

foreign oil, and throwing our trade balance askew.

This legislation will help our independent producers running marginal wells stay in business. Much more needs to be done, but this bill will help relax the heavy hand of government on an ailing industry. As pointed out this morning, the current administration stepped in to help the straw broom industry when less than a hundred jobs were at risk. It's time this Congress takes a stand, and hopefully the administration will join us, in supporting an industry where tens of thousands of jobs, our national security, and our economic well-being are all being placed at risk.●

By Mr. JEFFORDS (for himself, Mr. FRIST, Mr. DEWINE, Mr. ENZI, Mr. HUTCHINSON, Ms. COLLINS, Mr. BROWNBACK, Mr. HAGEL, and Mr. SESSIONS);

S. 326. A bill to improve the access and choice of patients to quality, affordable health care, to the Committee on Health, Education, Labor, and Pensions.

PATIENTS' BILL OF RIGHTS

● Mr. JEFFORDS. Mr. President, today, I am proud to join with eight other members of the Committee on Health, Education, Labor, and Pensions in introducing the "Patients' Bill of Rights." I think it is solid legislation that will result in a greatly improved health care system for Americans.

As Chairman of the Committee on Health, Education, Labor, and Pensions, with its jurisdiction of private health insurance and public health programs, I anticipate that the Committee will have an active health care agenda during the 106th Congress, including early consideration of patient protection legislation. In fact, on January 20th, the Committee held a hearing on the Department of Labor's proposed rules on health plan information requirements and internal and external appeals rights.

Last week's hearing builds on the foundation of 14 related hearings, which my Committee held during the 105th Congress. These included 11 hearings related to the issues of health care quality, confidentiality, genetic discrimination, and the Health Care Financing Administration's (HCFA) implementation of its new health insurance responsibilities. And Senator BILL FRIST's Public Health and Safety Subcommittee held three hearings on the work of the Agency for Health Care Policy and Research (AHCPR). Each of these hearings helped us in developing the separate pieces of legislation that are reflected in our "Patients' Bill of Rights."

People need to know what their plan will cover and how they will get their health care. The "Patients' Bill of Rights" requires full information dis-

closure by an employer about the health plans he or she offers to employees. Patients also need to know how adverse decisions by the plan can be appealed, both internally and externally, to an independent medical reviewer.

The limited set of standards under the Employee Retirement and Income Security Act (ERISA) may have worked well for the simple payment of health insurance claims under the fee-for-service system in 1974. We have moved from a system where an individual received a treatment or procedure, and the bill was simply paid. In our current system, an individual frequently obtains authorization before a treatment or procedure can be provided. And it is in the context of these changes that ERISA needs to be amended in order to give participants and beneficiaries the right to appeal adverse coverage or medical necessity decisions to an independent medical expert.

Under the "Patients' Bill of Rights," enrollees will get timely decisions about what will be covered. Furthermore, if an individual disagrees with the plan's decision, that individual may appeal the decision to an independent, external reviewer. The reviewer's decision will be binding on the health plan. However, the patient maintains his or her current rights to go to court. Timely utilization decisions and a defined process for appealing such decisions is the key to restoring trust in the health care system.

Another important provision of the "Patients' Bill of Rights" would limit the collection and use of predictive genetic information by group health plans and health insurance companies. As our body of scientific knowledge about genetics increases, so, too, do the concerns about how this information may be used. There is no question that our understanding of genetics has brought us to a new future. Our challenge as a Congress is to quickly enact legislation to help ensure that our society reaps the full health benefits of genetic testing, and also to put to rest any concerns that the information will be used as a new tool to discriminate against specific ethnic groups or individual Americans.

Our legislation addresses these concerns by prohibiting group health plans and health insurance companies in all markets from adjusting premiums on the basis of predictive genetic information; and it prohibits group health plans and health insurance companies from requesting predictive genetic information as a condition of enrollment.

Many of our colleagues argue that the current accountability structure of ERISA is insufficient to protect patients from bad decisions made by health plans. They would like to hold health plans accountable by removing the ERISA preemption and allowing

group health plans to be sued in State court for damages resulting from personal injury or for wrongful death due to "the treatment of or the failure to treat a mental illness or disease."

Mr. President, patients already have the right to sue their health plan in State court. Patients can sue health plans for personal injury or wrongful death resulting from the delivery of substandard care or the failure to diagnose and properly treat an illness or disease. Furthermore, the courts have determined that health plans can be held liable for having policies that encourage providers to deliver inadequate medical care.

You simply cannot sue your way to better health. We believe that patients need to get the care they need when they need it. In the "Patients' Bill of Rights," we make sure each patient is afforded every opportunity to have the right treatment decision made by health care professionals. And, we make sure that a patient can appeal an adverse decision to an independent medical expert outside the health plan. This approach, Mr. President, puts teeth into ERISA and will assure that patients get the care they need. Prevention, not litigation, is the best medicine.

As the Health and Education Committee works on health care quality legislation, I will keep in mind three goals. First, to give families the protections they want and need. Second, to ensure that medical decisions are made by physicians in consultation with their patients. And, finally, to keep the cost of this legislation low, so that it displaces no one from getting health care coverage.

