultural resources. The Authority's executive director, John Cosgrove, and his staff, Sandra Eggert, Margo Tomlinson, Alice Sokoloski, and Jack Carling, have worked hard and are proud that for every Federal dollar provided over the last decade, the Lackawanna Valley Heritage Authority has leveraged $10 in State, local and private sector funds to finance preservation activities.

I commend them for their past successes and know that the Lackawanna Heritage Valley Authority will continue to foster these important relationships with all levels of government, the private sector, and local communities.

The Lackawanna Valley played a critical role in our Nation's history. Our coal mines powered the industrial revolution, and workers from the Lackawanna Valley played a significant role in the formation and development of the organized labor movement in the early part of the century.

My bill was reported to the Committee on Resources last year on August 3, 1999, with an amendment. It passed the House of Representatives on September 13, 1999 under suspension of the rules. The Senate passed the bill last Monday, September 18, with a further amendment which made some conforming and technical changes. We must concur in the Senate amendments as soon as possible so that the National Park Service, the Lackawanna Valley Heritage Authority, and the Schuylkill River Greenway Association can begin their important work.

The designation of the Lackawanna and Schuylkill River Valleys as a national heritage area will enable all Americans, for years to come, to witness and learn the story of anthracite mining, the labor movement, and the industrialization of America. I urge my colleagues to support this motion.

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

Mr. UDALL of New Mexico. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 940, as amended, establishes the Lackawanna Valley and Schuylkill Valley Heritage Areas in the Commonwealth of Pennsylvania. The bill originally passed the House by voice vote on September 13, 1999. The Senate passed the bill on Monday of this week and has returned the measure to the House with amendments. The Senate amendments make a number of technical, clarifying and conforming changes to the bill. These are noncontroversial changes which we support.

The Lackawanna Valley covers the four counties of Lackawanna, Luzerne, Wayne, and Susquehanna counties in northeastern Pennsylvania. The proposed heritage area would preserve and interpret the Valley's historic, cultural, and natural resources, especially as they relate to anthracite coal. In addition, the bill provides for the designation of a Schuylkill River National Valley Heritage Area so that the preservation and interpretation of the resources of the anthracite coal region will also include the significant resources found in the Schuylkill River Valley.

The Schuylkill River Valley Heritage Area would include the districts of our colleagues, the gentleman from Pennsylvania (Mr. HOLDEN) and the gentleman from Pennsylvania (Mr. HOEFFEL). These two Members have been strong advocates for the preservation and interpretation of the region's resources, and I want to commend them for their efforts in this regard.

Mr. Speaker, H.R. 940, as amended, is a good heritage preservation proposal, and I urge my colleagues to support the bill with the Senate amendments so that we can complete action on this measure and send the bill to the President for his signature.

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

Mr. SHERWOOD. Mr. Speaker, I yield such time as he may consume to the gentleman from Idaho (Mr. SIMPSON).

Mr. SIMPSON. Mr. Speaker, I thank the gentleman for yielding me this time.

I want to compliment my colleague, the gentleman from Pennsylvania (Mr. SHERWOOD), for his work on this legislation that was introduced, as was mentioned, in March of 1999. It has been over a year and a half that he has been working on this important piece of legislation.

Mr. Speaker, by designating the Lackawanna Valley of Pennsylvania as a national heritage area, this important legislation would ensure the conservation of its significant historical and cultural resources. The Lackawanna Valley was the first heritage area site, as has been mentioned, designated by the Commonwealth of Pennsylvania, and is a nationally significant historic area, as documented in the U.S. Department of Interior's Register of Historic Places.

The Valley represents the development of anthracite coal, one of North America's greatest natural resources. From early in the 19th century, Pennsylvania's coal provided an extraordinary source of energy which fueled America's economic growth for over 100 years.

At the center of the world's most productive anthracite fields, the Lackawanna Valley witnessed the inception, spectacular growth, and eventual deterioration of an industry which led the United States to unparalleled prosperity. The Valley's current mix of ethnicity, its combination of dense urban areas and isolated settlements, and the desolate remains of coal mines surrounded by beautiful countryside are a microcosm of our legacy from the industrial revolution.

As these contrasts illustrate, the industrial era was not without both

human and environmental costs. Thousands of immigrants worked in the deep mines under horrible conditions. Death and injury were commonplace. With no survivor benefits or disability compensation to withstand these calamities, anthracite miners created the Nation's first labor unions and they fought for the implementation of child labor laws, workplace safety, pension security, and fair labor standards.

The new Americans who populated the Lackawanna Valley established strong communities, where ethnic ties were reinforced by church and fraternal societies that created a sense of security noticeably absent in the mines. The Valley's remaining ethnic neighborhoods are a testament to a pattern of urban growth that was once common in U.S. cities but is now disappearing.

The landscape of the Valley conveys the story of the industrial revolution most clearly. Miles of tracks and hundreds of industrial sites and abandoned mines are daily reminders of the importance of the region to industry. Heritage sites like Pennsylvania's Anthracite Heritage Museum, the Scranton Iron Furnace Historic Site, the Lackawanna Valley County Coal Mine, and the Steam Town National Historic Site help to commemorate this struggle. These sites provide the framework for historic preservation which will be cemented by this proposed legislation.

I must say, Mr. Speaker, this is not just historical preservation that is written down in a book, like this, talking about the Lackawanna Valley, this is historic preservation that future generations can drive through, walk through, can touch and feel. This is true historic preservation for future generations.

Again, I compliment my colleague from Pennsylvania (Mr. SHERWOOD) for his outstanding work on this legislation and his dedication to making sure this becomes law this year.

Mr. UDALL of New Mexico. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. HOLDEN), who has been a strong advocate of the preservation and interpretation of this region's resources, and we appreciate his assistance in letting the Committee on Resources know the importance of this legislation.

Mr. HOLDEN. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I rise in strong support of this legislation, and I would like to thank the chairmen and ranking members of the full committee and the subcommittee for their help on this legislation as well as my friend, the gentleman from Pennsylvania (Mr. SHERWOOD), who has been very gracious in including the Schuylkill River Heritage Corridor along with his Lackawanna Heritage Corridor. I appreciate his help.

Mr. Speaker, this legislation will give the Department of the Interior the opportunity to highlight the proud history of the Schuylkill River Heritage Corridor from the anthracite coal fields to Philadelphia, a proud history that includes anthracite coal, the fuel that really allowed us to have the industrial revolution in this country. It certainly fueled that and it gave us the resources to win World War I and World War II.

Also, this area in the Schuylkill River Heritage Corridor includes a great history of organized labor. The Working Man's Benevolent Association was first formed in Schuylkill County, Pennsylvania, and I am proud to say that my great grandfather was elected the first president of that organization. That was the forerunner to the United Mine Workers of America. That organization did so much, as was mentioned by the previous speaker, for worker safety, for child labor laws, an 8-hour day, and trying to get a 40-hour work. This is certainly something that will be highlighted by the Schuylkill River Greenway Association.

Along with that we will go to Schuylkill Canal, which gave us the opportunity to get anthracite coal and agriculture products to market in Philadelphia.

The Reading Railroad also will be highlighted by the Schuylkill River Greenway Association as contributing so much to the development of the United States, particularly to Pennsylvania.

We also have such a proud agricultural history in Schuylkill and Berks County, in Montgomery and Chester, and we are going to have the opportunity to talk so much about those achievements, along with the great history of iron ore and textiles.

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I can remember when I was a kid how many women worked in the factories. If you go back 30 or 40 years before that, the history of textiles in this country certainly was highlighted along the Schuylkill River.

I think this legislation will be a great opportunity for the Department of the Interior to highlight a proud history. I would like to thank again the gentleman from Pennsylvania for his assistance and the chairman and ranking member of the committee and the subcommittee.

I urge my colleagues to support this legislation.

Mr. UDALL of New Mexico. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. HOEFFEL). I first would like to just say that the gentleman from Pennsylvania (Mr. HOEFFEL) has worked very diligently with the House Committee on Resources to get us to understand the importance of this legislation. He has been a very strong advocate for the preservation and interpretation of this region's resources. We very much appreciate his hard work on this bill.

Mr. HOEFFEL. Mr. Speaker, I want to thank the gentleman from New Mexico (Mr. UDALL) for his kind remarks and his leadership. I also want to thank the chairman and ranking member of the committee that brought this forward and particularly thank the gentleman from Pennsylvania (Mr. SHERWOOD), who went out of his way to make sure the Schuylkill River was included in this legislation that originally was designed to help the Lackawanna River. As the gentleman from Pennsylvania (Mr. HOLDEN) said, we are both grateful to be part of this because it is such an important improvement to our home areas.

I rise in strong support of this bill because it will give us an opportunity to develop the Schuylkill River in Montgomery County as a real asset to our community. Schuylkill in Dutch means ''hidden river.'' It was named by the Dutch that discovered the Delaware and the confluence of the Delaware with the Schuylkill where Philadelphia now is. They almost missed the mouth of it so they called it the hidden river, the Schuylkill. Unfortunately in modern times, it remains a hidden river, at least in Montgomery County. My county has 700,000 residents, lots of people, lots of industry, lots of activity; but we do not make good use of the riverfront. This legislation will allow us to develop the Schuylkill as an asset in our community. I do not mean develop in the sense of paving over or bulldozing things. What I mean is developing it as a recreational and open space asset, as a community asset, as well as a retail and residential asset.

Rivers in our communities, particularly our urban communities and suburban communities, can restore the soul of a community. People like the water. People like to be around the water. They like to shop along the water, they like to live on the water, they like to play and walk along the water. In Montgomery County, Pennsylvania, we have not been able due to a lot of reasons to properly use the Schuylkill. This legislation will encourage the planning at the local and State level and provide some of the funding to pull together the planning already going on by such groups as the Schuylkill River Greenway Association, who will be the managing group under this legislation to make sure that we have a broad vision that can use the riverfront for riverfront walkways, for parks, for recreational opportunities, as well as the kind of retail and residential efforts in communities that people truly desire.

I am delighted that this legislation is moving. I compliment again the gentleman from Pennsylvania (Mr. SHERWOOD) for his leadership. I urge all of my colleagues to vote yes.

Mr. UDALL of New Mexico. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill is a great example of bipartisanship, and it is the way that we should work with each other. We have two freshmen Members here, the gentleman from Pennsylvania

(Mr. HOEFFEL) and the gentleman from Pennsylvania (Mr. SHERWOOD), who have worked diligently on this bill. We also have the gentleman from Pennsylvania (Mr. HOLDEN) who has participated and been a part of this. I would just say that this is a good example of us working together.

I congratulate all of the parties, including the gentleman from California (Mr. GEORGE MILLER), for I know of his very hard work on this bill.

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

Mr. SHERWOOD. Mr. Speaker I yield myself such time as I may consume.

I want to thank my colleagues from Pennsylvania for their cooperation on this bill. This is a wonderful thing to have a Lackawanna heritage area and a Schuylkill heritage area that both work to preserve what we have in Pennsylvania, a very unique heritage that was anthracite mining, early manufacturing, and the start of the industrial revolution, the start of the American labor movement. This will be a true preservation and an ability to continue the cleanup of those rivers so that they are treasures and they can be used as they were in colonial times, and there is great progress to be made in improving the environment. This is a cooperative effort to improve our environment and provide an interpretation of our history. This is a worthwhile project. I want to thank everyone that was involved in it. I ask for its passage.

Mr. HANSEN. Mr. Speaker, I rise today in support of H.R. 940 with the Senate amendments.

Mr. Speaker, H.R. 940, as amended, establishes two new heritage areas, the Lackawanna Valley National Heritage Area and the Schuylkill River National Heritage Area, both in the State of Pennsylvania. Major credit for this legislation must go to Congressman DON SHERWOOD from Pennsylvania who has worked very hard in the creation of these Heritage Areas. In fact, this bill has been a long time coming, but Mr. SHERWOOD never gave up in his effort to pass this legislation.

The proposed Heritage Areas, because of their current mix of ethnicity, combination of dense urban areas with isolated settlements, and their coal mines, represent a microcosm of our legacy from the industrial revolution. These areas played significant roles in the formation and development of the organized union movement, such as the United Mine Workers, in the early part of this century.

Mr. Speaker, H.R. 940 authorizes two experienced private entities who will be responsible for the development and implementation of the management plans for the respective heritage areas. These management plans will include recommendations to be undertaken by local and state units of government along with private organizations to protect and interpret the historical, natural, cultural, and recreational resources of the areas. Of note, the management entities may not use Federal funds received under this act to acquire real property or interest in real property. This bill is supported by the administration and, importantly, the local communities and governments within the new heritage areas. This bill will focus well-deserved national attention to these areas of Pennsylvania and I urge my colleagues for their support on H.R. 940 with the Senate amendments.

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

The SPEAKER pro tempore (Mr. SUNUNU). All time for debate has expired.

Pursuant to House Resolution 583, the previous question is ordered.

The question is on the motion offered by the gentleman from Pennsylvania (Mr. SHERWOOD).

The motion was agreed to.

A motion to reconsider was laid on the table.

DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PERSONNEL ACT OF 2000

Ms. PRYCE of Ohio. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 585 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 585

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 5109) to amend title 38, United States Code, to improve the personnel system of the Veterans Health Administration, and for other purposes. The bill shall be considered as read for amendment. The amendment recommended by the Committee on Veterans' Affairs now printed in the bill shall be considered as adopted. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage without intervening motion except: (1) one hour of debate on the bill, as amended, equally divided and controlled by the chairman and ranking minority member of the Committee on Veterans' Affairs; (2) the further amendment printed in the report of the Committee on Rules accompanying this resolution, if offered by Representative Stump of Arizona, Representative Evans of Illinois, or a designee, which shall be in order without intervention of any point of order or demand for division of the question, shall be considered as read, and shall be separately debatable for 10 minutes equally divided and controlled by the proponent and an opponent; and (3) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentlewoman from Ohio (Ms. PRYCE) is recognized for 1 hour.

Ms. PRYCE of Ohio. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the ranking member of the Committee on Rules, the gentleman from Massachusetts (Mr. MOAKLEY), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, House Resolution 585 is a modified closed rule providing for consideration of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act. This legislation is the culmination of work done by the House Committee on Veterans' Affairs over the past year to determine what can be done to improve the VA health care system. We all recognize the great sacrifices made by those who have bravely served their country in the armed services. Providing quality health care to these great Americans and their families is one of the most important ways that we can extend our gratitude. After numerous hearings, meetings and oversight conducted by the Committee on Veterans' Affairs, this legislation was developed to address a range of VA health issues.

The House will have 1 hour to engage in general debate on the bill which will be equally divided between the chairman and ranking minority member of the Committee on Veterans' Affairs. Under the rule, the amendment recommended by the Committee on Veterans' Affairs, now printed in the bill, shall be considered as adopted. All points of order against the bill, as amended, and against its consideration are waived. The rule makes in order one bipartisan amendment which is printed in the Committee on Rules report which shall be considered as read and not subject to amendment. All points of order against this amendment are waived.

Finally, the rule provides for the customary motion to recommit, with or without instructions.

Mr. Speaker, we all have heard from our constituents about the problems that riddle the VA health system. I would venture to guess that all of us share a desire to improve this system to ensure that our Nation's veterans get the quality care that they so rightly deserve. Making sure our veterans are treated right starts with treating the personnel in the VA health system right. That is why much of H.R. 5109 focuses on the providers of health care in the VA system.

Under this legislation, pay for VA nurses will become more equitable and a guaranteed national comparability pay increase on par with that received by other Federal workers will improve morale among nurses which in turn will enhance recruitment and retention of these valued employees. In addition, these nurses, who often spend more time with individual patients and who are more intimately familiar with their care, will be given a greater role in policy and decision-making at the VA. Dentists will also see their pay rise, as will VA pharmacists under the provisions of this legislation.

In addition to ensuring that the personnel in the VA system receive adequate compensation, H.R. 5109 responds to the unique health care needs of veterans by requiring the VA to incorporate a military history into medical examinations. Treating the medical conditions that arise out of military service is at the foundation of the VA system. If such conditions are left undiagnosed and/or untreated, the long-term consequences can be very, very severe. This legislation requires that during a veteran's initial clinical examination, the VA inquire about and

document a veteran's military service and any exposures during their service that may contribute to their health status.

Along these same lines, H.R. 5109 seeks to build on the knowledge that has grown out of the survey that began in 1984 regarding post-traumatic stress disorder. This legislation calls for a follow-up study to determine, among other things, what the long range course of PTSD is, which veterans are least likely to recover from the disorder, and how it contributes to subsequent health conditions, such as cardiovascular disease.

Another concern that many of us have heard about from our veterans back home is that VA health facilities are inconvenient because they are so often so far away. Too often we learn of a sick individual who has to endure the hardship of traveling hours to get to where he or she needs to be, that is, the VA center. More and more, doctors can treat patients on an outpatient basis, but if a veteran is traveling 2 or 3 hours to get to an outpatient clinic, he or she may have to spend the night, particularly if follow-up care is required the next day, as it so often is.

The legislation we will vote on today improves the situation for veterans by providing clear authority to the VA to provide overnight accommodations at or near a VA facility.

Another provision of this legislation offers greater convenience to veterans by establishing a pilot program that will allow veterans with Medicare or other health coverage to coordinate their benefits and seek care in a community hospital rather than a VA facility that may be hundreds of miles away. The VA would coordinate the care to ensure that the patient does not incur additional out-of-pocket costs, and VA approval would be required to ensure that the VA is still responsible for delivering the specialized care that so many veterans require.

Mr. Speaker, these and other improvements to the VA health care system are worthy of bipartisan support. The rule before us was reported by the Committee on Rules by a voice vote. I urge its swift adoption by the House so that we may move forward with this legislation which is so very important to our veterans.

I urge a yes vote on the rule and the Department of Veterans Affairs Health Care Personnel Act.

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

Mr. MOAKLEY. Mr. Speaker, I thank my dear friend, the gentlewoman from Ohio (Ms. PRYCE), for yielding me the customary half hour, and I yield myself such time as I may consume.

Mr. Speaker, this veterans health care bill is bipartisan, and it deserves all of our complete support. Many parts of our country have far fewer veterans hospitals than they actually need; and veterans who live in those areas, particularly older veterans, have a very difficult time obtaining any kind of health care. This bill, bottom line, will enable veterans who live more than 2 hours away from a veterans facility to see a non-VA doctor and have the costs absorbed by the Veterans' Administration.

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This will make it much easier for the elderly veterans to get their health care, and it will help make sure that our country keeps its promise to provide health care to our fighting men and women.

Mr. Speaker, this also will help fix some of the problems with pay for nurses, dentists, and pharmacists; and it will stem what could be a disastrous departure from the government work for these health care professionals.

Mr. Speaker, the bill would also help build new veterans hospitals in California, Virginia, Florida, and Tennessee, because we find as the veterans get older, they go to warmer climates; and, therefore, there is an inordinate amount of veterans settling in some of our southern States.

Mr. Speaker, I thank the gentleman from Arizona (Mr. STUMP), my colleague, who has done a great job on this, and the gentleman from Illinois (Mr. EVANS), my colleague, for his excellent work. They have improved the health care for American veterans, and this bill as well as the rule deserve our full support.

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

Ms. PRYCE of Ohio. Mr. Speaker, I yield such time as he might consume to the gentleman from Florida (Mr. GOSS), my distinguished colleague and the vice chairman of the Committee on Rules.

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

Mr. GOSS. Mr. Speaker, I rise in strong support of this rule and the underlying legislation. I thank the gentlewoman from Ohio (Ms. PRYCE), my good friend for not only her leadership but yielding me this time. I appreciate very much the observations of the gentleman from Massachusetts (Mr. MOAKLEY), who well understands the plight of our veterans.

Mr. Speaker, my home State of Florida has about 1.7 million veterans, that is a lot of veterans, and it serves as home to thousands more during our busy winter season, which is about to start. Given what we are told about the price of heating oil this year, I expect we are going to have an awful lot of visitors to Florida.

Given the age and special needs of the population, many of these men and women require extensive medical attention. The lack of timely, quality health care for our veterans has reached a crisis point across our Nation, as the gentlewoman from Ohio (Ms. PRYCE) has pointed out, but the problem is even more acute in southwest Florida.

Sadly, the need far exceeds our resources in southwest Florida, and it is not because we have not been trying. Veterans routinely wait months, sometimes over a year, just to get an appointment for something as simple as vision care or hearing care, and to make matters worse, many are forced to drive hundreds of miles to a VA facility in order to receive the medical attention they require when high-quality private facilities are located right around the corner from their homes.

This is sort of an unacceptable way to treat those who have served our country so honorably when we needed them so much.

H.R. 5109 begins to address this injustice by establishing a program to allow vets in remote areas to receive care at non-VA facilities at the VA expense. This program would not only relieve the stress of a long drive on an ailing veteran, but it would also introduce more choice into the current VA health system.

Veterans in rural areas would finally have a choice between the traditional VA care and the utilization of private medical facilities. Introducing free market values into the VA medical system in my view will likely improve the quality of medical attention received by our Nation's veterans, and they deserve the best.

It is time we enable our veterans to have this right to choose, and I think this bill gets us going on that road. It is also about time we treat veterans the same, no matter where they live. They certainly earned that. I think the veterans in southwest Florida should not be discriminated against just because so many of them have found out that southwest Florida is a great place to live and have moved there.

Mr. Speaker, it seems to me the facilities ought to follow the veterans. I strongly encourage my colleagues to support the rule, I think it is noncontroversial, and the bill. And I want to congratulate the gentleman from Arizona (Chairman STUMP) and all of the other people who have participated in bringing this forward for their leadership and commitment to veterans.

When we talked at the testimony at the Committee on Rules last evening, the gentleman from Arizona (Chairman STUMP) indicated his clear awareness of this problem and his sympathy for our problems in Fort Myers and for that I am grateful.

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

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I hope all of my colleagues will join me in supporting this fair rule, which will allow the House to debate a bipartisan bill that will improve the health care for our Nation's veterans. I also want to congratulate the gentleman from Arizona (Chairman STUMP) for his fine work on this effort.

These individuals who have been willing to make great sacrifices to serve their country through their military service deserve not only our respect, but our deepest gratitude.

Mr. Speaker, the legislation before us would demonstrate to our veterans that we are sincere in our desire to repay them for the sacrifice, in part by ensuring their access to high quality health care through the VA system.

The Department of Veterans Affairs Health Care Personnel Act is a thoughtful bipartisan effort to make some of the changes necessary to improve VA care.

Mr. Speaker, I urge my colleagues to support the bill and this very fair rule.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

Mr. STUMP. Mr. Speaker, pursuant to the provisions of House Resolution 585, I call up the bill (H.R. 5109) to amend title 38, United States Code, to improve the personnel system of the Veterans Health Administration, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). Pursuant to House Resolution 585, the bill is considered read for amendment.

The text of H.R. 5109 is as follows:

H.R. 5109

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Department of Veterans Affairs Health Care Personnel Act of 2000''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. References to title 38, United States Code.

TITLE I—PERSONNEL MATTERS

Sec. 101. Revised authority for pay adjustments for nurses employed by the Department of Veterans Affairs.
Sec. 102. Special pay for dentists.
Sec. 103. Exemption for pharmacists from ceiling on special salary rates.
Sec. 104. Physician assistant advisers to Under Secretary for Health.
Sec. 105. Temporary full-time appointments of certain medical personnel.
Sec. 106. Qualifications of social workers.
Sec. 107. Extension of temporary early retirement authority.

TITLE II—CONSTRUCTION AUTHORIZATION

Sec. 201. Authorization of major medical facility projects.
Sec. 202. Authorization of appropriations.

TITLE III—MILITARY SERVICE ISSUES

Sec. 301. Military service history.
Sec. 302. Study of post-traumatic stress disorder in Vietnam veterans.

TITLE IV—MEDICAL ADMINISTRATION

Sec. 401. Pilot program for coordination of hospital benefits.
Sec. 402. Benefits for persons disabled by participation in compensated work therapy program.
Sec. 403. Extension of authority to establish research and education corporations.
Sec. 404. Department of Veterans Affair Fisher Houses.
Sec. 405. Extension of annual report of Committee on Mentally Ill Veterans.
Sec. 406. Exception of recapture rule.
Sec. 407. Change to enhanced use lease congressional notification period.
Sec. 408. Technical and conforming changes.
Sec. 409. Appointment of Veterans Benefits Administration claims examiners (also titled Veterans Service Representatives) on a fee basis.
Sec. 410. Release of reversionary interest of the United States in certain real property previously conveyed to the State of Tennessee.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I—PERSONNEL MATTERS

SEC. 101. ANNUAL NATIONAL PAY COMPARABILITY ADJUSTMENT FOR NURSES EMPLOYED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) REVISED PAY ADJUSTMENT PROCEDURES.—Section 7451 is amended—

(1) in subsection (d)—

(A) in paragraph (1)—

(i) by striking ''The rates'' and inserting ''Subject to subsection (e), the rates''; and

(ii) in subparagraph (A), by inserting ''and to be by the same percentage'' after ''to have the same effective date'';

(B) in paragraph (2), by striking ''Such'' in the second sentence and inserting ''Except as provided in paragraph (1)(A), such'';

(C) in paragraph (3)(B)—

(i) by inserting after the first sentence the following new sentence: ''To the extent practicable, the director shall use third-party industry wage surveys to meet the requirements of the preceding sentence.'';

(ii) by inserting before the penultimate sentence the following new sentence: ''To the extent practicable, all surveys conducted pursuant to this subparagraph or subparagraph (A) shall include the collection of salary midpoints, actual salaries, lowest and highest salaries, average salaries, bonuses, incentive pays, differential pays, actual beginning rates of pay and such other information needed to meet the purpose of this section.''; and

(iii) in the penultimate sentence, by inserting ''or published'' after ''completed'';

(D) by striking clause (iii) of paragraph (3)(C);

(2) by striking subsection (e) and inserting the following:

''(e)(1) An adjustment in a rate of basic pay under subsection (d) may not reduce the rate of basic pay applicable to any grade of a covered position.

''(2) The director of a Department healthcare facility, in determining whether to carry out a wage survey under subsection (d)(3) with respect to rates of basic pay for a grade of a covered position, may not consider as a factor in such determination the absence of a current recruitment or retention problem for personnel in that grade of that position. The director shall make such a determination based upon whether, in accordance with criteria established by the Secretary, there is a significant pay-related staffing problem at that facility in any grade for a position. If the director determines that there is such a problem, or that such a problem is likely to exist in the near future, the Director shall provide for a wage survey in accordance with paragraph (3) of subsection (d).

''(3) The Under Secretary for Health may, to the extent necessary to carry out the purposes of subsection (d), modify any determination made by the director of a Department health-care facility with respect to adjusting the rates of basic pay applicable to covered positions. Upon such action by the Under Secretary, any adjustment shall take effect on the first day of the first pay period beginning after such action. The Secretary shall ensure that the Under Secretary establishes a mechanism for the exercise of the authority in the preceding sentence.

''(4) Each director of a Department healthcare facility shall provide to the Secretary, not later than July 31 each year, a report on staffing for covered positions at that facility. The report shall include the following:

''(A) Information on turnover rates and vacancy rates for each grade in a covered position, including a comparison of those rates with the rates for the preceding three years.

''(B) The director's findings concerning the review and evaluation of the facility's staffing situation, including whether there is, or is likely to be, in accordance with criteria established by the Secretary, a significant pay-related staffing problem at that facility for any grade of a covered position and, if so, whether a wage survey was conducted, or will be conducted with respect to that grade.

''(C) In any case in which the director conducts such a wage survey during the period covered by the report, information describing the survey and any actions taken or not taken based on the survey, and the reasons for taking (or not taking) such actions.

''(D) In any case in which the director, after finding that there is, or is likely to be, in accordance with criteria established by the Secretary, a significant pay-related staffing problem at that facility for any grade of a covered position, determines not to conduct a wage survey with respect to that position, a statement of the reasons why the director did not conduct such a survey.

''(5) Not later than September 30 of each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on staffing for covered positions at Department healthcare facilities. Each such report shall include the following:

''(A) A summary and analysis of the information contained in the most recent reports submitted by facility directors under paragraph (4).

''(B) The information for each such facility specified in paragraph (4).'';

(3) in subsection (f)—

(A) by striking ''February 1 of 1991, 1992, and 1993'' and inserting ''March 1 of each year''; and

(B) by striking ''subsection (d)(1)(A)'' and inserting ''subsection (d)''; and

(4) by striking subsection (g) and redesignating subsection (h) as subsection (g).

(b) REQUIRED CONSULTATIONS WITH NURSES.—(1) Subchapter II of chapter 73 is amended by adding at the end the following new section:

''§ 7323. Required consultations with nurses

''The Under Secretary for Health shall ensure that—

''(1) the director of a geographic service area, in formulating policy relating to the provision of patient care, shall consult regularly with a senior nurse executive or senior nurse executives; and

''(2) the director of a medical center shall, to the extent feasible, include a registered nurse as a member of any committee used at

that medical center to provide recommendations or decisions on medical center operations or policy affecting clinical services, clinical outcomes, budget, or resources.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7322 the following new item:

''7323. Required consultations with nurses.''.

SEC. 102. SPECIAL PAY FOR DENTISTS.

(a) FULL-TIME STATUS PAY.—Paragraph (1) of section 7435(b) is amended by striking ''$3,500'' and inserting ''$9,000''.

(b) SPECIAL PAY FOR POST-GRADUATE TRAINING.—Such section is amended by adding at the end the following new paragraph:

''(8) For a dentist who has successfully completed a post-graduate year of hospital-based training in a program accredited by the American Dental Association, an annual rate of $2,000 for each of the first two years of service after successful completion of that training.''.

(c) TENURE PAY.—The table in paragraph (2)(A) of that section is amended to read as follows:

''Length of Service	Rate	
	Minimum	Maximum
1 year but less than 2 years	$1,000	$2,000
2 years but less than 3 years	4,000	5,000
4 years but less than 7 years	5,000	8,000
8 years but less than 11 years	8,000	12,000
12 years but less than 19 years	12,000	15,000
20 years or more	15,000	18,000.''.

(d) SCARCE SPECIALTY PAY.—Paragraph (3)(A) of that section is amended by striking ''$20,000'' and inserting ''$30,000''.

(e) GEOGRAPHIC PAY.—Paragraph (6) of that section is amended by striking ''$5,000'' and inserting ''$12,000''.

(f) RESPONSIBILITY PAY.—(1) The table in paragraph (4)(A) is amended to read as follows:

''Position	Rate	
	Minimum	Maximum
Chief of Staff or in an Executive Grade	$14,500	$25,000
Director Grade	0	25,000
Service Chief (or in a comparable position as determined by the Secretary)	4,500	15,000.''.

(2) The table in paragraph (4)(B) is amended to read as follows:

''Position	Rate
Deputy Service Director	$20,000
Service Director	25,000
Deputy Assistant Under Secretary for Health	27,500
Assistant Under Secretary for Health (or in a comparable position as determined by the Secretary)	30,000.''.

(g) CREDITING OF INCREASED TENURE PAY FOR CIVIL SERVICE RETIREMENT.—Section 7438(b) is amended—

(1) by redesignating paragraph (5) as paragraph (6); and

(2) by inserting after paragraph (4) the following new paragraph:

''(5) Notwithstanding paragraphs (1) and (2), a dentist employed as a dentist in the Veterans Health Administration on the effective date of section 102 of the Department of Veterans Affairs Health Care Personnel Act of 2000 shall be entitled to have special pay paid to the dentist under section 7435(b)(2)(A) of this title (referred to as 'tenure pay') considered basic pay for the purposes of chapter 83 or 84, as appropriate, of title 5 only as follows:

''(A) In an amount equal to the amount that would have been so considered under such section on the day before such effective date based on the rates of special pay the dentist was entitled to receive under that section on the day before such effective date.

''(B) With respect to any amount of special pay received under that section in excess of the amount such dentist was entitled to receive under such section on the day before such effective date, in an amount equal to 25 percent of such excess amount for each two years that the physician or dentist has completed as a physician or dentist in the Veterans Health Administration after such effective date.''.

(h) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to agreements entered into by dentists under subchapter III of chapter 74 of title 38, United States Code, on or after the later of—

(1) the date of the enactment of this Act; and

(2) October 1, 2000.

(i) TRANSITION.—(1) In the case of an agreement entered into by a dentist under subchapter III of chapter 74 of title 38, United States Code, before the date of the enactment of this Act that expires after the effective date specified in subsection (h), the Secretary of Veterans Affairs and the dentist concerned may agree to terminate that agreement as of that effective date in order to permit a new agreement in accordance with section 7435 of such title, as amended by this section, to take effect as of that effective date.

(2) In the case of an agreement entered into under such subchapter before the date of the enactment of this Act that expires during the period beginning on the date of the enactment of this Act and ending on the effective date specified in subsection (h)(2), an extension or renewal of that agreement may not extend beyond that effective date.

(3) In the case of a dentist who begins employment with the Department of Veterans Affairs during the period beginning on the date of the enactment of this Act and ending on the effective date specified in subsection (h)(2) who is eligible for an agreement under subchapter III of chapter 74 of title 38, United States Code, any such agreement may not extend beyond that effective date.

SEC. 103. EXEMPTION FOR PHARMACISTS FROM CEILING ON SPECIAL SALARY RATES.

Section 7455(c)(1) is amended by inserting '', pharmacists,'' after ''anesthetists''.

SEC. 104. PHYSICIAN ASSISTANT ADVISER TO UNDER SECRETARY FOR HEALTH.

Section 7306(f) is amended—

(1) by striking ''and'' at the end of paragraph (1);

(2) by striking the period at the end of paragraph (2) and inserting ''; and''; and

(3) by adding at the end the following new paragraph:

''(3) a physician assistant with appropriate experience (who may have a permanent duty station at a Department medical care facility in reasonable proximity to Washington, DC) advises the Under Secretary on all matters relating to the utilization and employment of physician assistants in the Administration.''.

SEC. 105. TEMPORARY FULL-TIME APPOINTMENTS OF CERTAIN MEDICAL PERSONNEL.

(a) PHYSICIAN ASSISTANTS AWAITING CERTIFICATION OR LICENSURE.—Paragraph (2) of section 7405(c) is amended to read as follows:

''(2) A temporary full-time appointment may not be made for a period in excess of two years in the case of a person who—

''(A) has successfully completed—

''(i) a full course of nursing in a recognized school of nursing, approved by the Secretary; or

''(ii) a full course of training for any category of personnel described in paragraph (3) of section 7401 of this title, or as a physician assistant, in a recognized education or training institution approved by the Secretary; and

''(B) is pending registration or licensure in a State or certification by a national board recognized by the Secretary.''.

(b) MEDICAL SUPPORT PERSONNEL.—That section is further amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2) the following new paragraph (3):

''(3)(A) Temporary full-time appointments of persons in positions referred to in subsection (a)(1)(D) shall not exceed three years.

''(B) Temporary full-time appointments under this paragraph may be renewed for one or more additional periods not in excess of three years each.''.

SEC. 106. QUALIFICATIONS OF SOCIAL WORKERS.

Section 7402(9) is amended by striking ''a person must'' and all that follows and inserting ''a person must—

''(1) hold a master's degree in social work from a college or university approved by the Secretary; and

''(2) be licensed or certified to independently practice social work in a State, except that the Secretary may waive the requirement of licensure or certification for an individual social worker for a reasonable period of time recommended by the Under Secretary for Health.''.

SEC. 107. EXTENSION OF TEMPORARY EARLY RETIREMENT AUTHORITY.

The Department of Veterans Affairs Employment Reduction Assistance Act of 1999 (title XI of Public Law 106–117; 5 U.S.C. 5597 note) is amended as follows:

(1) Section 1102(c) is amended to read as follows:

''(c) LIMITATION.—The plan under subsection (a) shall be limited to 8,110 positions within the Department.''.

(2) Section 1105(a) is amended by striking ''26 percent'' and inserting ''15 percent''.

(3) Section 1109(a) is amended by striking ''December 31, 2000'' and inserting ''December 31, 2002''.

TITLE II—CONSTRUCTION AUTHORIZATION

SEC. 201. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

(a) FISCAL YEAR 2001 PROJECTS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Construction of a psychogeriatric care building at the Department of Veterans Affairs Medical Center, Palo Alto, California, in an amount not to exceed $26,600,000.

