

be proposed by him to the bill S. 1, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 951. Mr. ALEXANDER proposed an amendment to the bill S. 504, to establish academies for teachers and students of American history and civics and a national alliance of teachers of American history and civics, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "American History and Civics Education Act of 2003".

SEC. 2. DEFINITIONS.

In this Act:

(1) **AMERICAN HISTORY AND CIVICS.**—The term "American history and civics" means the key events, key persons, key ideas, and key documents that shaped the institutions and democratic heritage of the United States of America.

(2) **CHAIRMAN.**—The term "Chairman" means the Chairman of the National Endowment for the Humanities.

(3) **EDUCATIONAL INSTITUTION.**—The term "educational institution"—

(A) means—

(i) an institution of higher education;

(ii) an educational institution created by a legislative act of a State for the express purpose of teaching American history and civics to elementary school and secondary school students; or

(iii) a nonprofit educational institution, library, or research center; and

(B) includes a consortium of entities described in subparagraph (A).

(4) **INSTITUTION OF HIGHER EDUCATION.**—The term "institution of higher education" has the meaning given the term in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a)).

(5) **KEY DOCUMENTS.**—The term "key documents" means the documents that established or explained the foundational principles of democracy in the United States, including the United States Constitution and the amendments to the Constitution (particularly the Bill of Rights), the Declaration of Independence, the Federalist Papers, and the Emancipation Proclamation.

(6) **KEY EVENTS.**—The term "key events" means the critical turning points in the history of the United States (including the encounter of Native Americans with European settlers, the American Revolution, the Civil War, the world wars of the twentieth century, the civil rights movement, and the major court decisions, legislation, literature, and the arts) that established democracy and extended its promise in American life.

(7) **KEY IDEAS.**—The term "key ideas" means the ideas that shaped the democratic institutions and heritage of the United States, including the notions of liberty, equal opportunity, individualism, laissez faire, the rule of law, federalism and *e pluribus unum*, the free exercise of religion, the separation of church and state, and a belief in progress.

(8) **KEY PERSONS.**—The term "key persons" means the men and women who led the United States as Founding Fathers, Native American leaders, elected officials, scientists, inventors, pioneers, advocates of equal rights, entrepreneurs, and artists.

(9) **STATE.**—The term "State" means each of the 50 States and the District of Columbia.

(10) **TEACHERS OF AMERICAN HISTORY AND CIVICS.**—The term "teachers of American history and civics" means kindergarten

through grade 12 teachers who teach American history, government, or civics, or who incorporate such subjects into their teaching.

SEC. 3. PRESIDENTIAL ACADEMIES FOR TEACHING OF AMERICAN HISTORY AND CIVICS.

(a) **ESTABLISHMENT.**—From amounts appropriated under subsection (j), the National Endowment for the Humanities shall award grants, on a competitive basis, to educational institutions to establish Presidential Academies for Teaching of American History and Civics (in this section referred to as "Academies") that shall offer workshops for teachers of American history and civics—

(1) to strengthen such teachers' knowledge of the subjects of American history and civics; and

(2) to learn how better to teach such subjects.

(b) **APPLICATION.**—

(1) **IN GENERAL.**—An educational institution that desires to receive a grant under this section shall submit an application to the National Endowment for the Humanities at such time, in such manner, and containing such information as the National Endowment for the Humanities may require.

(2) **CONTENTS.**—An application submitted under paragraph (1) shall—

(A) include the criteria that will be used to determine which teachers will be selected to attend workshops offered by the Academy;

(B) identify the individual the educational institution intends to appoint to be the primary scholar at the Academy;

(C) include a description of the curriculum to be used at workshops offered by the Academy; and

(D) provide an assurance that the recruitment plan for which teachers will be selected to attend workshops offered by the Academy will include teachers from schools receiving assistance under part A of title I of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311 et seq.), particularly those schools with high concentrations of students described in section 1124(c) of such Act.

(c) **NUMBER OF GRANTS.**—The National Endowment for the Humanities shall award not more than 12 grants to different educational institutions under this section.

(d) **DISTRIBUTION.**—The Chairman shall encourage equitable distribution of grants under this section among the geographical regions of the United States.

(e) **GRANT TERMS.**—Grants awarded under this section shall be for a term of 2 years.

(f) **USE OF FUNDS.**—

(1) **WORKSHOPS.**—

(A) **IN GENERAL.**—An educational institution that receives a grant under this section shall establish an Academy that shall offer a workshop during the summer, or during another appropriate time, for teachers of American history and civics—

(i) to strengthen such teachers' knowledge of the subjects of American history and civics; and

(ii) to learn how better to teach such subjects.

(B) **DURATION OF WORKSHOP.**—A workshop offered pursuant to this section shall be approximately 2 weeks in duration.

(2) **ACADEMY STAFF.**—

(A) **PRIMARY SCHOLAR.**—Each Academy shall be headed by a primary scholar identified in the application submitted under subsection (b) who shall—

(i) be accomplished in the field of American history and civics; and

(ii) design the curriculum for and lead the workshop.

(B) **CORE TEACHERS.**—Each primary scholar shall appoint an appropriate number of core

teachers. At the direction of the primary scholar, the core teachers shall teach and train the workshop attendees.

(3) **SELECTION OF TEACHERS.**—

(A) **IN GENERAL.**—

(i) **NUMBER OF TEACHERS.**—Each year, each Academy shall select kindergarten through grade 12 teachers of American history and civics to attend the workshop offered by the Academy.

(ii) **FLEXIBILITY IN NUMBER OF TEACHERS.**—Each Academy shall select not more than 300 and not less than 50 teachers under clause (i).

(B) **TEACHERS FROM PUBLIC AND PRIVATE SCHOOLS.**—An Academy may select teachers from public schools and private schools to attend the workshop offered by the Academy.

(g) **COSTS.**—

(1) **IN GENERAL.**—Except as provided in paragraph (2), a teacher who attends a workshop offered pursuant to this section shall not incur costs associated with attending the workshop, including costs for meals, lodging, and materials while attending the workshop, and may receive a stipend to cover such costs.

(2) **TRAVEL COSTS.**—A teacher who attends a workshop offered pursuant to this section shall use non-Federal funds to pay for such teacher's costs of transit to and from the Academy.

(h) **EVALUATION.**—

(1) **IN GENERAL.**—At the completion of all of the workshops assisted in the third year grants are awarded under this section, the National Endowment for the Humanities shall conduct an evaluation and submit a report on its findings to the relevant committees of Congress.

(2) **CONTENT OF EVALUATION.**—The evaluation conducted pursuant to paragraph (1) shall—

(A) determine the overall success of the grant program authorized under this section; and

(B) highlight the best grantees' practices in order to become models for future grantees.

(i) **NON-FEDERAL FUNDS.**—An educational institution receiving Federal assistance under this section may contribute non-Federal funds toward the costs of operating the Academy.

(j) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$7,000,000 for each of fiscal years 2004 through 2007.

SEC. 4. CONGRESSIONAL ACADEMIES FOR STUDENTS OF AMERICAN HISTORY AND CIVICS.

(a) **ESTABLISHMENT.**—From amounts appropriated under subsection (j), the National Endowment for the Humanities shall award grants, on a competitive basis, to educational institutions to establish Congressional Academies for Students of American History and Civics (in this section referred to as "Academies") that shall offer workshops for outstanding students of American history and civics to broaden and deepen such students' understanding of American history and civics.

(b) **APPLICATION.**—

(1) **IN GENERAL.**—An educational institution that desires to receive a grant under this section shall submit an application to the National Endowment for the Humanities at such time, in such manner, and containing such information as the National Endowment for the Humanities may require.

(2) **CONTENTS.**—An application submitted under paragraph (1) shall—

(A) include the criteria that will be used to determine which students will be selected to attend workshops offered by the Academy;

(B) identify the individual the educational institution intends to appoint to be the primary scholar at the Academy;

(C) include a description of the curriculum to be used at workshops offered by the Academy; and

(D) include a description of how the educational institution will—

(i) inform students from schools receiving assistance under part A of title I of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311 et seq.), particularly those schools with high concentrations of students described in section 1124(c) of such Act, of the Academy; and

(ii) provide such students with information on how to apply to attend workshops offered by the Academy so that such students may attend the workshops.

(C) NUMBER OF GRANTS.—The National Endowment for the Humanities shall award not more than 12 grants to different educational institutions under this section.

(d) DISTRIBUTION.—The Chairman shall encourage equitable distribution of grants under this section among the geographical regions of the United States.

(e) GRANT TERMS.—Grants awarded under this section shall be for a term of 2 years.

(f) USE OF FUNDS.—

(1) WORKSHOPS.—

(A) IN GENERAL.—An educational institution that receives a grant under this section shall establish an Academy that shall offer a workshop during the summer, or during another appropriate time, for outstanding students of American history, government, and civics to broaden and deepen such students' understanding of American history and civics.