Our goal is to give Americans the protections they want and need in a package that they can afford and that we can enact. This is why I hope the "Patients' Bill of Rights" we have introduced today will be enacted and signed into law by the President.●

By Mr. HAGEL (for himself, Mr. DODD, Mr. DORGAN, Mr. GRAMS, Mr. HARKIN, Mr. LUGAR, Mr. ROBERTS, and Mr. WARNER):

S. 327. A bill to exempt agricultural products, medicines, and medical products from U.S. economic sanctions; to the Committee on Foreign Relations.

FOOD AND MEDICINE SANCTION RELIEF ACT OF 1999

● Mr. HAGEL. Mr. President, today Senator DODD and I are introducing the Food and Medicine Sanctions Relief Act of 1999. Joining us as cosponsors are our colleagues Senators DORGAN, GRAMS, HARKIN, LUGAR, ROBERTS, and WARNER.

This bill makes the simple statement that we should not include food and medicine in any unilateral sanction or embargo we may place on another

country. Food and medicine are the most fundamental of human needs. Food and medicine should have no place in any sanctions we may impose on other countries because we do not like the policies of an aggressive or oppressive government.

We have gone too far in imposing unilateral economic sanctions on other nations. Sanctions can be a tool of foreign policy, but too often then have become a substitute for foreign policy.

From 1993 to 1996, the United States imposed 61 unilateral economic sanctions on 35 nations. We now have some form of sanctions on more than half of the world's population. It is time that we say "no more." This legislation says that we will no longer use farm policy as a foreign policy weapon.

The pace of change today is unprecedented in modern history, and maybe all of history. Trade, and particularly the trade in food and medicine, is the common denominator that ties together the nations of the world. American exports of food and medicine acts to build bridges around the world. It strengthens ties between people and demonstrates the basic humanitarian impulse of the American people.

We live in a dynamic, interconnected world. Sanctions without the support of our allies only hurt us. And from a foreign policy perspective, unilateral sanctions rarely achieve their goal. Their real harm is on U.S. producers. It's estimated that sanctions cost the U.S. economy more than \$20 billion each year. If a nation can't purchase products from the United States, particularly agricultural products, other nations are more than ready to fill the needs of those markets.

American agriculture and the U.S. government must send a strong message to our customers and our competitors around the world—our agricultural producers are going to be consistent and reliable suppliers of quality and plentiful agricultural products.

Once foreign agricultural markets are lost—for whatever reason—it can take decades to restore them. In 1973, the U.S. banned soybean exports to Japan. What did that accomplish? It turned Brazil into a significant soybean producer, and America has never fully recovered its soybean market share in Japan . . . and for good reasons, because it raised questions about the reliability of America as an agricultural supplier. Another example is that the Soviet grain embargo of 1979 cost the U.S. \$2.3 billion in lost farm exports and USDA compensation to farmers. When the U.S. cut off sales of wheat to protest the Soviet invasion of Afghanistan, France, Canada, Australia and Argentina stepped in to claim this market and the former Soviet states have been timid buyers of U.S. farm products ever since.

This is also the right thing to do. It's beneath this great nation to withhold

medicine and food as a tool to implement its foreign policy. We are the most powerful nation on earth. Removing these items from the U.S. arsenal of economic sanctions will say to the poor and hungry of the world that they will not have to suffer the consequences of their government's actions.

I am from a Midwestern state, a large agriculture exporting state. But there is not a farmer or rancher in Nebraska who would say, "I would trade America's national or security interests just to sell more corn or beef." That is not the question. The question is whether we should place a humanitarian hardship on the people of other countries because of the actions of their governments. Doing this does not advance our country's interests. In fact, it hurts our national interest, just as it intensifies the hardship being faced today by America's agricultural producers.

History has shown, Mr. President, that trade and commerce does more to change attitudes and alter behaviors over time than any one thing. Why? It improves diets; it improves standards of living; it opens societies; it exposes people who lived under totalitarian rule to the concepts of personal freedom, economic freedom, and individual choice.

Ultimately, sanctions and embargoes mostly isolate ourselves. Trade embargoes isolate those who impose them. This bill is an important step forward, and is a part of the larger debate this Congress on the role of the U.S. in the world and how we intend to engage in the world. Trade is the keystone of our global engagement.

Mr. President, I encourage my colleagues to support this legislation, and to engage in the debate over the role of unilateral economic sanctions in American foreign policy.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 327

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Food and Medicine Sanctions Relief Act of 1999".

SEC. 2. PURPOSE.

It is the purpose of this Act to exempt agricultural products, medicines and medical equipment from U.S. economic sanctions.

SEC. 3. FINDINGS.

(1) Prohibiting or otherwise restricting the donations or sales of food, other agricultural products, medicines or medical equipment in order to sanction a foreign government for actions or policies that the United States finds objectionable unnecessarily harms innocent populations in the targeted country and rarely causes the sanctioned government to alter its actions or policies.

(2) For the United States as a matter of U.S. policy to deny access to United States

food, other agricultural products, medicines, and medical equipment by innocent men, women and children in other countries weakens the international leadership and moral authority of the United States.

(3) Sanctions on the sale or donations of American food, other agricultural products, medicine or medical equipment needlessly harm American farmers and workers employed in these sectors by foreclosing markets for these United States products.

SEC. 4. EXCLUSION FROM SANCTIONS.