(2) Construction of a utility plant and electrical vault at the Department of Veterans Affairs Medical Center, Miami, Florida, in an amount not to exceed $23,600,000.

(3) Seismic corrections, clinical consolidation, and other improvements at the Department of Veterans Affairs Medical Center, Long Beach, California, in an amount not to exceed $51,700,000.

(b) ADDITIONAL FISCAL YEAR 2000 PROJECT.—The Secretary is authorized to carry out a project for the renovation of psychiatric nursing units at the Department of Veterans Affairs Medical Center, Murfreesboro, Tennessee, in an amount not to exceed $14,000,000.

SEC. 202. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the Secretary of Veterans Affairs for fiscal years 2001 and 2002 for the Construction, Major Projects, account, $101,900,000 for the projects authorized in section 101(a).

(b) LIMITATION.—The projects authorized in section 101(a) may only be carried out using—

(1) funds appropriated for fiscal year 2001 or 2002 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects for a fiscal year before fiscal year 2001 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects for fiscal year 2001 or 2002 for a category of activity not specific to a project.

TITLE III—MILITARY SERVICE ISSUES

SEC. 301. MILITARY SERVICE HISTORY.

(a) MILITARY HISTORIES.—The Secretary of Veterans Affairs, in carrying out the responsibilities of the Secretary under chapter 17 of title 38, United States Code, shall ensure that—

(1) during at least one clinical evaluation of a patient in a facility of the Department, a protocol is used to identify pertinent military experiences and exposures of the patient that may contribute to the health status of the patient; and

(2) pertinent information relating to the military history of the patient is included in the Department's medical records of the patient.

(b) REPORT.—Not later than nine months after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the feasibility and desirability of using a computer-based system in conducting clinical evaluations referred to in subsection (a)(1).

SEC. 302. STUDY OF POST-TRAUMATIC STRESS DISORDER IN VIETNAM VETERANS.

(a) STUDY ON POST-TRAUMATIC STRESS DISORDER.—Not later than 10 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with an appropriate entity to carry out a study on post-traumatic stress disorder.

(b) FOLLOW-UP STUDY.—The contract under subsection (a) shall provide for a follow-up study to the study conducted in accordance with section 102 of the Veterans Health Care Amendments of 1983 (Public Law 98–160). Such follow-up study shall use the data base and sample of the previous study.

(c) INFORMATION TO BE INCLUDED.—The study conducted pursuant to this section shall be designed to yield information on—

(1) the long-term course of post-traumatic stress disorder;

(2) any long-term medical consequences of post-traumatic stress disorder;

(3) whether particular subgroups of veterans are at greater risk of chronic or more severe problems with such disorder; and

(4) the services used by veterans who have post-traumatic stress disorder and the effect of those services on the course of the disorder.

(d) REPORT.—The Secretary shall submit to the Committees of Veterans Affairs of the Senate and House of Representatives a report on the results of the study under this section. The report shall be submitted no later than October 1, 2004.

TITLE IV—MEDICAL ADMINISTRATION

SEC. 401. PILOT PROGRAM FOR COORDINATION OF HOSPITAL BENEFITS.

(a) IN GENERAL.—Chapter 17 is amended by inserting after section 1725 the following new section:

§ 1725A. Coordination of hospital benefits: pilot program

''(a) The Secretary may carry out a pilot program in not more than four geographic areas of the United States to improve access to, and coordination of, inpatient care of eligible veterans. Under the pilot program, the Secretary, subject to subsection (b), may pay certain costs described in subsection (b) for which an eligible veteran would otherwise be personally liable. The authority to carry out the pilot program shall expire on September 30, 2005.

''(b) In carrying out the program described in subsection (a), the Secretary may pay the costs authorized under this section for hospital care and medical services furnished on an inpatient basis in a non-Department hospital to an eligible veteran participating in the program. Such payment may cover the costs for applicable plan deductibles and co-insurance and the reasonable costs of such inpatient care and medical services not covered by any applicable health-care plan of the veteran, but only to the extent such care and services are of the kind authorized under this chapter. The Secretary shall limit the care and services for which payment may be made under the program to general medical and surgical services and shall require that such services may be provided only upon preauthorization by the Secretary.

''(c)(1) A veteran described in paragraph (1) or (2) of section 1710(a) of this title is eligible to participate in the pilot program if the veteran—

''(A) is enrolled to receive medical services from an outpatient clinic operated by the Secretary which is (i) within reasonable proximity to the principal residence of the veteran, and (ii) located within the geographic area in which the Secretary is carrying out the program described in subsection (a);

''(B) has received care under this chapter within the 24-month period preceding the veteran's application for enrollment in the pilot program;

''(C) as determined by the Secretary before the hospitalization of the veteran (i) requires such hospital care and services for a non-service-connected condition, and (ii) could not receive such services from a clinic operated by the Secretary; and

''(D) elects to receive such care under a health-care plan (other than under this title) under which the veteran is entitled to receive such care.

''(2) Nothing in this section shall be construed to reduce the authority of the Secretary to contract with non-Department facilities for care of a service-connected disability of a veteran.

''(3) Notwithstanding subparagraph (C) of paragraph (1), the Secretary shall ensure that not less than 15 percent of the veterans participating in the program are veterans who do not have a health-care plan.

''(d) As part of the program under this section, the Secretary shall, through provision of case-management, coordinate the care being furnished directly by the Secretary and care furnished under the program in non-Department hospitals to veterans participating in the program.

''(e)(1) In designating geographic areas in which to establish the program under subsection (a), the Secretary shall ensure that—

''(A) the areas designated are geographically dispersed;

''(B) at least 70 percent of the veterans who reside in a designated area reside at least two hours driving distance from the closest medical center operated by the Secretary which provides medical and surgical hospital care; and

''(C) the establishment of the program in any such area would not result in jeopardizing the critical mass of patients needed to maintain a Department medical center that serves that area.

''(2) Notwithstanding paragraph (1)(B), the Secretary may designate for participation in the program at least one area which is in proximity to a Department medical center which, as a result of a change in mission of that center, does not provide hospital care.

''(f)(1) Not later than September 30, 2002, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the experience in implementing the pilot program under subsection (a).

''(2) Not later than September 30, 2004, the Secretary shall submit to those committees a report on the experience in operating the pilot program during the first two full fiscal years during which the pilot program is conducted. That report shall include—

''(A) a comparison of the costs incurred by the Secretary under the program and the cost experience for the calendar year preceding establishment of the program at each site at which the program is operated;

''(B) an assessment of the satisfaction of the participants in the program; and

''(C) an analysis of the effect of the program on access and quality of care for veterans.

''(g) The total amount expended for the pilot program in any fiscal year (including amounts for administrative costs) may not exceed $50,000,000.

''(h) For purposes of this section:

''(1) The term 'health-care plan' has the meaning given that term in section 1725(f)(3) of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1725 the following new item:

''1725A. Coordination of hospital benefits: pilot program.''.

SEC. 402. BENEFITS FOR PERSONS DISABLED BY PARTICIPATION IN COMPENSATED WORK THERAPY PROGRAM.

Section 1151(a)(2) is amended—

(1) by inserting ''(A)'' after ''proximately caused''; and

(2) by inserting before the period at the end the following: '', or (B) by participation in a program (known as a 'compensated work therapy program') under section 1718 of this title''.

SEC. 403. EXTENSION OF AUTHORITY TO ESTABLISH RESEARCH AND EDUCATION CORPORATIONS.

Section 7368 is amended by striking ''December 31, 2000'' and inserting ''December 31, 2005''.

SEC. 404. DEPARTMENT OF VETERANS AFFAIRS FISHER HOUSES.

(a) AUTHORITY.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 1708. Temporary lodging

''(a) The Secretary may furnish persons described in subsection (b) with temporary lodging in a Fisher house or other appropriate facility in connection with the examination, treatment, or care of a veteran under this chapter or, as provided for under subsection (e)(5), in connection with benefits administered under this title.

''(b) Person to whom the Secretary may provide lodging under subsection (a) are the following:

''(1) A veteran who must travel a significant distance to receive care or services under this title.

''(2) A member of the family of a veteran and others who accompany a veteran and provide the equivalent of familial support for such veteran.

''(c) In this section, the term 'Fisher house' means a housing facility that—

''(1) is located at, or in proximity to, a Department medical facility;

''(2) is available for residential use on a temporary basis by patients of that facility and others described in subsection (b)(2); and

''(3) is constructed by, and donated to the Secretary by, the Zachary and Elizabeth M. Fisher Armed Services Foundation.

''(d) The Secretary may establish charges for providing lodging under this section. The

proceeds from such charges shall be credited to the medical care account and shall be available until expended for the purposes of providing such lodging.

''(e) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include provisions—

''(1) limiting the duration of such lodging;

''(2) establishing standards and criteria under which medical facilities may set charges for such lodging;

''(3) establishing criteria for persons considered to be accompanying a veteran;

''(4) establishing criteria for the use of such premises; and

''(5) any other limitations, conditions, and priorities that the Secretary considers appropriate with respect to temporary lodging under this section.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1707 the following new item:

''1708. Temporary lodging.''.

SEC. 405. EXTENSION OF ANNUAL REPORT OF COMMITTEE ON MENTALLY ILL VETERANS.

Section 7321(d)(2) is amended by striking ''three'' and inserting ''six''.

SEC. 406. EXCEPTION TO RECAPTURE RULE.

Section 8136 is amended—

(1) by inserting ''(a)'' at the beginning of the text of the section; and

(2) by adding at the end the following new subsection:

''(b) The establishment and operation by the Secretary of an outpatient clinic in facilities described in subsection (a) shall not constitute grounds entitling the United States to any recovery under that subsection.''.

SEC. 407. CHANGE TO ENHANCED USE LEASE CONGRESSIONAL NOTIFICATION PERIOD.

Paragraph (2) of section 8163(c) is amended to read as follows:

''(2) The Secretary may not enter into an enhanced use lease until the end of the 90-day period beginning on the date of the submission of notice under paragraph (1).''.

SEC. 408. TECHNICAL AND CONFORMING CHANGES.

(a) REQUIREMENT TO PROVIDE CARE.—Section 1710A(a) is amended by inserting ''(subject to section 1710(a)(4) of this title)'' after ''Secretary''.

(b) CONFORMING AMENDMENT.—Section 1710(a)(4) is amended by striking ''requirement in'' and inserting ''requirements in section 1710A(a) and''.

SEC. 409. APPOINTMENT OF VETERANS BENEFITS ADMINISTRATION CLAIMS EXAMINERS (ALSO TITLED VETERANS SERVICE REPRESENTATIVES) ON A FEE BASIS.

(a) AUTHORITY.—(1) Chapter 77 is amended by inserting after section 7703 the following new section:

''§ 7705. Fee basis appointments of claims examiners

''(a) The Secretary, upon recommendation of the Under Secretary for Benefits, may employ, without regard to civil service or classification laws, rules, or regulations, Veterans Claims Examiners (also titled Veterans Service Representatives) on a fee basis.

''(b) Personnel employed under this section shall be paid such rates of pay as the Secretary may prescribe.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7703 the following new item:

''7705. Fee basis appointments of claims examiners.''.

(b) REPORTS.—The Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives two reports on the implementation of section 7705 of title 38, United States Code, as added by subsection (a). The first report shall be submitted not later than December 31, 2001, and the second report shall be submitted not later than December 31, 2002.

SEC. 410. RELEASE OF REVERSIONARY INTEREST OF THE UNITED STATES IN CERTAIN REAL PROPERTY PREVIOUSLY CONVEYED TO THE STATE OF TENNESSEE.

(a) RELEASE OF INTEREST.—The Secretary of Veterans Affairs shall execute such legal instruments as necessary to release the reversionary interest of the United States described in subsection (b) in a certain parcel of real property conveyed to the State of Tennessee pursuant to the Act entitled ''An Act authorizing the transfer of certain property of the Veterans' Administration (in Johnson City, Tennessee) to the State of Tennessee'', approved June 6, 1953 (67 Stat. 54).

(b) SPECIFIED REVERSIONARY INTEREST.—Subsection (a) applies to the reversionary interest of the United States required under section 2 of the Act referred to in subsection (a), requiring use of the property conveyed pursuant to that Act to be primarily for training of the National Guard and for other military purposes.

(c) CONFORMING AMENDMENT.—Section 2 of such Act is repealed.

The SPEAKER pro tempore. The amendment printed in the bill is adopted.

The text of H.R. 5109, as amended, is as follows:

H.R. 5109

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Department of Veterans Affairs Health Care Personnel Act of 2000''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. References to title 38, United States Code.

TITLE I—PERSONNEL MATTERS

Sec. 101. Annual national pay comparability adjustment for nurses employed by Department of Veterans Affairs.
Sec. 102. Special pay for dentists.
Sec. 103. Exemption for pharmacists from ceiling on special salary rates.
Sec. 104. Physician assistant adviser to Under Secretary for Health.
Sec. 105. Temporary full-time appointments of certain medical personnel.
Sec. 106. Qualifications of social workers.
Sec. 107. Extension of voluntary separation incentive payments.

TITLE II—CONSTRUCTION AUTHORIZATION

Sec. 201. Authorization of major medical facility projects.
Sec. 202. Authorization of appropriations.

TITLE III—MILITARY SERVICE ISSUES

Sec. 301. Military service history.
Sec. 302. Study of post-traumatic stress disorder in Vietnam veterans.

TITLE IV—MEDICAL ADMINISTRATION

Sec. 401. Pilot program for coordination of hospital benefits.
Sec. 402. Benefits for persons disabled by participation in compensated work therapy program.
Sec. 403. Extension of authority to establish research and education corporations.
Sec. 404. Department of Veterans Affairs Fisher Houses.
Sec. 405. Extension of annual report of Committee on Mentally Ill Veterans.
Sec. 406. Exception to recapture rule.
Sec. 407. Change to enhanced use lease congressional notification period.
Sec. 408. Technical and conforming changes.
Sec. 409. Release of reversionary interest of the United States in certain real property previously conveyed to the State of Tennessee.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I—PERSONNEL MATTERS

SEC. 101. ANNUAL NATIONAL PAY COMPARABILITY ADJUSTMENT FOR NURSES EMPLOYED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) REVISED PAY ADJUSTMENT PROCEDURES.—Section 7451 is amended—

(1) in subsection (d)—

(A) in paragraph (1)—

(i) by striking ''The rates'' and inserting ''Subject to subsection (e), the rates''; and

(ii) in subparagraph (A), by inserting ''and to be by the same percentage'' after ''to have the same effective date'';

(B) in paragraph (2), by striking ''Such'' in the second sentence and inserting ''Except as provided in paragraph (1)(A), such'';

(C) in paragraph (3)(B)—

(i) by inserting after the first sentence the following new sentence: ''To the extent practicable, the director shall use third-party industry wage surveys to meet the requirements of the preceding sentence.'';

(ii) by inserting before the penultimate sentence the following new sentence: ''To the extent practicable, all surveys conducted pursuant to this subparagraph or subparagraph (A) shall include the collection of salary midpoints, actual salaries, lowest and highest salaries, average salaries, bonuses, incentive pays, differential pays, actual beginning rates of pay and such other information needed to meet the purpose of this section.''; and

(iii) in the penultimate sentence, by inserting ''or published'' after ''completed'';

(D) by striking clause (iii) of paragraph (3)(C);

(2) by striking subsection (e) and inserting the following:

''(e)(1) An adjustment in a rate of basic pay under subsection (d) may not reduce the rate of basic pay applicable to any grade of a covered position.

''(2) The director of a Department health-care facility, in determining whether to carry out a wage survey under subsection (d)(3) with respect to rates of basic pay for a grade of a covered position, may not consider as a factor in such determination the absence of a current recruitment or retention problem for personnel in that grade of that position. The director shall make such a determination based upon whether, in accordance with criteria established by the Secretary, there is a significant pay-related staffing problem at that facility in any grade for a position. If the director determines that there is such a problem, or that such a problem is likely to exist in the near future, the Director shall provide for a wage survey in accordance with paragraph (3) of subsection (d).

''(3) The Under Secretary for Health may, to the extent necessary to carry out the purposes of subsection (d), modify any determination made by the director of a Department health-care facility with respect to adjusting the rates of basic pay applicable to covered positions. Upon such action by the Under Secretary, any adjustment

shall take effect on the first day of the first pay period beginning after such action. The Secretary shall ensure that the Under Secretary establishes a mechanism for the exercise of the authority in the preceding sentence.

''(4) Each director of a Department healthcare facility shall provide to the Secretary, not later than July 31 each year, a report on staffing for covered positions at that facility. The report shall include the following:

''(A) Information on turnover rates and vacancy rates for each grade in a covered position, including a comparison of those rates with the rates for the preceding three years.

''(B) The director's findings concerning the review and evaluation of the facility's staffing situation, including whether there is, or is likely to be, in accordance with criteria established by the Secretary, a significant pay-related staffing problem at that facility for any grade of a covered position and, if so, whether a wage survey was conducted, or will be conducted with respect to that grade.

''(C) In any case in which the director conducts such a wage survey during the period covered by the report, information describing the survey and any actions taken or not taken based on the survey, and the reasons for taking (or not taking) such actions.

''(D) In any case in which the director, after finding that there is, or is likely to be, in accordance with criteria established by the Secretary, a significant pay-related staffing problem at that facility for any grade of a covered position, determines not to conduct a wage survey with respect to that position, a statement of the reasons why the director did not conduct such a survey.

''(5) Not later than September 30 of each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on staffing for covered positions at Department healthcare facilities. Each such report shall include the following:

''(A) A summary and analysis of the information contained in the most recent reports submitted by facility directors under paragraph (4).

''(B) The information for each such facility specified in paragraph (4).'';

(3) in subsection (f)—

(A) by striking ''February 1 of 1991, 1992, and 1993'' and inserting ''March 1 of each year''; and

(B) by striking ''subsection (d)(1)(A)'' and inserting ''subsection (d)''; and

(4) by striking subsection (g) and redesignating subsection (h) as subsection (g).

(b) REQUIRED CONSULTATIONS WITH NURSES.—(1) Subchapter II of chapter 73 is amended by adding at the end the following new section:

''§ 7323. Required consultations with nurses

''The Under Secretary for Health shall ensure that—

''(1) the director of a geographic service area, in formulating policy relating to the provision of patient care, shall consult regularly with a senior nurse executive or senior nurse executives; and

''(2) the director of a medical center shall, to the extent feasible, include a registered nurse as a member of any committee used at that medical center to provide recommendations or decisions on medical center operations or policy affecting clinical services, clinical outcomes, budget, or resources.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7322 the following new item:

''7323. Required consultations with nurses.''.

SEC. 102. SPECIAL PAY FOR DENTISTS.

(a) FULL-TIME STATUS PAY.—Paragraph (1) of section 7435(b) is amended by striking ''$3,500'' and inserting ''$9,000''.

(b) SPECIAL PAY FOR POST-GRADUATE TRAINING.—Such section is amended by adding at the end the following new paragraph:

''(8) For a dentist who has successfully completed a post-graduate year of hospital-based training in a program accredited by the American Dental Association, an annual rate of $2,000 for each of the first two years of service after successful completion of that training.''.

(c) TENURE PAY.—The table in paragraph (2)(A) of that section is amended to read as follows:

''Length of Service	Rate	
	Minimum	Maximum
1 year but less than 2 years	$1,000	$2,000
2 years but less than 4 years	4,000	5,000
4 years but less than 8 years	5,000	8,000
8 years but less than 12 years	8,000	12,000
12 years but less than 20 years	12,000	15,000
20 years or more	15,000	18,000.''.

(d) SCARCE SPECIALTY PAY.—Paragraph (3)(A) of that section is amended by striking ''$20,000'' and inserting ''$30,000''.

(e) GEOGRAPHIC PAY.—Paragraph (6) of that section is amended by striking ''$5,000'' and inserting ''$12,000''.

(f) RESPONSIBILITY PAY.—(1) The table in paragraph (4)(A) of that section is amended to read as follows:

''Position	Rate	
	Minimum	Maximum
Chief of Staff or in an Executive Grade	$14,500	$25,000
Director Grade	0	25,000
Service Chief (or in a comparable position as determined by the Secretary)	4,500	15,000.''.

(2) The table in paragraph (4)(B) of that section is amended to read as follows:

''Position	Rate
Deputy Service Director	$20,000
Service Director	25,000
Deputy Assistant Under Secretary for Health	27,500
Assistant Under Secretary for Health (or in a comparable position as determined by the Secretary)	30,000.''.

(g) CREDITING OF INCREASED TENURE PAY FOR CIVIL SERVICE RETIREMENT.—Section 7438(b) is amended—

(1) by redesignating paragraph (5) as paragraph (6); and

(2) by inserting after paragraph (4) the following new paragraph:

''(5) Notwithstanding paragraphs (1) and (2), a dentist employed as a dentist in the Veterans Health Administration on the effective date of section 102 of the Department of Veterans Affairs Health Care Personnel Act of 2000 shall be entitled to have special pay paid to the dentist under section 7435(b)(2)(A) of this title (referred to as 'tenure pay') considered basic pay for the purposes of chapter 83 or 84, as appropriate, of title 5 only as follows:

''(A) In an amount equal to the amount that would have been so considered under such section on the day before such effective date based on the rates of special pay the dentist was entitled to receive under that section on the day before such effective date.

''(B) With respect to any amount of special pay received under that section in excess of the amount such dentist was entitled to receive under such section on the day before such effective date, in an amount equal to 25 percent of such excess amount for each two years that the physician or dentist has completed as a physician or dentist in the Veterans Health Administration after such effective date.''.

(h) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to agreements entered into by dentists under subchapter III of chapter 74 of title 38, United States Code, on or after the later of—

(1) the date of the enactment of this Act; and

(2) October 1, 2000.

(i) TRANSITION.—(1) In the case of an agreement entered into by a dentist under subchapter III of chapter 74 of title 38, United States Code, before the date of the enactment of this Act that expires after the effective date specified in subsection (h), the Secretary of Veterans Affairs and the dentist concerned may agree to terminate that agreement as of that effective date in order to permit a new agreement in accordance with section 7435 of such title, as amended by this section, to take effect as of that effective date.

(2) In the case of an agreement entered into under such subchapter before the date of the enactment of this Act that expires during the period beginning on the date of the enactment of this Act and ending on the effective date specified in subsection (h)(2), an extension or renewal of that agreement may not extend beyond that effective date.

(3) In the case of a dentist who begins employment with the Department of Veterans Affairs during the period beginning on the date of the enactment of this Act and ending on the effective date specified in subsection (h)(2) who is eligible for an agreement under subchapter III of chapter 74 of title 38, United States Code, any such agreement may not extend beyond that effective date.

SEC. 103. EXEMPTION FOR PHARMACISTS FROM CEILING ON SPECIAL SALARY RATES.

Section 7455(c)(1) is amended by inserting '', pharmacists,'' after ''anesthetists''.

SEC. 104. PHYSICIAN ASSISTANT ADVISER TO UNDER SECRETARY FOR HEALTH.

Section 7306(f) is amended—

(1) by striking ''and'' at the end of paragraph (1);

(2) by striking the period at the end of paragraph (2) and inserting ''; and''; and

(3) by adding at the end the following new paragraph:

''(3) a physician assistant with appropriate experience (who may have a permanent duty station at a Department medical care facility in reasonable proximity to Washington, DC) advises the Under Secretary on all matters relating to the utilization and employment of physician assistants in the Administration.''.

SEC. 105. TEMPORARY FULL-TIME APPOINTMENTS OF CERTAIN MEDICAL PERSONNEL.

(a) PHYSICIAN ASSISTANTS AWAITING CERTIFICATION OR LICENSURE.—Paragraph (2) of section 7405(c) is amended to read as follows:

''(2) A temporary full-time appointment may not be made for a period in excess of two years in the case of a person who—

''(A) has successfully completed—

''(i) a full course of nursing in a recognized school of nursing, approved by the Secretary; or

''(ii) a full course of training for any category of personnel described in paragraph (3) of section 7401 of this title, or as a physician assistant, in a recognized education or training institution approved by the Secretary; and

''(B) is pending registration or licensure in a State or certification by a national board recognized by the Secretary.''.

(b) MEDICAL SUPPORT PERSONNEL.—That section is further amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2) the following new paragraph (3):

''(3)(A) Temporary full-time appointments of persons in positions referred to in subsection (a)(1)(D) shall not exceed three years.

''(B) Temporary full-time appointments under this paragraph may be renewed for one or more additional periods not in excess of three years each.''.

SEC. 106. QUALIFICATIONS OF SOCIAL WORKERS.

Section 7402(b)(9) is amended by striking ''a person must'' and all that follows and inserting ''a person must—

''(A) hold a master's degree in social work from a college or university approved by the Secretary; and

''(B) be licensed or certified to independently practice social work in a State, except that the Secretary may waive the requirement of licensure or certification for an individual social worker for a reasonable period of time recommended by the Under Secretary for Health.''.

SEC. 107. EXTENSION OF VOLUNTARY SEPARATION INCENTIVE PAYMENTS.

The Department of Veterans Affairs Employment Reduction Assistance Act of 1999 (title XI of Public Law 106–117; 5 U.S.C. 5597 note) is amended as follows:

(1) Section 1102(c) is amended to read as follows:

''(c) LIMITATION.—The plan under subsection (a) shall be limited to 8,110 positions within the Department.''.

(2) Section 1105(a) is amended by striking ''26 percent'' and inserting ''15 percent''.

(3) Section 1109(a) is amended by striking ''December 31, 2000'' and inserting ''December 31, 2002''.

TITLE II—CONSTRUCTION AUTHORIZATION

SEC. 201. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

(a) FISCAL YEAR 2001 PROJECTS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Construction of a psychogeriatric care building at the Department of Veterans Affairs Medical Center, Palo Alto, California, in an amount not to exceed $26,600,000.

(2) Construction of a utility plant and electrical vault at the Department of Veterans Affairs Medical Center, Miami, Florida, in an amount not to exceed $23,600,000.

(3) Seismic corrections, clinical consolidation, and other improvements at the Department of Veterans Affairs Medical Center, Long Beach, California, in an amount not to exceed $51,700,000.

(b) ADDITIONAL FISCAL YEAR 2000 PROJECT.—The Secretary is authorized to carry out a project for the renovation of psychiatric nursing units at the Department of Veterans Affairs Medical Center, Murfreesboro, Tennessee, in an amount not to exceed $14,000,000.

SEC. 202. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the Secretary of Veterans Affairs for fiscal years 2001 and 2002 for the Construction, Major Projects, account, $101,900,000 for the projects authorized in section 101(a).

(b) LIMITATION.—The projects authorized in section 101(a) may only be carried out using—

(1) funds appropriated for fiscal year 2001 or 2002 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects for a fiscal year before fiscal year 2001 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects for fiscal year 2001 or 2002 for a category of activity not specific to a project.

TITLE III—MILITARY SERVICE ISSUES

SEC. 301. MILITARY SERVICE HISTORY.

(a) MILITARY HISTORIES.—The Secretary of Veterans Affairs, in carrying out the responsibilities of the Secretary under chapter 17 of title 38, United States Code, shall ensure that—

(1) during at least one clinical evaluation of a patient in a facility of the Department, a protocol is used to identify pertinent military experiences and exposures of the patient that may contribute to the health status of the patient; and

(2) pertinent information relating to the military history of the patient is included in the Department's medical records of the patient.

(b) REPORT.—Not later than nine months after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the feasibility and desirability of using a computer-based system in conducting clinical evaluations referred to in subsection (a)(1).

SEC. 302. STUDY OF POST-TRAUMATIC STRESS DISORDER IN VIETNAM VETERANS.

(a) STUDY ON POST-TRAUMATIC STRESS DISORDER.—Not later than 10 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with an appropriate entity to carry out a study on post-traumatic stress disorder.

(b) FOLLOW-UP STUDY.—The contract under subsection (a) shall provide for a follow-up study to the study conducted in accordance with section 102 of the Veterans Health Care Amendments of 1983 (Public Law 98–160). Such follow-up study shall use the data base and sample of the previous study.

(c) INFORMATION TO BE INCLUDED.—The study conducted pursuant to this section shall be designed to yield information on—

(1) the long-term course of post-traumatic stress disorder;

(2) any long-term medical consequences of post-traumatic stress disorder;

(3) whether particular subgroups of veterans are at greater risk of chronic or more severe problems with such disorder; and

(4) the services used by veterans who have post-traumatic stress disorder and the effect of those services on the course of the disorder.

(d) REPORT.—The Secretary shall submit to the Committees of Veterans' Affairs of the Senate and House of Representatives a report on the results of the study under this section. The report shall be submitted no later than October 1, 2004.

TITLE IV—MEDICAL ADMINISTRATION

SEC. 401. PILOT PROGRAM FOR COORDINATION OF HOSPITAL BENEFITS.

(a) IN GENERAL.—Chapter 17 is amended by inserting after section 1725 the following new section:

''§ 1725A. Coordination of hospital benefits: pilot program

''(a) The Secretary may carry out a pilot program in not more than four geographic areas of the United States to improve access to, and coordination of, inpatient care of eligible veterans. Under the pilot program, the Secretary, subject to subsection (b), may pay certain costs described in subsection (b) for which an eligible veteran would otherwise be personally liable. The authority to carry out the pilot program shall expire on September 30, 2005.

''(b) In carrying out the program described in subsection (a), the Secretary may pay the costs authorized under this section for hospital care and medical services furnished on an inpatient basis in a non-Department hospital to an eligible veteran participating in the program. Such payment may cover the costs for applicable plan deductibles and coinsurance and the reasonable costs of such inpatient care and medical services not covered by any applicable health-care plan of the veteran, but only to the extent such care and services are of the kind authorized under this chapter. The Secretary shall limit the care and services for which payment may be made under the program to general medical and surgical services and shall require that such services may be provided only upon preauthorization by the Secretary.

''(c)(1) A veteran described in paragraph (1) or (2) of section 1710(a) of this title is eligible to participate in the pilot program if the veteran—

''(A) is enrolled to receive medical services from an outpatient clinic operated by the Secretary which is (i) within reasonable proximity to the principal residence of the veteran, and (ii) located within the geographic area in which the Secretary is carrying out the program described in subsection (a);

''(B) has received care under this chapter within the 24-month period preceding the veteran's application for enrollment in the pilot program;

''(C) as determined by the Secretary before the hospitalization of the veteran (i) requires such hospital care and services for a non-service-connected condition, and (ii) could not receive such services from a clinic operated by the Secretary; and

''(D) elects to receive such care under a health-care plan (other than under this title) under which the veteran is entitled to receive such care.

''(2) Nothing in this section shall be construed to reduce the authority of the Secretary to contract with non-Department facilities for care of a service-connected disability of a veteran.

''(3) Notwithstanding subparagraph (D) of paragraph (1), the Secretary shall ensure that not less than 15 percent of the veterans participating in the program are veterans who do not have a health-care plan.

''(d) As part of the program under this section, the Secretary shall, through provision of case-management, coordinate the care being furnished directly by the Secretary and care furnished under the program in non-Department hospitals to veterans participating in the program.

''(e)(1) In designating geographic areas in which to establish the program under subsection (a), the Secretary shall ensure that—

''(A) the areas designated are geographically dispersed;

''(B) at least 70 percent of the veterans who reside in a designated area reside at least two hours driving distance from the closest medical center operated by the Secretary which provides medical and surgical hospital care; and

''(C) the establishment of the program in any such area would not result in jeopardizing the critical mass of patients needed to maintain a Department medical center that serves that area.

''(2) Notwithstanding paragraph (1)(B), the Secretary may designate for participation in the program at least one area which is in proximity to a Department medical center which, as a result of a change in mission of that center, does not provide hospital care.

''(f)(1) Not later than September 30, 2002, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the experience in implementing the pilot program under subsection (a).

''(2) Not later than September 30, 2004, the Secretary shall submit to those committees a report on the experience in operating the pilot program during the first two full fiscal years during which the pilot program is conducted. That report shall include—

''(A) a comparison of the costs incurred by the Secretary under the program and the cost experience for the calendar year preceding establishment of the program at each site at which the program is operated;

''(B) an assessment of the satisfaction of the participants in the program; and

''(C) an analysis of the effect of the program on access and quality of care for veterans.

''(g) The total amount expended for the pilot program in any fiscal year (including amounts for administrative costs) may not exceed $50,000,000.

''(h) For purposes of this section, the term 'health-care plan' has the meaning given that term in section 1725(f)(3) of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1725 the following new item:

''1725A. Coordination of hospital benefits: pilot program.''.

SEC. 402. BENEFITS FOR PERSONS DISABLED BY PARTICIPATION IN COMPENSATED WORK THERAPY PROGRAM.

Section 1151(a)(2) is amended—

(1) by inserting ''(A)'' after ''proximately caused''; and

(2) by inserting before the period at the end the following: '', or (B) by participation in a program (known as a 'compensated work therapy program') under section 1718 of this title''.

SEC. 403. EXTENSION OF AUTHORITY TO ESTABLISH RESEARCH AND EDUCATION CORPORATIONS.

Section 7368 is amended by striking ''December 31, 2000'' and inserting ''December 31, 2005''.

SEC. 404. DEPARTMENT OF VETERANS AFFAIRS FISHER HOUSES.

(a) AUTHORITY.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 1708. Temporary lodging

''(a) The Secretary may furnish persons described in subsection (b) with temporary lodging in a Fisher house or other appropriate facility in connection with the examination, treatment, or care of a veteran under this chapter or, as provided for under subsection (e)(5), in connection with benefits administered under this title.

''(b) Persons to whom the Secretary may provide lodging under subsection (a) are the following:

''(1) A veteran who must travel a significant distance to receive care or services under this title.

''(2) A member of the family of a veteran and others who accompany a veteran and provide the equivalent of familial support for such veteran.

''(c) In this section, the term 'Fisher house' means a housing facility that—

''(1) is located at, or in proximity to, a Department medical facility;

''(2) is available for residential use on a temporary basis by patients of that facility and others described in subsection (b)(2); and

''(3) is constructed by, and donated to the Secretary by, the Zachary and Elizabeth M. Fisher Armed Services Foundation.

''(d) The Secretary may establish charges for providing lodging under this section. The proceeds from such charges shall be credited to the medical care account and shall be available until expended for the purposes of providing such lodging.

''(e) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include provisions—

''(1) limiting the duration of such lodging;

''(2) establishing standards and criteria under which medical facilities may set charges for such lodging;

''(3) establishing criteria for persons considered to be accompanying a veteran;

''(4) establishing criteria for the use of such premises; and

''(5) any other limitations, conditions, and priorities that the Secretary considers appropriate with respect to temporary lodging under this section.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1707 the following new item:

''1708. Temporary lodging.''.

SEC. 405. EXTENSION OF ANNUAL REPORT OF COMMITTEE ON MENTALLY ILL VETERANS.

Section 7321(d)(2) is amended by striking ''three'' and inserting ''six''.

SEC. 406. EXCEPTION TO RECAPTURE RULE.

Section 8136 is amended—

(1) by inserting ''(a)'' at the beginning of the text of the section; and

(2) by adding at the end the following new subsection:

''(b) The establishment and operation by the Secretary of an outpatient clinic in facilities described in subsection (a) shall not constitute grounds entitling the United States to any recovery under that subsection.''.

SEC. 407. CHANGE TO ENHANCED USE LEASE CONGRESSIONAL NOTIFICATION PERIOD.

Paragraph (2) of section 8163(c) is amended to read as follows:

''(2) The Secretary may not enter into an enhanced use lease until the end of the 90-day period beginning on the date of the submission of notice under paragraph (1).''.

SEC. 408. TECHNICAL AND CONFORMING CHANGES.

(a) REQUIREMENT TO PROVIDE CARE.—Section 1710A(a) is amended by inserting ''(subject to section 1710(a)(4) of this title)'' after ''Secretary'' the first place it appears.

(b) CONFORMING AMENDMENT.—Section 1710(a)(4) is amended by striking ''requirement in'' and inserting ''requirements in section 1710A(a) and''.

SEC. 409. RELEASE OF REVERSIONARY INTEREST OF THE UNITED STATES IN CERTAIN REAL PROPERTY PREVIOUSLY CONVEYED TO THE STATE OF TENNESSEE.