(B) DURATION OF WORKSHOP.—A workshop offered pursuant to this section shall be approximately 4 weeks in duration.

(2) ACADEMY STAFF.—

(A) PRIMARY SCHOLAR.—Each Academy shall be headed by a primary scholar identified in the application submitted under subsection (b) who shall—

(i) be accomplished in the field of American history and civics; and

(ii) design the curriculum for and lead the workshop.

(B) CORE TEACHERS.—Each primary scholar shall appoint an appropriate number of core teachers. At the direction of the primary scholar, the core teachers shall teach the workshop attendees.

(3) SELECTION OF STUDENTS.—

(A) NUMBER OF STUDENTS.—Each year, each Academy shall select between 100 and 300 eligible students to attend the workshop offered by the Academy.

(B) ELIGIBLE STUDENTS.—A student shall be eligible to attend a workshop offered by an Academy if the student—

(i) is recommended by the student's secondary school principal (or other head of such student's academic program) to attend the workshop; and

(ii) will be a junior or senior in the academic year following attendance at the workshop.

(g) COSTS.—

(1) IN GENERAL.—Except as provided in paragraph (2), a student who attends a workshop offered pursuant to this section shall not incur costs associated with attending the workshop, including costs for meals, lodging, and materials while attending the workshop.

(2) TRAVEL COSTS.—A student who attends a workshop offered pursuant to this section shall use non-Federal funds to pay for such student's costs of transit to and from the Academy.

(h) EVALUATION.—

(1) IN GENERAL.—At the completion of all of the workshops assisted in the third year grants are awarded under this section, the

National Endowment for the Humanities shall conduct an evaluation and submit a report on its findings to the relevant committees of Congress.

(2) CONTENT OF EVALUATION.—The evaluation conducted pursuant to paragraph (1) shall—

(A) determine the overall success of the grant program authorized under this section; and

(B) highlight the best grantees' practices in order to become models for future grantees.

(i) NON-FEDERAL FUNDS.—An educational institution receiving Federal assistance under this section may contribute non-Federal funds toward the costs of operating the Academy.

(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$14,000,000 for each of fiscal years 2004 through 2007.

SEC. 5. NATIONAL ALLIANCE OF TEACHERS OF AMERICAN HISTORY AND CIVICS.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—From amounts appropriated under subsection (e), the National Endowment for the Humanities shall award 1 or more grants to organizations for the creation of a national alliance of elementary school and secondary school teachers of American history and civics.

(2) PURPOSE.—The purpose of the national alliance is—

(A) to facilitate the sharing of ideas among teachers of American history and civics; and

(B) to encourage best practices in the teaching of American history and civics.

(b) APPLICATION.—An organization that desires to receive a grant under this section shall submit an application to the National Endowment for the Humanities at such time, in such manner, and containing such information as the National Endowment for the Humanities may require.

(c) GRANT TERM.—A grant awarded under this section shall be for a term of 2 years and may be reapplied after the initial term expires.

(d) USE OF FUNDS.—An organization that receives a grant under this section may use the grant funds for any of the following:

(1) Creation of a website on the Internet to facilitate discussion of new ideas on improving American history and civics education.

(2) Creation of in-State chapters of the national alliance, to which individual teachers of American history and civics may belong, that sponsors American history and civics activities for such teachers in the State.

(3) Seminars, lectures, or other events focused on American history and civics, which may be sponsored in cooperation with, or through grants awarded to, libraries, States' humanities councils, or other appropriate entities.

(4) Coordinate activities with other non-profit educational alliances that promote the teaching or study of subjects related to American history and civics.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, and for any administrative costs associated with carrying out sections 3 and 4, \$4,000,000 for each of fiscal years 2004 through 2007.

SA 952. Mrs. CLINTON submitted an amendment intended to be proposed by her to the bill S. 1 to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

On page 76, line 20, strike "The" and insert "Except to the extent necessary to provide

eligible beneficiaries already enrolled in a Medicare Prescription Drug plan with the choice of avoiding disruption by remaining enrolled in that plan, the".

SA 953. Mrs. CLINTON submitted an amendment intended to be proposed by her to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

On page 608, between lines 10 and 11, insert the following:

SEC. ____ TRAINING FOR LONG-TERM CARE OMBUDSMAN.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Administration on Aging and in consultation with the Director of the Agency for Healthcare Research and Quality and the Administrator of the Centers for Medicare & Medicaid Services, shall authorize a program, to be developed and implemented by the National Long-Term Care Ombudsman Resource Center, for the training of long-term care ombudsmen in the use of quality of care information.

(b) TRAINING.—Under the program developed under subsection (a), training shall be provided to long-term care ombudsman to enable such ombudsman to educate consumers concerning—

(1) nursing home quality of care issues;

(2) available nursing home quality of care reports, including existing quality data that the Administrator of the Centers for Medicare & Medicaid Services has released for use by the public in choosing long-term care facilities; and

(3) the manner in which an individual can successfully integrate quality information into health care decision making regarding nursing home decisions.

(c) DUTIES OF RESOURCE CENTER.—The National Long-Term Care Ombudsman Resource Center shall—

(1) develop and maintain a curriculum for ombudsmen;

(2) develop, produce, and maintain training materials;

(3) conduct train-the-trainer programs at regional and national levels; and

(4) act as a clearinghouse for best practices in communicating the significance of nursing home quality indicators to residents and their caregivers.

(d) PILOT PROGRAMS.—The Secretary of Health and Human Services shall award grants for the establishment of 1-year pilot demonstration programs in 10 States using long-term care ombudsmen to educate consumers regarding home health care quality. Such pilot demonstration programs shall test the effectiveness of having a committed position within the State dedicated to helping consumers use home health care quality indicators.

(e) REPORT.—Not later than 18 months after the date of enactment of this Act, and annually thereafter, the Secretary of Health and Human Services shall submit to Congress a report concerning the effectiveness of the program established under this section, including the benefits of providing for dedicated staff who are responsible for educating consumers to use home health quality indicators in their health care decision-making.

(f) AUTHORIZATION.—In addition to any other amounts authorized to be appropriate for long-term care ombudsman programs, there are authorized to be appropriated to carry out this section \$4,000,000 for fiscal year 2004 (of which \$1,000,000 shall be used to

carry out subsection (d), and \$2,000,000 for each fiscal year thereafter.

SA 954. Mrs. CLINTON submitted an amendment intended to be proposed by her to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

On page 46, between lines 13 and 14, insert the following:

“(i) HEALTH LITERACY STANDARDS.—

“(1) IN GENERAL.—For purposes of assisting eligible entities in providing quality assurance measures as described in subsection (c)(1)(B), the Secretary, acting through the Director of the Agency for Healthcare Research and Quality, the Administrator of Health Resources and Services Administration, the Director of the National Library of Medicine, and the Commissioner of Food and Drugs, shall develop standardized materials that pharmacists may use to assist non-English speaking or functionally illiterate patients in the safe and appropriate use of prescription drugs. Such materials may include the use of pictures and the development of standardized translations in multiple languages of prescription labels and bottle labels and other patient safety initiative information. Such materials shall be available electronically for direct access by pharmacists.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection, such sums as may be necessary for each of fiscal years 2004 and 2005.

SA 955. Mr. CORZINE submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle A of title I, add the following:

SEC. ____ CONFORMING CHANGES REGARDING FEDERALLY QUALIFIED HEALTH CENTERS.

(a) PERMITTING FQHCs TO FILL PRESCRIPTIONS.—Section 1861(aa)(3) (42 U.S.C. 1395x(aa)(3)) is amended—

(1) in subparagraph (A), by striking “and” after the comma at the end;

(2) in subparagraph (B), by inserting “and” after the comma at the end; and

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

“(C) drugs and biologicals for which payment may otherwise be made under this title.”.

(b) ELIMINATION OF PER VISIT LIMIT.—Section 1833(a)(3) (42 U.S.C. 1395l(a)(3)) is amended by inserting “, except that such regulations may not limit the per visit payment amount with regard to drugs and biologicals described in section 1861(aa)(3)(C) and purchased under section 340B of the Public Health Service Act” after “the Secretary may prescribe in regulations”.

SA 956. Mr. GRAHAM of Florida proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare

program, and for other purposes; as follows:

On page 107, between lines 19 and 20, insert the following:

“(d) BENEFICIARY NOT RESPONSIBLE FOR PAYING APPLICABLE PERCENT OF THE MONTHLY NATIONAL AVERAGE PREMIUM WHILE THE BENEFICIARY IS IN THE COVERAGE GAP.—

“(1) IN GENERAL.—Notwithstanding subsection (c), if an individual, with respect to any period of a year, has reached the initial coverage limit under paragraph (3) of section 1860D-6(c) for the year but has not reached the annual out-of-pocket limit under paragraph (4) of such section for the year, the applicable percent under subsection (c) during such period shall be zero.