(1) Notwithstanding any other provision of law, the President shall not restrict or otherwise prohibit any exports (including financing) of food, other agricultural products (including fertilizer), medicines or medical equipment as part of any policy of existing or future unilateral economic sanctions imposed against a foreign government.

(2) Exceptions. Section 4(1) of this Act shall not apply to any regulations or restrictions of such products for health or safety purposes or during periods of domestic shortages of such products.

SEC. 5. EFFECTIVE DATE.

(1) The provisions of this Act shall become effective upon the enactment of this Act.●

By Mr. SMITH of New Hampshire:
S. 328. A bill to make permanent the moratorium on the imposition of taxes on the Internet; to the Committee on Commerce, Science, and Transportation.

INTERNET CONSUMER PROTECTION LEGISLATION
● Mr. SMITH of New Hampshire. Mr. President, last year, we enacted a three-year moratorium on new Internet sales taxes. Today, I am introducing a bill that would make this moratorium permanent.

Internet commerce has exploded in recent years. For example, U.S. sales on the Internet last year totaled \$8 billion. This last Christmas season was about three times as busy as the previous one, with consumers spending about \$3 billion on goods purchased over the Internet. A recent survey of American adults by the Pew Research Center suggests that 41% of American adults now use the Internet.

For Americans who live in remote areas, such as residents of New Hampshire's North Country, the Internet offers major advantages. They now can shop by computer instead of driving several hours to the urban shopping malls or Main Street businesses. As noted by economist Larry Kudlow, other potential Internet shoppers include the elderly, busy executives, stay-at-home parents, the disabled and others.

Despite all of its benefits for our economy and American consumers, Internet commerce is at risk from state and local politicians seeking ever more tax revenues. Already, a number of states have imposed taxes on Internet sales. But there are several reasons why we should refuse to transform the Internet into a pot of gold for state and local tax collectors.

First, not only do all states and localities have other options for raising revenue—such as income taxes, use

taxes and property taxes—but most are running budget surpluses. I asked the Congressional Research Service to analyze what has happened to traditional sales tax revenues over the past five years, when Internet use exploded. CRS reported that the growth in sales tax revenues has outpaced inflation in this period.

Second, a tax on Internet shopping is really just another tax on the American consumer. American consumers already pay taxes on their salaries, taxes on their capital gains, property taxes on their homes, taxes on the goods they purchase from instate vendors, and estate taxes on any property they have managed to save by the time of their death. Imposing yet another layer of taxes in cyberspace is simply unfair, especially because many Internet shoppers already pay shipping or handling costs in addition to the purchase price of the goods they buy.

Furthermore, imposing new taxes on Internet-related revenues could stifle the development of Internet commerce in the U.S. As reported in yesterday's Wall Street Journal, a University of Chicago economist who studied the buying decisions of 25,000 Internet shoppers found that applying sales taxes to Internet commerce "would reduce the number of online buyers by 25% and spending by more than 30%."

Some politicians would like to make each online business be a sales tax collector for every tax jurisdiction in the United States. Doing so simply would give Internet businesses—especially those whose profit margins are slim—a good incentive to move offshore. Geography is not important on the Internet, and many Internet vendors can relocate without disruption to their customers.

Finally, many Internet transactions are really interstate commerce. The Founding Fathers recognized the danger that each state might impose taxes or tariffs on goods produced in other states, so they authorized the Federal government to prevent interstate trade wars. In interpreting the Commerce Clause of the U.S. Constitution, the Supreme Court has held that commerce which crosses state boundaries should be subject to state sales taxes only when both seller and buyer are in the same state, or when the seller has a presence in the buyer's state.

There is little reason to fear, as some have claimed, that Main Street businesses are at risk from Internet vendors. I can think of nothing that would prevent these businesses from offering their own on-line shopping services. Some already have done so with great success. Moreover, the Internet likely will attract entirely new customers whose purchases will only increase total retail sales.

The purpose of the bill I am introducing today is to allow Internet commerce to continue to prosper in this

country, by making permanent the three-year moratorium that we enacted last year. Under my bill, state and local governments could not impose new Internet sales taxes.

Mr. President, I hope that all of my colleagues will support this legislation, which is of great importance to the American consumer and our economy.●

By Mr. ROBB:

S. 329. A bill to amend title, United States Code, to extend eligibility for hospital care and medical services under chapter 17 of that title to veterans who have been awarded the Purple Heart, and for other purposes.

COMBAT VETERANS MEDICAL EQUITY ACT OF 1999

Mr. ROBB. Mr. President, I rise today to introduce the Combat Veterans Medical Equity Act of 1999, legislation which will serve to codify America's obligation to provide for the medical needs of our combat-wounded veterans.

Although we have long recognized the combat-wounded vet to be among our most deserving veterans, and although we have long distinguished the sacrifices of these veterans by awarding the Purple Heart medal, remarkably, there is nothing in current law that stipulates an entitlement to health care based upon this physical sacrifice. In fact, I believe most Americans would be surprised to learn that a combat-wounded Purple Heart recipient could be denied services for which a non-combat veteran, with a non-service-connected disability, would be eligible. This legislation would seek to remedy that situation.