(a) RELEASE OF INTEREST.—The Secretary of Veterans Affairs shall execute such legal instruments as necessary to release the reversionary interest of the United States described in subsection (b) in a certain parcel of real property conveyed to the State of Tennessee pursuant to the Act entitled ''An Act authorizing the transfer of certain property of the Veterans' Administration (in Johnson City, Tennessee) to the State of Tennessee'', approved June 6, 1953 (67 Stat. 54).

(b) SPECIFIED REVERSIONARY INTEREST.—Subsection (a) applies to the reversionary interest of the United States required under section 2 of the Act referred to in subsection (a), requiring use of the property conveyed pursuant to that Act to be primarily for training of the National Guard and for other military purposes.

(c) CONFORMING AMENDMENT.—Section 2 of such Act is repealed.

The SPEAKER pro tempore. After 1 hour of debate on the bill, as amended, it shall be in order to consider a further amendment printed in the House report 106–875 if offered by the gentleman from Arizona (Mr. STUMP) or the gentleman from Illinois (Mr. EVANS), or a designee, which shall be considered read, and shall be debatable for 10 minutes, equally divided and controlled by the proponent and an opponent.

The gentleman from Arizona (Mr. STUMP) and the gentleman from Illinois (Mr. EVANS) each will control 30 minutes of debate on the bill.

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

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

Mr. Speaker, H.R. 5109 addresses a number of key personnel management systems needs in the VA health care system.

It authorizes regular pay raises for the VA nurses and gives the VA the authority to increase salaries for VA dentists.

It also proposes an innovative four-site health care pilot program so that veterans, who are enrolled with VA for health care, can be referred to a community hospital if the VA hospital is too far away.

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

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

Mr. Speaker, I also want to thank the gentleman from Arizona (Chairman STUMP) and the gentleman from Florida (Mr. STEARNS) and the gentleman from Illinois (Mr. GUTIERREZ), the ranking member of the Subcommittee on Health, for working with me on an important pay provision contained in the legislation now before the House, H.R. 5109.

As many of my colleagues know, my mother was a nurse, a fact of which I am very proud. I understand well the pressures nurses face as the backbone of our health care system. I understand, too, that nurses have had to shoulder even more responsibility as health care delivery is being transformed. From my perspective, it was grossly unfair to maintain a pay system under our jurisdiction that allowed hospital directors to balance the budget on the backs of VA nurses.

This bill comes at a time when competition for skilled health care personnel is fierce. Besides nurses, the bill addresses pay inequities for dentists. It provides physician assistants long-sought representation within VA headquarters along with better training opportunities. It will help the VA retain social workers, pharmacists and medical support personnel, to retain them as well.

This legislation also supports a pilot project that the gentleman from Arizona (Chairman STUMP) just talked about. It will allow the VA to manage VA's health care system in their own communities. The concept of this pilot brought to my attention by two health care professionals, the gentlewoman from California (Mrs. CAPPS) and the gentleman from Florida (Mr. WELDON) is simple, the VA will preapprove certain veterans who are distant from VA medical centers, but who rely on VA outpatient clinics to receive certain general medical and surgical hospital in-patient services in their own communities.

Mr. Speaker, far from being the end of the VA health care system as we know now it, this is a project that is consistent with VA's goals to bring veterans' health care into our communities.

The gentleman from Arizona (Chairman STUMP) is offering a strong bill, and I urge my colleagues to support it.

Mr. Speaker, I include for the RECORD the letter from the American Federation of Government Employees:

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL–CIO

September 21, 2000.

Hon. BOB STUMP,
Chairman, House Veterans' Affairs Committee, Cannon House Office Building, Washington, DC.

Hon. CLIFF STEARNS,
Chairman, Subcommittee on Health, House Veterans' Affairs Committee, Cannon House Office Building, Washington, DC 20515.

Hon. LANE EVANS,
Ranking Member, House Veterans' Affairs Committee, Cannon House Office Building, Washington, DC.

DEAR CHAIRMAN STUMP, CHAIRMAN STEARNS AND RANKING MEMBER EVANS: On behalf of the American Federation of Government Employees (AFGE), AFL–CIO and the 600,000 federal workers AFGE, represents, including roughly 125,000 Department of Veterans' Affairs (DVA) employees, I thank you for your efforts to guarantee DVA registered nurses

an annual pay raise and to improve the pay for dentists and pharmacists who work at the DVA.

H.R. 5109 will guarantee DVA nurses the same annual nationwide pay increase provided to General Schedule employees. The fundamental change in the DVA nurse pay system is similar to the change proposed in H.R. 1216, the AFGE authored legislation which was introduced by Representative Steve LaTourette (R–OH). It is our understanding that H.R. 5109 will ensure that no DVA nurse will again be denied an annual pay raise or receive a negative pay adjustment.

Such changes to the current DVA nurse pay system are consistent with the AFGE testimony given before Chairman Steams' subcommittee on April 12th. At the hearing AFGE called for a guaranteed annual pay raise for DVA nurses to create a floor for nurses' pay. AFGE also urged that the Secretary be given the authority to increase nurses' pay above this floor when needed. H.R. 5109 incorporates these core principles.

AFGE opposes the section in H.R. 5109 titled, ''Coordination of Hospital Benefits Program,'' which would create a pilot voucher-like program in four geographic areas. The section would authorize DVA to cover a veteran's costs of inpatient care at non-DVA facilities. DVA would become the secondary insurance for any out-of-pocket expenses of veterans with insurance, including Medicare, when veterans seek inpatient services in private sector hospitals.

Section 401 establishes an entirely new eligibility category for veterans' health care based not on the veteran's status or need, but purely on the veteran's geographic location, and to a great extent, the veteran's own health insurance. Accordingly, Section 401 will create a disparity between the health care available to veterans who chose to use DVA health care facilities and those, primarily with their own insurance, who have previously chosen not to use DVA facilities.

Section 401 will also set a precedent for sending veterans to non-DVA providers for inpatient services that are paid by veterans' own insurance. DVA would not subsidize care outside of the DVA system, lose both the direct and appropriated dollars and any third-party reimbursements. If this precedent is set and expanded, DVA health care facilities would only become local referral centers without the resources to sustain the full range of care, including the specialized services such as spinal cord injury care and substance abuse treatment, for which it is well known.

Under Section 401, DVA would not really have control to manage the veteran's case once referred because it would be a secondary payer, not the provider of care.

AFGE is for increased access in veterans' care but not at the cost of unraveling the DVA operated health care system. Veterans deserve and need a unique health care system devoted and dedicated to treating their unique medical needs. Picking up the co-payments for veterans who have insurance will ultimately transform DVA from a health care system designed and focused on veterans medical care into an insurance company. This proposal claims to give a few veterans improved ''access'' but will do so at the cost of maintaining a fully staffed and functioning DVA health care system. We urge you to omit this section from the final conference bill.

Thank you for considering AFGE's views on these important matters. AFGE appreciates that you have incorporated the core principles of the AFGE authored nurse pay legislation into H.R. 5109.

Sincerely,

BOBBY L. HARNAGE, Sr.,
National President.

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

Mr. STUMP. Mr. Speaker, I yield 9 minutes to the gentleman from Florida (Mr. STEARNS) the chairman of the Subcommittee on Health.

Mr. STEARNS. Mr. Speaker, I thank my colleague from Arizona (Mr. STUMP) for yielding the time to me.

Mr. Speaker, I want to again, like others, recognize the superb leadership of the gentleman from Arizona and also to recognize the gentleman from Illinois (Mr. GUTIERREZ), the ranking member of the Subcommittee on Health, and, of course, recognize the gentleman from Illinois (Mr. EVANS), the ranking member of the Committee on Veterans' Affairs, for all of their efforts in the development of this bill.

Mr. Speaker, this is a good bill for veterans, and it is a good bill to pass today. It contains provisions that are workable, useful and innovative. It is a winning combination for the veterans we serve and for the Department of Veterans Affairs who we are charged with to take care of our veterans.

After a number of hearings we had on the subcommittee dealing with site visits and other data collection, I introduced this bill with bipartisan support, H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act of the Year 2000. It has 20 cosponsors from the Democrat side and many from the Republican side. It is bipartisan.

Mr. Speaker, let me just quickly review for my colleagues some of the key provisions of our bill. Mr. Speaker, about 10 years ago, Congress created an innovative pay system for the nurses in the VA system with the locality-based mechanism to produce pay raises that were intended to address labor market needs and to keep our veterans' nurses competitive. The idea was that each veteran hospital could act on its own self-interest and remain competitive locally.

It was intended to be a good reform, and this system initially gave the VA nurses a big pay raise. Mr. Speaker, VA's recruitment and retention problem for nurses effectively disappeared for a while with this reform. But the old saying ''that was then and this is now'' is true today.

My subcommittee gave special focus during this Congress to the pay situation of VA nurses, because a lot of them were leaving our system, what we found was disappointing. We have learned that many VA nurses had not received any pay increases in their pay since the initial one from our 1990 legislation. While those first pay increases were, in many cases, substantial, in the course of time, with inflation and other Federal employee groups moving ahead, what happened is they fell behind. So once again VA found itself in a competitive disadvantage, and some VA nurses were looking for employment options elsewhere.

In my judgment, as chairman of the Subcommittee on Health, it was a loss that we could not afford; therefore, our bill guarantees VA nurses the statutory national comparability pay raises given to all the other Federal employees, Mr. Speaker.

I am not declaring reform to be my enemy. I want to make the earlier legislation work that we passed in the 101st Congress. In addition to the guaranteed national pay raise for nurses, the subcommittee crafted necessary adjustments to the locality survey mechanism to ensure that data are available when needed and to specify that certain steps be taken when they are necessary that lead to appropriate salary rate increases for our VA nurses.

I believe this is the right solution. It is a compromise with our colleagues on the other side of the aisle but in the end that is what is best.

Mr. Speaker, the bill also addresses a recommendation of VA's Quadrennial Pay Report concerning the veterans' dentists, bringing their pay into better balance with average compensation of hospital-based dentists in the private sector. This is the first change in 10 years in VA dentists special pay.

Mr. Speaker, I want to thank my colleague, the gentleman from California (Mr. FILNER), for bringing his voice to this important issue and for continuing to prod us forward on behalf of the VA dentists.

Our bill also authorizes major medical facility constructions in Palo Alto and Long Beach, California; Miami, Florida with a commensurate authorization of appropriations money for this construction. Southern and western States such as these, Mr. Speaker, are areas where we continue to see rising VA patient-care work loads and demand for modern, accessible and safe facilities for veterans. These projects will help ease these burdens.

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This House is making the right choice by authorizing these projects now.

My friend, the gentleman from Illinois (Mr. EVANS), as the ranking member of the full committee, recently raised the profile of the need for Congress to reauthorize the landmark 1988 study of post-traumatic stress disorder in Vietnam veterans. Our bill authorizes this important study again.

The bill also requires VA to record military service history when VA physicians and other caregivers take a veteran's health history. This will aid any veteran who files a VA claim for disability, especially given our new appreciation that military and combat exposure may, may be associated with onset of disease later in life. I want to commend the veterans, the Vietnam veterans of America, for bringing this proposal to us. It is valuable. It is a valuable contribution to this bill.

Lastly, Mr. Speaker, our bill contains a very good approach, crafted by my good friend and colleague, the gentleman from Florida (Mr. WELDON). The gentleman from Florida (Mr.

WELDON) has no VA hospital in his district; nor do I. We believe that in such a situation, when a veteran who is under VA care in a VA community-based clinic remote from a VA hospital, needs brief inpatient hospitalization, that he or she should be able to obtain this vital service closer to home. It is not any different for a veteran in this regard than it is for a nonveteran.

Can anyone in this Chamber say he or she would relish the thought of leaving their family and friends and traveling hundreds of miles for a hospital admission at a distant hospital while bypassing community hospitals closer to home?

While working with our colleagues across the aisle, our bill sets up a pilot program involving not more than four small VA clinic service areas. Within these areas, enrolled veterans in need of uncomplicated general hospital admissions would be referred to community hospitals rather than being sent to distant VA facilities. VA would serve as a coordinator of benefits to ensure that costs are covered by available private and public coverage held by most veterans who use the VA. VA will ensure that the care is delivered efficiently and with due regard to these veterans' needs.

On discharge from these short hospital stays, these veterans would continue under VA care just as before. It is a voluntary program, Mr. Speaker, a time-limited test, capped for expenditures, intended to test the premise of providing a more convenient alternative to veterans than traveling hundred of miles to seek inpatient care in large, urban VA hospitals.

Mr. Speaker, a previous small scale experiment similar to this proposal in one VA clinic was a smashing success, with a 98 percent patient satisfaction rate and was found to have saved between 15 and 28 percent of the costs that would have been paid by taxpayers had these patients traveled to a faraway veterans hospital for their admissions.

Importantly, the VA facility in Florida suffered no impact on their patient care workloads because of this local experiment. So, Mr. Speaker, this is a good idea.

Mr. Speaker, this is a synopsis of our key provisions of H.R. 5109. I ask all of my colleagues to support this bill.

I would like to point out that we have a number of organizations that have supported this. The American Legion, the Veterans of Foreign Wars of the United States, Vietnam Veterans of America, the Nursing Organization of Veterans Affairs, the American Dental Association and the largest union, the American Federation of Government Employees, among others, have all supported this legislation. So I hope my colleagues will vote for passage of this in a strong way so that we can enact this in the 106th Congress and go forward to help our veterans.

Mr. EVANS. Mr. Speaker, I yield 5 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Mr. Speaker, I thank the gentleman from Illinois (Mr. EVANS) for yielding me the time.

Mr. Speaker, I rise in strong support of H.R. 5109. I want to thank the chairman, the gentleman from Arizona (Mr. STAMP); the ranking member, the gentleman from Illinois (Mr. EVANS); the gentleman from Florida (Mr. STEARNS), the chairman of the Subcommittee on Health; and the gentleman from Illinois (Mr. GUTIERREZ), the ranking member of that subcommittee, for developing a true bipartisan proposal to address some of the pay inequities that were brought to the attention of our Committee on Veterans' Affairs.

In response to some of these concerns, I introduced last fall H.R. 2660, which I entitled Put Your Money Where Your Mouth Is, the VA Dentist Equity Act, in response to a variety of concerns of VA dentists. This spring, the gentleman from Florida (Mr. STEARNS) conducted a hearing of the Subcommittee on Health where we heard stirring testimony from dentists who have devoted their careers to the Department of Veterans Affairs. Members representing the National Association of VA Physicians and Dentists, the American Dental Association, the American Association of Oral and Maxillofacial Surgeons raised concerns about the precipitous decline in recent years in the number of dentists practicing in the VA, and raised concerns about VA's ability to recruit new dentists into the system now and in the future. These concerns are based on the facts that the dental workforce in VA is rapidly declining. Only 4 years ago, the VA had more than 900 dentists. Now we have less than 800, and in individual sites the changes have been even more pronounced.

In testimony to the subcommittee, the National Association of VA Physicians and Dentists discussed general practice dentists at one facility in the Northeast dropping from 8 to only 2 positions. Now we know that almost 70 percent of VA dentists are eligible for retirement in the next 3 years and that VA dentists are paid less than defense dentists, dentists in academia or dentists in private practice. In fact, they make almost one-third less than dentists working in these settings.

So I am very glad that H.R. 5109 includes many of the provisions that were in my earlier bill and will include the recruitment and retention of VA dentists. I want to say for our legislative record that although there is a range of salaries that are printed for dentists that will give them some equity with regard to physicians, we hear concerns in specific medical centers that the top of that range for dentists is never fully utilized.

I think it is fair to say that our committee expects that the full range, especially the top range, when eligible, of the salary schedules that are in H.R. 5109, be utilized by individual medical centers.

Now I do have one disappointment in this bill, that despite a strong sentiment in the full Committee on Veterans' Affairs to move a chiropractic health care benefit amendment in this bill, we are apparently unable to reach an agreement to introduce direct access, full scope of practice chiropractic care into the VA health care system in this year. Chiropractic is the fastest growing and second largest primary health care profession. Chiropractors are a highly trained and licensed professional health care workforce. It is time to put VA health care on a par with other government health care programs and recognize chiropractic as a vital component of our health care system. In fact, we said that a year ago in our millennium health care bill.

These are technical corrections to that bill. A year ago, we asked the VA to develop a chiropractic plan within 90 days to give chiropractic services to our veterans. The VA did not do this. I met with the Assistant Secretary for health after the 90 days were up, with various representatives of the National Chiropractic Associations. We stressed to the Assistant Secretary how important it was to act on this; and we got, frankly, bureaucratic inertia, bureaucratic resistance, and literally very little was done by a year later when we have the corrections for VA on the millennium health care bill.

I know this is not a simple issue, and I know the gentleman from Florida (Mr. STEARNS) is as vitally concerned about this as I am; and he has promised, as I understand, to have hearings on this issue within our coming sessions, and I hope that we put a chiropractic health care provision that is meaningful at the top of our committee's agenda next year so that our veterans can have direct access to this important benefit as quickly as possible.

I certainly will be working toward that goal. I look forward to working with members of the committee. The gentleman from Illinois (Mr. EVANS) has been a strong proponent of chiropractic care. The gentleman from Indiana (Mr. BUYER) on our committee has also put in a provision in the defense authorization bill that moves the Defense Department more toward this. I hope that the Committee on Veterans' Affairs working with our members and the VA health care division will cooperate as we move to our full benefits to our veterans.

I thank the chairman of the Subcommittee on Health for this wonderful bill.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BUYER), a member of the committee.

Mr. BUYER. Mr. Speaker, I rise in strong support of the Department of Veterans Affairs Health Care Personnel Act of 2000. This is great news for VA employees, especially VA nurses and dentists. More importantly, it is great

news for veterans who receive VA medical care.

The bill will help the Department of Veterans Affairs recruit and retain qualified health care professionals as well as help ensure that VA hospitals are more fully staffed to meet their demanding health care needs. I know that in my own congressional district, the Fifth District of Indiana, VA employees have repeatedly raised the issue of pay parity so that they receive compatible pay, pay increases and special rates of pay to that of other Federal employees. I agree that it is only fair.

Last year, the Marion VA Chapter, the American Federation of Government Employees Local 1020 contacted my office seeking the pay parity for VA nurses. In addition, the Local 1020 asked the committee for relief in helping them to better address manning and staffing levels that were creating patient and employee safety issues due to lack of adequate nursing staff. To that end, I want to thank the Committee on Veterans' Affairs chairman, the gentleman from Arizona (Mr. STUMP), and the subcommittee chairman, the gentleman from Alabama (Mr. EVERETT), for their decision to hold field hearings in June at the Marion VA.

The committee's findings were indeed a revelation. It became quite clear to me and to the Department of Veterans Affairs that the Marion and Fort Wayne facilities had severe nurses shortfalls. It was evident that to ensure the highest quality of care for our veterans, an effort to meet these shortfalls would be required.

In fact, 68 positions were then immediately identified as needed to be filled. $6.5 million was placed into the budget's shortfall of this year alone, and I thank the gentleman from Arizona (Mr. STUMP) for that effort.

In addition, the director of the Northern Indiana Health Care System requested a staffing survey which identified the need for another 20 positions, so now we are up to 88 positions.

Last week, prior to the Committee on Veterans' Affairs reporting this bill to the House floor, Local 1020 indicated their support for H.R. 5109 and reiterated the need for nurse pay parity.

I will throw out there to the gentleman from Florida (Mr. STEARNS) what I have been told by the nursing profession that 50 percent of the nurses are expected to retire in the next 15 years. When we look at our education institutions in our country and we maximize them to 100 percent at the present rate of graduation, we fall very short of what the need and requirements are in front of us. So given the whole supply and demand, this bill, while we are singing its praises, is really one of those leaps forward; and we still have work yet to do.

Mr. EVANS. Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I thank the gentleman from Illinois (Mr. EVANS) for yielding me time.

Mr. Speaker, I am pleased to rise in strong support of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act.

I want to take this opportunity to thank the gentleman from Arizona (Mr. STUMP) and the ranking member, the gentleman from Illinois (Mr. EVANS) for all their hard work on this legislation. Their unflagging commitment to our Nation's veterans is truly laudable. This bill will significantly improve veterans' access to health care. It will also provide much-needed raises for VA nurses and other health care professionals. As a nurse, I am particularly proud that this legislation will secure pay raises for 30,000 VA nurses. These registered nurses care for sick veterans day in and day out, and they deserve raises on a par with other Federal employees.

H.R. 5109 will also allow for greater nurse participation in policy and decision-making at the Veterans Administration health centers, and it would revise the pay rates for VA dentists and pharmacists. These are measures which will address the difficulties the VA has experienced in recruiting and retaining nurses and other health care personnel.

Now I want to highlight a particular provision that is included in this bill, and it is one that my colleague, the gentleman from Florida (Mr. WELDON) and I have worked very hard to secure. I am very pleased that the Veterans Service Improvement Act is part of this bill, and I want to thank the gentleman from Cape Canaveral for his outstanding leadership on this issue. This is an important bipartisan provision which will authorize multiple pilot projects to allow the VA to contract with local hospitals to provide care for veterans.

Now what does this mean for vets?

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Right now, for example, the veterans in my district on the central coast of California have to drive all the way to Los Angeles or to Fresno for hospital care under the VA. That means for my veterans driving 2½ to 5 hours just to check into a hospital. This is a definite hardship for aging veterans and for their families, the transportation involved and the sometimes inconvenience and real hardship that it puts families under.

With this pilot project, veterans could check in with their local VA clinic and then get referred to a nearby hospital. This would allow vets to receive care close by to their friends and their family.

The legislation also allows for the coordination of benefits. For example, veterans who use Medicare for care at a local hospital are currently paying a 20 percent copayment; and under these pilot projects, that copayment would be partially or totally covered by the Veterans' Administration. This is a benefit all veterans deserve, particularly those who are ill or disabled.

This proposal is designed to expand the successful VA pilot program operated in Florida last year. As we have heard, over 1,000 veterans chose to participate in this program, and 98 percent of them said they would recommend it to other vets. In addition, the preliminary results show that this program provided a significant cost savings to the VA, and that is a benefit which we should not ignore.

Mr. Speaker, H.R. 5109 gives veterans more health care choices and provides more convenient options for their care. The veterans service improvement act is a pilot project; and I want to stress that as a pilot project, it will be carefully studied to see what the results are. It is not intended to undermine the Veterans' Administration specialized hospital care in any way. Rather, I believe it could demonstrate to augment it.

So, Mr. Speaker, I am pleased that this important legislation will pass through the House today, and I hope to see it signed into law very soon. The brave men and women who have sacrificed so much for our country deserve nothing less.

Mr. STUMP. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH), the vice chairman of the committee.

(Mr. SMITH of New Jersey asked and was given permission to revise and extend his remarks.)

Mr. SMITH of New Jersey. Mr. Speaker, I rise in very strong support of H.R. 5109, a bill affecting very positively health care personnel and formulating a pilot system for coordination of services between the VA and non-VA health care facilities.

I would like to thank at the outset the gentleman from Arizona (Mr. STUMP), the good and very able and very distinguished chairman of the full committee, for his leadership on this. He is indefatigable in his efforts to help and enhance veterans benefits. I have been on this committee for 20 years, and it has always been a real joy to watch him in action; and I want to thank him for his leadership. Also I want to thank the gentleman from Florida (Mr. STEARNS), the chairman of the subcommittee, who has done yeoman's work on this legislation and the Millennium Act and other important bills; and the gentleman from Illinois (Mr. EVANS), my good friend, for his good bipartisanship and very strong commitment to our veterans and for his work on this bill as well.

In summary, the bill not only updates pay to nurses, but adjusts the mechanism for making nurses' pay more responsive to today's market realities, increases rates of special pay to dentists, increases the salary rates to our pharmacists, and designates a physician's assistant to serve as a consultant to the Undersecretary of Veterans' Administration.

As a cutting edge initiative, it establishes pilot programs to allow veterans

dependent upon medical services to be seen in facilities in much greater proximity to the veteran's home. We all know, as my good friend just said a moment ago, very often, the very long trips that members of our veterans' communities have to make to get to a hospital, I hear about it over and over again in my own district, and then there is always that legendary wait once you get there to get that service sometimes becomes a disincentive for our veterans to utilize the system. So, it is very important that we see if this experiment works and if it does, then perhaps roll it out even more.

Again, I want to congratulate my colleagues on an excellent, outstanding bill that should get the unanimous support of my colleagues.

I rise today in support of H.R. 5109 a veterans bill affecting Healthcare Personel formulating a pilot system for coordination of services between VA and Non-VA Healthcare facilities.

In summary, this bill not only updates pay to nurses but adjusts the mechanism for making nurses pay more responsive to today's market realities, increases rate of special pay to dentists, increases salary rates to pharmacist, and designates a physicians assistant to serve as a consultant to the Under Secretary of Veterans Administration. As a cutting edge initiative, it establishes pilot programs to allow veterans dependant upon medical services to be seen in facilities of much greater proximity to the veteran's home.

There is a general agreement that there is a nation-wide nursing shortage. In addition, the VA has experienced significant nurse retention problems. Appropriate and timely pay increases must be provided as part of a satisfactory work environment. This bill addresses this concern in several ways. First, it authorizes national comparability pay raise for VA nurses on par with that of other federal employees. Second, it makes optional annual locality survey process for VA nurse pay. Third, it eliminates facility directors as the sole discretionary authority to make pay increases and introduces an automatic mechanism. This will stimulate more timely raises for nurses at VA hospitals. These provisions added together, are designed to make the VA more responsive to the economic needs of nurses and will increase their retention.

PAY FOR DENTISTS AND PHARMACISTS

The bill revises and increases the rates of special pay which is provided to dentists employed by the Veterans Health Administration and is long over due. It eliminates the salary cap on pharmacists.

PHYSICIAN ASSISTANT AS CONSULTANT

The VA employs some 1,200 PA's as the nation's largest employer of PA's in the past 30 years. But amazingly the VA does not have a PA representative to advise the Administration on the optimal usage of PA's. This bill designates a Physician's Assistant to serve as a consultant to the Under Secretary which will greatly improve understanding and utilization of the PA's by the Veterans Administration.

PILOT PROGRAM ON COORDINATING BENEFITS

There appear to be many veterans in all areas of the country who while in need of medical services, must travel a good distance for care. In some cases this is 100 miles or more round trip. This is accomplished often at considerable inconvenience to the patient and to the family of the loved one who must provide transportation to and from VA hospitals. Add that to the legendary wait. This bill sets up a 4 site pilot program coordinating healthcare benefits between VA and non-VA health care facilities. Following up on a previously successful program in Florida, this pilot program will see if coordinated and contracted care would be satisfactory to the veteran and a cost saving gain to the Veterans Administration.

Let me emphasize that this is a program which is totally voluntary. No veteran who feels uncomfortable participating in the program is forced to do so. This is not intended to replace the parent program which has served veterans so well in the past.

Mr. EVANS. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MILLENDER-MCDONALD).

Ms. MILLENDER-MCDONALD. Mr. Speaker, let me first thank the chairman and the ranking member for their leadership on this great piece of legislation.

I rise today in strong support of the Department of Veterans Affairs Health Care Personnel Act. As a representative of the 37th Congressional District in California, I represent parts of the Long Beach area, so I am particularly supportive of this bill, since it will help many of my constituents.

There are approximately 24.4 million veterans in America, 552,800 of whom are in Los Angeles alone, and 28,900 of whom live in the 37th Congressional District. The number of veterans has declined over the years, but the average age of America's veterans has increased. The median age of veterans is 58 years, and 36 percent are over 65 years of age. This means the services provided at veterans' health care facilities throughout the country are even more important to our veterans, now more than ever before.

Mr. Speaker, this legislation authorizes important construction projects primarily at VA medical facilities to help veterans who have reached an age where the need for safe, accessible medical care is critical. In particular, it authorizes the construction of the VA Medical Center in Long Beach which is located on major fault lines that have yielded earthquakes which have caused severe damage to the area over the years. This construction project will correct life safety and functional space deficiencies and ensure that veterans receive the health care they need in a safe environment.

The Department of Veterans Affairs Health Care Personnel Act also improves the pay of nurses, dentists and other health care professionals employed by the Department of Veterans Affairs which ensures that those who serve our veterans are adequately compensated.

In addition, it establishes a pilot project that will allow four sites to provide inpatient hospital care to veterans in their own communities. The bill also contains a provision that would increase the availability of accommodations at VA medical facilities for veterans and their families who need to travel great distances and stay overnight when obtaining VA medical services.

Mr. Speaker, all of these measures will significantly impact the lives of veterans and their families; and, therefore, Mr. Speaker, I urge my colleagues to join me in voting for the Department of Veterans Affairs Health Care Personnel Act. It is a great piece of legislation.

Mr. STUMP. Mr. Speaker, I yield 3 minutes to the gentlewoman from New York (Mrs. KELLY).

Mrs. KELLY. Mr. Speaker, I rise today in support of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act of 2000, with one reservation. It is a good bill. The committee has worked hard on it, and my colleagues should be commended for it.

Mr. Speaker, H.R. 5109 corrects a real problem with the pay increases of VA nurses. While the current system of salary adjustments for VA nurses does not allow salary decreases, the current system does allow for the salary to be frozen for a number of years. With inflation, this is tantamount to a cut in salary, with VA nurses having to spend more of their salary each year on the increasing cost of living. This includes the yearly increases that Federal employees must pay on their health care premiums.

In the lower New York area, we have one of the highest costs of living in the Nation. The struggle of our dedicated nurses to raise a family and save for the future is a daily challenge. At the very least, we have to ensure that all VA personnel salary is adjusted for inflation, and this good legislation corrects a grave injustice that has denied nurses pay raises that virtually all Federal workers are given on a yearly basis. This portion of the legislation has my strong support.

Unfortunately, section 401 of the legislation concerns me and colleagues I have spoken with, and that is the section that is entitled, Coordination of Hospitals Benefits Program. It would create a pilot voucher-like program in four geographic areas. The section would authorize the VA to cover a veteran's cost of inpatient care at non-VA facilities. The VA would thus become a secondary insurance for any out-of-pocket expenses of veterans with insurance, including Medicare, when veterans seek inpatient services in private sector hospitals.

It is a good idea, but right now the VA can and does contract with non-VA hospitals to treat veterans for their service-connected conditions. The premise of this pilot gives veterans a financial incentive to go to non-VA facilities for their inpatient care. It establishes an entirely new eligibility category for veterans care based not on the veteran's status or need, but purely on the veteran's geographic location, and to a great extent, the veteran's

own health insurance. It could create real problems.

First, it creates a disparity between health care available to veterans who choose to use the VA health care facilities and those primarily with their own insurance who have previously chosen not to use VA facilities. Second, it sets a precedent for sending veterans to non-VA providers for inpatient services that are paid by veterans' insurance. The VA would now subsidize care outside the system, losing both the direct and appropriated dollars on any third-party reimbursements. This worries me.

If this precedent is set and expanded, the VA health care facilities would only become local referral centers without the resources to sustain a full range of care, including the acute beds and specialized services such as spinal cord injury care and substance abuse treatment for which it is well known. The VA would not really have the control to manage a veteran's case once referred because it would be a secondary payer, not the provider of care.

It is my hope this section could be removed or greatly modified before the legislation comes back to the House.

Mr. EVANS. Mr. Speaker, I yield the balance of my time to the gentleman from Arizona (Mr. STUMP), the chairman of the committee.

Mr. STUMP. Mr. Speaker, I thank the gentleman for yielding us this time, and I yield 3 minutes to the gentleman from Ohio (Mr. LATOURETTE).

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

Mr. LATOURETTE. Mr. Speaker, I rise today in support of H.R. 5109.

Mr. Speaker, today is a great day and a wonderful day for the 39,000 VA nurses who care for our Nation's ailing veterans, and I want to thank the gentleman from Arizona (Mr. STUMP), the gentleman from Florida (Mr. STEARNS), the gentleman from Illinois (Mr. EVANS), and the gentleman from Illinois (Mr. GUTIERREZ) for making this day possible.

In May of last year, I joined with a number of colleagues to introduce legislation called the VA Nurse Appreciation Act. The premise of the legislation was simple, to guarantee that VA nurses get the same annual raise as virtually every other Federal worker; no more, no less, just pay parity. It seems impossible to fathom, but for much of the last decade, VA nurses across the country have been getting short shrift when it comes to Federal pay raises.

When the Nurse Pay Act was passed about a decade ago, it did exactly what it was supposed to do. It allowed the VA to dramatically increase nurse pay so that salaries were comparable with the private sector. That law, so well intended and fully supported by the Congress, eliminated a dire nursing shortage and restored stability to VA hospitals across the country.

Sadly, when budgets became tight, VA medical center directors began using the broad discretion of the law provided in a way that the Congress never intended. Local pay surveys designed to document the need for higher raises than the GS increases were suddenly turned into a tool to withhold raises or award absurdly low raises.

Mr. Speaker, it is no walk in the park being a nurse at a Veterans' Administration facility. The hours are long, the job is stressful, and the veterans can be very sick with a whole host of medical conditions not normally seen in other hospitals. But the women and men who have devoted their careers to caring for our Nation's heroes are a dedicated lot. Despite years of meager annual raises or no raise at all, these 39,000 VA nurses did not turn their backs on our veterans or even think of withholding care.

Mr. Speaker, we are now enjoying the greatest economic prosperity in a generation and unheralded budget surpluses; yet we still have VA nurses out there who received no annual pay raise for 2, 3, 4, or, in some cases, 5 consecutive years. It is a miracle that more nurses have not abandoned the VA.

This legislation, H.R. 5109, is a wonderful step in correcting that inequity, and I again commend the chairman of the committee and the ranking member, the chairman of the subcommittee and the ranking member of the subcommittee. I am most appreciative of their interest in the issue and their willingness to correct this injustice. Special thanks are also due to the AFGE, which has worked tirelessly to make this day possible, together with the ANA and NOVA.

This change in law cannot come soon enough either. All evidence points to a looming and critical shortage of nurses. Right now the average VA nurse is 47 years old, about 5 years older than the national average. We do not attract new nurses with a promise of no annual increase.

Mr. Speaker, this has been a long, hard fight. This is a good bill with many wonderful provisions. I again want to thank the gentleman from Arizona (Mr. STUMP) and the gentleman from Florida (Mr. STEARNS) for correcting an inequity. I urge my colleagues to support the bill.

Mr. STUMP. Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. HORN).

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

Mr. HORN. Mr. Speaker, I rise today in strong support of H.R. 5109. I praise the gentleman from Arizona (Mr. STUMP) and his colleagues in both parties who have brought this fine piece of legislation to the House, the Veterans Affairs Health Care Personnel Act of 2000.

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Not only will this bill improve pay and help retain qualified nurses at the VA medical facilities, a provision that will significantly help nurses at the VA Medical Center Long Beach in my district and one that I have long been a supporter of in this House, it also authorizes $51.7 million for seismic corrections at the VA Medical Center Long Beach.

Providing a broad range of inpatient, outpatient and home care services for veterans throughout Southern California, the VA Medical Center Long Beach has long been recognized for the integral role it plays in Southern California's health care system. The Long Beach Center has also achieved national prominence in the field of spinal cord injury and the rehabilitation of paraplegic and quadriplegic patients.

Ranked second on the VA priority list, this project is essential to provide a safe environment for the 35,000 veteran patients served at the Long Beach VA and the 2,300 employees that work there. The four buildings included in this project house direct patient care functions and support activities that are crucial to meeting the organization's mission and goals.

These buildings are all seismically deficient and in need of upgrading. The United States Geological Survey studies have shown that the fault lines in the Southern California region run directly through the medical center. These major fault lines have yielded earthquakes of significant magnitude and caused severe damage over the years, compromising the patient care mission of the Long Beach Veterans Administration Medical Center.

The demolition of these seismically compromised and deteriorating buildings with the replacement of one newly constructed building with modern and efficient space is crucial in order to provide safety for patients, visitors and staff. It is also the most cost-effective option.

This bill is a fitting tribute to those who have served our Nation with courage and commitment and is the next step in fulfilling our continuing obligation to our Nation's veterans.

I urge all Members of this House to support this very important legislation.

Mr. STUMP. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I want to thank the gentleman from Arizona (Chairman STUMP) for his courage and commitment in moving this bill forward. I want to particularly commend him for including the language in section 401 that deals with the establishment of a new pilot program that will allow the coordination of payments of benefits.