“(2) PROCESS.—The Administrator shall establish a process for carrying out paragraph (1). Under such process, the Administrator shall—

“(A) require eligible entities offering Medicare Prescription Drug plans, Medicare Advantage organizations offering Medicare Advantage plans that provide qualified prescription drug coverage, and entities with a contract under section 1860D-13(e) to furnish the Administrator with such information as the Administrator determines necessary to carry out paragraph (1); and

“(B) furnish the Commissioner of Social Security with such information as the Administrator determines necessary to collect the appropriate monthly beneficiary obligation pursuant to section 1860D-18.

At the end of subtitle C of title IV, insert the following:

SEC. ____ MEDICARE SECONDARY PAYOR (MSP) PROVISIONS.

(a) TECHNICAL AMENDMENT CONCERNING SECRETARY'S AUTHORITY TO MAKE CONDITIONAL PAYMENT WHEN CERTAIN PRIMARY PLANS DO NOT PAY PROMPTLY.—

(1) IN GENERAL.—Section 1862(b)(2) (42 U.S.C. 1395y(b)(2)) is amended—

(A) in subparagraph (A)(ii), by striking “promptly (as determined in accordance with regulations)”;

(B) in subparagraph (B)—

(i) by redesignating clauses (i) through (iii) as clauses (ii) through (iv), respectively; and

(ii) by inserting before clause (ii), as so redesignated, the following new clause:

“(i) AUTHORITY TO MAKE CONDITIONAL PAYMENT.—The Secretary may make payment under this title with respect to an item or service if a primary plan described in subparagraph (A)(ii) has not made or cannot reasonably be expected to make payment with respect to such item or service promptly (as determined in accordance with regulations). Any such payment by the Secretary shall be conditioned on reimbursement to the appropriate Trust Fund in accordance with the succeeding provisions of this subsection.”.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall be effective as if included in the enactment of title III of the Medicare and Medicaid Budget Reconciliation Amendments of 1984 (Public Law 98-369).

(b) CLARIFYING AMENDMENTS TO CONDITIONAL PAYMENT PROVISIONS.—Section 1862(b)(2) (42 U.S.C. 1395y(b)(2)) is further amended—

(1) in subparagraph (A), in the matter following clause (ii), by inserting the following sentence at the end: “An entity that engages in a business, trade, or profession shall be deemed to have a self-insured plan if it carries its own risk (whether by a failure to obtain insurance, or otherwise) in whole or in part.”;

(2) in subparagraph (B)(ii), as redesignated by subsection (a)(2)(B)—

(A) by striking the first sentence and inserting the following: “A primary plan, and

an entity that receives payment from a primary plan, shall reimburse the appropriate Trust Fund for any payment made by the Secretary under this title with respect to an item or service if it is demonstrated that such primary plan has or had a responsibility to make payment with respect to such item or service. A primary plan's responsibility for such payment may be demonstrated by a judgment, a payment conditioned upon the recipient's compromise, waiver, or release (whether or not there is a determination or admission of liability) of payment for items or services included in a claim against the primary plan or the primary plan's insured, or by other means.”; and

(B) in the final sentence, by striking “on the date such notice or other information is received” and inserting “on the date notice of, or information related to, a primary plan's responsibility for such payment or other information is received”; and

(3) in subparagraph (B)(iii), as redesignated by subsection (a)(2)(B), by striking the first sentence and inserting the following: “In order to recover payment made under this title for an item or service, the United States may bring an action against any or all entities that are or were required or responsible (directly, as an insurer or self-insurer, as a third-party administrator, as an employer that sponsors or contributes to a group health plan, or large group health plan, or otherwise) to make payment with respect to the same item or service (or any portion thereof) under a primary plan. The United States may, in accordance with paragraph (3)(A) collect double damages against any such entity. In addition, the United States may recover under this clause from any entity that has received payment from a primary plan or from the proceeds of a primary plan's payment to any entity.”.

(c) CLERICAL AMENDMENTS.—Section 1862(b) (42 U.S.C. 1395y(b)) is amended—

(1) in paragraph (1)(A), by moving the indentation of clauses (ii) through (v) 2 ems to the left; and

(2) in paragraph (3)(A), by striking “such” before “paragraphs”.

SA 957. Mr. DAYTON submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place insert the following:

SEC. ____ LIMITATION ON PRESCRIPTION DRUG BENEFITS OF MEMBERS OF CONGRESS.

(a) LIMITATION ON BENEFITS.—Notwithstanding any other provision of law, during calendar year 2004, the actuarial value of the prescription drug benefit of any Member of Congress enrolled in a health benefits plan under chapter 89 of title 5, United States Code, may not exceed the actuarial value of any prescription drug benefit under title XVIII of the Social Security Act passed by the 1st session of the 108th Congress and enacted in law.

(b) REGULATIONS.—The Office of Personnel Management shall promulgate regulations to carry out this section.

SA 958. Mr. KERRY proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug

coverage under the medicare program, and for other purposes; as follows:

On page 204, after line 22, insert the following:

SEC. ____ . ACCESS TO DISCOUNTED PRESCRIPTION DRUGS.

(a) IN GENERAL.—From amounts made available under subsection (c), the Secretary of Health and Human Services shall award grants to covered entities described in section 340B(a)(4) of the Public Health Service Act (42 U.S.C. 256b(a)(4)) to enable such entities to pay the start-up costs associated with the establishment of pharmacies to provide covered drugs under such section 340B.

(b) APPLICATION.—To be eligible to receive a grant under subsection (a), a covered entity shall prepare and submit to the Secretary of Health and Human Services an application at such time, in such manner, and containing such information as the Secretary may require.

(c) FUNDING.—The following sums are appropriated, out of any money in the Treasury not otherwise appropriated to the Prescription Drug Account established under section 1860DD-25 of the Social Security Act, \$300,000,000 to carry out this section. Amounts made available under this subsection shall become available October 1, 2004, and shall remain available until expended.

SA 959. Mrs. LINCOLN submitted an amendment intended to be proposed by her to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

At the end of subtitle B of title IV, add the following:

SEC. ____ . MEDICARE DEMONSTRATION PROJECT FOR DIRECT ACCESS TO PHYSICAL THERAPY SERVICES.

(a) IN GENERAL.—The Secretary shall conduct a demonstration project under this section (in this section referred to as the “project”) to demonstrate the impact of allowing medicare fee-for-service beneficiaries direct access to outpatient physical therapy services and physical therapy services furnished as comprehensive rehabilitation facility services on—

(1) costs under the medicare program under title XVIII of the Social Security Act; and

(2) the satisfaction of beneficiaries receiving such services.

(b) DEADLINE FOR ESTABLISHMENT; DURATION; SITES.—

(1) DEADLINE.—The Secretary shall establish the project not later than 1 year after the date of enactment of this Act.

(2) DURATION; SITES.— The project shall—

(A) be conducted for a period of 3 years;

(B) include sites in at least 5 States; and

(C) to the extent feasible, be conducted on a statewide basis in each State included under subparagraph (B).

(3) EARLY TERMINATION.—Notwithstanding paragraph (2)(A), the Secretary may terminate the operation of the project at a site before the end of the 3-year period specified in such paragraph if the Secretary determines, based on actual data, that the total amount expended for all services under this title for individuals at such site for a 12-month period are greater than the total amount that would have been expended for such services for such individuals for such period but for the operation of the project at such site.

(c) WAIVER OF MEDICARE REQUIREMENTS.—The Secretary shall waive compliance with such requirements of the medicare program under title XVIII of the Social Security Act

to the extent and for the period the Secretary finds necessary to conduct the demonstration project.

(d) EVALUATIONS AND REPORTS.—

(1) EVALUATIONS.—

(A) IN GENERAL.—The Secretary shall conduct interim and final evaluations of the project.

(B) FOCUS.—The evaluations conducted under paragraph (1) shall—

(i) focus on the impact of the project on program costs under title XVIII of the Social Security Act and patient satisfaction with health care items and services for which payment is made under such title; and

(ii) include comparisons, with respect to episodes of care involving direct access to physical therapy services and episodes of care involving a physician referral for such services, of—

(I) the average number of claims paid per episode for outpatient physical therapy services and physical therapy services furnished as comprehensive outpatient rehabilitation facility services;

(II) the average number of physician office visits per episode; and

(III) the average expenditures under such title per episode.

(2) INTERIM AND FINAL REPORTS.—The Secretary shall submit to the Committee on Finance of the Senate and the Committees on Ways and Means and Energy and Commerce of the House of Representatives reports on the evaluations conducted under paragraph (1) by—

(A) in the case of the report on the interim evaluation, not later than the end of the second year the project has been in operation; and

(B) in the case of the report on the final evaluation, not later than 180 days after the closing date of the project.