Specifically, this bill establishes for VA hospital care and medical services based upon the award of the Purple Heart Medal. It also gives Purple Heart recipients an enrollment priority on par with former Prisoners of War and veterans with service-connected disabilities rated between 10 and 20%.

Mr. President, as a Vietnam Veteran who has been privileged to lead marines in combat, and as a member of the Senate Armed Services Committee, I have a keen appreciation for the sacrifices made by all of our men and women in uniform. At the same time, in the face of tighter budgets and greater competition for services, I believe strongly that Congress should ensure equity in disbursing of medical services for our most deserving veterans—the combat wounded. These veterans, who have shed their blood to keep our country safe and free, deserve no less.

Mr. President, I salute them, and ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 329

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

SECTION 1. ELIGIBILITY FOR HOSPITAL CARE AND MEDICAL SERVICES BASED ON AWARD OF PURPLE HEART.

(a) ELIGIBILITY.—Section 1710(a)(2) of title 38, United States Code, is amended—

(1) by striking "or" at the end of subparagraph (F);

(2) by redesignating subparagraph (G) as subparagraph (H); and

(3) by inserting after subparagraph (F) the following new subparagraph (G):

"(G) who has been awarded the Purple Heart; or".

(b) ENROLLMENT PRIORITY.—Section 1705(a)(3) of such title is amended—

(1) by striking "and veterans" and inserting "veterans"; and

(2) by inserting ", and veterans whose eligibility for care and services under this chapter is based solely on the award of the Purple Heart" before the period at the end.

(c) CONFORMING AMENDMENTS.—(1) Section 1722(a) of such title is amended by striking "section 1710(a)(2)(G)" and inserting "section 1710(a)(2)(H)".

(2) Section 5317(c)(3) of such title is amended by striking "subsections (a)(2)(G)," and inserting "subsections (a)(2)(H),".

By Mr. JEFFORDS (for himself, Mr. KENNEDY, Mr. ROTH, Mr. MOYNIHAN, Mr. CHAFEE, Mr. GRASSLEY, Mr. HATCH, Mr. MURKOWSKI, Mr. BREAUX, Mr. GRAHAM, Mr. KERREY, Mr. ROBB, Mr. ROCKEFELLER, Mr. BINGAMAN, Mrs. BOXER, Mr. CLELAND, Ms. COLLINS, Mr. DASCHLE, Mr. DEWINE, Mr. DODD, Mr. DURBIN, Mr. ENZI, Mrs. FEINSTEIN, Mr. GRAMS, Mr. HARKIN, Mr. HOLLINGS, Mr. HUTCHINSON, Mr. INOUE, Mr. JOHNSON, Mr. KERRY, Ms. MIKULSKI, Mrs. MURRAY, Mr. REED, Mr. REID, Mr. SARBANES, Ms. SNOWE, Mr. STEVENS, Mr. TORRICELLI, and Mr. WELLSTONE):

S. 331. A bill to amend the Social Security Act to expand the availability of health care coverage for working individuals with disabilities, to establish a Ticket to Work and Self-Sufficiency Program in the Social Security Administration to provide such individuals with meaningful opportunities to work, and for other purposes; to the Committee on Finance.

WORK INCENTIVES IMPROVEMENT ACT OF 1999

Mr. JEFFORDS. Mr. President, today Senators KENNEDY, ROTH, MOYNIHAN, and I, joined by many of our colleagues are introducing the Work Incentives Improvement Act of 1999. The reason for this broad bipartisan effort is both compelling and simple. Currently, individuals with disabilities must choose between working or getting health care. Such a choice is absurd. But, current federal law forces individuals with disabilities to make that choice. Our legislation addresses this fundamental flaw.

The federal government helps individuals with significant disabilities, who earn under \$500 a month. Individuals, who have less than \$2,000 in assets

and have not paid into Social Security, receive Supplemental Security Income (SSI) cash payments and access to Medicaid. Individuals, who have worked and paid into Social Security, receive Social Security Disability Insurance (SSDI) cash payments and access to Medicare. Yet, the current system offers no incentive for SSI and SSDI recipients to work to their full potential, to be taxpayers, to contribute to their well-being and that of their families. The facts bear out this assertion. Less than one half of one percent of the 7.5 million individuals on the Social Security disability rolls leave them.

Do these individuals really want to work? The answer is a resounding, "Yes." Over the last 10 years, national surveys consistently confirm that people with disabilities of working age want to work, but only about one-third are working.

Are the numbers low because of discrimination or because of lack of skills? Congress has tackled these issues. We passed the Americans with Disabilities Act in 1990. It is against the law to discriminate against an individual on the basis of disability in employment as well as in all other contexts. The Individuals with Disabilities Education Act, the Rehabilitation Act, and most recently the Workforce Investment Act of 1998 contribute to the access of individuals with disabilities to the education and training they need to become qualified workers.

However, protection against discrimination is not enough. Access to education and training is not enough. Colleagues, the biggest remaining barrier is health insurance. Individuals with significant disabilities who meet the rigorous eligibility criteria of the Social Security disability programs cannot often get reasonably priced, appropriate health insurance coverage from the private sector. These individuals can only get health insurance from the government, and the government gives it to them only if they stay home, or at best, work a minimal amount.