This was the thrust of legislation, H.R. 4575, introduced earlier by the gentlewoman from California (Mrs. CAPPS) and myself. She has the same challenge I have, a lot of veterans in her congressional district that are served only by a clinic and not a full-service hospital. Her assistance has been critical in moving this initiative forward.

I also want to thank the gentleman from Florida (Mr. MCCOLLUM) and the gentleman from Florida (Mr. STEARNS) who have worked with me on this issue for 4 years, and, of course, the gentleman from Illinois (Mr. EVANS), ranking member, who has been very gracious.

He had a very lengthy meeting with me and the gentlewoman from California (Mrs. CAPPS) earlier in August to try to work with us on moving forward on this issue.

I also want to mention the gentleman from Illinois (Mr. GUTIERREZ) who has offered his support for this provision and, of course, the Republican and Democratic staff on the committee who have worked very, very hard.

My experience on this issue comes from my background, not only as a veteran, the son of a World War II combat-wounded Purple Heart veteran, but as well as a physician who did part of his training in a VA hospital; and, indeed, I continue to volunteer some of my time at the Veterans Health Care Clinic in my congressional district. So I think I can come to this debate with a little bit of perspective.

The veterans want three things. They want access, access, access. They want access to quality care. They want access to specialty care. They want access to care that is close to home. They do not want to be told to pack their bags, to travel across the State, or, worse, to travel to another State to get their health care.

Now, we have operated a pilot program in my congressional district for the last several years. More than 1,000 veterans have received care under this program. Did they like it? Ninety-eight percent said they liked it a lot and would recommend it to a friend. Did it cost more money? No. Actually, it saved the Veterans Administration 15 to 20 percent over cost being provided in a veterans hospital.

When it was stopped by the Veterans Administration in September of last year, the veterans in my congressional district demanded that it be restarted, and it was in July of this year. However, the Veterans Administration excluded veterans over 65 because they are covered by Medicare.

Now, I would like to read a letter that was sent to me by the wife of a veteran, Mrs. Gay Tatro. She wrote: ''My husband was probably one of the first'' veterans ''in the County admitted to the hospital on the Pilot Program in May 1998 and one of the last in September 1999. Both times, plus a couple of hospitalizations in between, he would have been sent to Tampa.'' Now, Tampa is clean across the State. It is a 3-hour drive from my congressional district.

She goes on to say: ''This would have created a substantial hardship both financially and emotionally. In this last hospitalization, the doctors were talking about amputating part of his foot. To have to go to Tampa and deal with this type of trauma by himself would have been unthinkable. The alternative: I would have to stay out of work plus pay for accommodations in Tampa to be near him.''

Section 401 of this bill establishes a new pilot program that would allow the coordination of benefits. It would allow it to be established in three additional sites. There are many underserved areas in this country. Brownsville, Texas; Santa Barbara, California and many others where veterans have to travel hours.

Now, there have been some people, including some we have heard today, who have raised some concerns about this provision of the bill. They seem to center on two things. The first one is that it moves the Veterans Administration away from the business of providing care to one of ensuring care.

To the veterans in my congressional district and those in other underserved areas, I can tell my colleagues they do not care. They want to get quality health care close to home, and these kinds of debates are irrelevant to them. They are certainly irrelevant to the Tatros. They want quality health care close to home.

The other issue that they bring up is that resources could be drained from existing facilities that are currently providing care. This reminds me of, in many ways, FDR's old speech: ''The only thing you have to fear is fear itself.'' I cannot imagine a situation where the chairman, the ranking member would allow services to be drained to provide for care for those veterans and underserved areas, drained from one area to another. The issue here is making sure our veterans get the quality health care they need.

What is clear is the status quo is unacceptable. The status quo is a two-tiered system, Mr. Speaker, a system where we have two kinds of veterans, those who live close to a facility and those who live far away and have to travel.

What we are trying to do in this provision is address the needs of those so they do not have to travel; and for those who live close to a facility, to turn to those veterans who live far away and say, no, no, no, we do not want to provide health care to you close to home, because it might affect my health care where I get my care close to the hospital is unacceptable.

This is the richest country in the world. This is the most powerful country in the world. We can take care of both groups, and this bill provides for that.

I encourage all my colleagues to not succumb to the arguments of the theoretical or to succumb to the arguments of fear, but support this provision, support this legislation.

Mr. Speaker, I am very, very happy to yield to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Mr. Speaker, I just want to commend the gentleman from Florida (Mr. WELDON) for what he is doing and point out to my colleagues this program maximum is a $50 million pilot program. This is on a $49 billion budget for veterans, which is the second largest appropriations of money. The only one larger is the Department of Defense. So this might be, I do not know if the fractions are right, but this is one-one thousandths of a percent that is going for a very small program to demonstrate, to see if it is feasible.

So I think that this is a very modest approach, and I commend the gentleman from Florida (Mr. WELDON) for what he is doing. I certainly think, as one of his constituents pointed out, this is worth this small effort to try to serve veterans.

Mr. WELDON of Florida. Mr. Speaker, I would just like to point out that this provision is endorsed by the VFW and the American Legion. I believe it is the right thing for us to do for our veterans. We can provide quality health care to all of our veterans, and that is what we are trying to do.

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 5109, as amended.

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

There was no objection.

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

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

Mr. STUMP. Mr. Speaker, I want to thank the House leadership on both sides of this aisle for allowing us to move this bill so quickly today. I want to especially thank the gentleman from Illinois (Mr. EVANS) for all the hard work and cooperation that he has given us and, once again, thank him for the time he has generously yielded to our side.

I want to express my appreciation to the gentleman from Florida (Mr. STEARNS), the chairman of the Subcommittee on Health, for all his hard work, as well as the gentleman from Illinois (Mr. GUTIERREZ), ranking member, also the gentleman from Florida (Mr. WELDON) for all the work he has done, the gentleman from Ohio (Mr. LATOURETTE) and the gentleman from California (Mr. HORN) for their dedication in serving their veterans.

I have no further requests for time. I urge all Members to support the bill.

Mr. JONES of North Carolina. Mr. Speaker, I rise in strong support of the legislation offered the Chairman and Ranking Members of the Veterans Affairs Committee. I do not have to remind the Members of this body that our Nation would not have the prosperity we enjoy if it had not been for the millions of men and women who signed up to serve in our nation's armed forces. Their willingness to offer their lives in the defense of our Nation is the very reason that we enjoy the freedoms we have today. We owe them a debt of gratitude and

the legislation before us today is one more innovative way to ensure that we fulfill that obligation.

I support the legislation for several reasons:

First, I think the proposal to allow rural veterans access to health through local facilities could dramatically increase access for those veterans who must travel great distances to receive care.

Second, this legislation recognizes that we must also ensure that we have the most capable people providing the care that those veterans have earned.

Third, the bill has the potential to greatly improve the quality of care our veterans receive by better integrating the providers of that care into the policy making process.

As our veterans' population continues to age, we must always look outside the box of existing policies to further improve the care and support we provide. H.R. 5109 meets that goal and is a bill that needs to be signed into law. I urge my colleagues to work with me to improve the quality and access to health care for our Nation's veterans and pass the Department of Veterans Affairs Health Care Personnel Act of 2000.

Mrs. MCCARTHY of New York. Mr. Speaker, I rise today in strong support of the VA Health Care Personnel Act. This important piece of legislation improves veterans' access to health care and raises the salaries of VA nurses and dentists. It's incredibly unfair that VA nurses are paid less to do the same work as their counterparts in private hospitals. Under this legislation, VA nurses are guaranteed annual national pay raises based on pay inequities, instead of nursing recruitment or retention. This bill also increases the amount of pay to VA dentists who specialized or take on added responsibilities to help meet the dental needs of our veterans.

On Long Island, the cost-of-living is well-above the rest of the country. However, VA nurses travel to understaffed VA hospitals and care for our veterans at a salary that is unacceptable. As a former nurse, I understand the commitment and professionalism demanded by this profession. Unfortunately, VA nurses continue to work at salary level that does not reflect their commitment to caring for our veterans. Lastly, this legislation extends a pilot program to four as yet unnamed geographic areas where Medicare-eligible veterans can go to non-VA hospitals, at VA expense, if there are no convenient VA hospitals nearby.

Under the new program, the VA would cover some of the costs of care at non-VA hospitals for participating veterans whose private or Medicare plans would pay for most of the share. Too many veterans are forced to drive several hours to a VA hospital if there is a problem. This pilot program examines the benefits of allowing Medicare-eligible veterans to receive treatment at their local hospital. This bill puts veterans one step closer to the care and benefits they deserve. I urge my colleagues to support this legislation.

Mr. GILMAN. Mr. Speaker, I rise today in strong support of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act of 2000. I urge my colleagues to join in supporting this timely, appropriate legislation.

H.R. 5109 is designed to improve the quality and availability of health care provided by the Department of Veterans Affairs medical facilities. It was drafted to respond to a number of concerns raised by VA personnel and veterans alike. I want to commend Chairman STUMP and the other members of the Veterans Committee for their dedication to this issue, for both listening to our veterans and VA employees, and for following up on their concerns.

Over the past 2 years, I have heard from many VA nurses and pharmacists that their working conditions and their pay levels have contributed to a serious retention problem for these two professions. H.R. 5109 addresses this problem by making changes to the salary review system so that facility directors will have to conduct annual reviews of their nursing turnover and vacancy rates to determine if raises are warranted. It also stipulates that nursing personnel are to participate in this process. Moreover, it clarifies that the absence of a retention problem is not to be a basis for failing to provide a pay increase, and it prohibits ''negative pay adjustments.''

Regarding specialists, H.R. 5109 increases the rates of special pay for VA dentists, and adds pharmacists to the occupations that are exempt from a statutory cap on special salary rates.

This legislation also requires that, when conducting an initial clinical evaluation of a veteran, the VA identify and document pertinent military experiences and exposures which may contribute to the health status of the patient.

Finally, H.R. 5109 authorizes a pilot program involving coordination of hospital benefits. Under the program, veterans with Medicare or other coverage who use a nearby VA clinic for care, but reside far from the nearest VA medical facility, could make a choice to receive care at a community hospital as a Medicare or other health plan beneficiary when the VA finds that they need hospital care. The VA clinic would still coordinate the care, and to ensure that the patient does not incur additional out-of-pocket costs. The bill provides that VA would cover co-payments required by an individual veteran's health plan.

This component of the bill is welcome news for those veterans who reside in rural areas. I look forward to monitoring its progress, and hope it will be expanded in future years.

Mr. Speaker, H.R. 5109 makes a number of much needed adjustments to provide our veterans with better health care. For this reason, I strongly encourage our colleagues to join in supporting its passage.

Mr. RODRIGUEZ. Mr. Speaker, I commend the efforts of the VA Committee and staff in developing the VA employee pay and VA health care improvements in this bill. There are many positive elements in this bill dealing with personnel issues and I am happy to support them. VA nurses, dentists, physicians assistants, pharmacists, and social workers play a critical role in the VA health care system. The amendment to improve chiropractic service in the VA is also necessary in order to expand the availability of important chiropractic services. This legislation addresses ever-changing professions within the VA health care system by improving the salaries and working conditions of its employees.

I am especially pleased with the sections on mental illness. Authorizing another study on post-traumatic stress disorder is long overdue. We have some quality people working on PTSD at the VA and this provision would bolster that important work. I also welcome the extension of the Annual Report of the Committee on Mentally Ill Veterans. We must continue to recognize the special nature of mental illness in our Nation's veterans and continuing the input from the committee is necessary for that to occur.

I represent an area with underserved veterans. Many veterans have to travel more than 200 miles to the nearest VA facility. While I continue to advocate expanding the brick and mortar VA system where there is a genuine need, I support the pilot project at coordinating health care in under-served areas. By limiting the project to four sites and capping the costs, we have an opportunity to see the viability of this service without jeopardizing the VA as a unique hospital system. The VA is not an insurance company, and nothing we do in this bill should show an intent to re-invent the VA as such. I look forward to working with my colleagues in the Senate at enacting the provisions of this legislation this year.

Mr. MCGOVERN. Mr. Speaker, I rise today in support of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act of 2000. H.R. 5109 is important because it guarantees that nurses, dentists and pharmacists will receive pay raises that will improve their quality of life. Nurses at VA hospitals are underpaid and deserve to be paid at the same rate as those nurses at local, non-governmental hospitals. It's unconscionable that our veterans should be treated by nurses that are being paid less than their fellow nurses at other facilities. H.R. 5109 will fix that problem and properly pay these important people.

H.R. 5109 also recognizes the hard work of dentists at these VA facilities. Dentists who specialize, take on added responsibilities, or who are stationed at certain facilities will receive increased pay and also expands retirement benefits for VA dentists. Another provision exempts VA pharmacists from ceilings on special salary rates. Overall, H.R. 5109 will improve the quality of life of VA nurses, dentists and pharmacists. However, I am concerned about the provision that allows some patients to be treated at non-VA hospital facilities. While I recognize this provision creates a pilot program in four areas and has specific requirements for eligibility for participation, I am concerned that this type of program could lead to the closing of VA hospitals.

Last year, this Congress voted on H.R. 2116, the Veterans' Millennium Health Care Act. A provision in that bill would have established the process by which the Veterans Administration could close VA hospitals, profoundly damaging veterans' access to good quality health care in the Northeast. Fortunately, the final version of H.R. 2116 did not include this provision and VA hospitals were not endangered. I believe H.R. 5109 was drafted with the best intentions and that this bill is designed to improve the quality of life of VA employees and, consequently, the veterans who receive care at VA facilities. I also believe this provision was written with the intention of providing the best care possible to veterans. My concern is that, ultimately, this provision will force veterans from VA hospitals to private care.

I will vote for H.R. 5109 because, overall, this bill is a good bill. However, I ask the sponsor and the members of the Committee on Veterans Affairs to clarify the provision that creates the pilot program to ensure that it does not decrease the level of care at or, ultimately, close VA hospitals in the Northeast or across this country.

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

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). Pursuant to House Resolution 585, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

Mr. STUMP. 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 vote was taken by electronic device, and there were—yeas 411, nays 0, not voting 22, as follows:

[Roll No. 486]

YEAS—411

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Archer
Armey
Baca
Bachus
Baird
Baker
Baldacci
Baldwin
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop
Blagojevich
Bliley
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Bryant
Burr
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Capps
Capuano
Cardin
Carson
Castle
Chabot
Chambliss
Chenoweth-Hage
Clayton
Clement
Clyburn
Coble
Coburn
Collins
Combest
Condit
Conyers
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Dickey
Dicks
Dingell
Dixon
Doggett
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Filner
Fletcher
Foley
Forbes
Ford
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Goodlatte
Goodling
Gordon
Goss
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
Hulshof
Hunter
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Knollenberg
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Largent
Larson
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCrery
McDermott
McGovern
McHugh
McIntyre
McKeon
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Millender-McDonald
Miller (FL)
Miller, Gary
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Myrick
Nadler
Napolitano
Neal
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Paul
Payne
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Rothman
Roukema
Roybal-Allard
Royce
Rush
Ryan (WI)
Ryun (KS)
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Scarborough
Schaffer
Schakowsky
Scott
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Spence
Spratt
Stabenow
Stark
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tiahrt
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watkins
Watt (NC)
Watts (OK)
Weiner
Weldon (FL)
Weldon (PA)
Weller
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wu
Wynn
Young (AK)
Young (FL)

NOT VOTING—22

Burton
Campbell
Clay
Danner
Deutsch
Diaz-Balart
Dooley
Frost
Graham
Hastings (FL)
Hutchinson
Klink
Lazio
McCollum
McInnis
McIntosh
Metcalf
Reyes
Ros-Lehtinen
Vento
Waxman
Wexler

1321

Mrs. NAPOLITANO changed her vote from ''nay'' to ''yea.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. DEUTSCH. Mr. Speaker, I was unavoidably absent from the Chamber today during rollcall vote No. 486, the vote on final passage of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act. Had I been present, I would have voted ''yea'' on rollcall vote No. 486.

Mr. DIAZ-BALART. Mr. Speaker, on rollcall No. 486, the Department of Veterans Affairs Health Care Personnel Act, I was unavoidably detained. Had I been present, I would have voted ''aye.''

PERSONAL EXPLANATION

Ms. ROS-LEHTINEN. Mr. Speaker, on rollcall Nos. 485, 486, I was unavoidably detained. If present, I would have voted ''aye'' on rollcall Nos. 485, 486.

LEGISLATIVE PROGRAM

(Mr. BONIOR asked and was given permission to address the House for 1 minute.)

Mr. BONIOR. Madam Speaker, I rise to inquire of the distinguished majority leader the schedule for the rest of the day, week and any other information he might want to share with us.

Mr. ARMEY. Madam Speaker, will the gentleman yield?

Mr. BONIOR. I yield to the gentleman from Texas.

Mr. ARMEY. I thank the gentleman for yielding.

Madam Speaker, I appreciate the gentleman's inquiry, and I know there is a great deal of interest on the part of the Members. We have just concluded our final vote for the day, but as we speak, the Interior appropriators are feverishly working to complete their work on the Interior appropriations bill. I am sure the body will join me in expressing appreciation and encouragement to the appropriators to complete that task in such a manner that will enable us to complete our consideration of that conference report tomorrow.

So that as it stands today, we are waiting upon the Interior appropriators to complete their work and we would expect to vote that bill tomorrow in time to make our regularly scheduled departure time of 2 p.m. tomorrow afternoon. I would ask the Members, of course, to be patient and to again express their appreciation for and encouragement to the appropriators as they struggle to complete this very important work and to stay in town and available for a vote on that bill which would be scheduled in the morning.

Mr. OBEY. Madam Speaker, will the gentleman yield?

Mr. BONIOR. I yield to the gentleman from Wisconsin for an inquiry or a comment.

Mr. OBEY. Mr. Speaker, let me simply ask of the distinguished majority leader. Obviously all of us want to get rid of as many appropriation bills as we can. We are going to have enough real

arguments on the bills where we have real differences that we ought not have arguments on bills where we may not have any real differences. But I would just like to caution, or raise one point of caution. We are going to go into conference again on the Interior bill about 2:30. We were in conference on it this morning until it was interrupted for a rollcall vote on the House floor and a leadership meeting, as I understand it. If we go back in, if everything goes well and everything is kissy-face and nobody has any problems with it, we might be able to finish by 5 o'clock or so, very optimistically speaking. But at that point it is my understanding that there is an expectation that there would then be a follow-up meeting with the White House to try to discuss the known objections that the White House has to the conference as it is being formed right now.

Right now there are at least eight items which are still considered vetoable. One is the land legacy item where we have not only a $500 million difference but substantial differences not between the parties but between the Congress as an institution and the Presidency as an institution on how that package is to be handled.

We have considerable shortfalls in the Native American health area, which the White House is insisting be restored. We have a problem with energy conservation funds. We still have a large argument on the arts. We have had three additional riders that were added in the conference last night, the White River Forest in Colorado, the White Mountain rider in New Hampshire, and now the conferees are possibly going to also include a hard rock mining amendment.

If that is the case, then we will have matters of major controversy between the Congress and the White House that still have to be resolved. Assuming that could be done today, which is a huge assumption, and my evaluation is that there is not much chance that is going to occur in that short a period, but assuming that could happen sometime today, it will take at least 7 or 8 hours after drafting those changes to get that bill in a position where the committee will then have to do its read-out where we walk through every paragraph to make certain that the bill does what the conferees agree.

That means they will have to work all night. The earliest that they could possibly file would be about 5 or 6 in the morning. The earliest the Committee on Rules could meet would be tomorrow morning. Normal order would require a 1-day layover. And, in my view, it is highly unlikely that we are going to get there that fast. I do think if we can work out the differences, the bill could be ready for a vote on Monday. But I have very strong doubts that there is a prayer it will be ready tomorrow. And while we will be here on the Committee on Appropriations and I know the leadership will be here, I would simply ask the gentleman what is the utility of inconveniencing other Members who could go home or do whatever else they need to do rather than holding out a smidgen of a hope that this bill could be moved up one day? In my view given the large number of controversial items hanging out there, that is not likely to happen.

I assure the gentleman I am raising this simply to try to help meet the convenience of Members who have a right to have a realistic assessment of what is likely to happen on this bill.

1330

Mr. ARMEY. Madam Speaker, will the gentleman yield?

Mr. BONIOR. I yield to the gentleman from Texas.

Mr. ARMEY. Madam Speaker, I appreciate the gentleman from Michigan (Mr. BONIOR) for yielding to me.

I want to personally thank the gentleman from Wisconsin (Mr. OBEY) for outlining before the body the enormity of the task and the enormous amount of work that there is. And, in fact, I appreciate the Subcommittee on Interior's efforts to accomplish this work.

I think the gentleman has spoken eloquently and completely about how much good work they are doing and how important it is, and we can do nothing other than to elevate the appreciation.

I know the Members of this body will show to the members of the Subcommittee on Interior their appreciation and, in fact, to even sharpen their degree of willingness to encourage them in completing this work. But the fact remains that every Member here in this body was notified in January that on this week the House would be in session and would be available to consider these very important bills until 2 o'clock on Friday; and within the constraints then of that, due and full notification to all of us was given to plan our year, and, indeed, this week within this year.

I believe the only fair way for us to show our appreciation for the appropriators is to wait upon their work, encourage them in every way, and to be available to then take our next step in the completion of the House's consideration of that bill after what the gentleman has clearly outlined will be for today and this evening and tomorrow morning a heroic effort on their part and one we certainly will want to stand and applaud them for when we have the bill on the floor.

Mr. OBEY. If the gentleman would continue to yield.

Mr. BONIOR. I yield further to the gentleman.

Mr. OBEY. Madam Speaker, I certainly would like to say it is no skin off my nose if other Members are kept here, because I am going to have to be here anyway. But I really do believe that Members need to understand that the percentage chance we have of actually having an agreed bill that is not going to be vetoed, ready for the House to vote on by tomorrow is about 3 percent.

I would note, for instance, that the National Journal indicated that last week when the House took up the NASA authorization act, it actually voted on and passed the wrong bill. It had the wrong text when we voted on it last week, and that is why we have to go through these readouts and we will be here.

We will have to go through those readouts, but I do not think it helps individual Members for them to have to be stuck in their offices when they could be doing something more useful while we are running through those readouts to make certain that that does not happen again, when, in fact, the bill could easy be ready for Monday consideration if we reach agreement on it and we would not have messed up any other Members' schedules.

Mr. ARMEY. If the gentleman would continue to yield.

Mr. BONIOR. I yield further to the gentleman.

Mr. ARMEY. Madam Speaker, I want to again affirm before the body that the gentleman from Wisconsin (Mr. OBEY) has very good points in support of our commitment as a body to do the Nation's work, complete the Nation's work, and get it done as soon as is possible. I have no doubt that the gentleman from Wisconsin will be instrumental in that task, because he works in the committee to see that the work is done completely and accurately; and we appreciate the gentleman from Wisconsin for his effort.

Madam Speaker, the House will stand now in anticipation of the committee completing their work. We will continue to stay in touch with the committee as their work proceeds, and should there at any time between now and tomorrow be any information that would change the circumstances, I would be happy to come to the floor and announce it to the body. But for now, I want to thank all the Members for their cooperation, their understanding, their patience and their commitment to the Nation's work and look forward to just being on the floor and voting that bill in the morning.

SPECIAL ORDERS

The SPEAKER pro tempore (Mrs. BIGGERT). 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.

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

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. METCALF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. STRICKLAND addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. ROHRABACHER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

FIX 96/FIX THE TERRITORIES

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

Mr. UNDERWOOD. Madam Speaker, I rise to the floor today to talk about an issue in the context of the appropriations struggles that we are having, and that is to bring a modicum of fairness and justice to the people, American citizens, of the U.S. territories.

It is ironic that there are many proposals around today which I endorse which will restore some of the benefits that have been taken away since 1996 for legal residents, not U.S. citizens of the United States, including some access to health care.

At the same time that we are doing this, health care for U.S. citizens in the territories like my home island of Guam are severely hampered by the fact that Medicaid assistance to the territories is capped at certain amounts; for Guam it is $5.4 million. Moreover, the match between the local government and the Federal Government is fixed at 50/50.

Madam Speaker, what this means essentially is that if the government of Guam is to participate in the Medicaid program, which it currently does and for this past year it did and spent some $14 million in Medicaid, the actual share that the government of Guam paid is not at 50/50, but is somewhere along the line of 70/30. And as a consequence, the people of Guam, the resources are taxed to a greater extent than is to be expected.

The territories, especially Guam, have not shared in the economic boom that has occurred. In the 1990s, we have not shared in the economic boom that the U.S. mainland has enjoyed; and as a consequence, with double digit unemployment and the fact that the numbers of low-income people and people eligible for Medicaid has dramatically increased, not only due to poor economic statistics, but immigration from surrounding islands, under compacts of free association agreements with the United States. As a consequence, the people of Guam have to share a much bigger burden than the average citizen in the U.S. mainland for the provision of medical care for the indigent and the low-income.

What we proposed, and I think all of the representatives of the territories, I know all the governors of the insular areas as well, have proposed that either the caps be lifted or the cost-sharing arrangement be altered. Preferably, we could do both.

But at a minimum, we need to provide relief to these insular areas, and the way that we can do it is to secure within the context of the current appropriations process a little bit of increase in the caps, not to raise the cap entirely, but at least to raise the dollar amount on the cap, not to eliminate caps, but to at least raise the dollar amount on the caps.

We have raised this issue; I have personally raised it with the President in a meeting on Tuesday. We have raised this issue with a number of White House officials. We raised this issue with leaders here in Congress. And although it is perhaps a little bit late in the game, it is important that if we think that health care access should be extended to all people who live in the United States, regardless of their ability to pay and regardless of their legal status at a minimum, U.S. citizens in the territories should be included.

So we hope that in the context of the negotiations and the discussions over Medicaid payments, that there will be increases lifting, not eliminating, the caps, but at a minimum at least lifting the caps for Guam and American Samoa and Puerto Rico, the U.S. Virgin Islands and the Northern Marianas.

HOUSE RECOGNITION OF THE 40TH ANNIVERSARY OF THE NATIONAL RECONNAISSANCE OFFICE

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

Mr. GOSS. Madam Speaker, I come to the floor with a great sense of pride and admiration to recognize the National Reconnaissance Office, the NRO, for 40 years of outstanding service to our Nation. Since its beginning as a small covert organization on 31 of August 1960 during the administration of President Dwight D. Eisenhower, the NRO has developed an unprecedented capability to conduct signals and photographic reconnaissance from space, a capability that to this day remains unmatched by any other nation in the world.

Part of the success during the last 4 decades is due to the partnership between American industry and the NRO's highly capable workforce. This workforce, which consists of government civilians and military members of the four services, has consistently delivered new and innovative satellite systems that provide critical intelligence information to our national policymakers and to our military and civilian officials during periods of peace or in crisis or in war.

Its record of outstanding technological achievement has rightly earned the NRO the title of Freedom's Sentinel in Space.

As one of 13 Members of the intelligence community, the NRO has been very skillfully managed throughout its history by the Secretary of Defense and the director of Central Intelligence. Today the NRO provides systems that push the limits of reconnaissance capability to acquire enhanced images of the Earth and an ever-expanding variety and volume of electromagnetic signals. NRO space systems serve us daily from making it possible to verify arms control treaties to aiding in protecting American lives throughout the world, Americans at home and abroad.

For these many important achievements and the promise of continued excellence in space reconnaissance during the years ahead, we heartily congratulate the men and women of the NRO past and present on the occasion of the organizations's 40th anniversary.

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

(Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

H.R. 4292, THE BORN-ALIVE INFANTS PROTECTION ACT OF 2000

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

Mr. CANADY of Florida. Madam Speaker, as I thought about the subject upon which I rise to speak today, I was reminded of the words of William Butler Yeats's poem ''The Second Coming,'' where he wrote: ''Things fall apart; the centre cannot hold; mere anarchy is loosed upon the world, the blood-dimmed tide is loosed, and everywhere the ceremony of innocence is drowned.''

Now, that is a pretty bleak picture, but I think it is an accurate reflection of the problem addressed by the bill I am here to discuss today.

H.R. 4292, the Born-Alive Infants Protection Act, legislation that would provide legal protection to living, fully born babies who survive abortions; tiny, helpless infants brought into the world through no choice of their own and struggling to survive.

Now, surely we may say such legislation could not possibly be necessary. Surely fully born babies are already entitled to the protections of the law.

1345

Well, until recently, that certainly was true, but the corrupting influence of a seemingly illimitable right to abortion, created out of whole cloth by the Supreme Court in Roe v. Wade has brought this well-settled principle into question.

Just weeks ago, for example, in Stenberg v. Carhart, the United States Supreme Court extended the right to abortion to include the right to partial birth abortion, a procedure in which an abortionist delivers an unborn child's body until only the head remains inside of the mother; punctures the child's skull with scissors, and sucks the child's brain out before completing the delivery.

Every time I describe that procedure, I shudder but that is the reality of what the Supreme Court of the United States has said is protected by the Constitution of the United States.

Now even more striking than the holding of the Carhart case is the fact that the Carhart court considered the location of an infant's body at the moment of death during a partial birth abortion to be irrelevant for purposes of the law. Rather, the Carhart court appears to have rested its decision on the pernicious notion that a partially-born infant's entitlement to the protections of the law is dependent not upon whether the child is born or unborn but upon whether or not the partially-born child's mother wants the child or not.

The United States Court of Appeals for the Third Circuit made the point explicit on July 26, 2000, in Planned Parent of Central New Jersey v. Farmer, a case striking down New Jersey's partial birth abortion ban. According to the Third Circuit Court of Appeals, under Roe and Carhart a child's status under the law is dependent not upon the child's location inside or outside of the mother's body but upon whether the mother intends to abort the child or to give birth.

The Farmer court stated that in contrast to an infant whose mother intends to give birth, an infant who is killed during a partial birth abortion is not entitled to the protections of the law because, and I quote, a woman seeking an abortion is plainly not seeking to give birth, closed quote.

The logical implications of these judicial opinions are indeed shocking. Under the logic of these decisions, once a child is marked for abortion it is not relevant whether that child emerges from the womb as a live baby. A child marked for abortion may be treated as a nonentity even after a live birth and would not have the slightest rights under the law; no right to receive medical care, to be sustained in life or to receive any care at all. Under this logic, just as a child who survives an abortion and is born alive would have no claim to the protections of the law, there would appear to be no basis upon which the government may prohibit an abortionist from completely delivering an infant before killing it or allowing it to die.

As horrifying as it may seem, the Subcommittee on the Constitution heard testimony indicating that this is, in fact, already occurring. According to eyewitness accounts, live-birth, so-called live-birth abortions, are indeed being performed, resulting in live-born premature infants who are simply allowed to die, sometimes without the provision of even basic comfort care such as warmth and nutrition.

On one occasion, a nurse found a living infant naked on a scale in a soiled utility closet, and on another occasion a living infant was found lying naked on the edge of a sink. One baby was wrapped in a disposable towel and thrown in the trash.

Consider that these things are happening today in this country. Now statements made by abortion supporters indicate that they support this expansion of the decision in Roe v. Wade. For example, on July 20 of this year, the National Abortion and Reproductive Rights Action League issued a press release criticizing H.R. 4292 because in NARAL's view extending legal personhood to premature infants who are born alive after surviving abortions substitutes an assault on Roe v. Wade.

Well, I think they are wrong in their interpretation of Roe v. Wade, and I do not agree with that opinion but even that opinion, if properly understood, could not be extended in that way, but that is what they advocate.

I urge my colleagues to consider this important legislation as it is considered by the House in the days to come.

CONGRESS SHOULD PASS A REAL PRESCRIPTION DRUG PLAN BEFORE THEY ADJOURN

The SPEAKER pro tempore (Mrs. BIGGERT). Under a previous order of the House, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I rise today to call my colleagues' attention to passing a real prescription drug plan before Congress adjourns. It is ironic that the Presidential candidate for the Republican Party has a new slogan about real plans for real people. I think we can all agree that senior citizens are real people and they need some real help.

As a registered nurse who has spent countless hours helping senior citizens with their medical needs, I can say what these real people need. They desperately need Medicare to cover the cost of buying lifesaving drugs. As a registered nurse, I had the pleasure of working with seniors before coming to Congress. I know firsthand that many of them are on fixed incomes and already struggling to buy food and pay their rent. I have paid close attention as to what we need to do as a nation to help senior citizens. I can say that our seniors simply need assistance with purchasing life-sustaining drugs. They simply cannot afford the high cost of the drugs now.

When the big pharmaceutical companies escalate the prices of prescription drugs every year at a pace that exceeds the annual level of inflation, between 1993 and 1998, spending nationwide for prescription drugs increased at an annual rate of 12 percent. This past April, I hosted a town hall meeting back in Dallas where I talked with constituents, the real people, about the exorbitant cost of prescription drugs. And here are some of the other startling statistics that were revealed: 85 percent of the seniors fill at least one prescription per year for common conditions because for their age such as osteoporosis, hypertension, heart attacks, diabetes, or depression; seniors nationwide are paying over 130 percent more for essential prescriptions than the drug companies'' most favorite customers, the HMOs; nearly two-thirds of Medicare beneficiaries have no drug coverage or unreliable, costly, and limited coverage and must pay these costs out-of-pocket; one-third of the Medicare beneficiaries have absolutely no coverage for prescription drugs at all.

What disturbs me even more are the statistics relating to the fat cat insurance industry and the pharmaceutical industry. Premiums and copays are rising; caps of $500 to $1,000 a year are being imposed frequently; drug companies' profits were actually three times more than the average profits of all other pharmaceutical companies. I understand that we have passed one bill that favors the pharmaceutical industry. That is not what the people need. The people really need, the real people, need a plan that is covered by Medicare because the profits, they talk about research, the profits outstrip their research budgets.

That is not true. The average compensation for a drug company's CEO was $22 million a year in 1998. So if we look at all of these facts, we have to wonder how the other side could put together the plan that they have devised. It gives subsidies to the big insurance companies. It seems that penny-pinching actuaries are the other side's idea of real people, not to mention the big pharmaceutical companies. It is ironic that we have allowed all of this time to lapse and are about to leave to go home, and we have forgotten about the real people.

The American people, including the residents of Dallas, have had enough of the other side's stonewalling. The American people do not really need smoke and mirrors. They need a real prescription drug benefit for seniors, not a phony plan that relies on drug companies and insurance profiteers.

As we head toward the final stretch here, I hope that we can put the playing aside, consider that these are really

people and consider that they really need real relief and pass a Medicare prescription drug benefit and bring competition to the drug industry so that drug prices can be reduced for the seniors. This is really unconscionable. We are talking about people who have retired and who are on fixed incomes. We must give them relief. We cannot continue to just play.

LIES, LIES AND MORE LIES

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

Mr. FOLEY. Madam Speaker, I am delighted to speak before the Congress today and the American people, and I would like to obviously go back to a subject of importance, but before I do I think it was very important the comments of the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) about prescription drugs. It is timely. It is important. I would remind all those listening, though, that we have been here, at least with this administration, for almost 7¾ years and just in the last several months have we seen conversation relative to prescription drugs.

The gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) quoted some statistics showing the increase in inflation and cost of drugs year in and year out, and she is correct. They have been going up year in and year out, but only in an election year did they finally come forward with a plan that would provide some degree of prescription drug coverage, but one has to read the plan to see exactly what it entails and make certain they are not getting trapped in another big government program.

I would remind the listeners that the Vice President in Florida made some comparisons about his mother-in-law and his dog taking a certain drug. Obviously those statistics and facts are not true. They were not true. They did not apply, but that did not keep him from saying them.

So I, again, in day two of veracity watch, will call attention to another claim made by the Vice President regarding Mr. Bush's tax plan. However, as many know now, the information was misleading, incorrect or not even relative. In Washington, a tax research group questioned the manner in which Mr. GORE is using its numbers to attack Mr. Bush. The Vice President says the average working American would save just 62 cents a day under his opponent's tax plan but Bob McIntyre, director of Citizens for Tax Justice, said the Democratic Presidential candidate is not representing his information correctly. It is a stretch I would not make, and that is a labor-financed group that made the calculations.