(3) FUNDING FOR EVALUATION.—There are authorized to be appropriated such sums as may be necessary to provide for the evaluations and reports required by this subsection.

(e) DEFINITIONS.—In this section:

(1) COMPREHENSIVE OUTPATIENT REHABILITATION SERVICES.—Subject to paragraph (2), the term “comprehensive outpatient rehabilitation services” has the meaning given to such term in section 1861(cc) of the Social Security Act (42 U.S.C. 1395x(cc)).

(2) DIRECT ACCESS.—The term “direct access” means, with respect to outpatient physical therapy services and physical therapy services furnished as comprehensive outpatient rehabilitation facility services, coverage of and payment for such services in accordance with the provisions of title XVIII of the Social Security Act, except that sections 1835(a)(2), 1861(p), and 1861(cc) of such Act (42 U.S.C. 1395n(a)(2), 1395x(p), and 1395x(cc), respectively) shall be applied—

(A) without regard to any requirement that—

(i) an individual be under the care of (or referred by) a physician; or

(ii) services be provided under the supervision of a physician; and

(B) by allowing a physician or a qualified physical therapist to satisfy any requirement for—

(i) certification and recertification; and

(ii) establishment and periodic review of a plan of care.

(3) FEE-FOR-SERVICE MEDICARE BENEFICIARY.—The term “fee-for-service medicare beneficiary” means an individual who—

(A) is enrolled under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.); and

(B) is not enrolled in—

(i) a Medicare+Choice plan under part C of such title (42 U.S.C. 1395w-21 et seq.);

(ii) a plan offered by an eligible organization under section 1876 of such Act (42 U.S.C. 1395mm);

(iii) a program of all-inclusive care for the elderly (PACE) under section 1894 of such Act (42 U.S.C. 1395eee); or

(iv) a social health maintenance organization (SHMO) demonstration project established under section 4018(b) of the Omnibus Budget Reconciliation Act of 1987 (Public Law 100-203).

(4) OUTPATIENT PHYSICAL THERAPY SERVICES.—Subject to paragraph (2), the term “outpatient physical therapy services” has the meaning given to such term in section 1861(p) of the Social Security Act (42 U.S.C. 1395x(p)), except that such term shall not include the speech-language pathology services described in the fourth sentence of such section.

(5) PHYSICIAN.—The term “physician” has the meaning given to such term in section 1861(r)(1) of such Act (42 U.S.C. 1395x(r)(1)).

(6) QUALIFIED PHYSICAL THERAPIST.—The term “qualified physical therapist” has the meaning given to such term for purposes of section 1861(p) of such Act (42 U.S.C. 1395x(p)), as in effect on the date of enactment of this Act.

SA 960. Mr. DAYTON submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle A of title V, add the following:

SEC. ____ . STREAMLINING AND SIMPLIFICATION OF MEDICARE REGULATIONS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall conduct an analysis of the regulations issued under title XVIII of the Social Security Act and related laws in order to determine how such regulations may be streamlined and simplified to increase the efficiency and effectiveness of the medicare program without harming beneficiaries or providers and to decrease the burdens the medicare payment systems impose on both beneficiaries and providers.

(b) REDUCTION IN REGULATIONS.—The Secretary, after completion of the analysis under subsection (a), shall direct the rewriting of the regulations described in subsection (a) in such a manner as to—

(1) reduce the number of words comprising all regulations by at least two-thirds by October 1, 2004, and

(2) ensure the simple, effective, and efficient operation of the medicare program.

(c) APPLICATION OF THE PAPERWORK REDUCTION ACT.—The Secretary shall apply the provisions of chapter 35 of title 44, United States Code (commonly known as the “Paperwork Reduction Act”) to the provisions of this Act to ensure that any regulations issued to implement this Act are written in plain language, are streamlined, promote the maximum efficiency and effectiveness of the medicare and medicaid programs without harming beneficiaries or providers, and minimize the burdens the payment systems affected by this Act impose on both beneficiaries and providers.

SA 961. Mrs. MURRAY submitted an amendment intended to be proposed by her to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program,

and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle A of title II, add the following:

SEC. . . . IMPROVEMENTS IN MEDICAREADVANTAGE BENCHMARK DETERMINATIONS.

(a) REVISION OF NATIONAL AVERAGE USED IN CALCULATION OF BLEND.—Section 1853(c)(4)(B)(i)(II) (42 U.S.C. 1395w-23(c)(4)(B)(i)(II)), as amended by section 203, is amended by inserting “who are enrolled in a MedicareAdvantage plan” after “the average number of medicare beneficiaries”.

(b) CHANGE IN BUDGET NEUTRALITY.—Section 1853(c) (42 U.S.C. 1395w-23(c)), as amended by section 203, is amended—

(1) in paragraph (1)(A)—

(A) in clause (ii), by striking the comma at the end and inserting a period; and

(B) by striking the flush matter following clause (ii); and

(2) by striking paragraph (5).

(c) INCLUSION OF COSTS OF DOD AND VA MILITARY FACILITY SERVICES TO MEDICARE-ELIGIBLE BENEFICIARIES IN CALCULATION OF MEDICARE+CHOICE PAYMENT RATES.—

(1) FOR PURPOSES OF CALCULATING MEDICARE+CHOICE PAYMENT RATES.—Section 1853(c)(3) (42 U.S.C. 1395w-23(c)(3)), as amended by section 203, is amended—

(A) in subparagraph (A), by striking “subparagraph (B)” and inserting “subparagraphs (B) and (E)”; and

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

“(E) INCLUSION OF COSTS OF DOD AND VA MILITARY FACILITY SERVICES TO MEDICARE-ELIGIBLE BENEFICIARIES.—In determining the area-specific Medicare+Choice capitation rate under subparagraph (A) for a year (beginning with 2006), the annual per capita rate of payment for 1997 determined under section 1876(a)(1)(C) shall be adjusted to include in the rate the Secretary’s estimate, on a per capita basis, of the amount of additional payments that would have been made in the area involved under this title if individuals entitled to benefits under this title had not received services from facilities of the Department of Defense or the Department of Veterans Affairs.”.

(2) FOR PURPOSES OF CALCULATING LOCAL FEE-FOR-SERVICE RATES.—Section 1853(d)(5) (42 U.S.C. 1395w-23(d)(5)), as amended by section 203, is amended—

(A) in subparagraph (A), by striking “subparagraph (B)” and inserting “subparagraphs (B) and (C)”; and

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

“(C) INCLUSION OF COSTS OF DOD AND VA MILITARY FACILITY SERVICES TO MEDICARE-ELIGIBLE BENEFICIARIES.—In determining the local fee-for-service rate under subparagraph (A) for a year (beginning with 2006), the annual per capita rate of payment for 1997 determined under section 1876(a)(1)(C) shall be adjusted to include in the rate the Secretary’s estimate, on a per capita basis, of the amount of additional payments that would have been made in the area involved under this title if individuals entitled to benefits under this title had not received services from facilities of the Department of Defense or the Department of Veterans Affairs.”.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on and after January 1, 2006.

SA 962. Mr. SMITH (for himself and Mr. BINGAMAN) submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make im-

provements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VI, insert the following:

SEC. . . . REIMBURSEMENT FOR FEDERALLY QUALIFIED HEALTH CENTERS PARTICIPATING IN MEDICARE MANAGED CARE.

(a) REIMBURSEMENT.—

(1) IN GENERAL.—Section 1833(a)(3) (42 U.S.C. 1395f(a)(3)) is amended to read as follows:

“(3) in the case of services described in section 1832(a)(2)(D)—

“(A) except as provided in subparagraph (B), the costs which are reasonable and related to the cost of furnishing such services or which are based on such other tests of reasonableness as the Secretary may prescribe in regulations, including those authorized under section 1861(v)(1)(A), less the amount a provider may charge as described in clause (ii) of section 1866(a)(2)(A), but in no case may the payment for such services (other than for items and services described in section 1861(s)(10)(A)) exceed 80 percent of such costs; or

“(B) with respect to the services described in clause (ii) of section 1832(a)(2)(D) that are furnished to an individual enrolled with a MedicareAdvantage plan under part C pursuant to a written agreement described in section 1853(j), the amount by which—

“(i) the amount of payment that would have otherwise been provided under subparagraph (A) (calculated as if ‘100 percent’ were substituted for ‘80 percent’ in such subparagraph) for such services if the individual had not been so enrolled; exceeds

“(ii) the amount of the payments received under such written agreement for such services (not including any financial incentives provided for in such agreement such as risk pool payments, bonuses, or withholds),

less the amount the Federally qualified health center may charge as described in section 1857(e)(3)(C);”.