It is difficult to measure fully the effect of having a job on an individual's life. It has a positive impact on a person's identity and sense of self-worth. Having a job results in satisfaction associated with supporting oneself and one's family or at least not being a burden on it. If only one percent of the 7.5 million SSI and SSDI recipients go to work and forgo cash payments from the Social Security Administration (SSA), this would result in a cash savings of \$3.5 billion to the federal Treasury over the lifetimes of these individuals. If we factor in the income taxes these individuals would pay, their lack of need for food stamps, subsidized housing, and other forms of assistance, that \$3.5 billion dollar figure would be even higher.

Beyond the individual, there is another factor. Recently we learned that our unemployment rate, 4.3 percent, is the lowest it has been since 1956. Our economy, to stay vibrant and strong, needs access to a qualified and enthusiastic pool of potential workers from which to draw. SSI and SSDI recipients are an untapped resource. Many of the jobs that currently go unfilled, in the service sector and technology industry, are the very jobs that many SSI and SSDI recipients are ready and willing to fill, if only they could have access to health care.

The Work Incentives Improvement Act of 1999 is targeted, fiscally responsible legislation. It would enable individuals with significant disabilities to enter the work force for the first time, reenter the work force, or avoid leaving it in the first place. These individuals would need not worry about losing their health care if they choose to work a forty hour week, to put in overtime, to go for a career advancement or change with more income potential.

Under current law, a poor individual with a disability who has not worked and not paid into Social Security, who meets rigorous criteria, receives monthly SSI payments. Once eligible for SSI cash payments, these individuals have access to Medicaid. In some states these individuals may have coverage of personal assistance services and prescription drugs through Medicaid. An SSI recipient who chooses to earn income, and then exceeds his or her state's threshold for earned income for an SSI beneficiary, loses SSI cash payments and access to Medicaid.

Also under current law, an individual who has worked and paid into Social Security, has a disability, and meets rigorous criteria, receives SSDI payments. After 24 months, these individuals have access to Medicare. Medicare does not cover the cost of personal assistance services or prescription drugs, items an individual with a disability may need to work at all. To access coverage of these items, an individual must spend-down his or her resources until he or she has under \$2,000. Then, the individual can become eligible for coverage of these items through Medicaid in states where they are offered. An SSDI recipient who chooses to work and earns \$500 monthly in a 12 month period, loses SSDI cash payments. SSDI beneficiaries continue to receive Medicare coverage after returning to work throughout a 39-month extended period of eligibility, but afterwards must pay the full Medicare Part A premium, which is over \$300 monthly.

The bill would allow states to expand Medicaid coverage to workers with disabilities. These options build on previous reforms including a recent provision enacted in the Balanced Budget Act of 1997 (BBA). The BBA provision permitted states to offer a Medicaid buy-in to those individuals with in-

comes below 250 percent of poverty who would be eligible for SSI disability benefits but for their income.

The first option in our legislation would build on the BBA provision. States may elect to offer a Medicaid buy-in to people with disabilities who work and have earnings above 250 percent of poverty. Even so, participating States may also set limits on an individual's unearned income, assets, and resources and may require cost-sharing and premiums on a sliding scale up to a full premium.

The second option in our legislation would allow states that elect to do so to cover individuals who continue to have a severe medically determinable impairment but lose eligibility for SSI or SSDI because of medical improvement. Although medical improvement for individuals with disabilities is inextricably linked to ongoing interventions made possible through insurance coverage, under current law improvement can jeopardize continued eligibility for that coverage.

The legislation requires that states not supplant existing state-only spending with Medicaid funding under either of these options and maintain current spending levels on eligible populations.

A state which elects to implement the first option or the first and second options would receive a grant to support the design, establishment and operation of infrastructures to support working individuals with disabilities. A total of \$150 million would be available for five years, and annual amounts would be increased at the rate of inflation from 2004 through 2009. In 2009, the Secretary of Health and Human Services would recommend whether the program is still needed.

The bill includes a ten-year trial program that would permit SSDI beneficiaries to continue to receive Medicare coverage when they return to work. This option in effect extends the current 39-month extended period of eligibility.

The legislation includes a time-limited demonstration program that would allow states to extend Medicaid coverage to workers who have a disability which, without access to health care, would become severe enough to qualify them for SSI or SSDI. This demonstration would provide new information on the cost effectiveness of early health care intervention in keeping people with disabilities from becoming too disabled to work. Funding of \$300 million would be available for the demonstration, which would sunset at the end of FY 2004.

The legislation eliminates other programmatic disincentives. It would encourage SSDI and SSI beneficiaries to return to work by providing assurance that cash benefits remain available if employment proves unsuccessful. Specifically, the legislation would prohibit using employment as the sole basis for

scheduling a continuing disability review and would expedite eligibility determinations for those individuals that need to return to SSDI benefits after losing such benefits because of work.

We estimate the total cost of these health care-related provisions to be a total of \$1.2 billion over five years.