Even that group suggests that the governor of Texas's plan would bring $1.24 in savings to the average worker.

Now the other day, in fact in this morning's paper, the Vice President says he will fix the oil crisis if elected. Well, as far as I could tell he is elected Vice President today and has been for the last 8 years and today we are experiencing the highest prices of fuel oil, home heating oil in 10 years. So I would ask all those soccer moms who participated in the last election to look at your gas statements, look at your credit card receipts and see how much they are paying for gas today as they did in 1996, and see if in fact the plan offered by the Vice President will be coming much too late for changing their family's budget.

He will make specific policy announcements to deal with the crisis, right here, right now, said his spokesperson. Well, the problem has been going on for some time, in fact a couple of years. We have had hearings, we have had testimony.

We brought Mr. Richardson before the Congress, but to no avail. We are still seeing high oil prices and no resolution to this crisis.

Now, Mr. Lehane, who is Mr. GORE's spokesman, boy, if you elect the other team they will transform the Oval Office into the big oil office. I do not think that is going to happen, but maybe if it does we will start seeing a reduction in prices for fuel oil and maybe the American consumers can see some relief.

The point is today, I want to make certain that people are at least using facts and statistics correctly, because I come from Florida where senior citizens do not need to be frightened and do not need to be scared. Back in 1992, then Governor Lawton Chiles, Democrat running for reelection, his campaign launched a series of telephone ads or at least telephone solicitations to voters urging them not to vote for then candidate Jeb Bush, because they said, in fact, if you elect Jeb Bush he is going to take away your Social Security. That is absolutely, patently false. The governor of the State of Florida does not have anything to do with Social Security, but the claim was made and it was done by the campaign. After the campaign, Governor Chiles apologized for the misinformation, dissemination of unfactual material but, once again, now we have the Vice President going to Florida, quoting statistics about a dog and his mother-in-law and I think it is reprehensible because it is all designed to scare seniors, make them nervous, make them feel like nobody is looking out for them.

My grandmother came from Poland. She died with $10,000 in the bank. She desperately needed Medicare. She desperately needed Social Security. She went to her grave with a measly $10,000 in life savings having worked as hard as she could as a maid in a Travel Lodge Motel. It is for people like my grandmother I am concerned about because I do not want them to die in poverty. I do not want them to have to be worried about prescription drugs. I do not want them to have to worry about Social Security. I did not get elected as a Republican to come here and destroy those very important programs.

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But it is troubling to me that a person running for office can make up stories, create characters, fictitious ideas, fictitious people, using them as examples of the problems that are maybe facing America.

DEMOCRATS SHOULD STOP USING SCARE TACTICS TO TRY TO WIN ELECTIONS

The SPEAKER pro tempore (Mrs. BIGGERT). Under a previous order of the House, the gentleman from Florida (Mr. SCARBOROUGH) is recognized for 5 minutes.

Mr. SCARBOROUGH. Madam Speaker, I would like to follow up on what the gentleman from Florida so ably started, that is, talking about misrepresentations, not only in this campaign, but on the House floor.

As a Member that arrived here in 1995, I was surprised that people would come to the floor and actually talk about how mean-spirited, right-wing fanatics wanted to destroy Medicare and accused Republicans of wanting Medicare to wither on the vine. It got so bad, in fact, after the President shut down the government by vetoing nine appropriation bills, that The Washington Post, never a friend of the Republican Party, but The Washington Post actually had an editorial talking about the real fault and saying the real fault was that the Democratic Party was resorting to scare tactics and they called it ''Mediscare.'' Of course, that caught on; and we see this trend continuing over and over and over again.

As the gentleman from Florida talked about the 1994 gubernatorial race, we actually had Lawton Chiles and Buddy McKay calling senior citizens in South Florida saying, if you vote for Jeb Bush, a governor, a governor, he is going to cut Social Security. It is just lunacy. However, this has been the tact since we got here in 1994: try to scare senior citizens, try to scare grandmothers and grandfathers, those that are the most fragile in our society, into thinking that one party actually wants to take away Medicare and Social Security benefits.

I would like to say that it ended in this House back in 1996 or 1997 that, somehow, the far left was shamed into actually stopping the lies about Medicare. But I was sitting on the floor here just 2 weeks ago, and I heard a gentleman, I will not say his name, but I actually heard a gentleman once again say that Republicans came to Washington promising to have Medicare wither on the vine.

Now, there is no polite way to say it. That is a lie. That is just a bald-faced lie. Sadly, the gentleman that said it knew he was lying, knew he was talking about when Newt Gingrich talked about having HCFA wither on the vine because he wanted to privatize an

awful lot of things. But it just continues.

How sad is it that we have AL GORE saying that his mother-in-law takes dog pills that actually cost less for the dog and more for him; and then when he is pushed on it, his staff says yes, it is not true, it is not true. It is just unbelievable, and it continues over and over again.

Mr. Speaker, we hear that there is not a prescription drug plan on the table. There is. We actually passed one. But because it does not socialize the dispensing of drugs in the Department of HHS, somehow, it is a mean-spirited plan.

Madam Speaker, I just hope that the Vice President, and I hope that my friends on the left, can actually refrain from the type of scare tactics that they have been engaging in for over 6 years, because it does not work. We have got grandmoms too. We have parents who depend on Medicare, who depend on Social Security, who depend on the type of things like, for instance, a bill that I was just able to see enacted into law this past week where we passed long-term health care. But we did it in a way that did not socialize long-term health care in a bureaucracy in Washington, D.C.

We did it in a way where the decisions are made locally. The decisions are made by doctors, by patients, by health care providers, and that is where we need to go. I certainly hope again that especially the Vice President, who seeks to be the next President of these United States, can refrain from these types of exaggerations that are clearly intended to distort the truth, clearly intended to scare senior citizens into believing that one group of people are for seniors and one group are against them. It may make him feel morally superior, but it is a lie; and also it is very insulting to those of us who believe that one can care for senior citizens without centralizing and socializing every single function in the Department of HHS.

We believe, we believe that people in our communities, people in the free market, that doctors, physicians, and senior citizens, can make intelligent choices also, with the benefit of the type of plan that we passed here several months ago. So hopefully, the fear mongering can be left behind, not only on the campaign trail, but also in this House. It is too important for our seniors, and it is too important for us.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair must remind all Members that although remarks in debate may level criticism against the policies of the President and the Vice President or against the nominated candidates for those offices, still, remarks in debate must avoid personality and, therefore, may not include personal accusations or characterizations.

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

(Mr. PICKERING addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE HUNGER RELIEF ACT

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

Mrs. CLAYTON. Madam Speaker, as somebody who is on the left, on the other side of the aisle, I want to speak about an issue I think both sides can agree on.

Madam Speaker, in August, many of us in Congress were delighted by the catered cuisine served at various events during our party conventions. Yet, while we dined, 31 million Americans were either hungry or living under the specter of hunger. The economy is strong, unemployment is at a 30-year low, welfare rolls have been slashed. Still, every day in America, despite welfare reform or, perhaps, as some would say, because of it, there are families who need and use food stamps to eat. Every day in America, despite welfare reform or, perhaps, again, because of it, many go hungry, more have poor health, great numbers of our children, far too many, are unable to learn because they do not have enough to eat.

As we near the end of this Congress, we have a chance to change that shocking and scandalous situation.

I am so proud to have joined 181 of our colleagues in the House and 38 Senators, Democrats and Republicans, in support of legislation that focuses on food and takes notice of this Nation's nutritional needs. The Hunger Relief Act, H.R. 3192 in the House and S. 1805 in the Senate will help one in 10 families in our Nation who are affected by hunger.

There is evidence of hunger in 3.6 percent of all households in America. According to the report from Bread for the World, entitled ''Domestic Hunger and Poverty Facts,'' 31 million people live in households that experience hunger or the risk of hunger. That number represents 1 in every 10 households in the United States. Close to 4 million children are hungry. Madam Speaker, 14 million children, 20 percent of the population of children, live in food-insecure homes. In food-insecure homes, meals are skipped, the size of meals are reduced; and again, according to the Bread of the World, sometimes the occupants of these homes go without food for a whole day.

More than 10 percent of all households in America are food insecure. Because there is such hunger and food insecurity, there is also infant mortality, growth stunting, iron deficiency, anemia, poor learning, and increased chances of disease. Because of such hunger and food insecurity, the poor are more likely to remain poor, the hungry more likely to remaining hungry, and the sick are less likely to get well soon. It seems strange that we must fight for food for those who cannot fight for themselves.

Madam Speaker, hunger is a condition of poverty. It is really time for us to stop picking on the poor. Less than 3 percent of the budget goes to feed the hungry, and it is well documented that when we use our resources for food and nutrition, the health needs of this Nation's poor, it does make a difference.

For more than 3 decades now, the Food Stamp program has been a corner stone of America's fight against hunger, and the first line of defense. Over the years, the program has been steadily improving, with the elimination of the requirement that food stamps be purchased, being one of the most significant breakthroughs. While many, too many continue to confront food insecurity, the situation today is far better than it was in 1960 when the Federal Government first began to focus on food. Similarly, the health consequences of this Nation's programs have experienced marked improvement. The data on birth rate, physical growth, and anemia is striking.

For example, the data shows that over a 20-year period, the incidence of physical stunting among preschool children decreased by 6.5 percent; and the improvement in the Nation's nutritional status indicates that while we need to continue our work, we can change the course of malnutrition among the poor and the needy. Over a 10-year period, according to the data, the percent of low-income households that meet 100 percent of the recommended dietary allowance grew twice as much as the improvement in the general population.

We are making progress, but we still have a long ways to go. That is why, Madam Speaker, Congress should and Congress must pass the Hunger Relief legislation before we go home this year. It is the least we can do, indeed, while we have such great prosperity.

TRIBUTE TO CHRISTOPHER GALE

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

Mr. HOEKSTRA. Mr. Speaker, I rise today to recognize an outstanding individual from my community. His name is Christopher Gale, he is 18 years old, and I have had the opportunity to spend some time with him over the last few days. Christopher was in Washington as part of the Boys and Girls Club National Youth of the Year competition. Christopher was the winner of the Midwest region. He is an outstanding young person from my hometown.

Mr. Speaker, he has been a member of the Boys and Girls Club of Holland, Michigan, for the last 9 years. Today,

he attends Western Michigan University where he intends on getting his degree in education and returning to the Holland community to teach history in his high school. At high school, he has been active in football, wrestling, baseball; he is also the president of the marching band in his spare time.

At home, he has been the role model for his younger brother and has also provided stability for his mother, who battles a physical disability. In his family, they have learned that love, compassion, and understanding are what has brought unity and strength to their family.

While in Holland, Christopher has been very active in volunteering for his community. He was awarded the Mayor's Youth Recognition Award for volunteering, by demonstrating his commitment to his neighborhood and the greater community. He volunteers on Project Pride, which is a community-wide cleanup effort. He has also helped with Little League; he has also helped with the West Ottawa Migrant program. So in addition to tutoring at school, in addition to tutoring his younger brother, in the summer he also tutors migrant children whose parents are working in the fields and whose parents travel from state to state. He has shown a great love for the next generation.

He is an active member of the Keystone Club, using his leadership skills again, what would you expect, to mentor young members of the Boys and Girls Club.

Christopher has been an outstanding contributor to the Holland community, to the community of west Michigan, and I am glad to be able to rise today and give this tribute to him and to say thank you for all that you have done for the community of Holland, the community of west Michigan, and to say congratulations for being the Midwest region winner this year.

EDUCATION IN TODAY'S WORLD

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

Mr. ROEMER. Mr. Speaker, I thank the gentleman, who we are proud of as a Hoosier; and, as he has announced his retirement this year, he will be missed.

Mr. Speaker, I rise today to talk about, in a bipartisan way, an issue that I think is the most important issue to my constituents in the great State of Indiana, whether I go to South Bend or Elkhart, La Porte or Michigan City or Middlebury or all over Indiana. Business leaders, parents, workers are talking about the importance of a great education system.

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It has been said, as education goes, so goes America. We need in this great hallowed Chamber to be able to discuss in civil and bipartisan ways new ideas that will lead to a better education system.

Today in the Committee on Education and the Workforce, we were fortunate to have, not so much an expert on education issues as an expert on economic and fiscal issues, the chairman of the Federal Reserve, Alan Greenspan testify before our committee.

We talked at length with Mr. Greenspan about how intimately education is tied to the health, competitiveness, the betterment of our civil society. We can have low inflation. We can have low unemployment rates. We can have low mortgage and interest rates. But if we do not have a prepared citizen rate, if we do not have great schools and quality teachers, if we do not have discipline in the schools and parents being involved in our children's education, then we are not going to have a continued productive economy.

So Mr. Greenspan was up before Congress to say to us, Democrats and Republicans alike, that we have to do a better job in math and science education and enticing our best and brightest people into teaching, whether that be at 18 years old or at 48 years old in mid career.

Now, I have a number of my colleagues that want to join us on the floor today to talk about the importance of education, some of the new ideas that we have talked about and fought for and articulated through the months.

We have talked about parental involvement which is one of the biggest indicators to success. We have talked about quality teachers and making sure that we get the best and brightest into the teaching profession.

We will talk a little bit more about a bill that the gentleman from Florida (Mr. DAVIS) and I have introduced to try to entice people who want to move from Main Street into our classrooms with math and science and technology expertise.

We will talk, maybe, a little bit about class size and how class size is such a large determinate about how effective a quality teacher can be. There is a huge difference between a class of 16 and a class of 26.

About professional development opportunities for our teachers, a recent survey indicated that 80 percent, 80 percent of those teachers that were polled said that they did not feel comfortable integrating technology into the curriculum and that they needed more opportunity for professional development.

We will probably talk a little bit about safe schools, drug-free schools, and discipline in our schools, and all of that within the context of local control of our schools, making sure there is accountability at the local level, that we give resources and we target programs for our local communities, and they make decisions.

So let me include some of my colleagues, Mr. Speaker. I know the gentleman from Wisconsin (Mr. KIND), my good friend who serves on the Committee on Education and the Workforce, has talked at length about a number of these issues, including his concern for academy for principals and teachers, for leadership programs for these individuals running schools, about parental involvement in schools as being such an important indicator. He was in the committee hearing this morning when we had Mr. Greenspan.

Mr. Speaker, I am happy to yield to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I thank the gentleman from Indiana (Mr. ROEMER) for yielding me this time and for allowing me to participate during this special order on what really should be the top priority, the top issue for this country of ours.

We have had a tremendous run with economic success and growth in recent years. We have heard testimony today from the chairman of the Federal Reserve Board, Alan Greenspan, on the Committee on Education and the Workforce, very enlightening and in-depth testimony about the important role of ramping up the quality of education and the implications for maintaining economic growth and expanding the opportunity for economic achievement in this country.

We also had a wonderful second panel that testified as well with leaders in the education field who came, Mr. Haseltine, who is CEO of the Human Genome Science project; as well as Mr. Barrett, CEO of Intel Corporation talking about some of the innovative things that the private sector is doing to partner with the public sector to improve the quality of education.

There is no question that we face challenges as a Nation in order to meet the growth needs that this economy has, but to expand the opportunities for success for all people and especially for our children in this country as we embark on what appears to be an incredible journey in the 21st century of scientific discoveries and wonders that are hard to imagine at this time.

Mr. Haseltine from the Human Genome project, for instance, testified about the implications of not emphasizing enough math and science and engineering and technology in the classroom and the adverse effects that could have, then, on our ability to stay at the forefront of these discoveries.

I happen to think that it is, not only good economically to do this to prioritize education in the country, but there are national security implications as well.

I do not think it is too bold to predict today that, with the Human Genome project, the mapping of the human body, the possible discovery of water on Mars, and a moon off from Jupiter, and the tremendous amount of biotechnological discoveries, medical breakthroughs, scientific breakthroughs, we are probably going to see more of those discoveries in the next

10, 15, 20 years than we have seen discoveries in the last 300 years in this world.

With that comes the challenge that this democracy and other democracies have around the globe that we need to do everything we can to get there first in making these type of scientific and medical breakthroughs, because they will have a profound effect on the course of human events. There are no guarantees that these scientific and medical discoveries will necessarily be used for good purposes to improve the human life.

But I have more confidence that the democracies, if we make these discoveries first, will better shape these new discoveries for the betterment of mankind as opposed to some type of authoritarian or dictatorial regimes somewhere else on the globe making these discoveries.

So it is kind of a national security issue that we are talking about as well why we need to have a national effort to improve the quality of education for our kids, an effort not unlike what we saw during the challenges posed to this country and to the free world during the Second World War where everyone in this country had a role to play, and the collective energy and resources of a Nation were brought to bear in order to achieve the common objective of defeating Nazism, fascism, the Japanese Empire in the Pacific. It was an incredible event in world history that the democracies were able to rally and accomplish that feat.

I think we face the same type of challenge in the education system now where it is not going to just take policymakers or just parents or teachers or principals being involved but every member of this country, everyone in our society should have a role in improving the quality of education.

A couple of weeks ago I had a chance to tour a lot of the elementary schools back in my district. At the time, I was releasing a report, a survey, a district-wide survey on the progress of reducing class size, knowing the success that that has reached in areas that have been successful in reducing class size, resulting in enhanced student performance as a result.

The survey for western Wisconsin shows that we are doing a pretty good job. There are some holes. Improvements still need to be made. But we are doing a pretty good job of bringing those class sizes down so that the teachers have more individual attention with the kids. There is better discipline with the classroom, more safe school districts as a result, but we need to do more in that area as well.

We heard some testimony today about the important role that parents play in the child's education. That is the number one factor to determine how well a child is going to succeed in the education system, how involved parents are going to be in their own children's education.

Now, with the advent of technology and e-mail in particular, more and more parents are able to get more directly involved in the school system and what is happening in the individual classroom affecting their child through increased communication with the teachers of their kids and through the principals and superintendents of school districts, being able to communicate in a much more effective and efficient manner through the Internet and e-mail messages back and forth. I think it is a wonderful development.

But we also know that, after parental involvement, the next most important determinate is the quality of teachers in the classroom. We heard consistently from Chairman Greenspan and others on the panel today the importance of professional development making to ensure we get the resources to the teachers so that we have the best and the brightest, as the gentleman from Indiana (Mr. ROEMER) indicated, in the classrooms making the difference that they can.

There, too, we face a huge challenge as a Nation, a 2.2 million teacher retirement over the next 10 years. It is both a challenge and an opportunity. The challenge is to fill those vacant spots. The opportunity is to fill it with good quality people that are going to make a difference in the classroom.

That is one of the reasons why I and many other Members, the gentleman from Indiana (Mr. ROEMER) and also the gentleman from North Carolina (Mr. ETHERIDGE), introduced the Ed-Tech bill, Education-Technology bill, which will provide more resources back to local school districts for the professional development of teachers of how best to use this new powerful learning tool, the technology and the Internet, and the numbers that that brings to the classroom and how they can better integrate that technology into the classroom.

Now, computers and the Internet and all these fancy programs on the computer are not going to replace good teachers. That will never happen. But it can certainly empower the teachers to be much more effective and efficient in connecting with the kids and enhancing student performance in the classroom. So those are just a few of the issues that I wanted to raise today.

Mr. ROEMER. Mr. Speaker, reclaiming my time, the gentleman from Wisconsin (Mr. KIND) probably has very similar businesses and schools and farms to what I may have in Indiana. I constantly find, as I visit both my small businesses and my big businesses and my unions and my chambers, that there is an overwhelming concern, probably the number one concern within the business community, and it was expressed very well today by the second panel, by people from Intel and other major corporations, international corporations, that we need to do a better job in this country of training our people in technology and math and science and school.

The business community makes this oftentimes their number one concern; that when one walks out of an Indiana high school or Wisconsin or Florida or North Carolina or California high school, that that degree means that one should be able to walk right into a business at the local community and have certain requisite skills so that one is employable or can continue one's education someplace else.

We need to continue to challenge our public schools, which are doing a very good job, but we need to have them do an even better job in this challenging global economy.

Mr. KIND. Mr. Speaker, will the gentleman yield again?

Mr. ROEMER. I am happy to yield to the gentleman from Wisconsin.

Mr. KIND. Mr. Speaker, just for one final thought on this subject. I was very encouraged. In fact, we are seeing a new awakening within the business community about how inextricably linked their future success and growth needs are to the education system.

We are seeing many more private-public partners being formed and creative ideas coming out of the private sector of how they can assist in improving professional development with the teachers, getting the technology into the classroom, making sure that every child, regardless of where they happen to be living and growing up, are going to have access to the important technology so we can close this digital divide and raise all our kids up so they can be competitive in what is going to prove to be a very tough and very competitive marketplace following their education careers.

So that is, I think, a very positive and encouraging development, and I know many of us on the committee and within the new Democratic Coalition in particular are finding creative ways of how we can foster and encourage this type of private-public partnership to achieve common objectives. I think it is the direction we need to be going in. Right now, from what I see, there is a lot of hope and promise in this direction.

Mr. ROEMER. Mr. Speaker, I thank the gentleman from Wisconsin (Mr. KIND). I believe that that really leads us to an issue that is a very, very important one and vital one to me; and that is the quality of teachers in our schools.

The gentleman from Florida (Mr. DAVIS) and I have introduced a bill that seeks to find some new ways to bring people in mid career, maybe off of Main Street, maybe an accountant, maybe somebody with expertise in computer technology, somebody with expertise in math or science, from the private sector into the public realm of teaching. It is not a way to circumvent tough standards or teaching requirements, it is a way to still demand that that teacher has to be able to meet stringent tests to convey knowledge to kids in the classroom. But they do not necessarily have to go back, as a 20- or 21-year-old, to Ball State or Indiana University or Saint Mary's and go back

to graduate school; that there are other ways of doing this in this new global economy.

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The gentleman from Florida (Mr. DAVIS) and I have worked for about a year now on this bill. We have some bipartisan support for this bill. We almost got it enacted into law last year; we hope it will be enacted this fall. I know that he has worked very, very hard on this bill and had a number of conversations with the White House and with Republicans and Democrats and almost anybody who will listen.

I would be happy to yield to the gentleman from Florida (Mr. DAVIS) to talk about the importance of quality teaching.

Mr. DAVIS of Florida. I think it is important to emphasize exactly what the problem or challenge our Nation faces. Over the next decade, we are going to have to hire over 2.2 million new schoolteachers in this country. It is a result of demographics, as many of our very fine teachers begin to reach retirement age, and also the terrific growth we are experiencing in all levels of grades today. In Hillsborough County in Tampa we are going to have to hire 7,000 new teachers over the next 10 years, and we are still struggling to find teachers to fill classes that started several weeks ago.

So how do we go about meeting this demand and treating this as not just a challenge as far as quantity but also quality? What can we do to really ensure that we attract the very best people to our classrooms to teach our children?

The Federal Government has sponsored a program known as Troops to Teachers, which was started by Senator JOHN MCCAIN and others, which has encouraged military retirees to move from the military into the classroom. Over 3,000 men and women have done this, about 270 in the State of Florida; and there have been some very good results. A lot of these men and women are there because they want to be there, they bring their life experience into the classroom, and they really have done a lot of great things.

In my hometown, I know of one Vietnam veteran who started a course on the Vietnam War, as a social studies class in high school; something the school district never could have provided otherwise.

So building on that success, the bill that my colleague, the gentleman from Indiana (Mr. ROEMER), and I have introduced, along with other Democrats and Republicans, and that Senator BOB GRAHAM has introduced with other Senators in the Senate, would expand the program to anybody. It could be a retired fire fighter, a retired policeman, a retired businessman or businesswoman, or lawyer. We are trying to move people from the fire house or the police station on Main Street to the schoolhouse on Main Street, from the board room to the classroom.

Increasingly we are hearing from lots of people who have said this is something I am willing to do. I want to give something back to the community. I feel my life experience qualifies me to be a teacher. I am not afraid to meet those same high standards that every other teacher has to meet. Because we do not change those standards. We are simply trying to encourage people to make that transition into teaching.

Our bill provides up to $5,000 as a grant to cover tuition and fees for someone who wants to go back to school to be a teacher and to pass the certification in their State. Our bill, also very importantly, provides funds that are available to any group that wants to encourage people to consider teaching as a second profession. It could be a chamber of commerce, it could be a university, it could be a labor union, it could be a not-for-profit organization. There are a lot of people out there that want to do this, and there is no reason why Congress should not take the lead and step up and call attention to this and facilitate people who really, on an individual basis or on behalf of a group, want to step up and help deal with this challenge.

So I simply cite this as one example of what we can do, among many others, if Democrats and Republicans will come together in the closing days of this session of Congress and deal with things that will really help our school children at home.

Mr. ROEMER. If the gentleman will yield, and the gentleman has probably had this happen to him on occasion too, but I have constituents in my home State of Indiana that know how active I have been on this issue and how enthusiastic I am about this idea, who walk up to me saying, when can we do it? I was fortunate enough, they say, to make a little bit of money over the last 20 years of my career in accounting, and now I want to give back to the community and I want to go into teaching. And if I can pass that stringent exam at the State level and if I can do an able job in that classroom of conveying that knowledge, I want to teach.

The business community is very excited about this idea. The high-tech community is very excited about this idea. As the gentleman noted, Democrats and Republicans have supported the idea. I know the gentleman has probably seen some success in Florida with this idea and people trying it too.

Mr. DAVIS of Florida. I have, and I have talked to men and women who have said to me, I want to make the transition; but before I start my job and earn a salary, I need a little help paying my tuition.

That is one of the purposes of the bill, to provide up to a $5,000 grant. And in return, and this is important to taxpayers, in return for receiving this grant, that teacher will have to spend at least 3 years teaching in a school that has a high need for teachers. Many of these are our most challenging schools. Many of the teacher positions that go unfilled are in math and science and special education, and there are people who have excelled in math and science who want to give something back who will make terrific teachers.

There is no reason we should not get this done. We have a perfect opportunity to be a part of the solution. The President has proposed $25 million to fund this. Senator MIKE DEWINE in the Senate is a strong supporter of this proposition. We need to get it done in this session of Congress, and we need to be part of the solution in dealing with the increasing shortage of teachers.

Mr. ROEMER. I appreciate the gentleman's hard work and articulation of why this is such an important piece of legislation. And the gentleman has noted that we have Senator DEWINE, a Republican from Ohio, and Senator GRAHAM, a Democrat from Florida, trying to work the Senate side on this. We are certainly working with Republicans and Democrats here in the House to try to get this passed as well.

The gentleman mentioned that we based our bill on a previously successful program called Troops to Teachers, where we have somewhere between 3,000 and 4,000 individuals, many of them still in high-need areas where we have a paucity, a shortage, of qualified teachers; where turnover and retention is even higher in some of these rural and inner-city areas. These individuals have brought specific, for the most part, math and science skills into many of these schools. So it has been a winner for public education, it has been a winner for a transition from military to other civilian life, and it has been a winner in terms of retention problems that we are having to deal with in public education.

Mr. DAVIS of Florida. The most recent example of this, if the gentleman will yield, is the New York City School District. The chancellor of the New York City School District, Mr. Hal Levy, has instituted a program he calls the New York Teaching Fellows; and he is succeeding in inspiring men and women to leave their jobs and go into teaching.

We need to be a part of that solution by having financial aid programs that are tailored to help people pay their bills while they are making the transition into teaching.

Mr. ROEMER. I thank the gentleman from Florida for his time and his hard work on this bill.

The gentleman from Florida talked about men and women going into teaching, and I think Mr. Greenspan today also touched on that, in responding to a very important question from the gentlewoman from California, who also serves on the Committee on Education and the Workforce with me. I would like to yield to her to talk a little about a program she is working on about equity, about fairness, about women getting into math and science programs; and maybe she will further

articulate on what Chairman Greenspan talked about today in reference to her question.

Ms. WOOLSEY. Well, I thank the gentleman for inviting me to be part of this conversation with him this afternoon on this special order.

I will be talking about my ''Go Girl'' bill, but before I do that I have a few other thoughts on education that I would like to share with the gentleman in this conversation. Because I think it all works together, by the time I get to my ''Go Girl'' thoughts, and how important it is that we have women in math, science, and engineering in this country.

When I first came to Congress in 1993, my number one priority was to make education the number one priority in this Nation, and I was honored and delighted to be placed on the Committee on Education and the Workforce with the gentleman from Indiana. We sat side by side, if I remember correctly, and that was when the gentleman's first child was being born. So now 8 years later, the gentleman has a much larger family, and I have a few different ideas about education. My commitment has not changed, but what has changed is my understanding of what it takes for our children to be ready to learn when they enter the classroom.

We can have the best schools and the best teachers in the world, and we must; but our children will not enter the classroom ready to learn if we do not take some steps that are missing right now. If we have the best schools and the best educators, it will not matter if they are not ready to learn. So let us face it, if today's children are lucky enough to have two parents living with them in their home, chances are that both parents are in the workforce, they work outside of the home, and it is our children that are being left behind. It is not parents' fault. They are working hard, they are commuting long hours, they are working long hours, and they are doing that for one reason only and that is to support their families.

The fact is that 66 percent of our mothers with children under age 6 are working; 77 percent of mothers of school-aged children have jobs. Compared to 30 years ago, parents are spending nearly 52 fewer days a year with their children. Fifty-two days less a year with their children. That is almost 2 months in time. So we have to give parents the tools they need to bridge the gap between work and family so that their children will be prepared to succeed when they become adults. I would suggest that there are some tools that we must include so that parents can do a better job and so that we can do a better job for parents and relieve some of their pressures.

First of all, I believe we need to have universal voluntary preschool. I also would support paid family leave, school breakfasts, and quality child care programs, thinking of those four programs as being key to preparing children to be ready for school when they enter the classroom.

I am the Chair of the Democratic Caucus's Task Force on Children, and we are heading up an effort to ensure that our children's needs are considered in every vote we take in this Congress, and that we develop a comprehensive children's agenda that will help to prepare our children for the challenges that they will face now and the challenges that they will face as adults.

Paid family leave is a key tool. It is a tool we can use to make sure that our children get off to a positive start. Study after study has shown that the first three years are critical to a child's development. Provisions must be made for families to be with their children at this critical time at the beginning of their lives.

I have introduced legislation with Senator CHRIS DODD of Connecticut to allow States to establish paid leave programs so workers can care for newborns or newly adopted children. We know that the Family and Medical Leave Act has done a lot to help families, but most families cannot afford to go without a paycheck. In fact, a recent study found that nearly two-thirds of employees who needed family leave did not take it because they could not give up their family's income. It is our children who are paying the price because their parents need to earn a living, and that is not right. Parents should not have to choose between financial stability and their children's emotional stability.

We also have to look at the fact that learning does not start on the first day of kindergarten. Children are growing and changing from the day that they are born. By providing parents the option of participating in a voluntary universal preschool program, we will be giving all children, not just the parents who can afford to send their children to preschool, but all children a chance to start school ready to learn. Programs like Head Start and Early Head Start show us that pre-K programs work, and parents should have the option of enrolling their children in a structured, quality pre-K program.

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As I have said, with parents working hard, children are spending more and more time in child care. So we must ensure that child care is available to all children and that child care will be able to ensure for these children that they will be ready to learn, also, so that the child care is quality child care, and oh, my, would it not be nice to pay child care workers what they really should be earning?

But in particular, I want to talk about parents with infants and toddlers. They have the hardest time finding quality child care because they are working, especially those in the workforce that work nontraditional hours, weekends and nights, we need to do more so that there is child care available for children under age 3 and for parents that work nights and weekends.

But it is just not young children who are coming to school unprepared. Our children in school also face challenges. Now, we have title XI of the Elementary and Secondary Education Act which I wrote and saw signed into law in my first term in 1995. We need to expand title XI, because title XI allows schools to use more of their Federal funds for in-school support services, so that their students and families have those services available and convenient to them, services such as after-school programs, mentoring programs, tutoring and counseling programs, really services that could help young people address their fears, their angers, their frustrations before they result in tragic consequences like we have experienced this last year at our high schools.

Also, students cannot learn when they are hungry. It is proven that students who eat breakfast do better on tests, they are more well behaved in the classroom and they miss less school than those who do not eat breakfast. In spite of the good economy and because parents are so busy, many children, not only poor children, start the day off without breakfast. My pilot Federal school breakfast program which is under way in five school districts around the country is the first step toward universal school breakfast.

So even within the classroom, many children face challenges. They face challenges that make it hard for them to receive a quality education, and we must have quality education accessible to all children. So that means building new, modern schools that are welcoming to those who are disabled, that provide the technical background and experience and equipment that they need so that they are all learning on a level playing field. And in the high-tech global economy we have, those that graduate without computer skills are going to be left behind, pointblank, they will be left behind, as if we were teaching kids without books or without pencils or without paper.

That is why we have to make sure that minorities and women do not continue to lag in training in math, science and technology. Females make up slightly more than 50 percent of our country's population, but less than 30 percent of America's scientists and less than 10 percent of engineering graduates are women.

That is why I have introduced, now we will talk about Go Girl, that is why I have introduced the Go Girl bill to encourage a bold new workforce of energized women who will go into math and science and technology careers, careers that pay well, careers that are in great demand. Go Girl is legislation that will create a mentoring program to help girls from the fourth grade, because it is shortly after the fourth grade when they become sixth graders and on that for some reason girls lose

interest in science and math. We have to do something to encourage them to become interested and to stay interested in high tech careers.

I do not believe, as our colleague said earlier, that education is only a job for our teachers. We have to have parents involved in their children's education. It has been proven that parental involvement is what makes the difference quite often in a successful student and a failing student. Parental involvement needs to be made a national priority for all schools, all families, and all people. These are just some of the fundamental ideas that I have that I think we in Congress can do something about to ensure that education in America is the best in the world. We must not only look at school buildings but we have to have school buildings. We also have to look at the problems children face before they enter the classroom. Only by seeing the whole picture can we give every child a chance to learn and a chance to succeed.

Children are only 25 percent of our population but they are 100 percent of this Nation's future. Our children must have every opportunity to succeed because there are going to be many challenges in this 21st century. Their future depends on it and the future of this Nation depends on it.

Mr. ROEMER. I thank the gentlewoman for her articulate comments in looking at education across the spectrum and across the board. She did mention the need to try to get to children at earlier and earlier stages because there is so much great, ripe potential there for our children to learn at 2 and 3 and 4 and 5 years old. She also serves on the Committee on Education and the Workforce. When we looked at the existing Head Start program that is about 35 years old and we tried to put more emphasis in the Head Start program on what we found out about how much more children can learn now in the year 2000 than what we suspected in 1965, we tried to move it a little bit more away from some sitting services to more quality education. But still we only have sometimes 40 or 45 percent of some of the eligible children enrolled in that Head Start program, and I know she is a big proponent of that early education and quality Head Start programs.

Ms. WOOLSEY. It was a hearing with Dr. Ed Ziegler, the father of Head Start, that started me on the road to preparing children for school, even though I know my major effort is that all children have the best education in the world, but getting them ready for this education. We had a child care hearing and, of course, he was there to talk about the successes and some of the learning experiences of Head Start. Dr. Ziegler said, before we even started, ''I have learned that no matter how good we make Head Start, if we don't take care of our children and have parents involved with them the first, from zero to 3 years old, the best Head Start programs in the world will have less of a chance of success.'' When I talk about universal preschool, I use Head Start as my model. So the gentleman is right. We have to make that available, on a voluntary basis. We do not want to force people to send their children to preschool if they can keep them home and want to.

Mr. ROEMER. I thank the gentlewoman from California. In reclaiming my time, with respect to Head Start and parental involvement, what we have also tried to do with that Head Start program is devise some programs at night for parents to come in and work with the children directly so that they gain some of the skills and education to help teach their children some of the things, or reinforce with the children some of the things that the Head Start programs are trying to teach their children. But the gentlewoman is absolutely right. The key indicator, the very most important indicator for a child's success in education is parental involvement. If those parents are not involved, we can have the teacher quality and we can have the professional development and we can have the local control and the good ideas to reinforce charter schools and public choice, but that parental involvement is so critically important.

Ms. WOOLSEY. I think what the gentleman is referring to, teaching the parents at Head Start, is parents being the first teacher. That is where it starts and that is where it ends with our children. The better the parent knows how to parent and how to teach their children by example in general, the better that child is.

Mr. ROEMER. I thank the gentlewoman from California for her very helpful comments.