(b) CONTINUATION OF MEDICAREADVANTAGE MONTHLY PAYMENTS.—

(1) IN GENERAL.—Section 1853 (42 U.S.C. 1395w-23), as amended by this Act, is amended by adding at the end the following new subsection:

“(j) PAYMENT RULE FOR FEDERALLY QUALIFIED HEALTH CENTER SERVICES.—If an individual who is enrolled with a MedicareAdvantage plan under this part receives a service from a Federally qualified health center that has a written agreement with such plan for providing such a service (including any agreement required under section 1857(e)(3))—

“(1) the Secretary shall pay the amount determined under section 1833(a)(3)(B) directly to the Federally qualified health center not less frequently than quarterly; and

“(2) the Secretary shall not reduce the amount of the monthly payments to the MedicareAdvantage plan made under section 1853(a) as a result of the application of paragraph (1).”.

(2) CONFORMING AMENDMENTS.—

(A) Paragraphs (1) and (2) of section 1851(i) (42 U.S.C. 1395w-21(i)(1)), as amended by this Act, are each amended by inserting “1853(j),” after “1853(i),”.

(B) Section 1853(c)(5) is amended by striking “subsections (a)(3)(C)(iii) and (i)” and inserting “subsections (a)(3)(C)(iii), (i), and (j)(1).”.

(c) ADDITIONAL MEDICAREADVANTAGE CONTRACT REQUIREMENTS.—Section 1857(e) (42 U.S.C. 1395w-27(e)) is amended by adding at the end the following new paragraph:

“(3) AGREEMENTS WITH FEDERALLY QUALIFIED HEALTH CENTERS.—

“(A) PAYMENT LEVELS AND AMOUNTS.—A contract under this part shall require the MedicareAdvantage plan to provide, in any contract between the plan and a Federally qualified health center, for a level and amount of payment to the Federally qualified health center for services provided by such health center that is not less than the level and amount of payment that the plan would make for such services if the services had been furnished by a provider of services that was not a Federally qualified health center.

“(B) COST-SHARING.—Under the written agreement described in subparagraph (A), a Federally qualified health center must accept the MedicareAdvantage contract price plus the Federal payment provided for in section 1833(a)(3)(B) as payment in full for services covered by the contract, except that such a health center may collect any amount of cost-sharing permitted under the contract under this part, so long as the amounts of any deductible, coinsurance, or copayment comply with the requirements under section 1854(e).”.

(d) SAFE HARBOR FROM ANTICKICKBACK PROHIBITION.—Section 1128B(b)(3) (42 U.S.C. 1320a-7b(b)(3)) is amended—

(1) in subparagraph (E), by striking “and” after the semicolon at the end;

(2) in subparagraph (F), by striking the period at the end and inserting “; and”; and

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

“(G) any remuneration between a Federally qualified health center (or an entity controlled by such a health center) and a MedicareAdvantage plan pursuant to the written agreement described in section 1853(j).”.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to services provided on or after January 1, 2006, and contract years beginning on or after such date.

SA 963. Mrs. LINCOLN (for herself, Mr. CONRAD, Mr. MILLER, and Mr. CARPER) proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

On page 83, strike lines 1 through 7, and insert the following:

“(5) CONTRACT TO BE AVAILABLE IN DESIGNATED AREA FOR 2 YEARS.—Notwithstanding paragraph (1), if the Administrator enters into a contract with an entity with respect to an area designated under subparagraph (B) of such paragraph for a year, the following rules shall apply:

“(A) The contract shall be for a 2-year period.

“(B) The Secretary is not required to make the determination under paragraph (1)(A) with respect to the second year of the contract for the area.

“(C) During the second year of the contract, an eligible beneficiary residing in the area may continue to receive standard prescription drug coverage (including access to negotiated prices for such beneficiaries pursuant to section 1860D-6(e)) under such contract or through any Medicare Prescription Drug plan that is available in the area.

At the end of title VI, add the following:

SEC. . . . MEDICARE SECONDARY PAYOR (MSP) PROVISIONS.

(a) TECHNICAL AMENDMENT CONCERNING SECRETARY’S AUTHORITY TO MAKE CONDITIONAL PAYMENT WHEN CERTAIN PRIMARY PLANS DO NOT PAY PROMPTLY.—

(1) IN GENERAL.—Section 1862(b)(2) (42 U.S.C. 1395y(b)(2)) is amended—

(A) in subparagraph (A)(ii), by striking “promptly (as determined in accordance with regulations)”;

(B) in subparagraph (B)—

(i) by redesignating clauses (i) through (iii) as clauses (ii) through (iv), respectively; and

(ii) by inserting before clause (ii), as so redesignated, the following new clause:

“(i) **AUTHORITY TO MAKE CONDITIONAL PAYMENT.**—The Secretary may make payment under this title with respect to an item or service if a primary plan described in subparagraph (A)(ii) has not made or cannot reasonably be expected to make payment with respect to such item or service promptly (as determined in accordance with regulations). Any such payment by the Secretary shall be conditioned on reimbursement to the appropriate Trust Fund in accordance with the succeeding provisions of this subsection.”.

(2) **EFFECTIVE DATE.**—The amendments made by paragraph (1) shall be effective as if included in the enactment of title III of the Medicare and Medicaid Budget Reconciliation Amendments of 1984 (Public Law 98-369).

(b) **CLARIFYING AMENDMENTS TO CONDITIONAL PAYMENT PROVISIONS.**—Section 1862(b)(2) (42 U.S.C. 1395y(b)(2)) is further amended—

(1) in subparagraph (A), in the matter following clause (ii), by inserting the following sentence at the end: “An entity that engages in a business, trade, or profession shall be deemed to have a self-insured plan if it carries its own risk (whether by a failure to obtain insurance, or otherwise) in whole or in part.”;

(2) in subparagraph (B)(ii), as redesignated by subsection (a)(2)(B)—

(A) by striking the first sentence and inserting the following: “A primary plan, and an entity that receives payment from a primary plan, shall reimburse the appropriate Trust Fund for any payment made by the Secretary under this title with respect to an item or service if it is demonstrated that such primary plan has or had a responsibility to make payment with respect to such item or service. A primary plan’s responsibility for such payment may be demonstrated by a judgment, a payment conditioned upon the recipient’s compromise, waiver, or release (whether or not there is a determination or admission of liability) of payment for items or services included in a claim against the primary plan or the primary plan’s insured, or by other means.”; and

(B) in the final sentence, by striking “on the date such notice or other information is received” and inserting “on the date notice of, or information related to, a primary plan’s responsibility for such payment or other information is received”; and

(3) in subparagraph (B)(iii), as redesignated by subsection (a)(2)(B), by striking the first sentence and inserting the following: “In order to recover payment made under this title for an item or service, the United States may bring an action against any or all entities that are or were required or responsible (directly, as an insurer or self-insurer, as a third-party administrator, as an employer that sponsors or contributes to a group health plan, or large group health plan, or otherwise) to make payment with respect to the same item or service (or any portion thereof) under a primary plan. The United States may, in accordance with paragraph (3)(A) collect double damages against any such entity. In addition, the United States may recover under this clause from any entity that has received payment from a primary plan or from the proceeds of a primary plan’s payment to any entity.”.

(c) **CLERICAL AMENDMENTS.**—Section 1862(b) (42 U.S.C. 1395y(b)) is amended—

(1) in paragraph (1)(A), by moving the indentation of clauses (ii) through (v) 2 ems to the left; and

(2) in paragraph (3)(A), by striking “such” before “paragraphs”.

SA 964. Mr. BAUCUS (for Mr. JEFFORDS) proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

Beginning on page 8, strike line 1 and all that follows through page 9, line 2, and insert the following:

“(A) **IN GENERAL.**—Except as provided in subparagraphs (B), (C), and (D), the term ‘covered drug’ means—

“(i) a drug that may be dispensed only upon a prescription and that is described in clause (i) or (ii) of subparagraph (A) of section 1927(k)(2);

“(ii) a smoking cessation agent that is approved under section 505 of the Federal Food, Drug, and Cosmetic Act as a non-prescription drug and is dispensed upon a prescription;

“(iii) a biological product described in clauses (i) through (iii) of subparagraph (B) of section 1927(k)(2); or

“(iv) insulin described in subparagraph (C) of such section;

and such term includes a vaccine licensed under section 351 of the Public Health Service Act and any use of a covered drug for a medically accepted indication (as defined in section 1927(k)(6)).

“(B) **EXCLUSIONS.**—

“(i) **IN GENERAL.**—The term ‘covered drug’ does not include drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under section 1927(d)(2), other than subparagraphs (E) and (G) thereof insofar as they relate to smoking cessation agents, or under section 1927(d)(3).

SA 965. Mr. BAUCUS (for Mr. JEFFORDS) proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

At the end of subtitle B of title IV, add the following:

SEC. . COUNCIL FOR TECHNOLOGY AND INNOVATION.