Recognizing that some SSI and SSDI recipients will need training and job placement assistance and that they seek choices related to these activities, in our bill we include provisions modeled on Senator BUNNING's legislation that passed the House last year. These "ticket to work and self-sufficiency" provisions would give SSI and SSDI beneficiaries more choices in where to obtain vocational rehabilitation and employment services and would increase incentives to public and participating private providers serving these individuals. The "ticket" provisions would create a new payment system for employment services to SSI and SSDI beneficiaries that result in employment. For each beneficiary a provider assists, the provider would be reimbursed with a portion of benefits savings to the federal government that would occur when the beneficiary earns more than the current law Substantial Gainful Activity (SGA) standard of \$500 per month. These ticket provisions have been estimated to cost a total of \$17 million over five years.

To assist individuals with disabilities to understand the myriad options available to them and their interrelationship, the legislation would create a community-based outreach program to provide accurate information on work incentives programs to individuals with disabilities, and a state grant program to help people cut red tape to access work incentives. For the community-based work incentives outreach program, up to \$23 million per year would be provided for grants to states or private organizations. SSA would have the authority to provide state grants (\$7 million annually) to provide help to beneficiaries in accessing the "ticket to work" and other work incentives programs.

The legislation would reauthorize SSA's demonstration authority which expired June 10, 1996. In addition, through mandated demonstration projects SSA is to assess the effect of a gradual reduction in cash benefits and earnings increase. Under current law, SSI recipients have access to a gradual reduction in their cash payments, but SSDI recipients do not. SSDI recipients lose cash payments immediately after earning \$500 monthly in a 12 month trial work period. SSDI recipients participating in the demonstration would lose one SSDI dollar for every \$2 earned.

Finally, the legislation directs the General Accounting Office (GAO) to study three issues: (1) tax credits and other disability-related employment

incentives under the Americans with Disabilities Act of 1990; (2) the coordination of SSI and SSDI benefits; and (3) the effects of the Substantial Gainful Activity (currently \$500 monthly) standard on work incentives.

These provisions have been estimated to cost a total of \$55 million over five years.

This legislation represents two years of work. It reflects what individuals with disabilities say they need. It was shaped by input across the philosophical spectrum. It was endorsed by the President in his State of the Union Address. It is an opportunity to bring responsible change to federal policy and eliminate a perverse dilemma for many Americans with disabilities—if you don't work, you get health care; if you do work, you don't.

This legislation is a vital link that will make the American dream a reality for many Americans with disabilities. Let's work together to make the Work Incentives Improvement Act of 1999 the first significant legislation enacted by the 106th Congress.

Ms. COLLINS. Mr. President, I am pleased to join Senators JEFFORDS, KENNEDY, ROTH, and MOYNIHAN in introducing this historic, bipartisan initiative that will help tear down the barriers that prevent Americans with disabilities who want to work from reaching their full potential and achieving economic independence.

Eight million Americans receive more than \$50 billion a year in cash disability benefits under the Supplemental Security Income and Social Security Disability programs. While surveys show that the overwhelming majority of adults with disabilities want to work, fewer than 1/2 of 1 percent of them actually do.

Advances in medicine and technology coupled with tougher civil rights laws have made it possible for more and more people with physical and mental disabilities to enter the workforce. These are people who genuinely want to work. They have the skills and talents necessary to be productive members of the workforce. But they face a Catch-22. If they leave the disability rolls for a job, they risk losing the Medicare and Medicaid benefits that made it possible for them to enter the workforce in the first place. Moreover, many of these individuals' very lives depend on the prescription drugs, technology, personal assistance services, and medical care they receive.

Mr. President, no one should have to make a choice between a job and health care. The legislation we are introducing today will create and fund new options for States to encourage them to allow people with disabilities who enter the workforce to buy into the Medicaid program, so they can continue to receive the prescription drugs, personal assistance services, and medical care upon which they depend. It

will also allow workers leaving the social Security Disability Insurance program to extend their Medicare coverage for ten years. This is tremendously important since many people returning to work after having been on SSDI either work part time and are therefore not eligible for employer-based insurance, or they work in jobs that do not offer health insurance. Allowing these disabled individuals to maintain their Medicare coverage will serve as a tremendous incentive for them to return to the workforce.

Other provisions of the legislation we are introducing today incorporate a more "user-friendly" approach in programs providing job training and placement assistance to individuals with disabilities who want to work. Our bill gives disabled SSI and SSDI beneficiaries greater consumer choice by creating a "ticket" that enables them to choose whether they want to go to a public or private provider of vocational rehabilitation services. The bill also provides grants to States and organizations to help connect people with disabilities with appropriate services, and funds demonstrations and studies to better understand policies that will encourage and enable work.

Mr. President, the legislation we are introducing today is an investment in human potential that promises tremendous return. By ensuring that Americans with disabilities have access to affordable health insurance, we are removing the major barrier between them and the workplace. The Work Incentives Improvement Act of 1999 will both encourage and enable Americans with disabilities to be full participants in our nation's workforce and growing economy, and I urge all of my colleagues to join me in cosponsoring this important legislation.

Mr. KENNEDY. Mr. President, it is an honor to join my colleagues in introducing the Work Incentives Improvement Act to provide affordable and accessible health care for persons with disabilities so they can work and live independently.

Despite the extraordinary growth and prosperity the country is now enjoying, people with disabilities continue to struggle to live independently and become fully contributing members of their communities. We have made significant progress through special education programs that open new horizons for excellence in learning, and through rehabilitation programs that develop practical independent living skills.