Mr. Speaker, I would like to segue into, we talk about parental involvement in terms of being a key in respect to helping our education system improve, but we also need legislators here in this body that have direct experience with our schools and know what role we should play and what role we should not play. The gentleman from North Carolina (Mr. ETHERIDGE) who I am going to yield to has got not only experience as a parent with some of his children teaching but he has got experience as a superintendent. The gentleman from North Carolina has worked tirelessly on education issues in this Congress, construction issues, education issues, quality teaching issues, technology issues.

I yield to the gentleman from North Carolina.

Mr. ETHERIDGE. I want to thank my friend and colleague the gentleman from Indiana (Mr. ROEMER) for yielding and secondly for hosting this special order today.

I was seated there as the dialogue was going on and could not help but think, when I was the State superintendent of schools in North Carolina back in 1996 contemplating running for Congress, I could not help but think it is amazing what a few years have done to the dialogue in this body. In 1996, I was so irritated as State superintendent trying to work in my State of North Carolina with 1.1 million children and listening to the teachers and administrators so beaten down here in Congress, talking about abolishing the Department of Education, doing away with child nutrition, cutting moneys, block granting, all those things that scared the people to death who were out there nurturing and caring for children, many of whom came to school each day to the safest place that they would arrive, and we have talked about that, where the teachers had to feed them breakfast and love them before they could teach them because unfortunately they did not get the kind of nurturing that every child did have to come.

It is good to know now we are having more dialogue now across the aisle about the ability of this Congress to do something. I am glad our colleagues on the other side of the aisle are starting to pay some attention. I hope that before we finish this 106th Congress that we will heed to a number of the issues that have been addressed already but which I will not try to repeat. But I think it is important, a number of the pieces that you have worked on and been a cosponsor on. The whole issue of character education that we have included not only in higher education but now we have included in the reauthorization act. I thank the gentleman for his help on that. We have used it in North Carolina and it absolutely works in increasing academic achievement and reducing discipline in our schools.

I sought this office when I came to Washington for only one reason and really one reason only. I wanted to come and help change the tone of the debate. I wanted to help make education work at the national level. Since I have been here and was sworn in, I have worked, as the gentleman knows, with my colleagues really on both sides of the aisle to help shape, where I could, meaningful legislation that will help our communities do a number of things, one of which that you are a cosponsor of as are, I think, most of the Members who have been here today, the truth is about 228 Members have now signed on to a bill for school construction.

All these things. New teachers. We are talking about 100,000 teachers we have to fund this time, and I happen to believe we ought to fund those teachers and not block grant it. Funding for teachers, that is what parents tell me they need. I got a letter out of my local paper today that I am going to share with our friends in a few moments. But it is so important that we make sure that we help build schools and we do help reduce class sizes.

The gentleman and his wife have several children. How would you like to be teaching 28 or 30 of them in your house each day?

Mr. ROEMER. I do have. We just had our fourth child, a little girl, Grace. I

have Patrick, Matthew and Sarah. The job of a teacher today, and I think the gentleman from North Carolina (Mr. ETHERIDGE) in talking to his wife and talking to him on many occasions late at night around here, I have heard about his children who are no longer the age of my children, 7, 6, 3 and 40 days old, but they are teaching, they followed you into the education profession. Oftentimes the gentleman and I have talked at length about the importance of parental involvement. Some of our children are going to school without that parental involvement, without one parent following through on homework, on keeping them diligent about what they need to do to follow up on school work. We are demanding of our teachers not just to teach the three Rs, reading, writing and arithmetic but they are responsible for ethics, character education, values. Some of the children are bringing problems from the home into the classroom.

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And when that classroom has 26 of those children in it, that is quite a challenge. So the gentleman brings up an excellent point.

Mr. ETHERIDGE. If the gentleman would yield, I have a letter here that was a letter to the editor. It was in our State paper, the News & Observer, just this morning on this very issue. A teacher had written a letter talking about class size and how important class size is, and in addition to that, how important it is to have a classroom large enough to teach.

My colleagues know we will hear so many people talk about, well, this school was fine when I was there. It was a different world then. We were talking earlier about high tech and our people in the business community, not only just high tech, the people who work, run small businesses.

It is important for them to have a well-educated employee who comes in, but it is important also for them to understand that their business is different than it was 25 years ago, and so are our schools and so are their needs. But this parent said, her name is Kimberly Clay, in Raleigh, North Carolina, she said, just a few days ago I visited my daughter's class. She happens to be a 4th grader.

She had 31 students in the classroom, 31, and those children come with any multitude of issues. The gentleman talked about those who come from different backgrounds, and that is true; and we have children who need special help in languages, specialty help as a result of a number of disabilities they might have; but the other side of it is also a number of students who may come to school sick, we sort of forget that sometimes, simply because the parents cannot afford to put them in daycare, and they have to work and the teachers have to handle that. Medication has to be dispensed and the list goes on and on.

I do not think we have a lot of colleagues who really understand that today, what we really place on the shoulders of a teacher; and then we say to them, but we want you to turn out the best students in the world, and we want them to be better than they have ever been; and by the way, we cannot control your salaries up here, so we are not going to pay you too much, but we still want you to do a good job.

This parent was saying, it is impossible, talking about this teacher being able to teach them with all they need to do, and nurture 31 children. It is impossible for the teacher, who is excellent, let me repeat that again, the teacher, who she has already identified as an excellent teacher, to address those children's needs, let alone the remainder of the class. Because there were a couple of children with very special needs in this class.

And she talks about Wake County, which is a county this was written about. They subsequently improved their test scores, and they have been over the last several years one of the leading ones in our State; and she talks about the need for better facilities. The facilities are inadequate as we continue to increase student enrollment.

I think we have a lot of colleagues who forget that. We talk about needs, but we forget enrollments are the largest today in America they have ever been in the history of this country. Fifty-three million students are in our public schools today, as a result of what we call the baby boom echo. That means the baby boom who is having babies.

And if my colleagues will remember, Secretary Riley has released a report that over the next 10 years that number is going to grow even more dramatically, and in my home State of North Carolina, the projections are that we will be the fourth fastest-growing State in America for students in that age group.

We are growing fast now. We have children in closets and converted gyms. You name it, they are there. It is very difficult to teach. One of the real challenges, and I saw it this morning on the local news here in D.C., a Maryland school, where we are starting, and it happens in North Carolina I am sure it happens in Indiana and if the Members will check in their home schools, they will find it is happening all across America because our schools are getting bigger. And they were built years ago. We have not increased the size of the media center.

We used to call them libraries. We have not increased the size of the cafeteria where children have lunch. Can my colleagues imagine a small child having to eat lunch at 10 o'clock in the morning? And that happens in this country. It happens in my home county, my home State; and we passed a $1.8 billion bond issue, incidentally, at the State level in 1996 to help the local units, and they are raising taxes to build schools, but they are growing so rapidly across America that they need help.

Mr. ROEMER. Mr. Speaker, the gentleman mentioned this case from a teacher in his home State, North Carolina, of 31 children in one classroom; and it just brings home what we have been saying over the last hour: parental involvement, class size, quality teacher, discipline, character education in that school and some professional development opportunities for the teacher are keys for that school room to work.

Let us say with those 31 children that six of them are at risk of dropping out, five of them may have some kind of learning disability or have a prescription of Ritalin, and then there might be another five that are gifted and talented, and the teacher needs to spend more time with them. So right there, we have a number out of that 31, we probably have 16 children or so that are somewhere in between.

What does that teacher do with 31 kids? Should there be some role in a partnership, not mandating from Washington, D.C., that we say this to our local schools, but giving local schools some of the resources and some of the opportunity to say, if this is a big problem in our local community in North Carolina with 31 kids in the school room, we want to do something about it?

Mr. ETHERIDGE. I think the gentleman is right, and as the gentleman knows, we have a number of things we are working on, one of which the gentleman is a part of. I have introduced legislation, a number of others have, there was one yesterday the Rangel-Johnson-Etheridge bill for school construction at the Federal level providing that at the Federal level we will only pay the interest, $25 billion, to be allocated across the country. The local units will sell those bonds, build the buildings to help give that relief. Because in a lot of places, the real problem the schools have is space.

Teachers are a problem. Space is a problem. All these other things are a problem, but even if we allocate the 100,000 teachers, we have to do it hand in hand with the locals and help them build the space; and I think it is absolutely imperative that we do it.

During the recess, we released the report, not unlike the report mentioned by the gentleman from Wisconsin (Mr. KIND), on K through 3 showing the number of schools, classrooms that had more than the 18 optimum we are trying to get to in K through 3. What we found out, there was over 90 percent.

Now, I mentioned the gentleman's children and mine earlier, we love all three of ours. And they were great youngsters. They were great youngsters, and they are outstanding young people today. But I shudder to think if I had to teach them everyday and I had 28 or 30 of them with their varying personalities as bright as they are and their different interests, I admire the teachers. God gave us mothers, and that was great. But he also gave us

teachers, and that is even better. Because they are great people; they deserve our admiration and all of our praise.

I visited one school, and I will not forget it, I went in. They had so many trailers on the campus they called it the trailer park. Now, teachers can teach in that, but the problem is we do not have the space, we do not have the opportunity to move around and interact with students like we would like to. The real problem is, when it rains, guess what happens? They get wet and go into the main building. They go to the bathroom. They go to the cafeteria. They go to the media center. They present a part of the linkage of that school, and we can do better and we have some wonderful teachers in this country with hearts of gold doing the Lord's work in all kinds of conditions.

I think at a time when we have the opportunity in this body to form that partnership, we ought to do it. We have a bill pending now, as the gentleman well knows, with 228 congressional sponsors from those on both sides of the aisle. I think it is incumbent upon the Republican leadership who runs this House to bring that bill up and allow us to vote on it.

It would pass. The President would sign it, and we could send that money out to help local schools. It is in no way meddling, because they would have total control over it; all we would do is pay the interest. Those are the kind of partnerships that the business community would applaud. They are the things that the parents want to happen.

The years that I served, 8 of them as State superintendent of the schools in North Carolina, and my colleagues have heard me say this on the floor before, I have never had a child, I never had a student ask me where the money came from. They do not really care. They just know they do not have as much in some communities as others. We have a great country. We have one of the wealthiest countries ever in the world, and there is no excuse at a time of prosperity when we cannot do the things we need to do for children to prepare for the 21st century and give every child that opportunity.

Because I truly believe education is the one thing that levels the playing field, and that is what you fought for all of your life. I would not be here today if it were not for public education, and most Members of this body, if they would be honest with us, would not be here either.

And I think we have an obligation to the next generation to reach out and help when we can. There have been times when we could not do that in the past. We did not have the resources. We now have it. We can join with the President in making sure we put out that 100,000 teachers; we can do the staff development we need, start planning for the future and also provide the resources to build schools.

Mr. ROEMER. I thank the gentleman from North Carolina for his remarks and for engaging in the colloquy with me, as I have engaged with my friends from California, Florida, and Wisconsin here over the last 50 minutes or so; and I want to conclude where I started, and that is as education goes, so goes America.

As we are able in a bipartisan way in this body to work together in a civil manner, Democrat and Republican alike, to try to work to give our local public schools more arrows in their quiver to try to solve some of the problems that they are engaged in right now, whether it is parental involvement, which we quite frankly do quite a lot about; but if it is the quality of teachers, we have some ideas that they might want to try, class size reduction.

There are some ideas out there, many of them have started at some of the local levels that we have shared with other communities: professional development opportunities, such as the Eisenhower program, character education, discipline, safe schools, safe schools from drugs and drug dealers.

These are some of the things that the Democrats and Republicans should be able to work together on as we did work together in a few instances on charter schools and public choice; on the education flexibility bill that my good friend, the gentleman from Delaware (Mr. CASTLE), and I worked on and we worked on some of the ESEA together before the agreement fell apart.

So for the benefit of these children, for the benefit of an economy that needs better-educated children, for the benefit of our civil society and the way that this body and this Chamber should work in working together and sometimes we will politely or adamantly disagree, let us try to get Democrats and Republicans to work together on the single most important issue to most citizens today, and that is improving our public education.

PRESCRIPTION DRUG COVERAGE

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

Mr. GREENWOOD. Mr. Speaker, this evening, several of my colleagues and I want to talk about prescription drug coverage. I want to talk about one of the most important issues that this Congress is deliberating upon and one that we believe there is a solution to and particularly a bipartisan solution.

I want to begin by reading from a letter that I received from a constituent of mine, a 70-year-old widow. She actually has some prescription drug coverage, but it is a $500-per-year limit, and this is what she writes: ''I am in pain daily, and I cannot correct the problems because of financial difficulty. I have stopped taking Prilosec, which cost $285 per month, Zoloft, which costs $100 per month, Lossomax, which also costs $100 per month, Zanaz, which costs $100 a month and Zocor, which costs over $100 a month. I need these drugs filled monthly and simply cannot afford them.

I am also in need of a pain pill, Viox, approximately $89, and I have not been able to purchase it. I have cried myself to sleep over this dilemma.''

Mr. Speaker, those words touched my heart when I read that letter, and that is why I have read it today, and I read it in many places across this country. My constituent does not care whether Republicans solve her problem or whether Democrats solve her problem or whether the Congress solves her problem or whether the President solves her problem. What she cares about is whether the pain goes away. What she cares about is whether the glaucoma that is making her eyesight weak is cured. What she cares about is whether she's depressed.

We have an opportunity now, right now, still this year, to put people before politics and solve the problem of my constituent, and solve the problem of elderly women and elderly men and disabled men, women and children all over this country if we can provide a prescription drug benefit.

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This House has passed a benefit. I just want to talk about how we got here. In 1965 the Medicare program was created and it was a milestone in American history. Prior to that time, if you became elderly and you lost your health care, you lost your job, you retired. Unless you were among the fortunate, you really were without and devastating illnesses shortened life and certainly lessened the quality of life for many of our elderly.

So the Congress, in 1965, did exactly the right thing, created the Medicare program, a wonderful thing, a wonderful part of Americana. But in those days, I do not think they even really gave serious consideration to creating a prescription drug benefit. Why? Because prescription drugs were not used nearly as frequently as they are today, and also because they had just bitten off a pretty big piece, in terms of the cost and the complexity of the program, to assure hospitalization care, to assure doctors' visits were going to be paid for. It was a huge accomplishment.

Now, in the 35 years that ensued between the creation of Medicare in 1965 and today, our constituents have told us, with increasing frequency, with increasing poignancy, that they are making horrible decisions between choosing to pay for the prescriptions that their doctors tell them they must have and putting food on the table; between taking the three or four pills that they are prescribed per day or maybe only taking one because they are trying to stretch out their medicines, which really is not in the interest of their health.

The Congress has not done anything. Congress has not done anything for 35

years. Why not? Well, the fundamental reason is because Congress, in most of those years, was spending money like mad and plunging this Nation into what seemed like an irreversible dive into debt, adding hundreds of billions of dollars to the national debt every year to the point where the public debt was approaching $6 trillion. There was just no way for Congress to seriously consider adding a new entitlement to the Medicare program, no matter how important it was, when we did not have any idea how we were going to pay for what we were already spending here in Washington.

Well, that has changed now; and since 1995 there has been a big change in this country. In 1997, we balanced the budget. In 1994, the Congressional Budget Office predicted that this year, I think that the deficit, the annual deficit that we would add to the national debt, was going to be something in excess of I think $240 billion or something like that. That was the projection. Today, because of the steps that we took in 1995, in 1996, in 1997, we balanced the budget and, in fact, this year, in 2000, we do not have a quarter of a trillion dollar deficit; we have a quarter of a trillion dollar surplus.

Now, we took the next step, this fiscal year, we said and we will not spend another penny of the Social Security revenues for anything else, as Congress had done for years and years, except Social Security. We locked it away, and we still have this surplus. We are paying down the debt. We have surplus. We have given some tax relief where it was needed and now we are in position to provide this benefit, and we can do it.

I have something in my wallet. It is a prescription drug card. I take a prescription for my cholesterol level, and when I go to the drugstore to fill out my prescription I take this little card out of my wallet and I give it to the pharmacist and the pharmacist gives me a prescription, and I give the pharmacist a few dollars in copay for that prescription. When my wife needs her prescriptions filled or my children are sick, we do the same thing. I am a fortunate man. My family is fortunate.

But every American in this country needs to have one of these. Every American, particularly the elderly, I mean I have one prescription, but my 70-year-old widowed constituent has numerous prescriptions, obviously, and she does not have one of these, except that it is good for $500 for the whole year. Mine is good all year around. The bill, the legislation we passed in this House earlier this year, would make sure every American senior and every disabled Social Security beneficiary has a card just like this to take to the drugstore to provide for their drugs. That is what we are going to talk about this evening.

Mr. Speaker, I am going to next yield the gentleman from Pennsylvania (Mr. SHERWOOD), my distinguished colleague.

Mr. SHERWOOD. Mr. Speaker, I am very grateful to my colleague, the gentleman from Pennsylvania (Mr. GREENWOOD), for arranging this opportunity to discuss the importance of making prescription drug coverage available to all older Americans. I see it as really vital to the health and well-being of seniors throughout the Commonwealth of Pennsylvania and all across the country, and that is why I voted for the Medicare Prescription 2000 Act, H.R. 4680 when it passed the House in June of this year.

In Pennsylvania, we are very fortunate to have the PACE program and the PACE Net program, which is available for low-income seniors. I am a strong supporter of the PACE program, which was enacted in 1984 by the Pennsylvania legislature and is administered by the Department of Aging. I know just how vital the PACE program is to those Pennsylvania seniors who qualify, but I also recognize that there are many individuals who have exorbitant prescription drug bills and limited incomes and are not covered by PACE.

For that reason, I supported H.R. 4680, which helps States with pharmacy assistance programs and allows them to expand coverage to more seniors.

For instance, PACE today, the State pays $205 million for people of low income. Then the State has $131 million annually for low- to moderate-income people. Now, PACE tomorrow, with the addition of the money for our prescription bill, would mean that the Federal Government would pay that $205 million that PACE was picking up for Pennsylvania's poor and low income.

So the State then would have $336 to spend for low- and moderate-income. So what would happen, the Federal Government would take over the prescriptions for the very limited-income Pennsylvanians, and the Pennsylvania program then could be a great help to the middle class.

New Federal subsidies would allow governors to expand popular State pharmacy assistance programs to the middle class. The Republican Congress can really take credit for creating these subsidies. The bill we passed in the House allows States flexibility to take advantage of these new Federal subsidies.

Speaker HASTERT wrote to Governor Ridge to advise him that there would be a seamless transition to all seniors and the disabled to this new pharmaceutical assistance program. Our delegation is working closely with the leadership to assure that all Pennsylvania seniors have access to affordable, voluntary prescription drug benefit.

All the costs incurred by the PACE program, for those under 135 percent of poverty, would be picked up by the Federal Government under our new plan. Any costs incurred after $6,000 are picked up by the Federal Government. States are completely off the hook for the big expense and the low-income people. For beneficiaries of 135 percent to 150 percent of poverty, there is a partial subsidy and it allows States like Pennsylvania, New Jersey and Connecticut to greatly expand their coverage to the middle class.

This new Federal benefit goes into effect in 2003, giving our governors the time necessary to make any changes to their State programs. The bipartisan bill transfers financial liability for the millions of dually eligible beneficiaries from medicaid to Medicare, giving the governors $22.8 billion, that is billion with a ''B'' in additional funds to expand drug coverage.

The substitute bill sought to keep prescription drug coverage as a financial responsibility of the Medicaid program for which States must fund half the cost. Nothing in our bill 4680 prevents the States from funding senior access to any pharmacy. This is a cost already incurred by State pharmacy assistance programs.

My colleagues and I are totally committed to enacting a Medicare prescription drug benefit program which will allow seniors to take full advantage of a subsidized plan to hold down drug prices. The folks in this country that pay the most for a prescription are the ones that go in and buy it on their own without having the benefit of being in any plan. So that card that my colleague, the gentleman from Pennsylvania (Mr. GREENWOOD), held up a few minutes ago, if we all had access to that, that means that all prescription drugs to seniors would most probably be reduced in price from 25 to 40 percent. That, in addition to these subsidized benefits is real progress for our seniors.

Prescription drugs for seniors is far too an important issue to be playing partisan politics with. We owe it to our seniors to have a plan which is voluntary, affordable and available.

My colleagues and I are totally committed, before we go home this year, to having such a plan enacted.

Mr. GREENWOOD. Mr. Speaker, the gentleman from Pennsylvania (Mr. SHERWOOD) has made a really important point here on the floor of the House with regard to our State of Pennsylvania. If we take the legislation that we passed and match it to our current program, our PACE program, which by the way is the best program in the whole country, there are, I think, 300,000 low-income seniors in Pennsylvania who receive almost virtually cost free drugs under the PACE program financed by our lottery, the PACE Net program elevates the standard, so with some copay even more middle-class Americans, Pennsylvanians, I should say, get the benefit.

And the legislature, because the State of Pennsylvania also has a surplus, has just proposed even raising the levels higher to reach into the middle class. So by the time we take this Federal legislation that we have passed here and relieve the State of Pennsylvania, our State, of the burden of the lowest income and then you add all of those new State dollars and the existing lottery dollars to that, we will have

virtually cost free or certainly no premiums, no copays, no deductibles for a very significant portion, well up into the middle class, in Pennsylvania, and so it makes these benefits completely affordable to every one of our constituents.

I know that the gentleman from Pennsylvania (Mr. SHERWOOD) shares that.

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Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. SHERWOOD).

Mr. SHERWOOD. Mr. Speaker, I think what is so important about H.R. 4680 is that it is a flexible plan so that it fits with what we have in Pennsylvania. Because as the gentleman said, we have this wonderful PACE program, when the Federal Government picks up the part of the program that PACE has handled, then Pennsylvania, as I described before, has all of this extra money to make PACE a wraparound program so that it comes up into the middle class.

I have so many constituents that have worked hard all their lives and they have done everything right, and they own their home, and they have saved just a little money, and they have their Social Security benefit. If nothing catastrophic comes along, they can get through their golden years pretty well. But they all live in fear of a catastrophic illness or catastrophic prescription drug cost, which would drain down their resources and lose their nest egg or force them to sell their home to pay these bills.

This is a program that removes that fear for senior citizens. By supplementing the PACE program, it takes care of a great deal more of their prescription costs, and it also puts an absolute cap on the top, so that no senior should have to worry about losing their home because of the very high cost of prescription drugs.

The other thing it does is akin to a group purchasing power. As I said before, people who pay the most are the people who walk up and buy their pharmaceuticals cold turkey and pay with their own money. Anybody that is a member of a buying plan buys them at a reduced rate.

We have heard in the discussion that pharmaceuticals sometimes cost less in other countries than they cost here. That is a very involved discussion, but we need to pull the costs down here. One way that H.R. 4680 will do that is by the group purchasing power. If we take all pharmaceutical costs and reduce them by 25 to 40 percent before the government has to step in and pick up their share, then the government's money, your money, goes a lot further.

So this plan has some very good points to it. It is voluntary. If one has a plan through one's former employer or through one's union that is superior, one does not have to leave it. One can stay with that and not be charged anything because they voluntarily did not get in the plan. If this is a better plan than someone has, one can join it. If one is low-income, it will take care of all of their prescription costs. If one is middle-income, it will take care of a great many more of them than they have ever had the opportunity to do before, and it will have a level above which they have no responsibility.

Mr. Speaker, I think that the merging of our plan and PACE and PACENET in Pennsylvania would take very good care of our citizens. I am very proud to be associated with it.

Mr. GREENWOOD. Mr. Speaker, I thank the gentleman. The fact is that two out of three of our elderly, as the gentleman mentioned, already have some kind of coverage. Some, as we have mentioned, have coverage through the PACE program. Others who are so low-income that they qualify for Medicaid get their drugs through the Medicaid program. Some have a fee-for-service Medicare program, and then they buy a Medigap insurance that in many cases provides prescription drugs; and others have a Medicare HMO, we call it Medicare+Choice, and they get their Medicare benefits through an HMO and many of those HMOs have been providing a prescription drug benefit.

The problem, as the gentleman well knows, because he has had me to his district to visit his district and to discuss this problem and its solution, the problem is that the Medicare+Choice programs have been ratcheting back their benefits. They have been providing, they used to provide relatively generous prescription drug benefits, but they are pulling back. They are pulling back because they feel that the Congress, frankly, and the administration has not been providing sufficient funds to pay for the full health care benefits of today's seniors in managed care Medicare.

So then the gentleman and I understood that both in my district and in his district and throughout Pennsylvania and throughout the country, many of these plans announced, just in July, that they were going to leave areas.

Mr. SHERWOOD. Mr. Speaker, there is a very serious problem in my district in northeastern Pennsylvania. It is inequitable. The formula was set years ago, and then it has grown over the years; and it is now that the HMO Plus Choice plans in my most rural counties are reimbursed at the rural national rate, and that is approximately $400 a month, and in the larger cities, the rate is over $700 a month.

So what it boils down to is that my rural constituents are going to be denied a benefit under Medicare that people that live in more urban areas have the benefit of. So this is a basic unfairness in the system. I have written HCFA, and I have written the President to try and solve this problem, and my colleague and I have a bill together to try and solve it, and there are some other bills coming out; but that is very important that we make sure that problem is solved before we go home by election time. Because it is basically unfair that a senior that lives in Bradford County, Pennsylvania, should not be able to get the same benefit under Medicare that a senior who lives in Philadelphia County in Pennsylvania, or in Washington, D.C., or Houston, Texas, or Miami, Florida.

So I have a great many people in my district that receive these notices. I think there are approximately 30,000 people in my congressional district that were informed in July that their Medicare+Choice provider would cease to do business under the plan on the first of January.

Now, we have asked those Medicare+Choice providers to reconsider, to wait until we can do something, and I have written to the administrator of HCFA to ask that that date be moved out so that it can be solved. But we have to get enough funding to the rural areas that people who live in rural areas have the same benefits under Medicare as people who live in urban areas.

Mr. Speaker, it goes back to something that was said earlier. Seniors do not care whether the Congress solves it or the President solves it, and they do not care whether it is prescription drug prices or HMO Plus Choice. It is all health care; it is all health care costs. We need to continue to work to make health care more available and more affordable for seniors.

This plan, H.R. 4680, goes a long way towards that. But we will have to complement that with some legislation like the gentleman's which will solve or help to solve the flight of the Medicare+Choice providers.

Mr. GREENWOOD. Mr. Speaker, if I may, the legislation is ours. I serve on the Subcommittee on Health of the Committee on Commerce, and it was the gentleman who came to me and said this is a real problem in my area; this is a real serious matter, and we put our heads together and we wrote that legislation.

The fact of the matter is, and I do not think the gentleman is even aware of this, but it is my expectation that on Tuesday of next week, yours and mine, will be taken up by the Committee on Commerce, by the full committee, will be part of a comprehensive bill to try to restore a variety of payments, probably $21 billion into the Medicare program to help our hospitals, to help our nursing care facilities, to provide better benefits for home health care, as well as to expand the likelihood that these HMOs will be able to stay in place and continue to offer that benefit.

So I am cautiously optimistic. I am actually very optimistic that, as the gentleman says, we will do that. We recognize the problem in your area and in mine and throughout the country, and we will hopefully report that legislation from committee on Tuesday. It will pass this House of Representatives, it will be signed by the President, and we will have made a real difference.

Mr. Speaker, it is my fervent hope that those health insurance plans, those HMOs that provide the Medicare+Choice benefit all over the country, once that is done, will be able to reverse the decision that they made, that they announced in July, because they have to do it in July, according to law, we require them to make that announcement; but they will be able to reverse this judgment and continue to provide service, good quality health care for our seniors in the gentleman's district and mine.

Mr. SHERWOOD. Mr. Speaker, that is very good news, and I thank the gentleman for continuing to work that bill with the Committee on Commerce, because I have made the pledge to my seniors that I will do everything in my power to get the HMO plus choice providers to stay in our area.

That is one of the big problems. Health care in rural areas is short of money, short of resources; and I have worked with local hospitals to fund the blend and to do all of the things that they need to do to remain viable, that is, to keep our medical institutions strong. This bill would help keep a service to our older Americans that live in rural areas that they deserve. I think we will have to be flexible in that, and we will have to make sure that there are enough resources there that the program works.

Mr. Speaker, I think there has been nothing since I came to Congress that has been as hard for me to get my arms around as health care has been. Being a businessperson all of my life, I always thought that I could understand any program and put it together very quickly. Well, our health care system is very, very complicated. The rules that administer it under HCFA have grown over a period of time, and some of them need changing. This is one that certainly needs changing, and I thank the gentleman for his efforts; and we will be glad to push that bill through.

Mr. GREENWOOD. Mr. Speaker, I thank the gentleman from Pennsylvania for participating in this special order this afternoon and for all of his hard work on behalf of his seniors in his district. He must be known for that one thing in his district, because he sure talks about it here in the whole of the House.

We are joined tonight by another of our colleagues who wants to participate, fortunately, in our special order, the gentleman from Tennessee (Mr. BRYANT). And I yield to him at this time.

Mr. BRYANT. Mr. Speaker, I thank the gentleman from Pennsylvania who certainly has taken the lead in this very important legislation in the House and has been there from day one to get it started and to participate and lead us down the road, and as we pass this bipartisan bill out of the House, has been a consistent proponent of it, a spokesman, a worthy advocate of this bill. Certainly the background and the experience he brings to this House on this issue and coming from a State like Pennsylvania, which has an outstanding program, certainly cannot be lessened in any degree and must certainly be valued.

Several months ago, the gentleman from Illinois (Mr. HASTERT), the Speaker of the House, appointed a task force of House Republicans to study this issue of prescription drugs and Medicare. Along with the gentleman from Pennsylvania (Mr. GREENWOOD), I was privileged to serve on that task force; and we worked very diligently over a long period of time with the Committee on Ways and Means and the Committee on Commerce, the two primary committees that have jurisdiction over this issue, and brought forth under the Speaker's very direct, hands-on leadership, a bill that ended up being a bipartisan bill in the sense that it had both Democrat and Republican support. It had more Republicans than Democrats, quite honestly; but there was support from both sides of the aisle, although now, that party, the Democrat Party, has their own separate bill that is very different, that is the President's, the administration's bill that is very different than ours; and I will talk about that more in a minute.

But the Speaker's task force was charged with developing a fair and responsible plan to help seniors and disabled Americans with their drug expenses. We started with a set of principles that the Speaker gave us. He wanted a plan that was a voluntary plan, a universal plan that was available to everyone and affordable, and affordable, to all of the beneficiaries. He wanted to give seniors meaningful protection, some real protection and bargaining power, the ability to use the numbers, the bulk in purchasing, to achieve lower prescription drug prices, and he wanted to make sure that we preserved and protected all Medicare benefits that seniors currently have.

Finally, the Speaker wanted an insurance-based, public-private partnership that set us on a path toward a stronger, a more modern Medicare, and which would extend the life of the program for my baby boomer generation, and beyond that even.

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Coming up with a good plan that fits all of these guidelines and principles that the Speaker laid out was a very tall order. The bipartisan Medicare Prescription RX 2000 legislation, in my view, does follow these guidelines, and I believe it is the right approach.

First, our plan provides prescription drug coverage that is affordable. Seniors in my district and across the State of Tennessee that I represent have been writing and calling me asking for help with their high drug costs. We will help more people get prescription drug coverage at lower cost by creating, through this plan, the power of group purchasing, group buying, without price fixing and without government control, something we really, really do not want in this process.

For the first time, Medicare beneficiaries will no longer have to pay the highest prices for prescription drugs if we effectively use this bulk purchasing power. Under this proposal, seniors will have access to the same discounts that the rest of the insured population presently enjoys.

An analyst for the Lewin Group concluded after studying this private market-based insurance policy, they concluded that it could reduce consumer prescription drug costs by as much as 39 percent, 39 percent. That is 39 cents on every dollar.

Also, our proposed bipartisan plan strengthens Medicare so that we can protect seniors against out-of-pocket costs that are very high, that threaten the beneficiaries' health and their financial security. In other words, sometimes people have such high drug costs that they literally, seniors do, literally have to sell their home, they have to exhaust their lifelong savings to pay these drug costs. This should not be.

Our plan sets forth a monetary ceiling beyond which Medicare would come back in and pay 100 percent of the drug cost of these high cost expenses over that ceiling.

Second, our plan is available to all Medicare beneficiaries. Our public-private partnership ensures that drug coverage is available to everybody who needs it, by managing risk and lowering premiums. The plan calls for the government to share in insuring the sickest seniors, those that have those extraordinarily high drug costs, thereby making the risk more manageable for the insurers and lowering the premiums for every other beneficiary, which is something that will be very attractive to our senior citizens.

We protect the most vulnerable citizens by providing the 100 percent Federal assistance for the low-income beneficiaries. In other words, those seniors that cannot afford to pay these premiums at the lower end get their premium subsidized 100 percent by the government under our plan.

Thirdly, our plan is voluntary and provides seniors the right to choose the coverage that best suits their needs. Beneficiaries would be able to choose from several competing drug plans. Also, because the drug benefit is 100 percent voluntary, it preserves the beneficiaries' right to keep the coverage they already have.

I cannot tell my colleagues how many times I go home and I start talking about this, this plan, and somebody stands up and says, listen, I do not want the government taking away the present drug benefit I have. I am retired. I like the plan I have got. I do not want this one-shoe-fits-all type government response that you are talking about.

I tell them, well, that is not what we are talking about here. Our plan is voluntary. If one likes what one has, then one can keep that. But if one is among

those 35 percent of American seniors who do not have any drug coverage, this is certainly a good solution for one.

I could go on and talk about this. I think I have adequately covered what I wanted to cover about this plan. I could talk about the President's plan and how it is a good start and it moves us along the right direction, but it lacks so many of the good parts of our plan, that our plan is superior. But we believe that if the White House has a sincere interest in providing a prescription drug benefit to senior citizens, that they will be willing to begin to work with us and we, as a Congress, work with them, a commitment that we made a long time ago, and we can come up with a plan that I think that will be beneficial to our senior citizens.

But right now I do not think we sense that willingness, or I am not sure how I would put that, but maybe it is an election year. I do not know.

Mr. GREENWOOD. Mr. Speaker, it certainly is an election year. I think the thing some of us find so discouraging is we have a tendency sometimes to take our eye off the ball and remember that these are real people out there.

I read a letter from a real constituent who, in her letter, said she cries herself to sleep because she cannot afford the medicines. That story is repeated all over this country. The wealthiest country in the world, the most powerful Nation in history, and we have our grandmothers who are making these painful decisions, and they are suffering from arthritis. They are suffering from all kinds of health problems because they do not have access to these prescriptions.

Now, we did pass a bill. It happens to be the gentleman from Tennessee (Mr. BRYANt) and I are Republicans, but the bill is a bipartisan bill. It had both bipartisan sponsors as well as both Republicans and Democrats that voted for it. It is, I believe, the only comprehensive prescription drug add-on for Medicare that the Congress has ever passed. It is our bill, and we passed it, and that is terrific.

Now, we happen to like our plan better than some of the other bills, and that is what one would expect in a democracy where one has the lively debate of issues and different points of views and philosophies.

But what troubles me, frankly, is that what tends to happen, because it is an election year, is people say, well, let us take a look at their bill and see how many holes we can punch in. Let us take a look at their bill and see how many holes we can punch in that. Then we can use it in the campaign and see who gets elected to President over this issue and see who gets elected the majority in Congress over this issue and see how many Republicans and Democrats we can knock out of office over this issue. That is pretty cynical, and it does not do the issue justice.

I still believe that if President Clinton wants to, that we can sit down and we can find the common ground and we can split our differences and we can take the best issues, the best ideas from each side and at least solve a good portion of this problem in this year and, if we do not solve it all to everyone's liking this year, to continue that next year. But we ought not to lose this rare opportunity.

We are finally one Chamber, the House of Representatives has passed the first bill to provide this prescription drug benefit.

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

Mr. GREENWOOD. I yield to the gentleman from Tennessee.

Mr. BRYANT. Mr. Speaker, let me echo what the gentleman from Pennsylvania is saying. I was a late baby. My mother is actually 93 years old and will be 94 her next birthday. The medical technology is great. A couple of years ago, she had a pacemaker put in, I think, about age 91 or 92, and she is rolling strong again. She has to take medication as a result of that, and, fortunately, for her, it is not too expensive, and she can pay for that.