Section 1868 (42 U.S.C. 1395ee), as amended by section 534, is amended—

(1) by adding at the end of the heading the following: “; COUNCIL FOR TECHNOLOGY AND INNOVATION”; and

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

“(c) **COUNCIL FOR TECHNOLOGY AND INNOVATION.**—

“(1) **ESTABLISHMENT.**—The Secretary shall establish a Council for Technology and Innovation within the Centers for Medicare & Medicaid Services (in this section referred to as ‘CMS’).

“(2) **COMPOSITION.**—The Council shall be composed of senior CMS staff and clinicians and shall be chaired by the Executive Coordinator for Technology and Innovation (as appointed or designated under paragraph (4)).

“(3) **DUTIES.**—The Council shall coordinate the activities of coverage, coding, and payment processes with respect to new technologies and procedures, including new drug

therapies, under this title in order to expedite patient access to new technologies and therapies.

“(4) **EXECUTIVE COORDINATOR FOR TECHNOLOGY AND INNOVATION.**—The Secretary shall appoint (or designate) a noncareer appointee (as defined in section 3132(a)(7) of title 5, United States Code) who shall serve as the Executive Coordinator for Technology and Innovation. Such executive coordinator shall report to the Administrator of CMS, shall chair the Council, shall oversee the execution of its duties, shall serve as a single point of contact for outside groups and entities regarding the coverage, coding, and payment processes under this title, and shall prepare reports to Congress required under section 1869(f)(7).”.

SA 966. Mr. CRAIG submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

At the appropriate place in title VI, insert the following:

SEC. . RESTORATION OF FEDERAL HOSPITAL INSURANCE TRUST FUND.

(a) **DEFINITIONS.**—In this section:

(1) **CLERICAL ERROR.**—The term “clerical error” means the failure that occurred on April 15, 2001, to have transferred the correct amount from the general fund of the Treasury to the Trust Fund.

(2) **TRUST FUND.**—The term “Trust Fund” means the Federal Hospital Insurance Trust Fund established under section 1817 of the Social Security Act (42 U.S.C. 1395i).

(b) **CORRECTION OF TRUST FUND HOLDINGS.**—

(1) **IN GENERAL.**—Not later than 120 days after the date of enactment of this Act, the Secretary of the Treasury shall take the actions described in paragraph (2) with respect to the Trust Fund with the goal being that, after such actions are taken, the holdings of the Trust Fund will replicate, to the extent practicable in the judgment of the Secretary of the Treasury, in consultation with the Secretary of Health and Human Services, the holdings that would have been held by the Trust Fund if the clerical error had not occurred.

(2) **OBLIGATIONS ISSUED AND REMEDIED.**—The Secretary of the Treasury shall—

(A) issue to the Trust Fund obligations under chapter 31 of title 31, United States Code, that bear issue dates, interest rates, and maturity dates that are the same as those for the obligations that—

(i) would have been issued to the Trust Fund if the clerical error had not occurred; or

(ii) were issued to the Trust Fund and were redeemed by reason of the clerical error; and

(B) redeem from the Trust Fund obligations that would have been redeemed from the Trust Fund if the clerical error had not occurred.

(c) **APPROPRIATION.**—Not later than 120 days after the date of enactment of this Act, there is appropriated to the Trust Fund, out of any money in the Treasury not otherwise appropriated, an amount determined by the Secretary of the Treasury, in consultation with the Secretary of Health and Human Services, to be equal to the interest income lost by the Trust Fund through the date on which the appropriation is being made as a result of the clerical error.

SA 967. Mr. BAUCUS (for Mr. HARKIN) proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in

the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

At the end of subtitle B of title IV, add the following:

SEC. —. IMPROVED PAYMENT FOR CERTAIN MAMMOGRAPHY SERVICES.

(a) EXCLUSION FROM OPD FEE SCHEDULE.—Section 1833(t)(1)(B)(iv) (42 U.S.C. 13951(t)(1)(B)(iv)) is amended by inserting before the period at the end the following: “and does not include screening mammography (as defined in section 1861(jj)) and unilateral and bilateral diagnostic mammography”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to mammography performed on or after January 1, 2004.

SA 968. Mr. BAUCUS (for Mr. HARKIN) proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

At the end of subtitle B of title IV, add the following:

SEC. —. REIMBURSEMENT FOR TOTAL BODY ORTHOTIC MANAGEMENT FOR CERTAIN NURSING HOME PATIENTS.

(a) IN GENERAL.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall issue product codes that qualified practitioners and suppliers may use to receive reimbursement under section 1834(h) of the Social Security Act (42 U.S.C. 1395m(h)) for qualified total body orthotic management devices used for the treatment of nonambulatory individuals with severe musculoskeletal conditions who are in the full-time care of skilled nursing facilities (as defined in section 1861(j) of such Act (42 U.S.C. 1395x(j))). In issuing such codes, the Secretary shall take all steps necessary to prevent fraud and abuse.

(b) QUALIFIED TOTAL BODY ORTHOTIC MANAGEMENT DEVICE.—For purposes of this section, the term “qualified total body orthotic management device” means a medically-prescribed device which—

(1) consists of custom fitted individual braces with adjustable points at the hips, knee, ankle, elbow, and wrist, but only if—

(A) the individually adjustable braces are attached to a frame which is an integral component of the device and cannot function or be used apart from the frame; and

(B) the frame is designed such that it serves no purpose without the braces; and

(2) is designed to—

(A) improve function;

(B) retard progression of musculoskeletal deformity; or

(C) restrict, eliminate, or assist in the functioning of lower and upper extremities and pelvic, spinal, and cervical regions of the body affected by injury, weakness, or deformity,

of an individual for whom stabilization of affected areas of the body, or relief of pressure points, is required for medical reasons.

SA 969. Mr. BAUCUS (for Mr. DODD) proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

At the end of subtitle C of title II, add the following:

SEC. —. PERMITTING CONTINUOUS OPEN ENROLLMENT AND DISENROLLMENT UNDER MEDICARE PARTS C AND D UNTIL 2008.

(a) UNDER MEDICARE PRESCRIPTION DRUG PLANS.—Subclause (II) of section 1860D-3(a)(1)(A)(i), as added by section 101, is amended to read as follows:

“(II)(aa) during 2006 and 2007, may change an election under this clause at any time; and

“(bb) during 2008 or a subsequent year, may make an annual election to change the election under this clause.”.

(b) UNDER MEDICARE ADVANTAGE PLANS.—Section 1851(e) (42 U.S.C. 1395w-21(e)), as amended by section 201, is amended—

(1) in paragraph (2)(A), by striking “THROUGH 2005” and “December 31, 2005” and inserting “THROUGH 2007” and “December 31, 2007”; respectively;

(2) in the heading of paragraph (2)(B), by striking “DURING 2006” and inserting “DURING 2008”;

(3) in paragraph (2)(B)(i), by striking “2006” and inserting “2008” each place it appears;

(4) in paragraph (2)(C)(i), by striking “2007” and inserting “2009” each place it appears;

(5) in paragraph (2)(D), by striking “2006” and inserting “2008”; and

(6) in paragraph (4), by striking “2006” and inserting “2008” each place it appears.

SA 970. Mr. BAUCUS (for Mr. DODD) proposed an amendment to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; as follows:

Section 1860D-19(a) of the Social Security Act, as added by section 101, is amended by adding at the end the following new paragraph:

“(5) REDUCTION OF COST-SHARING FOR ADDITIONAL LOW-INCOME BENEFICIARIES.—

“(A) IN GENERAL.—In the case of an additional low-income beneficiary (as defined in subparagraph (B)), such individual shall be responsible for cost-sharing for the cost of any covered drug provided in the year (after the individual has reached the initial coverage limit described in section 1860D-6(c)(3) and before the individual has reached the annual out-of-pocket limit under section 1860D-6(c)(4)(A)), that is equal to 50.0 percent.

“(B) ADDITIONAL LOW-INCOME BENEFICIARY.—Subject to subparagraph (H), the term ‘additional low-income beneficiary’ means an individual—

“(i) who is enrolled under this part, including an individual who is enrolled under a Medicare Advantage plan;

“(ii) whose income is at least 160 percent, but not more than 250 percent, of the poverty line; and

“(iii) who is not—

“(I) a qualified medicare beneficiary;

“(II) a specified low-income medicare beneficiary;

“(III) a qualifying individual;

“(IV) a subsidy-eligible individual; or

“(V) a dual eligible individual.

SA 971. Mr. BINGAMAN submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle C of title II, add the following:

SEC. —. CARVING OUT DSH PAYMENTS FROM PAYMENTS TO MEDICARE+CHOICE AND MEDICARE ADVANTAGE ORGANIZATIONS AND PAYING THE AMOUNTS DIRECTLY TO DSH HOSPITALS ENROLLING MEDICARE+CHOICE AND MEDICARE ADVANTAGE ENROLLEES.