Too often, however, the goal of independence is still out of reach. We need to do more to see that the benefits of our prosperous economy are truly available to all Americans, including those with disabilities. Disabled children and adults deserve access to the benefits and support they need to achieve their full potential.

Large numbers of the 54 million disabled Americans have the capacity to work and become productive citizens. But they are unable to do so because of the unnecessary barriers they face. For too long, people with disabilities have suffered from unfair penalties if they go to work. They are in danger of losing their cash benefits if they accept a paying job. They are in danger of losing the medical coverage, which may well mean the difference between life and death. Too often, they face a harsh choice between eating a decent meal and buying their needed medication.

The bipartisan legislation we are introducing today will help to remove these unfair barriers. It will make health insurance coverage more widely available, through opportunities to buy-in to Medicare and Medicaid at an affordable rate. It will phase out the loss of cash benefits as income rises—instead of the unfair sudden cut-off that so many workers with disabilities face today. It will bring greater access for people with disabilities to the services they need in order to become successfully employed.

Our goal is to restructure and improve existing disability programs so that they do more to encourage and support every disabled person's dream to work and live independently, and be productive and contributing members of their community. That goal should be the birthright of all Americans—and when we say all, we mean all.

This bill is the right thing to do, it is the cost effective thing to do, and now is the time to do it. For too long, our fellow disabled citizens have been left out and left behind. A new and brighter day is on the horizon for Americans with disabilities, and together we can make it a reality.

I especially commend Senator JEFFORDS, Senator ROTH and Senator MOYNIHAN for their impressive leadership on this issue. We look forward to working with all members of Congress to pass this landmark legislation that will give disabled persons across the country a better opportunity to fulfill their dreams and participate fully in the social and economic mainstream of the nation.

Mr. KERREY. Mr. President, it is with pleasure that I join Senators MOYNIHAN, ROTH, KENNEDY and JEFFORDS on their significant initiative to expand work opportunities for Americans with disabilities. As Americans, we value the opportunity to support ourselves and our families to the best of our abilities. In fact, we refer to this right and this responsibility as the American dream. But today, millions of Americans who want to work remain on various forms of public assistance, because they can't access the supports they need to begin and continue working.

People with disabilities face unique barriers to self-sufficiency. Many of

them need certain types of health services, such as home health care and personal care services, in order to work—yet these services are rarely available under employer-sponsored health insurance. Many of them find private health insurance unavailable or unaffordable. Some need vocational rehabilitation services and help finding employment. Others need assistive technology in order to do their job.

Currently, health care coverage and other services are linked to two cash programs—Social Security Disability (SSDI) and Supplemental Security Income. So people with disabilities must choose whether they want to reach self-sufficiency and risk losing their health coverage and other supportive services, or retain their health insurance but remain dependent on these safety-net programs. At the same time, without personal attendants or other supportive services, they may not be able to work in the first place, or no longer be able to work if their health status is threatened by the loss of the services they can access through health coverage.

I do not believe that people who wish to work and support themselves should face this kind of agonizing choice and take these types of risks. However, we can change this Catch-22. The Work Incentives Improvement Act will make several important changes. Most significantly, it will provide new options for Medicaid and Medicare coverage for disabled individuals who enter the workforce, and expand access to employment services for disabled individuals who are building their employment skills.

By enabling workers with disabilities to buy-in to the Medicaid program, this legislation will permit Americans with disabilities to enter the workforce without worrying about losing the prescription drug coverage, personal care services, and other health care services they need to work in the first place. It also allows States to establish sliding-scale premiums for workers with higher incomes, therefore ensuring that as workers' income increases, they maintain their health coverage but are less financially dependent on public programs. This proposal will also allow States to continue covering people whose health condition has improved through treatment made possible through Medicaid coverage. Finally, through a ten-year demonstration, the Work Incentives Improvement Act will determine whether permitting SSDI beneficiaries to continue their Medicare coverage is a cost-effective strategy for providing health insurance to individuals who lose SSDI when they return to work.

This legislation will also reduce barriers to employment for Americans with disabilities by providing new mechanisms for these individuals to receive the vocational rehabilitation and

employment services they need from the providers they choose. In addition, it will encourage SSDI and SSI beneficiaries to develop their skills and venture into the workplace by providing a new assurance that their cash benefits will remain available, if necessary. These individuals may still lose their cash benefits, depending on their working income, but they can be assured that their SSDI and SSI eligibility application would be expedited if their work experience ultimately proves unsuccessful.

As we look towards the next century, we know that America's economic strength and sense of national community are dependent on the contributions of each and every American. We need to take the necessary steps to ensure that all Americans will have a chance to enjoy the American dream. Americans with disabilities have the same dreams as the rest of us—including a productive and rewarding working life that enables them to support their families and achieve economic self-sufficiency. We should do our best to help make these dreams a reality.

Mr. MOYNIHAN. Mr. President, I join today with my colleagues Senators ROTH, KENNEDY and JEFFORDS to introduce The Work Incentives Improvement Act of 1999. This bill would address some of the barriers and disincentives that individuals enrolled in Federal disability programs face in returning to work.