But I think about all those other folks out there who are not as fortunate as we are as a family that have these kinds of prescription drug benefits that they really need or even higher costs that they have to incur and literally in some cases have to pick between paying other bills and having their medication filled.

As the gentleman from Pennsylvania (Mr. GREENWOOD) pointed out, this is the first Congress that has passed this type of bill. Here we are literally within reach of getting a bill that can help so many people and yet, unfortunately, it seems like the politics are out there involved in it. It is going to happen at some point, but it needs to happen now, this year, and not be politicked to death.

I see the gentleman from North Carolina (Mr. BURR) is here to talk a little bit about that. He is another expert on that subject. I am going to quit talking now and yield back to the gentleman from Pennsylvania (Mr. GREENWOOD) and thank him for what he is doing today and thank both of these gentleman for the work they have done on this very worthwhile project.

Mr. GREENWOOD. Mr. Speaker, I thank the gentleman from Tennessee (Mr. BRYANt) for his contribution and his very great work in the committee.

We are joined now by the gentleman from North Carolina (Mr. BURR), another colleague of mine from the Subcommittee on Health and Environment of the Committee on Commerce, who really does work very hard day and night on this issue.

Mr. Speaker, it is a pleasure to yield to the gentleman from North Carolina (Mr. BURR).

Mr. BURR of North Carolina. Mr. Speaker, I thank the gentleman from Pennsylvania (Mr. GREENWOOD) for yielding to me.

The gentleman and I have done this numerous times. We did it when it was not popular to get out and talk about the expansion of a benefit. But because both of us worked 2½ years on reforming the Food and Drug Administration, we understood from that process just how many people in America were relying on the research and development that not only public entities but private companies were doing.

We understood the great advances we had made in the last 30 years in this country in treatment of disease, prevention of disease, through the use of pharmaceuticals that did not exist in the 1960s when we created Medicare.

It is not hard for me to believe that, when Medicare was created, Republicans and Democrats, neither one perceived that prescription drug coverage was a benefit that should be encompassed in it. But we have also seen through the evolution of Medicare that today the Health Care Financing Administration is, in fact, the wrong agency for us to look to to administer a new drug benefit.

I think that is why many of us took on the great challenge of, one, being the first to talk about expansion of a drug benefit for seniors, but to, two, do it in a way that addressed what we saw the problems in the delivery system, that we needed a new entity whose sole job it was to administer this benefit to the 37 million Americans, those seniors, the disabled who qualified for Medicare benefits.

It is a shame that it is an election year. If this was not a Presidential election year, we would have a drug benefit, not only passed in the House of Representatives, it would be passed in the Senate, it would be signed today by any President in the White House. But the sheer realities of the year 2000 is it is a Presidential election year. The gentleman and I have been faced with that before. But because it is a Presidential election year, it means that politics do come into health care.

At a time where we know in America that the senior population over the next 10 to 15 years will double, will move from 37 million to 72 million seniors in this country, all with the same challenges about how do I pay for prescription drugs, at a time that the mapping of the Human Genome project will be finished, we will be able to treat diseases that were chronic or terminal up to that point, we never had a cure for, and that in many cases those pharmaceuticals will now give us the ability to treat and in some cases hopefully cure, but it does no good if people cannot pay for it.

This is the first real opportunity that we have had to present a plan that is market based, that subsidizes those most at risk, that is designed in a way that the majority of seniors would want to participate out of their pocket to be part of, and for those that cannot, that they receive a government subsidy; and that it provides them the choice that they look for in any health care plan that they might look for when we created Medicare+Choice as

an option for seniors who had an insurance-based option, many of which are in Pennsylvania with the gentleman from Pennsylvania (Mr. GREENWOOD). We did not limit it to one company. We did not say it could only be offered by the Federal Government.

The American people have been very specific. One size fits all does not work in health care. Drug benefits should be no different. We should supply seniors affordability, choice, access. The sooner we can do that, the better they can plan for those later years. But, more importantly, long term, the gentleman from Pennsylvania and I both know the less expensive health care is going to be to us, because what we have been treating or what we have been operating on today might just be a prescription drug in the future.

Heart disease because of high blood pressure is controllable with pharmaceuticals today. Bypass surgery could be a thing of the past with a noninvasive procedure or with pharmaceutical treatment in the future. We will never experience this unless this body, this institution, the government moves forward with a prescription drug benefit plan that allows seniors access, choice, and affordability.

Mr. Speaker, I would appreciate the observations of the gentleman from Pennsylvania (Mr. GREENWOOD) on that.

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Mr. GREENWOOD. The point that I was thinking about making right now is that this conversation almost always turns towards the senior beneficiary of Medicare, and the gentleman has frequently in his remarks cojoined the fact that there are seniors and there is the disabled population that in fact are eligible for Social Security. And what is important to remember, when we think about that disabled community, that disabled community includes those who have very serious physical disabilities, frequently because of complicated and debilitating illnesses; and these are people who are under the age of 65.

We forget about the fact they do not have prescription drug benefits either. And they are less likely to have prescription drug benefits coming from a an employer, because they are less likely because of their disability, obviously, to have worked for an employer long enough to have had a prescription drug benefit that carries into the years when they cannot work and they are on disability. So this is another group of people who certainly need this benefit and they need it soon.

And some of those, a good number of those, their disability is the result of a mental health issue, and of course the treatment of mental illness is more and more pharmaceutical. There are more drugs coming on to the market all of the time that can help with these serious debilitating mental illnesses and in fact help those folks get back into the workforce. So our ability to provide a prescription drug benefit that also provides the benefit to the disabled population as well as the senior population is an important component of what we did pass in this House, and I commend the gentleman for remembering to remember that Medicare applies to the disabled as well as to the elderly.

Mr. BURR of North Carolina. I know the gentleman from Pennsylvania remembers that it would have been easier with a limited pot of money to say let us take care of seniors. Those other ones who might be ancillary groups, they do not fall into the same category. There was that strong argument from Members, but also that sense of responsibility that we had that we cannot leave anybody behind.

This was the most inclusive piece of legislation on prescription drugs to be debated in this institution ever. The only regret that I have is that it did not yet move past the House of Representatives; that we have not had the engagement of our friends at the other end of Pennsylvania Avenue, who talk about prescription drugs; but we have done something on prescription drugs.

We have done something that works. It expands the coverage and it provides the benefit. It means that those seniors who have had to make crucial decisions between rent and drugs, food and drugs, will not have to do it because of limited incomes. It means that we have looked at that disabled population. We have not excluded them. In many cases seniors have more employment opportunities than those who are in that disabled category, but we did not leave them behind. We included them because we knew the importance of medication but, more importantly, the importance of taking medication on a regular basis; not just when you can afford it, but on a regular basis. Because we know that those individuals, more than most, need that regular routine and that they cannot go with interruption based upon their cash flow, their lack of work that week, their lack of income that month. That safety net was provided for them, as it was for seniors.

I cannot imagine another issue that this institution could take up where we so clearly had enough vision to look down the road and see the demographic change that was happening, where we knew that the senior population will, in fact, double; where the institution did not use that vision to prepare for that future. If we miss this opportunity, how in the world will we design a benefit program that is right for my mother and that is affordable for my children when we are talking about twice as many people and having to learn how to find the right program then?

The smart thing for us to do, even though the gentleman and I know that we will not do it this calendar year, is to come back in January, to reintroduce this bill, and to make a commitment to whoever is on the other end of Pennsylvania Avenue that we are going to pass it and that we want to work with them.

Unlike a lot of talk about prescription drugs in this town, for those of us that have worked on it now since January, we have always said our door is open; we want to talk. It is just nobody has ever knocked. And when we have left it open, no one has ever shown up.

Mr. GREENWOOD. If I can reclaim time for a moment, the thing that is ironic is that, as we have said, in the history of the Congress, certainly in the last 35-year history of Medicare, it is only the one bill the gentleman and I helped to author that has passed in the House.

Now, there has been plenty of talk for 35 years from politicians on the stump running for this House and the Senate and the presidency. They have all talked about this issue. But when it came to sitting down, as we did, and saying how would we actually write this; what would the words be that we would choose to put in the bill; what would the provisions look like; how would we pay for it; how would it be flexible; how would we be able to make it affordable to the lower-income and still be affordable to the taxpayers; how does it reach into the middle class; how would we take care of the catastrophic end of things; how do we make sure it is appropriate for the disabled population as well; how do we make sure that by offering this we do not create a disincentive for employers to continue to provide the benefit; how would we do that, we grappled with all of those questions, as the gentleman knows, and we had to make decisions.

We put those decisions into a document and we said, now, can we get 218 votes out of 435 Members of the House to pass it. That meant we had to talk to various constituencies within the House to make sure that it worked in the Northeast, and that it worked in the Southwest, and it worked in the Southeast and the Northwest, and across the country. We had to do that. But when we did that, we had a document and, of course, no good deed going unpunished, we become subject to criticism. Because now people had an actual document instead of just words, and they could take that document, and they could look at it, and they could criticize this aspect or that aspect.

I think that that is what has happened, to a large extent; and I think that is unfortunate, that having put something together for the first time in history and getting it to pass the House, that we have become subject to some criticism about all of that. The hard part for us is that right now the President does not have a proposal. We do not have a bill from the President that says on paper, a document that thick, this is how I would answer all those questions about making sure that it is affordable and making sure that it meets all of these needs. We do

not have that. So we have a real document against just rhetoric, and it is making for an unbalanced debate.

I think if we can get the Members at the other end of this building, as well as the gentleman at the other end of Pennsylvania Avenue in the White House, to in fact give us some documents, we would have the basis about which we could sit in a room and combine them and merge them and work out the differences, as we do regularly and is our job.

I yield to the gentleman from North Carolina.

Mr. BURR of North Carolina. As the gentleman from Pennsylvania knows, it is one thing to talk about catastrophic coverage, which is the ability to look at the senior population and say the one thing that we can do is put the Federal Government where it should have been in health care, the safety net, and assure our seniors that if they ever spend out of pocket a certain amount of money in a given year that they will never be exposed for any more than a fixed amount, catastrophic coverage, a limit. It is one thing to talk about it; it is another thing to put it on paper and to pass the test of the Congressional Budget Office or the Office of Management and Budget and have that number scored. But we did it. We did it and we lived within the framework of the available money, and we provided a stop loss for seniors of $6,000.

The President had a bunch of pieces of a plan, and he said he would like to incorporate stop loss or catastrophic loss, but the fact is that he could never do it in a way that he could put it on paper and have that paper scored because of the way he proposed designing the original plan, which was no choice, which got very little discount from the current price of pharmaceuticals in the marketplace.

The Congressional Budget Office looked at our approach and said that because we had competition, because we had provided seniors and the disabled choice in the plans that they could choose from, we will achieve at least a 25 percent discount across the board for things that are insurance-based purchased and for things that are purchased out of pocket, a 25 percent savings just by creating choice that the administration does not get with their proposal.

Mr. GREENWOOD. And if I may, that is before we even apply the Federal contribution to the actual price of the item. So that 75 is cut in half. And, of course, we pay 100 percent of the remainder for the low-income and for middle-class folks, a half. So now we are talking about going from paying 100 percent of retail price to paying 37½ percent of retail price. It is almost a two-thirds reduction in the cost of the pharmaceutical product to the average American.

Mr. BURR of North Carolina. If there existed truth in advertising on this we would have stars all across this plan because it provides at every level what seniors want.

Before the gentleman mentioned employers, I had written the word employers on a piece of paper up here because that was one of the biggest challenges that our whole task force had. There is a segment of America, a large percentage of America that are seniors today that are currently provided prescription drugs as a benefit of their retirement. As we see prices go up 11 or 12 percent a year, the question we have to look out and ask is how long will they continue to offer that benefit. Because they are not obligated to, it is just a commitment that they made when individuals retired.

We found a way to incorporate into our plan that those employers that provide that benefit, once those individuals reached that stop-loss amount, they would be covered under the Federal stop loss, a great incentive for employers to continue to provide that first dollar coverage for the millions of seniors that are currently under their health plans. We found the approach to keep the employer engaged.

We found a way to incorporate the catastrophic or the stop loss into their plan without dislocating them, which made our plan totally voluntary to every eligible person regardless of where they currently had their coverage, if they did. They could stick with that and still utilize that stop-loss protection of the national plan.

Clearly, we spent a lot of time on that, making sure that we got it right. But the fact that it was voluntary, the fact that for those that chose to participate there was choice, the fact that everybody, whether they were in their employer plan or chose one of the accredited plans by that new entity that ran the prescription drug benefit, all of them benefited from an annual stop-loss amount that protected every senior and made sure that they could not lose everything that they had accumulated because they had run into a health care problem that required unusual pharmaceutical costs.

Mr. GREENWOOD. I believe our time has just about elapsed. I want to thank the gentleman from North Carolina for his participation, as well as my other colleagues from around the country.

This clearly is, if not the number one issue in America, certainly ought to be. There is still time to resolve this issue. All we need to do is to work with the House and the Senate and the President together and, in fact, we can all be proud of meeting a need that just cries out to be met; and we think we have made a good start.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 4205, FLOYD D. SPENCE NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2001

Mr. SCARBOROUGH (during the Special Order of Mr. GREENWOOD). Mr. Speaker, pursuant to clause 7 (c) of rule XXII, I hereby announce my intention to offer a motion to instruct conferees on H.R. 4205 tomorrow. The form of the motion is as follows:

> I move that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the bill (H.R. 4205) be instructed to recede to the Senate language contained in section 701 of the Senate amendment to H.R. 4205.

The SPEAKER pro tempore (Mr. PEASE). The notice of the gentleman from Florida will appear at the appropriate place in the RECORD.

HEALTH CARE ISSUES

The SPEAKER pro tempore (Mr. PEASE). Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes.

Mr. GANSKE. Mr. Speaker, I am going to speak on several issues related to health care this afternoon. As my colleagues know, before I came to Congress I was a physician practicing in Des Moines, Iowa. I do have some insight into some of these health care issues that we are trying to tie up before the end of this session, whenever that will happen.

Let me first speak about the prescription drug problem. I just finished a series of town hall meetings around my district.

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I will tell my colleagues that the high cost of prescription drugs is a real one, not just for senior citizens but for everyone, and it is a major component to the increased premiums that we are seeing for working families in terms of their health insurance premiums. Prescription drug costs for those health plans are going up 18 to 20 percent per year, and then those costs are being transferred on to the businesses that pay for health insurance and then on to increased premiums for the family. So it is not senior citizens. But from my town hall meetings, I had a senior citizen in Council Bluffs come up to me and tell me that between his wife's drug costs and his drug costs, they were spending almost $13,000 a year on prescription drugs. They were by no means a wealthy family. I had another gentleman in Atlantic, Iowa come up to me and he had a whole packet of his prescription drug costs. They amounted to almost $7,000 a year.

Now, it is true there is a certain percentage of senior citizens who are fortunate, who are healthy, who do not have any drug costs. That is about 14 percent of the Medicare population. And about 36 percent have less than $500 out of pocket. But there is a group of senior citizens that have very high drug costs. We need to address that problem.

As a Republican, I just have to offer a polite voice of dissent, because the plan that passed this House is simply not going to work. It relies heavily on

insurance companies to offer prescription drug policies. I sit on the committee of jurisdiction, the Committee on Commerce, the Subcommittee on Health and Environment. We had testimony before my committee by the insurance industry that said, we will not offer those types of policies. They have a pretty good reason for doing that: They cannot predict what the future costs of the prescription drugs are going to be. They are afraid that they will get locked into a program at a certain rate, see their costs rise way above that and they simply repeatedly, to both the House and the Senate, have said, ''We're just not going to offer those plans.'' So it does not do you any good to pass a bill on the floor of the House that relies on insurance companies to do that when they say from their past experience and their present experience that they are not going to do it.

What is the solution? Well, I have a bill before Congress that has several important points, but two of them I think are very important: One is for that senior citizen who is right on the margin of being in poverty but is not in Medicaid as well as Medicare, we ought to do something to help that senior citizen with their high prescription drug costs. We could do that simply, not by creating a new bureaucracy. There already is a program in place for poor senior citizens and that is the Medicaid program. Every State has a Medicaid program for those senior citizens who are below the poverty line. And every Medicaid program that I know of has a drug benefit.

And just about every State that I know of has negotiated discounts with the pharmaceutical companies for those drug programs. So we ought to look at including those senior citizens who are above that poverty line, maybe up to 175 percent of poverty and include them in that Medicaid drug benefit. No new bureaucracy, they simply get a card. We could pay for that from the Federal side so that we would not be talking about an unfunded mandate on the States. It would be significantly less expensive than what we are talking about with the other proposals and we could get it done today. We could implement it tomorrow. Yes, it would not be comprehensive for everyone but it would certainly help those who need it the most in Medicare.

But what could we do for everyone?

The second thing that we should do to help with the high cost of prescription drugs, not just for senior citizens but for everybody is to readdress a law that Congress passed in 1980. It was signed into law by President Reagan, but he did so with grave reservations. He was concerned that that law would generally prohibit certain types of beneficial competition in the sale of pharmaceuticals by hospitals and other health care providers that would allow consumers to benefit through increased choices and lower prices. What was that bill? It was a bill that gave the pharmaceutical industry special protection, something that, as far as I know, no other industry in this country has and, that is, that you cannot reimport into the United States drugs that are made in the United States and packaged in the United States. It is against the law. Anyone who does that, brings drugs across the border, prescription drugs, could be prosecuted, fined. Senior citizens who have done this have gotten very nasty, threatening letters from the Customs Service or from the Food and Drug Administration. Even though senior citizens do cross to Mexico and do cross to Canada and do buy prescription drugs, they are breaking the law.

I got a letter the other day from a senior citizen in Des Moines, Iowa. He is a volunteer at a hospital that I used to work at, and he participated in a drug study at the University of Iowa for an arthritis medicine called Celebrex. That medicine worked really well for him. So he went to his doctor, he got a prescription, he went to the hospital where he is a volunteer, went to the pharmacy there and with a volunteer discount could get that prescription for about $2.50 a pill. Well, this gentleman is a pretty smart guy. He got on the Internet that night and he found out that he could, with about $10 or $15 of shipping and handling, get that prescription from Canada from a pharmacy for about half price. Same thing from a pharmacy in Geneva, Switzerland. And from Mexico he could get that medicine for about 55 cents per pill, made in the United States, packaged in the United States.

Look at this chart. Here are some drugs with a U.S. price and a European price. Let us say Coumadin, that is a blood thinner medicine, twenty-five 10-milligram pills in the United States will cost you $30.25. Over in Europe, $2.85. From $30 to $3. How about Prilosec? Twenty 28-milligram pills in the United States, $109. In Europe, $39.25.

How about Claritin? Claritin is a good antihistamine. It is advertised night and day. I guarantee my colleagues that if they watch any TV or look at any billboard, they are going to see Claritin advertised. The marketing budget by the company that makes this is astronomical. Why? Because they are making a ton of money on it. They are also trying to get an extension of their patent, which this Congress should oppose. But Claritin. For 20 pills in the United States, $44. In Europe, and this is not a Third World country. In Europe, $8.75.

I can go down this whole list. This is just representative of the difference in the cost between what we pay in the United States and what they pay in Canada or Europe, not to mention in Mexico. Why is there such a differential? Because there is not any competition, any global competition. We are subsidizing the high profits of the pharmaceutical companies in this country because of that law. Changing that law to allow a reimportation of those medicines is part of my bill. But I have to tell you that others have been involved in this issue, also. The gentleman from Oklahoma (Mr. COBURN), who is a physician; also, the gentleman from Maine (Mr. BALDACCI); Senator JIM JEFFORDS, and several others have been interested in this. We have now passed amendments to appropriations bills that would overturn that law that prevents prescription drugs from being reimported back into the United States.

In the House, we had a vote. We had a vote in the House that was 370–12 in favor of doing that. There was a vote in the Senate that was 74–21 to overturn that law. 370–12 in the House; 74–21 in the Senate. Why? Because I think intuitively we realize that if we could get in on a 1–800 telephone number or get on the Internet and be able to order our prescriptions filled from Canada or from Europe at a lower price, we know what would happen to the prices in the United States. In order to be competitive, they would come down.

Every farmer in my district knows what the price of soybeans is and they know that that price is determined by the world market. But on prescription drugs, we have given the pharmaceutical companies a special interest protection. That should be changed. If we allow competition on a global basis, the prices will come down. They will come down for everyone, not just senior citizens. They will come down for the businesses that are providing the health insurance to their employees. The pharmaceutical companies have profit margins that are three and four times higher than any other group of companies in the country. Believe me, they will still make plenty of money if we introduce some competition. And that is not setting any prices. That is not a government price-setting mechanism. That is simply allowing the market to work.

My friends on the Republican side of the aisle, all of them who voted for this, who believe in free markets and that free markets and competition bring down prices, they and all of our colleagues on the Democratic side who voted for this bill should insist with such support from both the House and the Senate that those amendments not be stripped from the conference bills on those appropriation bills that come back for our vote.

The pharmaceutical companies are lobbying night and day to get those provisions removed. If the leadership of the House or the leadership of the Senate accedes to the pharmaceutical companies' desires and strips out provisions where overwhelming majorities in both the House and the Senate have expressed their will, we are not talking about a narrow vote margin, we are talking about a margin where only 12 Members in this House voted against that, where only 21 Members in the Senate voted against that provision. If the leadership in the House, the Republican leadership in the House and the

Republican leadership in the Senate strip those amendments out of those appropriations bills, then every American in this country who is paying a high prescription drug cost will know where part of the problem lies.

This is not a time to bow to special interests, big corporate, soft dollar contributions.

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This is a time to stand up for every American who is paying outrageously high drug costs compared to the rest of the world. To buy a very simple remedy, bring down the costs of prescription drugs for everyone. If the conference bills come back, one of them is the agricultural appropriations bill, if that comes back with this provisions stripped out, I can grant my colleagues that I will be here on the floor, the gentleman from Oklahoma (Mr. COBURN) will be here on the floor, the gentleman from Maine (Mr. BALDACCI) will be here on the floor.

We will be pointing out to all of our colleagues that the leadership in this House and the leadership in the Senate, which is giving directions to that conference committee, is trying to subvert the overwhelming Democratic majority, the overwhelming majority of both Republicans and Democrats on a very, very important policy issue.

That is something we can get done. The administration, the Secretary of Health and Human Services, Donna Shalala, has said we can agree to that provision; we think we might need a little more money to make sure that the Food and Drug Administration can oversee, to make sure that there is not a problem with those reimported drugs.

The last figure I saw from Secretary Shalala was that her estimate was that maybe this would cost an additional $24 million in appropriations to the Food and Drug Administration. I tell my colleagues that is a drop in the bucket compared to the billions and billions of dollars that American citizens could save if we remove that special protection and let the price of prescription drugs come down because of competition.

My constituents back in Iowa who have those high drug prices will be watching to see what happens. I will be doing what I can, just like I am in this speech, to try to make sure that the will of the House and the will of the Senate is not contravened by a small minority of leadership subverting the will of the House and the Senate.

Now, let me talk about another very, very important issue that is coming up. We are going to be dealing with a bill very shortly, maybe as soon as next week, that will provide additional funding for Medicare. In 1997, we passed a bill involving Medicare, the Balanced Budget Act of 1997. Back in 1995 and 1996, I was one of the first Republicans to say be careful, do not cut those programs too much or we could see some real hurt.

At a committee hearing, I said, you know what, we are looking at deficits; but we have to be careful with that tourniquet. A tourniquet can stop bleeding, can keep a patient from bleeding to death; but if we put that tourniquet on too tight, it can cause the loss of blood supply to the extremity, and we can end up with gangrene.

We have found that there have been more savings from that 1997 Budget Act than we anticipated, and the consequences for certain groups that are involved with Medicare have been more than we planned for. And so I think it is entirely appropriate that we use part of our surplus, projected surplus, to go back in and fix some of that.

I have hospitals in my district in small towns in rural Iowa where the hospitals are right on the margin. They take care of very high percentages of Medicare patients, so they rely very much on the reimbursement that they get from Medicare; and they do not have, you know, a large population base to try to make that up with, say, charitable donations. We need to go back and give those hospitals some help.

One of the areas that they are having problems with is in keeping their nurses, because the funding formula for rural hospitals, they get paid less as a price index for their nurses than a hospital, for instance, in a metropolitan area, like Des Moines or Chicago or Minneapolis or Omaha; and so those areas can offer nurses significantly higher salaries, and they tend to just pull those nurses out of those small town hospitals.

We need to significantly re-adjust the pay scale index for those hospitals to bring up the funding so that they are providing their nurses with a competitive salary so that they will stay and help take care of those patients in those hospitals in the rural areas; otherwise, those hospitals are not going to make it.

If a small town does not have a hospital, we cannot keep our doctors there; and if we do not have doctors and if we do not have a hospital, we cannot keep our businesses there.

We are talking not only about whether patients would have to travel 80 miles or 100 miles to take care of a heart attack or to deliver a baby, we are talking about whether that community stays viable economically, continues to survive. So this is important. We need to do that.

I am troubled by what I am hearing on what the funding is going to be for this sort of emergency Medicare giveback bill, because the HMOs have been lobbying to get a huge percentage of this instead of getting it to those rural hospitals or to the teaching hospitals or to the inner city hospitals that take care of a lot of indigent parents or to other areas that need it. The HMOs want to take the majority of this, and I have a real problem with that.

I will tell my colleagues why a GAO, a General Accounting Office, report just published in August shows that the HMO program in Medicare has not been successful in achieving Medicare savings. It is called Medicare+Choice. And Medicare+Choice plans attracted a disproportionate selection of healthier and less expensive beneficiaries relative to the traditional fee-for-service Medicare program. That is called favorable selection.

Consequently, in 1998, the GAO estimates that the Medicare program spent about $3.2 billion, or 13.2 percent, more on health plan employees in HMOs than if they had received the same services through traditional fee-for-service Medicare. And, yet, I am hearing from my colleagues, oh, we have to give so much more money to the Medicare HMOs.

This is about the fourth study that we have had from either the Inspector General's office or the General Accounting Office that has shown that the average Medicare patient in a Medicare HMO costs the Medicare HMO less than what a fee-for-service patient would. Consequently, they make a lot of money off of it.

Then we had another report that came out, not too long ago, by the Inspector General's office. This was in February. What did they find? Here is the headline there from USA Today: ''Medicare HMO hit for lavish spending.'' One insurer, one Medicare HMO spent $250,000 on food, gifts and alcoholic beverages; four HMOs spent $106,000 for sporting events and theater tickets and another leased a luxury box at a sports arena for $25,000. Customers, insurance brokers, and employees at one HMO were treated to $37,303 in wine, flowers, and other gifts.

As the Inspector General said, the administrative costs for some Medicare managed care plans are clearly exorbitant. Why did they say that? Well, because they found in the study that some Medicare HMOs are doing an okay job. They are spending as little as 3 percent administrative overhead on their plans.

I do not mean to say that all Medicare HMOs are the bad guys, but other Medicare HMOs were spending up to 32 percent on administrative overhead. Think of that, 10 times the amount on administrative overhead. I guess that takes into account why some of these Medicare HMOs are buying luxury sports boxes in sports arenas, or why some of them are giving away expensive gifts on wine and flowers and other gifts and others are literally funding big parties for their employees. That is all money that should be going for patient care, not for the fat of the Medicare HMO.

And so my suggestion would be that, you know what, we ought to be very careful about providing additional dollars to those Medicare HMOs. We ought to use that money to get back directly to the people who are taking care of those patients. Yes, maybe some of these Medicare HMOs with the low administrative overheads do need some help, but I would be very careful about

throwing $6 billion or $7 billion or $8 billion at them with the type of record that they have. And we know adverse selection is when they are treating a healthier population at a lower cost.

We know from past studies in the past few years that when a Medicare HMO patient leaves an HMO, a Medicare HMO, and goes back into the fee-for-service, that it costs the fee-for-service plan significantly more than what the average Medicare HMO patient costs.

What is happening? Well, the Medicare HMOs are just fine for people who are healthier who do not have a problem, who do not need to see a particular doctor; but when a patient gets sick, then they transfer back to the fee-for-service side because they have more choice, they can get better treatment, and then that transfers a sicker patient back into the fee-for-service but keeps a healthier group for those Medicare HMOs.

I will tell you what, I am going to shine the light on this problem when this bill comes to the floor, unless we have a reasonable funding level for those Medicare+Choice plans and unless we provide the type of help we need for groups like our rural hospitals.

Now, let me briefly talk about HMOs. Last week I saw in USA Today on the front page one of those little charts that they have. This was from a Gallup poll on the confidence that the public has in certain institutions. At the top was the military: 64 percent of the public feel that they have confidence in the military as an institution; 56 percent, organized religion; 47 percent, the Supreme Court. Congress is down there at 24 percent.

HMOs are at the very bottom. Only 16 percent of the public think that HMOs are worthy of confidence or only 16 percent of the public have trust in HMOs as an institution. That is reflected, as it so frequently, in jokes and cartoons that we will see.

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Here is a cartoon. It says, remember the old days when we took refresher courses in medical procedures? And this is at the HMO medical school. And it says here, and I know that it is hard for colleagues to see this from the back, it says, course directory, first floor, basic bookkeeping and accounting; second floor, this is all at the HMO medical school, second floor, advanced bookkeeping and accounting; and third floor, graduate bookkeeping and accounting.

This is a cartoon Non Sequitur by Wiley. This is HMO bedside manner. Here we have a patient that is in traction, IVs running, being monitored, probably has some endotracheal tube, and there is a sign above his bed: Time is money; bed space is loss; turnover is profit. Remember, this is the bedside HMO manner.

Here is a health care provider saying, after consulting my colleagues in accounting, we have concluded you are not well enough. Now you can go home. That is the HMO bedside manner.

Here we have the maternity hospital. Remember this from a few years ago, the advisory group to the HMOs, a company called Milliman & Robertson, that sets up guidelines, quote/unquote for care, they said at that time, you know what, we do not think women need to stay in the hospital after they deliver babies. They can go home. So here is the maternity hospital with the drive-thru window. Now only six minutes, six-minute stays for new moms, and the person at the window, it is almost like a McDonalds, says congratulations, would you like fries with that? And there is the frazzled mom who has just delivered the baby, and down in the corner you have a little figure saying, looking a little like that scalding coffee situation.

Now this is one of my favorites because when I was in practice I was a surgeon, and so here we have the doctor standing and next to him in the operating room is the HMO bean counter. The doctor says, scalpel. HMO bean counter says, pocket knife. The doctor says, suture. HMO bean counter says, Band-Aid. The doctor says, let us get him to the intensive care unit. The bean counter says, call a cab.

Remember, these are all cartoons that have appeared in daily newspapers. This gives you an index of where the public is on this. These are grounded in reality because they would not be funny if there were not an element of truth to these.

Here is one, the HMO claims department. We have an HMO reviewer at the telephone there, says, No, we do not authorize that specialist. Over there she says, No, we do not cover that operation. As she looks at her nails, she says, No, we do not pay for that medication. Then apparently the patient must have said something rather startling and she says, No, we do not consider this assisted suicide.

And here we have an HMO doctor saying, Your best option is cremation, $359 fully covered. And the patient is saying, This is one of those HMO gag rules, is it not, doctor?

Five years ago, I had a bill in Congress, a bipartisan bill with over 300 bipartisan Republican and Democratic congressmen as co-sponsors, called the Patient Right to Know Act, which would ban gag clauses that HMOs were imposing on physicians where they said before you can tell a patient about their treatment options you first have to get an okay from us.

Think about that. There I am, as a physician, a woman comes in to me, she has a lump in her breast, I took her history, her physical exam and before I can explain her three treatment options to her, if I have a contract with an HMO like that, I have to say, excuse me, I have to go out, get on the phone and say, I have Mrs. So and So with a breast lump and she has three options; can I tell her about that? Oh, for heaven's sakes, you know what, with 300-plus bipartisan cosponsors I could not get the leadership of this House to bring that to the floor. Can you imagine that?

Well, here is another cartoon of a doctor sitting at the desk and he is saying to the patient sitting there, I will have to check my contract before I answer that question. The same thing on the gag rules.

Now this is a little bit black in terms of humor. Here we have an HMO reviewer on the telephone saying Cuddly care HMO, how can I help you? She then says, You are at the emergency room and your husband needs approval for treatment? He is gasping, writhing, eyes rolled back in his head. Hum, does not sound all that serious to me. Clutching his throat? Turning purple? Uhm hum.

She says down here, Well, have you tried an inhaler? The next panel, He is dead? Next to the last panel, Well, then he certainly does not need treatment, does he? And finally, the HMO reviewer says, Gee, people are always trying to rip us off.

Here is another one? Patient is saying, Do you make more money if you give patients less care? The doctor says, That is absurd, crazy, delusional. The patient says, Are you saying I am paranoid? The HMO, Yes, but we can treat it in three visits.

I mean, this general perception by the public based on true cases that you read about in newspapers or that you talk to your friends about at work or, heaven forbid, that your own family has had problems with in terms of getting HMOs to authorize and provide needed and necessary medical treatment is so pervasive that we are even seeing jokes about it made in movies.

Remember a few years ago the movie, As Good as It Gets, where you had Helen Hunt and Jack Nicholson, and Helen Hunt was explaining that her son had asthma but that her HMO would not provide the necessary care for him and she described that HMO in expletives that I really cannot use on the floor of Congress. I was sitting in an audience in Des Moines, Iowa, with my wife and I saw something I never saw before. People stood up and started cheering and clapping when they described that HMO in those terms. That does not happen unless there are real problems.

Well, in October of 1999, almost a year ago, here on the floor of the House of Representatives, we had a 3-day debate and a bill drafted by the gentleman from Georgia (Mr. NORWOOD), very conservative Republican; myself, a Republican from Iowa; and the gentleman from Michigan (Mr. DINGELL), a Democrat, the Norwood-Dingell-Ganske Bipartisan Consensus Managed Care Reform Act, passed this House with 275 bipartisan votes. Despite opposition from the Republican leadership, despite intensive, $100 million lobbying against it by the HMO industry, an amazing thing happened that day when

we had a vote. A large number of Members on this floor said I am going to do what is right. I am not going to listen to that special interest group. My constituents back home are telling me we need some real patient protections. We need to prevent injuries and deaths that are being caused by HMOs and, furthermore, we need to make sure that those HMOs are responsible for their actions, because under a 25-year-old Federal law, if you get your insurance from your employer and your employer's HMO causes you to lose both hands and both feet negligently or negligently causes you to die, under that 25-year-old Federal law they are liable for the cost of the treatment, period. They would be liable for the cost of your amputations and in the case of the dead patient they would not have to pay anything because the patient is dead.

I mean, is that right? Is that justice? Is there any other industry in this country that has that type of legal protection? I do not think so.

Furthermore, the public does not like that because by a margin of about 75 percent, across both party lines, across all demographic groups, people think that at the end of the day a health insurance company should be responsible for its decisions if they make a negligent decision that results in an injury. I mean, we would not give that type of legal protection to an automobile industry.

We are holding hearings right now in my committee on the Bridgestone/Firestone tire problem. I do not see anyone proposing that we give legal immunity to those companies and yet for an industry that is making life and death decisions about your health care every day, there is a 25-year-old Federal law that says you are not liable for anything except the cost of care denied. That is not right. It needs to be fixed.

Well, as I said, it has been almost one year since the House passed the Norwood-Dingell-Ganske Bipartisan Consensus Managed Care Reform Act. The Senate passed a bill, which I would charitably characterize as the HMO Protection Act. It actually put into statutory language additional protections for HMOs, not for patients. When that happens in Congress, when the House passes a bill and when the Senate passes a bill, and they differ, then they go to what is called a conference committee. That is made up usually of the people who wrote the bills and are involved with the passage. However, in this situation, because the gentleman from Georgia (Mr. NORWOOD) and I defied the House leadership, the Speaker of the House did not even name to the conference committee the two Republican Members who wrote the bill, that wrote the bill that passed the House with 275 votes.