(a) REMOVAL OF DSH PAYMENTS FROM CALCULATION OF ADJUSTED AVERAGE PER CAPITA COST.—

(1) UNDER MEDICARE+CHOICE.—Section 1853(c)(3) (42 U.S.C. 1395w-23(c)(3)) and as amended by section 203) is amended—

(A) in subparagraph (A), by striking “subparagraph (B)” and inserting “subparagraphs (B) and (E)”; and

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

“(E) REMOVAL OF PAYMENTS ATTRIBUTABLE TO DISPROPORTIONATE SHARE PAYMENTS FROM CALCULATION OF ADJUSTED AVERAGE PER CAPITA COST.—For each year (beginning with 2004), the area-specific Medicare+Choice capitation rate under subparagraph (A)(ii) shall be adjusted to exclude from such rate the portion of such rate that the Secretary estimates is attributable to additional payment amounts described in section 1886(d)(5)(F) (treating hospitals reimbursed under section 1814(b)(3) as if such hospitals were reimbursed under section 1886).”.

(2) UNDER MEDICARE ADVANTAGE.—Section 1853(a)(5) (as amended by section 203) is amended by adding at the end the following new subparagraph:

“(C) REMOVAL OF PAYMENTS ATTRIBUTABLE TO DISPROPORTIONATE SHARE PAYMENTS FROM CALCULATION OF ADJUSTED AVERAGE PER CAPITA COST.—For each year (beginning with 2004), the area-specific Medicare+Choice capitation rate under subparagraph (A)(ii) shall be adjusted to exclude from such rate the portion of such rate that the Secretary estimates is attributable to additional payment amounts described in section 1886(d)(5)(F) (treating hospitals reimbursed under section 1814(b)(3) as if such hospitals were reimbursed under section 1886).”.

(3) EFFECTIVE DATES.—The amendments made—

(A) by paragraph (1) shall apply to plan years beginning on and after January 1, 2004 and shall continue to apply to plan years beginning on and after January 1, 2006; and

(B) by paragraph (2) shall apply to plan years beginning on and after January 1, 2006.

(b) ADDITIONAL DSH PAYMENTS FOR MANAGED CARE ENROLLEES.—Section 1886(d)(5)(F) ((42 U.S.C. 1395ww(d)(5)(F)) is amended—

(1) in clause (ii), by striking “clause (ix)” and inserting “clauses (ix) and (xvi)”; and

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

“(xvi)(I) For portions of cost reporting periods occurring on or after January 1, 2004, the Secretary shall provide for an additional payment amount for each applicable discharge of any subsection (d) hospital that is a disproportionate share hospital (as described in clause (i)).

“(II) For purposes of this clause the term ‘applicable discharge’ means the discharge of any individual who is enrolled under a risk-sharing contract with an eligible organization under section 1876 and who is entitled to benefits under part A and any individual who is enrolled with a Medicare+Choice organization or a Medicare Advantage organization under part C.

“(III) The amount of the payment under this clause with respect to any applicable discharge shall be equal to the estimated average per discharge amount that would otherwise have been paid under this subparagraph if the individuals had not been enrolled as described in subclause (II).

“(IV) The Secretary shall establish rules for paying an additional amount for any hospital reimbursed under a reimbursement system authorized under 1814(b)(3) if such hospital would qualify as a disproportionate share hospital under clause (i) were it not so reimbursed. Such payment shall be determined in the same manner as the amount of payment is determined under this clause for disproportionate share hospitals.”.

SA 972. Mr. BINGAMAN submitted an amendment intended to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VI, insert the following:
SEC. ____ REIMBURSEMENT FOR FEDERALLY QUALIFIED HEALTH CENTERS PARTICIPATING IN MEDICARE MANAGED CARE.

(a) REIMBURSEMENT.—

(1) IN GENERAL.—Section 1833(a)(3) (42 U.S.C. 1395j(a)(3)) is amended to read as follows:

“(3) in the case of services described in section 1832(a)(2)(D)—

“(A) except as provided in subparagraph (B), the costs which are reasonable and related to the cost of furnishing such services or which are based on such other tests of reasonableness as the Secretary may prescribe in regulations, including those authorized under section 1861(v)(1)(A), less the amount a provider may charge as described in clause (ii) of section 1866(a)(2)(A), but in no case may the payment for such services (other than for items and services described in section 1861(s)(10)(A)) exceed 80 percent of such costs; or

“(B) with respect to the services described in clause (ii) of section 1832(a)(2)(D) that are furnished to an individual enrolled with a MedicareAdvantage plan under part C pursuant to a written agreement described in section 1853(j), the amount by which—

“(i) the amount of payment that would have otherwise been provided under subparagraph (A) (calculated as if ‘100 percent’ were substituted for ‘80 percent’ in such subparagraph) for such services if the individual had not been so enrolled; exceeds

“(ii) the amount of the payments received under such written agreement for such services (not including any financial incentives provided for in such agreement such as risk pool payments, bonuses, or withholds), less the amount the Federally qualified health center may charge as described in section 1857(e)(3)(C);”.

(b) CONTINUATION OF MEDICAREADVANTAGE MONTHLY PAYMENTS.—

(1) IN GENERAL.—Section 1853 (42 U.S.C. 1395w-23), as amended by this Act, is amended by adding at the end the following new subsection:

“(j) PAYMENT RULE FOR FEDERALLY QUALIFIED HEALTH CENTER SERVICES.—If an individual who is enrolled with a MedicareAdvantage plan under this part receives a service from a Federally qualified health center that has a written agreement with such plan for providing such a service (including any agreement required under section 1857(e)(3))—

“(1) the Secretary shall pay the amount determined under section 1833(a)(3)(B) directly to the Federally qualified health center not less frequently than quarterly; and

“(2) the Secretary shall not reduce the amount of the monthly payments to the MedicareAdvantage plan made under section 1853(a) as a result of the application of paragraph (1).”.

(2) CONFORMING AMENDMENTS.—

(A) Paragraphs (1) and (2) of section 1851(i) (42 U.S.C. 1395w-21(i)(1)), as amended by this Act, are each amended by inserting “1853(j),” after “1853(i).”.

(B) Section 1853(c)(5) is amended by striking “subsections (a)(3)(C)(iii) and (i)” and inserting “subsections (a)(3)(C)(iii), (i), and (j)(1).”.

(C) ADDITIONAL MEDICAREADVANTAGE CONTRACT REQUIREMENTS.—Section 1857(e) (42 U.S.C. 1395w-27(e)) is amended by adding at the end the following new paragraph:

“(3) AGREEMENTS WITH FEDERALLY QUALIFIED HEALTH CENTERS.—

“(A) PAYMENT LEVELS AND AMOUNTS.—A contract under this part shall require the MedicareAdvantage plan to provide, in any contract between the plan and a Federally qualified health center, for a level and amount of payment to the Federally qualified health center for services provided by such health center that is not less than the level and amount of payment that the plan would make for such services if the services had been furnished by a provider of services that was not a Federally qualified health center.

“(B) COST-SHARING.—Under the written agreement described in subparagraph (A), a Federally qualified health center must accept the MedicareAdvantage contract price plus the Federal payment provided for in section 1833(a)(3)(B) as payment in full for services covered by the contract, except that such a health center may collect any amount of cost-sharing permitted under the contract under this part, so long as the amounts of any deductible, coinsurance, or copayment comply with the requirements under section 1854(e).”.

(d) SAFE HARBOR FROM ANTICKICKBACK PROHIBITION.—Section 1128B(b)(3) (42 U.S.C. 1320a-7b(b)(3)) is amended—

(1) in subparagraph (E), by striking “and” after the semicolon at the end;

(2) in subparagraph (F), by striking the period at the end and inserting “; and”; and

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

“(G) any remuneration between a Federally qualified health center (or an entity controlled by such a health center) and a MedicareAdvantage plan pursuant to the written agreement described in section 1853(j).”.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to services provided on or after January 1, 2006, and contract years beginning on or after such date.

SA 973. Mr. BINGAMAN submitted an amendment to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title IV, insert the following:

SEC. ____ AUTHORIZATION OF REIMBURSEMENT FOR ALL MEDICARE PART B SERVICES FURNISHED BY CERTAIN INDIAN HOSPITALS AND CLINICS.

(a) IN GENERAL.—Section 1880(e) (42 U.S.C. 1395qq(e)) is amended—

(1) in paragraph (1)(A), by striking “for services described in paragraph (2)” and inserting “for all items and services for which payment may be made under such part”; and

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to items

and services furnished on or after October 1, 2004.

SA 974. Mr. GRASSLEY (for himself, Mr. LEAHY, Ms. CANTWELL, Mr. DURBIN, and Mr. KOHL) submitted an amendment to be proposed by him to the bill S. 1, to amend title XVIII of the Social Security Act to make improvements in the medicare program, to provide prescription drug coverage under the medicare program, and for other purposes; which was ordered to lie on the table; as follows:

At the end of the amendment, insert the following:

TITLE ____—DRUG COMPETITION ACT OF 2003

SEC. ____01. SHORT TITLE.