In fact, out of the 15 or 16 House Republican Members that were named to the conference committee, only one had actually voted for the bill that passed the House, the real Patient Protection Act, and many who were appointed were adamantly opposed to it. Now, I say what message does that send? Does that send a message that the leadership in Congress really wants to get a bona fide patient bill of rights passed? I do not think so. Well, needless to say, the conferees from the Senate, they were not that interested in really getting something done, either. So the conference has failed. In fact, the conference has not met for months and patients continue to be harmed by arbitrary and capricious HMO denials of care that are costing people their health and in some cases their lives.

So in an effort to get patient protection legislation signed into law, the gentleman from Georgia (Mr. NORWOOD), the gentleman from Michigan (Mr. DINGELL), myself, Senator KENNEDY, we have created a new discussion draft of the House-passed bill seeking compromise with the Nickels amendment in the Senate, and we incorporated some of the ideas of the House substitute bills last year. We continue to think that the original Norwood-Dingell-Ganske bill is just fine, but we are willing to be flexible in order to get along.

We and the American Medical Association and over 300 health care groups who supported last year's House-passed bill have developed a discussion draft if it helps bring Republican Senators on board. We have had positive responses from a number of Republican Senators, other than those who have previously voted for the House-passed bill.

We remain optimistic that there is still time in this short time frame yet where we can break this logjam. All it takes is one or two more Republican Senators to say I think this compromise language is good language.

1700

We have looked at a number of ways to seek the middle. We are giving Republican Senators an opportunity who truly want to pass patient protection legislation and see it signed into law, we are giving them an opportunity to come on board to a new bill, not one that they have voted against in the past.

This discussion draft includes many of the protections nearly all the parties agree to, including the right to choose your own doctor; protections against gag clauses; access to specialists, such as pediatricians and ob-gyns; access to emergency care; and access to plan information. This discussion draft applies the patient protections to all plans, including ERISA plans, those employer health plans, non-Federal governmental plans, and those covering individuals, so that we cover 190 million Americans.

The new draft addresses the concerns of those who want to protect States' rights by allowing States to demonstrate that their insurance laws are at least substantially equivalent to the new Federal standards, thereby leaving the State law in effect. State officials could enforce the patient protections of State law. The Secretary of Labor and Health and Human Services can approve the State plan or could challenge it, if it is inadequate. Under the new draft, doctors would make the medical decisions involving medical necessity. When a plan denies coverage, the patient has the ability to pursue an independent review of the decision from a panel of physicians that is independent of the HMO. That external review would be binding on the plan.

So let us say that an HMO says to someone, your father in this HMO does not really need to be in the hospital because he says he is going to commit suicide. And the doctor says, oh, yes, he does. And the health plan says, no, he does not. We are not going to pay for any more, out the door. Let us say then your dad goes home, and he drinks a gallon of antifreeze and he dies. Under our bill, that plan would be liable for that, that health plan would be liable. That is a hypothetical situation. That actually occurred in Texas. Texas passed a strong patient protection bill. Our bill in the House was modeled after that Texas bill.

We should take the lead of the Nation's courts with particular attention given to the recent Supreme Court case, Pegram v. Hedrick. And our new draft reflects that emerging judicial consensus. Recent court decisions have suggested injured patients can hold their health plans accountable in State court in disputes over the quality of medical care, those involving medical necessity decisions. However, patients would have to hold health plans accountable in Federal court if they wanted to challenge an administrative decision, something that would deny benefits or coverage or any decision not involving medical necessity. That is in our bill, and that is an important compromise.

In addition to specific legislative provisions, our discussion draft answers continuing questions about the original bill that passed this House. For instance, our draft says, employers may not be held liable unless they ''directly participate'' in a decision to deny benefits, as a result of which a patient is killed or injured.

So, for the average business out there that simply hires an HMO to provide health care coverage for both the employer and the employees, there is no liability involved, unless the employer or the business was directly involved or directly participated in the decision, but that is not how it happens. The HMO makes the decision. The business does not.

Explicitly in our bill, the employer would not be liable for that. I cannot tell my colleagues how many times I have seen ads in the Washington newspaper, I read about radio and television ads by the groups that are trying to defeat our bill, that simply do not tell the truth on our protections for employers. I simply have to say, read the bill, read the language. Those protections for businesses are real, unless

they directly participate in the decision. Even then, defendants could not be required to pay punitive damages unless they showed a willful and wanton disregard for the rights or safety of the patients.

Another concern about our bill was whether it would affect the ability of health plans to maintain uniformity in different States. Some of the businesses that have business in many different States were concerned about this. Our new draft only subjects plans to State law when they make medical decisions that result in harm. So it does not affect the ability of a business to offer a uniform benefits package and be outside of State law as it relates to that benefits package.

This discussion draft that we have will allow Republican Senators who have voted against the Norwood-Dingell-Ganske bill to vote for a real patient protection bill. I sincerely hope that they take that opportunity. It would make a tremendously positive difference for our country. Mr. Speaker, to be quite frank, it probably would help the HMO industry too, because all of these cartoons and jokes that we hear about are not a good thing for that industry. But if we had a fair process in place so that if one has a dispute with one's HMO, one would have a fair process to get that taken care of, and one would know that at the end of the day, if one did not agree with the company, we would have an independent panel to review it where the decision would be binding on the company.

I say to my colleagues, that would not increase lawsuits, that would decrease lawsuits. That would help prevent injuries or deaths from happening. I honestly think that that would be beneficial to the industry itself, because boy, they have got a real problem that in my opinion some of them really deserve.

So, Mr. Speaker, I am coming to an end here. I think that there are some ways where some common sense could help with the prescription drug problem, not just for senior citizens, but for everyone in terms of helping bring down the cost of prescription drugs. I think as we look at in the next week or so ways to help with some reimbursement issues for Medicare, we should be very careful about rewarding HMOs who, in many cases, are ripping off the system; and we should focus those dollars on the real areas that need to be fixed.

Finally, we have about 3 weeks, by my estimate, left here in Congress to get something done. The way it stands right now, if the Republican Senators who have voted for the Norwood-Dingell-Ganske bill, Senators MCCAIN, FITZGERALD, CHAFEE, and SPECTER, will stick to their past votes, they have already voted twice for real patient protection, if those Republican Senators will stick with their past votes, then if all of the Senators show up and we vote on that again, we have a 50–50 tie and Vice President GORE comes in and breaks the tie, and we will have signed into law a real Patients' Bill of Rights.

However, we have an alternative. The alternative is to look at this compromise language, to get some additional Republican support for this compromise language. We can add some important aspects of access to health care to that, some areas of real compromise with the Democrats, whether it is in the area of 100 percent deductibility for the self-employed or some additional tax credits for small businesses that offer health insurance, or even in the context of an overall agreement, maybe even an extension of medical savings accounts.

Mr. Speaker, there is a desire to get this done. That is why we have come up with this new compromise language. We do not want to put Republican Members of the Senate in a box and ask them to change their vote. That is why our compromise solution is there, so that they can come on board to a good piece of legislation, we can get this signed into law, and then we can go back to our voters in November and say, we have overcome a $100 million effort by a special interest group to keep the special protection that no other American business has. We are doing something in a truly bipartisan fashion so that our citizens back home in their time of need, when they really need to have their health insurance work for them, health insurance that they have spent a lot of money on, when they really need it, it will be there, and they can have confidence in being treated fairly.

That, Mr. Speaker, is what this is about. It is a big opportunity. I urge my colleagues on both sides of the aisle to take it.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. DREIER (during special order of Mr. GANSKE), from the Committee on Rules, submitted a privileged report (Rept. No. 106–882) on the resolution (H. Res. 586) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

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HOUR OF MEETING ON FRIDAY, SEPTEMBER 22, 2000

Mr. GANSKE. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at noon tomorrow.

The SPEAKER pro tempore (Mr. BRADY of Texas). Is there objection to the request of the gentleman from Iowa?

There was no objection.

DISPENSING WITH CALENDAR WEDNESDAY BUSINESS ON WEDNESDAY NEXT

Mr. GANSKE. Mr. Speaker, I ask unanimous consent that the business in order under the Calendar Wednesday rule be dispensed with on Wednesday next.

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

There was no objection.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HASTINGS of Florida (at the request of Mr. GEPHARDT) for today and the balance of the week on account of personal 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. MCNULTY) to revise and extend their remarks and include extraneous material:)

Mr. BROWN of Ohio, for 5 minutes, today.

Mr. STRICKLAND, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Mr. UNDERWOOD, for 5 minutes, today.

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

Ms. EDDIE BERNICE JOHNSON of Texas, for 5 minutes, today.

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

Mr. GOSS, for 5 minutes, today.

Mr. CANADY of Florida, for 5 minutes, today.

Mr. FOLEY, for 5 minutes, today.

Mr. SCARBOROUGH, for 5 minutes, today.

Mr. PICKERING, for 5 minutes, today.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 5 o'clock and 16 minutes p.m.), under its previous order, the House adjourned until tomorrow, Friday, September 22, 2000, at noon.

EXECUTIVE COMMUNICATIONS, ETC.

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

10188. A letter from the Associate Administrator, Department of Agriculture, Agricultral Marketing Service, Fruit and Vegetable Programs, transmitting the Department's final rule—Oranges, Grapefruit, Tangerines, and Tangelos Grown in Florida; Limiting the Volume of Small Red Seedless

Grapefruit [Docket No. FV00–905–4 IFR] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10189. A letter from the Associate Administrator, Department of Agriculture, Agricultural Marketing Service, Fruit and Vegetable Programs, transmitting the Department's final rule—Cranberries Grown in the States of Massachuetts, et al., Temporary Suspensions of Provisions in the Rules and Regulations [Docket No. FV00–929–6 IFR] received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10190. A letter from the Congressional Review Coordinator, Department of Agriculture, Animal and Plant Health Inspection Service, transmitting the Department's final rule—Importation of Animal Semen [Docket No. 99–023–2] received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10191. A letter from the Congressional Review Coordinator, Department of Agriculture Animal and Plant Health Inspection Service, transmitting the Department's final rule—Change in Disease Status of East Anglia Because of Hog Cholera [Docket No. 00–080–1] received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10192. A letter from the Attorney Advisor, Department of Transportation, NHTSA, transmitting the Department's final rule—Insurer Reporting Requirements; List of Insures [Docket No. 2000–001; Notice 02] (RIN: 2127–AH77) received August 14, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10193. A letter from the Attorney Advisor, Department of Transportation, NHTSA, transmitting the Department's final rule—Insurer Reporting Requirements; List of Insurers Required to File Reports [Docket No. 99–001; Notice 02] (RIN: 2127–AH62) received August 14, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10194. A letter from the Special Assistant to the Bureau Chief, Mass Media Bureau, Federal Communications Commission, transmitting the Commission's final rule—Amendment of Section 73.622(b), Table of Allotments, Digital Television Broadcast Stations. (Monroe, Louisiana) [MM Docket No. 99–295; RM–9660] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10195. 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), FM Table of Allotments, FM Broadcast Stations. (Hudson and Ten Sleep, Wyoming) [MM Docket No. 98–97; RM–9287; RM–9609] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10196. 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), FM Tables of Allotments, FM Broadcast Stations. (Hanna and Baggs, Wyoming) [MM Docket No. 98–89; RM–9279; RM–9670] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10197. 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), FM Table of Allotments, FM Broadcast Stations. (Wright and Clearmont, Wyoming) [MM Docket No. 98–88; RM–9285; RM–9654] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10198. 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 (Red Lodge and Joilet, Montana) [MM Docket No. 00–24; RM–9781] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10199. 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. (Mertzon, Texas) [MM Docket No. 99–356; RM–9779] (Big Pine Key, Florida) [MM Docket No. 00–29; RM–9821] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10200. A letter from the Special Assistant to the Bueau Chief, Mass Media Bureau, Federal Communications Commission, transmitting the Commissions's final rule—Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations. (Buckhannon and Burnsville, West Virginia) [MM Docket No. 98–34] September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10201. A letter from the Special Assistant to the Bureau 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. (Blackduck and Kelliher, Minnesota) [MM Docket No. 99–78, RM–9487, RM–9646] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10202. A letter from the Special Assistant to the Chief, Mass Media Bureau, Federal Communications Commissions, transmitting the Commission's final rule—Amendment of Section 73.202(b), FM Table of Allotments, FM Broadcast Stations. (Casper, Guernsey, Lusk, and Sinclair, Wyoming) [MM Docket No. 98–59] received September 18, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

10203. A letter from the Acting Director, Defense Security Cooperation Agency, transmitting Proposed lease of defense articles to the United Arab Emirates, pursuant to 22 U.S.C. 2796a(a); to the Committee on International Relations.

10204. A letter from the Director, Office of Personnel Management, transmitting the Office's final rule—Prevailing Rate Systems; Abolishment of the St. Louis, MO, Special Wage Schedule for Printing Positions (RIN: 3206–AJ24) received September 14, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

10205. A letter from the Director, The Peace Corps, transmitting a report on the Peace Corps' Annual Performance Report; to the Committee on Government Reform.

10206. A letter from the Chairman, Federal Election Commission, transmitting the Commission's final rule—Explanation and Justification for revised Forms 1, 1M, 2, 3, 3X, 3P, 4, 5, 6 and 8, Regarding Electronic Filing, State Filing Waivers and Election Cycle Reporting by Authorized Committees—received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on House Administration.

10207. A letter from the Director, U.S. Geological Survey, Department of the Interior, transmitting a copy of draft legislation entitled, ''United States Geological Survey Products and Services Act''; to the Committee on Resources.

10208. A letter from the Assistant Secretary for Legislative Affairs, Department of the State, transmitting notification of the designation of the Islamic Movement of Uzbekistan (IMU) as a ''foreign terrorist organization'' within the meaning of the amended Section 219 of the Immigration and Nationality Act; to the Committee on the Judiciary.

10209. A letter from the Under Secretary of Commerence, Intellectual Property, Department of Commerce, U.S Patent and Trademark Office, transmitting the Department's final rule—Simplification of Certain Requirements in Patent Interference Practice (RIN: 0651–AB15) received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

10210. A letter from the Assistant Attorney General, Department of Justice, transmitting a report outlining the experience and effects of grants administered by the Office of Community Oriented Policing Services (COPS) between the years 1994 and 2000; to the Committee on the Judiciary.

10211. A letter from the Secretary, Department of Transportation, transmitting a report on the National Bicycle Safety Education Curriculum; to the Committee on Transportation and Infrastructure.

10212. A letter from the Program Assistant, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Bell Helicopter Textron, Inc. Model 412, 412EP, and 412CF Helicopters [Docket No. 2000–SW–29–AD; Amendment 39–11894; AD 2000–18–09] (RIN: 2120–AA64) received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

10213. A letter from the Chief Counsel, Bureau of the Public Debt, Department of Treasury, transmitting the Department's final rule—Government Securities: Call for Large Position Reports—received September 14, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

10214. A letter from the United States Trade Representative, Executive Office of the President, transmitting notification of the pending accession to the World Trade Organization of the Sultanate of Oman; to the Committee on Ways and Means.

10215. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule—Like-Kind Exchanges (''parking'' arrangements) [Rev. Proc. 2000–37] received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

10216. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule—Distributor Commissions [Revenue Procedure 2000–38] received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

10217. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule—Toll-Free Numbers for Appeals Officer (Customer Service/Outreach) Program—received September 15, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

10218. A letter from the Secretary of Agriculture, transmitting a draft bill entitled, ''Conversion of Non-Federal Farm Service Agency County Committee Employees to Federal Civil Service Status''; jointly to the Committees on Agriculture and Government Reform.

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:

Mr. SENSENBRENNER: Committee on Science. H.R. 2413. A bill to amend the National Institute of Standards and Technology

Act to enhance the ability of the National Institute of Standards and Technology to improve computer security, and for other purposes; with an amendment (Rept. 106–876). Referred to the Committee of the Whole House on the State of the Union.

Mr. SENSENBRENNER: Committee on Science. H.R. 4429. A bill to require the Director of the National Institute of Standards and Technology to assist small and medium-sized manufacturers and other such businesses to successfully integrate and utilize electronic commerce technologies and business practices; with amendments (Rept. 106–877). Referred to the Committee of the Whole House on the State of the Union.

Mr. MCCOLLUM: Committee on the Judiciary. H.R. 2987. A bill to provide for the punishment of methamphetamine laboratory operators, provide additional resources to combat methamphetamine production, trafficking, and abuse in the United States, and for other purposes; with an amendment (Rept. 106–878 Pt. 1).

Mr. TALENT: Committee on Small Business. H.R. 4897. A bill to amend the Small Business Act to establish a program to provide Federal contracting assistance to small business concerns owned and controlled by women (Rept. 106–879). Referred to the Committee of the Whole House on the State of the Union.

Mr. TALENT: Committee on Small Business. H.R. 4944. A bill to amend the Small Business Act to permit the sale of guaranteed loans make for export purposes before the loans have been fully disbursed to borrowers (Rept. 106–880). Referred to the Committee of the Whole House on the State of the Union.

Mr. TALENT: Committee on Small Business. H.R. 4946. A bill to amend the Small Business Act to direct the Administrator of the Small Business Administration to establish a pilot program to provide regulatory compliance assistance to small business concerns, and for other purposes; with an amendment (Rept. 106–881). Referred to the Committee of the Whole House on the State of the Union.

Mr. HASTINGS of Washington: Committee on Rules. House Resolution 586. Resolution waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules (Rept. 106–882). Referred to the House Calendar.

DISCHARGE OF COMMITTEE

Pursuant to clause 5 of rule X, the Committee on Commerce discharged. H.R. 2087, referred to the Committee of the Whole House on the State of the Union and ordered to be printed.

Pursuant to clause 5 of rule X, the Committee on Education and the Workforce discharged. H.R. 4271, referred to the Committee of the Whole House on the State of the Union and ordered to be printed.

TIME LIMITATION OF REFERRED BILL

Pursuant to clause 5 of rule X the following action was taken by the Speaker:

H.R. 2580. Referred to the Committee on Transportation and Infrastructure extended for a period ending not later than October 6, 2000.

H.R. 2987. Referral to the Committee on Commerce extended for a period ending not later than September 21, 2000.

H.R. 3673. Referral to the Committee on Ways and Means extended for a period ending not later than October 6, 2000.

H.R. 4419. Referral to the Committee on the Judiciary extended for a period ending not later than September 29, 2000.

H.R. 4585. Referral to the Committee on Commerce extended for a period ending not later than October 6, 2000.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. JACKSON of Illinois:

H.R. 5236. A bill to institute a moratorium on the imposition of the death penalty at the Federal level until a Commission on the Federal Death Penalty studies its use and policies ensuring justice, fairness, and due process are implemented; to the Committee on the Judiciary.

By Mr. JACKSON of Illinois:

H.R. 5237. A bill to institute a moratorium on the imposition of the death penalty at the Federal and State level until a National Commission on the Death Penalty studies its use and policies ensuring justice, fairness, and due process are implemented; to the Committee on the Judiciary.

By Ms. SCHAKOWSKY:

H.R. 5238. A bill to amend the Federal Food, Drug, and Cosmetic Act to require that fragrances containing known toxic substances or allergens be labeled accordingly; to the Committee on Commerce.

By Mr. GILMAN (for himself and Mr. GEJDENSON):

H.R. 5239. A bill to provide for increased penalties for violations of the Export Administration Act of 1979, and for other purposes; to the Committee on International Relations.

By Mr. WU (for himself, Mrs. MEEK of Florida, Mr. HASTINGS of Florida, Ms. ROS-LEHTINEN, and Mr. DIAZ-BALART):

H.R. 5240. A bill to amend the Immigration and Nationality Act to provide temporary protected status to certain unaccompanied alien children, to provide for the adjustment of status of aliens unlawfully present in the United States who are under 18 years of age, and for other purposes; to the Committee on the Judiciary.

By Mr. CHABOT:

H.R. 5241. A bill to amend the Sherman Act to make oil-producing and exporting cartels illegal; to the Committee on the Judiciary.

By Mr. GILMAN (for himself, Mr. NADLER, and Mrs. MALONEY of New York):

H.R. 5242. A bill to convey certain Federal properties on Governors Island, New York, and for other purposes; to the Committee on Resources, and in addition to the Committee on Government Reform, 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 Mr. HOLT (for himself, Mr. GEPHARDT, Mr. WAXMAN, and Mr. STARK):

H.R. 5243. A bill to establish a program to provide grants to States to test innovative ways to increase nursing home staff levels, reduce turnover, and improve quality of care for residents in nursing homes, and for other purposes; to the Committee on Commerce, and in addition to the Committee on Ways and Means, 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 Mr. PETERSON of Pennsylvania (for himself, Mr. TANCREDO, Mr. SIMPSON, and Mr. DUNCAN):

H.R. 5244. A bill to provide for the payment of State taxes on the sale of cigarettes and motor fuel by tribal retail enterprises to persons that are not members of the tribe, and for other purposes; to the Committee on Resources.

By Mr. ANDREWS:

H.R. 5245. A bill to amend the Railroad Retirement Act of 1974 to eliminate a limitation on benefits; to the Committee on Transportation and Infrastructure.

By Mr. ANDREWS:

H.R. 5246. A bill to amend title XVIII of the Social Security Act to require home health agencies participating in the Medicare Program to conduct criminal background checks for all applicants for employment as patient care providers; to the Committee on Ways and Means, and in addition to the Committee on Commerce, 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 Mr. BALDACCI (for himself and Mr. COBURN):

H.R. 5247. A bill to amend the Federal Food, Drug, and Cosmetic Act to provide greater access to affordable pharmaceuticals; to the Committee on Commerce.

By Mr. BONIOR:

H.R. 5248. A bill to require the Secretary of Health and Human Services to promulgate regulations regarding allowable costs under the Medicaid Program for school based services provided to children with disabilities; to the Committee on Commerce.

By Mr. BRADY of Pennsylvania (for himself and Ms. VELAZQUEZ):

H.R. 5249. A bill to amend the Small Business Act to direct the Administrator of the Small Business Administration to establish a vocational and technical entrepreneurship development demonstration program; to the Committee on Small Business.

By Mr. GEORGE MILLER of California (for himself, Mrs. ROUKEMA, Mr. FROST, and Mr. GILMAN):

H.R. 5250. A bill to provide assistance to mobilize and support United States communities in carrying out youth development programs that assure that all youth have access to programs and services that build the competencies and character development needed to fully prepare the youth to become adults and effective citizens; to the Committee on Education and the Workforce.

By Mr. BURR of North Carolina:

H.R. 5251. A bill to provide for Medicare payment for medically unsurpervised certified registered nurse anesthetists at the same level as nurse anesthetists who are medically supervised if the Medicare regulations permit certified registered nurse anesthetists to provide anesthesia services in hospitals and ambulatory surgical centers without medical supervision; to the Committee on Ways and Means.

By Mr. FRANKS of New Jersey (for himself and Mr. FRELINGHUYSEN):

H.R. 5252. A bill to require the release of petroleum from the Strategic Petroleum Reserve to address the burdens on the citizens of the United States of the anticipated high home heating costs of the winter of 2000–2001; to the Committee on Commerce.

By Mr. GEJDENSON (for himself, Mr. LANTOS, Mrs. LOWEY, Ms. PELOSI, Mr. ACKERMAN, Mr. MCGOVERN, Mr. EVANS, Mr. WEXLER, Mr. KUCINICH, Mr. BERMAN, Mr. CAPUANO, Mr. BLUMENAUER, Mr. HALL of Ohio, Mr. SMITH of New Jersey, Mr. WEYGAND, Mr. FALEOMAVAEGA, Mr. KENNEDY of Rhode Island, Mr. FRANK of Massachusetts, and Mr. HOEFFEL):

H.R. 5253. A bill to provide assistance to East Timor to facilitate the transition of East Timor to an independent nation, and for other purposes; to the Committee on

International Relations, and in addition to the Committees on Banking and Financial Services, and Ways and Means, 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 Mr. ISTOOK:

H.R. 5254. A bill to authorize funds for the planning, design, and construction of the Oklahoma Land Run Memorial in Oklahoma City, Oklahoma; to the Committee on Resources.

By Mr. LAFALCE:

H.R. 5255. A bill to amend the National Housing Act to authorize the Secretary of Housing and Urban Development to make grants to hospitals with mortgages insured under such Act for conversion and re-utilization of excess capacity; to the Committee on Banking and Financial Services.

By Mr. LAFALCE:

H.R. 5256. A bill to prevent the premature shutdown of certain FHA mortgage insurance programs; to the Committee on Banking and Financial Services, and in addition to the Committee on the Budget, 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 Mr. MILLER of Florida:

H.R. 5257. A bill to establish a term limit of ten years for the Director of the Census, and to provide that an individual may not serve more than one term as the Director; to the Committee on Government Reform.

By Mrs. MYRICK (for herself and Mr. DOGGETT):

H.R. 5258. A bill to authorize the President to present a gold medal on behalf of the Congress to Lance Armstrong in recognition of his outstanding performance as two-time winner of the Tour de France and his courageous spirit in overcoming cancer; to the Committee on Banking and Financial Services.

By Mr. NORWOOD (for himself and Mr. COLLINS):

H.R. 5259. A bill to amend the Internal Revenue Code of 1986 to clarify the treatment under the tax-exempt bond rules of pre-payments for certain commodities and of mineral production payments; to the Committee on Ways and Means.

By Mr. PALLONE (for himself, Mr. FROST, Mr. BROWN of Ohio, Ms. CARSON, Mr. MURTHA, and Mr. WAXMAN):

H.R. 5260. A bill to amend the Public Health Service Act to provide for a national system of screening newborn infants for hereditary disorders, and for other purposes; to the Committee on Commerce.

By Ms. ROYBAL-ALLARD (for herself, Mr. HINCHEY, and Ms. CARSON):

H.R. 5261. A bill to authorize the Secretary of Housing and Urban Development to make grants to evaluate and reduce lead-based paint hazards at public elementary schools and licensed child day-care facilities; to the Committee on Commerce, and in addition to the Committee on Education and the Workforce, 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. ROYBAL-ALLARD (for herself, Mrs. MALONEY of New York, Mr. HINCHEY, and Ms. WOOLSEY):

H.R. 5262. A bill to amend the Family and Medical Leave Act of 1993 to allow leave to address domestic violence and its effects, and for other purposes; to the Committee on Ways and Means, and in addition to the Committees on Education and the Workforce, Government Reform, and House Administration, 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 Mr. SOUDER (for himself, Ms. MCKINNEY, Mr. ABERCROMBIE, and Mrs. JONES of Ohio):

H.R. 5263. A bill to require the Secretary of the Interior to conduct a theme study on the peopling of America, and for other purposes; to the Committee on Resources.

By Mr. UDALL of Colorado (for himself, Ms. DEGETTE, Mr. TANCREDO, Mr. SCHAFFER, Mr. HEFLEY, and Mr. MCINNIS):

H.R. 5264. A bill to establish the Rocky Flats National Wildlife Refuge in Colorado, and for other purposes; to the Committee on Resources, and in addition to the Committee on Commerce, 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 Mr. VITTER:

H.R. 5265. A bill to amend the Internal Revenue Code of 1986 to exempt State and local political committees from the notification and reporting requirements made applicable to political organizations by Public Law 106–230; to the Committee on Ways and Means.

By Mr. GRAHAM:

H.J. Res. 108. A joint resolution proposing an amendment to the Constitution of the United States relating to voluntary school prayer; to the Committee on the Judiciary.

By Mr. GILMAN:

H. Con. Res. 405. Concurrent resolution to correct the enrollment of H.R. 4919; considered and agreed to.

By Mrs. MINK of Hawaii:

H. Res. 587. A resolution expressing appreciation to the people of Okinawa for hosting United States defense facilities, commending the Government of Japan for choosing Okinawa as the site for hosting the summit meeting of the G–8 countries, and for other purposes; to the Committee on International Relations.

By Mr. SALMON (for himself, Mr. PAYNE, and Mr. GILMAN):

H. Res. 588. A resolution expressing the sense of the House of Representatives with respect to violations in Western Europe of provisions of the Helsinki Final Act and other international agreements relating to the freedom of individuals to profess and practice religion or belief; to the Committee on International Relations.

MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

472. The SPEAKER presented a memorial of the Senate of the Commonwealth of Massachusetts, relative to Resolution memorializing the Congress of the United States to fully fund the Ricky Ray Hemophillia Relief Fund Act of 1998; to the Committee on the Judiciary.

473. Also, a memorial of House of Representatives of the State of Texas, relative to a resolution memorializing the U.S. House of Representatives to support S. 2668, the ''Family, Work and Immigrant Integration Amendments of 2000''; jointly to the Committees on the Judiciary and Commerce.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII,

Mr. CANNON introduced a bill (H.R. 5266) for the relief of Saeed Rezai; which was referred to the Committee on the Judiciary.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 284: Mr. KENNEDY of Rhode Island, Mrs. JONES of Ohio, Mr. SPENCE, Ms. CARSON, Mr. DIAZ-BALART, and Mr. GILCHREST.

H.R. 460: Mr. WALSH, Mr. LEACH, Mr. CUMMINGS, and Mr. CAMP.

H.R. 534: Mr. MCGOVERN.

H.R. 773: Mr. HOYER.

H.R. 842: Mrs. MYRICK.

H.R. 920: Mr. ROTHMAN.

H.R. 941: Mr. ENGEL.

H.R. 1071: Mr. MORAN of Virginia, Mr. BLAGOJEVICH, and Ms. BALDWIN.

H.R. 1202: Mr. ANDREWS and Mr. DOOLEY of California.

H.R. 1228: Mr. GILCHREST.

H.R. 1690: Mr. LARSON.

H.R. 1795: Ms. DEGETTE.

H.R. 1853: Mr. SHADEGG.

H.R. 2120: Mr. FORD, Mr. TURNER, Mr. LANTOS, and Mr. UDALL of Colorado.

H.R. 2129: Mr. GEKAS, Mr. WATKINS, and Mr. ARCHER.

H.R. 2166: Ms. MCKINNEY, Mrs. MEEK of Florida, Mr. HOEFFEL, and Mr. CARDIN.

H.R. 2242: Mr. TOOMEY.

H.R. 2283: Mr. FILNER.

H.R. 2341: Mr. EVERETT, Mr. ADERHOLT, Mr. CLEMENT, Mr. KING, Mr. HULSHOF, Mr. GRAHAM, and Mr. LATHAM.

H.R. 2446: Mr. KLINK.

H.R. 2451: Mr. MALONEY of Connecticut.

H.R. 2739: Mr. FATTAH.

H.R. 2867: Mr. MILLER of Florida.

H.R. 2893: Mr. SHAW.

H.R. 3249: Mr. DEFAZIO.

H.R. 3749: Mr. SHADEGG.

H.R. 3850: Mr. HUTCHINSON.

H.R. 3896: Mr. FILNER.

H.R. 4001: Mr. HINOJOSA, Mrs. MORELLA, and Mr. ANDREWS.

H.R. 4012: Mr. PALLONE.

H.R. 4013: Mr. PETERSON of Minnesota.

H.R. 4025: Mr. OSE.

H.R. 4046: Mr. BENTSEN and Mr. EHLERS.

H.R. 4149: Mr. TANCREDO.

H.R. 4259: Mr. KINGSTON, Mr. KLECZKA, Mr. LINDER, Mrs. MCCARTHY of New York, Mr. MCHUGH, Mrs. MALONEY of New York, Mr. KNOLLENBERG, Mr. LEVIN, Mr. WEXLER, Mr. GILMAN, Mr. WALSH, Mr. WOLF, Mr. LATHAM, Mr. OXLEY, Mr. PORTMAN, Mr. RAHALL, Mrs. MORELLA, Mr. GOODLING, Ms. PRYCE of Ohio, Mr. SHAW, Mr. SHERMAN, Mrs. CLAYTON, Mr. PITTS, Mrs. TAUSCHER, Mr. PHELPS, Mr. TAUZIN, Mr. SNYDER, Mr. THOMPSON OF Mississippi, Mr. SCOTT, Mr. MINGE, Mr. UNDERWOOD, Mr. VITTER, Mr. TANCREDO, Mr. SCARBOROUGH, Mr. OLVER, Mr. KLINK, Ms. BROWN of Florida, Mr. ROGAN, Mr. STUMP, Mr. SHOWS, Mr. BACHUS, Mr. WEINER, and Mr. BLUNT.

H.R. 4328: Mr. MCNULTY.

H.R. 4493: Mr. SOUDER and Mr. OSE.

H.R. 4503: Mr. CRAMER.

H.R. 4543: Mr. PORTER and Mr. PORTMAN.

H.R. 4590: Ms. SCHAKOWSKY.

H.R. 4715: Mr. NUSSLE.

H.R. 4728: Mr. GOODE, Mr. HASTINGS of Washington, and Mr. CLEMENT.

H.R. 4825: Mr. SNYDER, Mr. WALSH, Mr. PAYNE, Ms. BERKLEY, and Ms. GRANGER.

H.R. 4827: Mr. BILBRAY.

H.R. 4848: Mr. INSLEE and Mr. RUSH.

H.R. 4874: Ms. HOOLEY of Oregon and Mr. ENGLISH.

H.R. 4922: Mr. TAYLOR of North Carolina, Mr. WICKER, Mr. SMITH of Michigan, and Mr. BEREUTER.

H.R. 4969: Mr. FALEOMAVAEGA.

H.R. 4995: Mr. TANNER, Mr. HILLEARY, Mr. MORAN of Kansas, and Mr. GOODE.

H.R. 4996: Mr. TANNER, Mr. BISHOP, Mr. MORAN of Kansas, and Mr. GOODE.

H.R. 4997: Mr. TANNER, Mr. HILLEARY, Mr. MORAN of Kansas, and Mr. GOODE.

H.R. 5005: Mr. GARY MILLER of California, Mr. FILNER, and Ms. ESHOO.

H.R. 5018: Mr. PAUL.

H.R. 5026: Mr. DICKEY and Mr. SANFORD.

H.R. 5028: Mr. SAM JOHNSON of Texas, Mr. SANFORD, Mr. LARGENT, Mr. SOUDER, Mr. JONES of North Carolina, and Mr. RYUN of Kansas.

H.R. 5057: Mr. ABERCROMBIE, Ms. ESHOO, Mr. DEFAZIO, and Mr. KLECZKA.

H.R. 5065: Mr. STARK, Mr. KUCINICH, Mr. MCNULTY, and Mr. MCGOVERN.

H.R. 5098: Ms. DEGETTE.

H.R. 5117: Mr. KUCINICH.

H.R. 5121: Mr. DEUTSCH, Mr. FOLEY, and Mr. MCCOLLUM.

H.R. 5132: Mr. WYNN, Mr. RANGEL, and Mr. MCGOVERN.

H.R. 5137: Mr. FARR of California, Mr. MCGOVERN, Mr. LATOURETTE, Mr. SCARBOROUGH, Mr. FRANK of Massachusetts, and Ms. DANNER.

H.R. 5164: Mr. BARRETT of Wisconsin, Ms. RIVERS, Ms. BERKLEY, and Mr. BLUNT.

H.R. 5165: Mr. ABERCROMBIE.

H.R. 5178: Mr. LATOURETTE, Mr. MCHUGH, Mrs. MORELLA, Mr. MCINTOSH, Mr. HORN, Mr. ENGLISH, Mr. MCCRERY, Mr. BAKER, Mr. DEMINT, and Mr. QUINN.

H.R. 5200: Mr. STENHOLM, Mr. MILLER of Florida, and Mr. GOODE.

H.R. 5222: Mr. TOWNS.

H.J. Res. 107: Mr. BALDACCI, Mr. FROST, and Mr. MCGOVERN.

H. Con. Res. 252: Mr. TOOMEY.

H. Con. Res. 340: Mr. BECERRA.

H. Con. Res. 350: Ms. WOOLSEY, Mr. SABO, Mr. PASCRELL, and Mr. VISCLOSKY.

H. Con. Res. 370: Mr. BECERRA.

H. Con. Res. 392: Mr. WYNN and Mr. DEUTSCH.

H. Con. Res. 395: Mr. GILLMOR.

H. Con. Res. 396: Mr. SCOTT and Mr. BOUCHER.

H. Con. Res. 398: Mr. NEAL of Massachusetts and Mr. BARR of Georgia.

H. Con. Res. 404: Ms. KAPTUR, Mr. ETHERIDGE, Mr. TOOMEY, Mr. SISISKY, Mrs. MYRICK, and Mr. GOODLING.

H. Res. 146: Mr. DOGGETT.