This title may be cited as the “Drug Competition Act of 2003”.

SEC. ____02. FINDINGS.

Congress finds that—

(1) prescription drug prices are increasing at an alarming rate and are a major worry of many senior citizens and American families;

(2) there is a potential for companies with patent rights regarding brand name drugs and companies which could manufacture generic versions of such drugs to enter into financial deals that could tend to restrain trade and greatly reduce competition and increase prescription drug expenditures for American citizens; and

(3) enhancing competition among these companies can significantly reduce prescription drug expenditures for Americans.

SEC. ____03. PURPOSES.

The purposes of this title are—

(1) to provide timely notice to the Department of Justice and the Federal Trade Commission regarding agreements between companies with patent rights regarding brand name drugs and companies which could manufacture generic versions of such drugs; and

(2) by providing timely notice, to enhance the effectiveness and efficiency of the enforcement of the antitrust and competition laws of the United States.

SEC. ____04. DEFINITIONS.

In this title:

(1) ANDA.—The term “ANDA” means an Abbreviated New Drug Application, as defined under section 201(aa) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(aa)).

(2) ASSISTANT ATTORNEY GENERAL.—The term “Assistant Attorney General” means the Assistant Attorney General in charge of the Antitrust Division of the Department of Justice.

(3) BRAND NAME DRUG.—The term “brand name drug” means a drug approved under section 505(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(c)).

(4) BRAND NAME DRUG COMPANY.—The term “brand name drug company” means the party that received Food and Drug Administration approval to market a brand name drug pursuant to an NDA, where that drug is the subject of an ANDA, or a party owning or controlling enforcement of any patent listed in the Approved Drug Products With Therapeutic Equivalence Evaluations of the Food and Drug Administration for that drug, under section 505(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)).

(5) COMMISSION.—The term “Commission” means the Federal Trade Commission.

(6) GENERIC DRUG.—The term “generic drug” means a product that the Food and Drug Administration has approved under section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)).

(7) GENERIC DRUG APPLICANT.—The term “generic drug applicant” means a person

who has filed or received approval for an ANDA under section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)).

(8) NDA.—The term “NDA” means a New Drug Application, as defined under section 505(b) et seq. of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b) et seq.)

SEC. 05. NOTIFICATION OF AGREEMENTS.

(a) IN GENERAL.—

(1) REQUIREMENT.—A generic drug applicant that has submitted an ANDA containing a certification under section 505(j)(2)(vii)(IV) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(2)(vii)(IV)) and a brand name drug company that enter into an agreement described in paragraph (2), prior to the generic drug that is the subject of the application entering the market, shall each file the agreement as required by subsection (b).

(2) DEFINITION.—An agreement described in this paragraph is an agreement regarding—

(A) the manufacture, marketing or sale of the brand name drug that is the subject of the generic drug applicant’s ANDA;

(B) the manufacture, marketing or sale of the generic drug that is the subject of the generic drug applicant’s ANDA; or

(C) the 180-day period referred to in section 505(j)(5)(B)(iv) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(5)(B)(iv)) as it applies to such ANDA or to any other ANDA based on the same brand name drug.

(b) FILING.—

(1) AGREEMENT.—The generic drug applicant and the brand name drug company entering into an agreement described in subsection (a)(2) shall file with the Assistant Attorney General and the Commission the text of any such agreement, except that the generic drug applicant and the brand-name drug company shall not be required to file an agreement that solely concerns—

(A) purchase orders for raw material supplies;

(B) equipment and facility contracts;

(C) employment or consulting contracts; or

(D) packaging and labeling contracts.

(2) OTHER AGREEMENTS.—The generic drug applicant and the brand name drug company entering into an agreement described in subsection (a)(2) shall file with the Assistant Attorney General and the Commission the text of any other agreements not described in subsection (a)(2) between the generic drug applicant and the brand name drug company which are contingent upon, provide a contingent condition for, or are otherwise related to an agreement which must be filed under this title.

(3) DESCRIPTION.—In the event that any agreement required to be filed by paragraph (1) or (2) has not been reduced to text, both the generic drug applicant and the brand name drug company shall file written descriptions of the non-textual agreement or agreements that must be filed sufficient to reveal all of the terms of the agreement or agreements.

SEC. 06. FILING DEADLINES.

Any filing required under section 5 shall be filed with the Assistant Attorney General and the Commission not later than 10 business days after the date the agreements are executed.

SEC. 07. DISCLOSURE EXEMPTION.

Any information or documentary material filed with the Assistant Attorney General or the Commission pursuant to this title shall be exempt from disclosure under section 552 of title 5, and no such information or documentary material may be made public, except as may be relevant to any administrative or judicial action or proceeding. Nothing in this section is intended to prevent disclosure to either body of Congress or to any

duly authorized committee or subcommittee of the Congress.

SEC. 08. ENFORCEMENT.

(a) CIVIL PENALTY.—Any brand name drug company or generic drug applicant which fails to comply with any provision of this title shall be liable for a civil penalty of not more than \$11,000, for each day during which such entity is in violation of this title. Such penalty may be recovered in a civil action brought by the United States, or brought by the Commission in accordance with the procedures established in section 16(a)(1) of the Federal Trade Commission Act (15 U.S.C. 56(a)).

(b) COMPLIANCE AND EQUITABLE RELIEF.—If any brand name drug company or generic drug applicant fails to comply with any provision of this title, the United States district court may order compliance, and may grant such other equitable relief as the court in its discretion determines necessary or appropriate, upon application of the Assistant Attorney General or the Commission.

SEC. 09. RULEMAKING.

The Commission, with the concurrence of the Assistant Attorney General and by rule in accordance with section 553 of title 5 United States Code, consistent with the purposes of this title—

(1) may define the terms used in this title;

(2) may exempt classes of persons or agreements from the requirements of this title; and

(3) may prescribe such other rules as may be necessary and appropriate to carry out the purposes of this title.

SEC. 10. SAVINGS CLAUSE.

Any action taken by the Assistant Attorney General or the Commission, or any failure of the Assistant Attorney General or the Commission to take action, under this title shall not bar any proceeding or any action with respect to any agreement between a brand name drug company and a generic drug applicant at any time under any other provision of law, nor shall any filing under this title constitute or create a presumption of any violation of any antitrust or competition laws.

SEC. 11. EFFECTIVE DATE.

This title shall—

(1) take effect 30 days after the date of enactment of this title; and

(2) shall apply to agreements described in section 05 that are entered into 30 days after the date of enactment of this title.

NOTICES OF HEARINGS/MEETINGS

COMMITTEE ON RULES AND ADMINISTRATION

Mr. LOTT. Mr. President, I wish to announce that the Committee on Rules and Administration will meet on Tuesday, June 24, 2003, at 9:30 a.m., in room 301 of the Russell Office Building, to consider the markup of pending legislative and administrative business, including any other items that may be ready for consideration.

For further information concerning this meeting, please contact Susan Wells at 202-224-6352.

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Mr. COCHRAN. Mr. President, the Committee on Agriculture, Nutrition and Forestry will hold a full committee hearing on Thursday, June 26, 2003, at 9 a.m., in SR-328A, Russell Senate Office Building. The purpose of this hearing is to review H.R. 1904, the Healthy Forests Restoration Act of

2003. Witnesses to be announced at a later date.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. THOMAS. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on Friday, June 20, 2003, at 9:30 a.m., in closed session to receive briefing on Iraqi reconstruction and humanitarian assistance activities.

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

PRIVILEGE OF THE FLOOR

Mr. GRAHAM. Mr. President, I ask unanimous consent that Mr. James Holloway, Derrick Walters, and Mindy Yergin, interns and members of my staff, be granted floor privileges during the consideration of this legislation.

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

MEASURE PLACED ON CALENDAR—H.R. 8

Mr. FRIST. Mr. President, I understand that H.R. 8 is at the desk and is due for a second reading.

The PRESIDING OFFICER. The clerk will read the bill for a second time.

The assistant legislative clerk read as follows:

A bill (H.R. 8) to make the repeal of the estate tax permanent.

Mr. FRIST. I ask unanimous consent that the Senate proceed to the measure and I object to further proceeding.

The PRESIDING OFFICER. Objection is heard. The bill will be placed on the calendar.

AMENDING THE COMMUNICATIONS SATELLITE OF 1962

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of H.R. 2312.

The PRESIDING OFFICER. The clerk will state the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 2312) to amend the Communications Satellite of 1962 to provide for an orderly dilution of the ownership interest in Inmarsat by former signatories to the Inmarsat Operations Agreement.

There being no objection, the Senate proceeded to the bill.

Mr. FRIST. Mr. President, I ask unanimous consent that the bill be read the third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

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

The bill (H.R. 2312) was read the third time and passed.