Many persons with disabilities need the health coverage that accompanies their eligibility for cash benefits. (Social Security Disability Insurance (SSDI) beneficiaries are also covered under Medicare. Supplemental Security Income (SSI) beneficiaries receive Medicaid coverage). Disability is determined based on an inability to sustain gainful work activity, which is measured by an earned income threshold. Under current law, as they return to work and earn income, beneficiaries lose their cash benefits and, subsequently, their health coverage. The risk of losing health benefits may deter disabled individuals from returning to work and, instead, encourage them to continue to receive cash benefits despite their ability to work.

Less than one percent of SSDI and SSI beneficiaries leave the programs and return to work each year. A survey released by the National Organization on Disability showed that, currently, only 29 percent of all disabled adults are employed full-time or part-time, compared to 79 percent of the non-disabled adult population.

PAST INITIATIVES

Our former Majority Leader and Finance Committee Chairman, Senator Bob Dole, should be commended for pioneering legislation to address work disincentives for people with disabilities. On March 19, 1986, Senator Dole introduced The Employment Opportunities for Disabled Americans Act to

permanently authorize an SSI demonstration that would allow SSI beneficiaries who return to work to continue to receive cash assistance and, most importantly, continue their Medicaid coverage. At a slightly higher income level, beneficiaries returning to work would have a phased down SSI benefit while maintaining their Medicaid coverage. I was an original co-sponsor of that bill, which passed the Senate by a voice vote. On November 11, 1986, President Reagan signed the bill into law.

Most recently, under the Balanced Budget Act of 1997, states were given the option to provide Medicaid coverage on a sliding premium scale for disabled workers with net incomes up to 250 percent of poverty. This provision gave workers with disabilities an opportunity to buy into Medicaid coverage without leaving their job to qualify for SSI and Medicaid.

These initiatives were necessary first steps, yet several disincentives still exist.

THE WORK INCENTIVES IMPROVEMENT ACT OF
1999

The bill we introduce today would provide additional Medicare and Medicaid options for workers with disabilities, and would encourage SSI and SSDI beneficiaries to seek vocational rehabilitative services.

With regard to health coverage, the bill would allow states to lift the income and asset limits for the Medicaid buy-in program established in BBA. States would also have the option to continue Medicaid coverage for workers with disabilities that lose SSI benefits due to a medical improvement criteria. This bill would establish state demonstrations to provide the Medicaid buy-in for workers with disabilities that are not yet severe enough to end work but would be if they did not have comprehensive Medicaid coverage. In addition, as a ten-year trial period, SSDI beneficiaries who return to work may continue to receive Medicare coverage, despite losing SSDI benefits.

The bill would also create incentives for vocational rehabilitation providers to assist beneficiaries in finding work and achieving sufficient income. These providers would be paid a portion of the benefits saved by the beneficiaries returning to work. The bill would create several grant programs for outreach, advocacy, and planning and assistance for beneficiaries in work incentive programs.

Again, Senator Dole has offered his support for this legislation to continue the initiatives he began. My colleagues and I developed this proposal last year and would like to see it pass this year. Chairman ROTH and I are committed to marking up the bill in the Committee on Finance in early spring. At that time, the Chairman's mark will include offsets to the proposed spending. We

urge all members to support this important legislation.

By Mr. AKAKA (for himself, Mr. LOTT, Ms. LANDRIEU, Mr. CRAIG, and Mr. GRAHAM):

S. 330. A bill to promote the research, identification, assessment, exploration, and development of methane hydrate resources, and for other purposes; to the Committee on Energy and Natural Resources.

METHANE HYDRATE RESEARCH AND
DEVELOPMENT ACT OF 1999

• Mr. AKAKA. Mr. President, on behalf of Senators LOTT, LANDRIEU, CRAIG, and GRAHAM I am introducing the Methane Hydrate Research and Development Act of 1999.

Methane hydrates are rigid, ice-like solids of water surrounding a gas molecule. They remain solid at high pressure and low temperature. Such conditions are found in Arctic permafrost and in deep sea sediments. Methane hydrate has tremendous gas storage capacity: one volume of methane hydrate will expand to more than 160 volumes of methane under normal temperature and pressure conditions.

The data on this unlikely resource will surprise you. We are only beginning to quantify and characterize methane hydrate resources. Fundamental research on methane hydrates is urgently needed to serve our long-term energy supply needs, create short-term advances in conventional fuel extraction, and further the science of global climate change.

Significant, widespread quantities of gas hydrates have been detected, but not characterized, all over the world. In the United States, on-shore Arctic deposits are found in Alaska. Deep sea methane hydrate deposits are perhaps the most abundant source of methane, occurring at depths greater than 300 meters. Marine geologists have identified large deposits off the coasts of most of the U.S., including Alaska, Louisiana, Texas, New Jersey, Oregon, and North and South Carolina. However, we know very little about the quantity and nature of these deposits.

Worldwide, the estimated amount of methane trapped in gas hydrate form is 10,000 gigatons—twice the amount of carbon found in all other fossil fuels on Earth. This represents close to 3,000 times the amount of methane present in the atmosphere. Scientists estimate that 320,000 trillion cubic feet (tcf) of natural gas exists in hydrate form in the U.S.—a staggering resource. By comparison, we have an estimated reserve of 1,300 trillion cubic feet (tcf) of conventional natural gas.

The potential of methane hydrates as an energy resource is best described in terms of consumption. The U.S. consumes 22 trillion cubic feet of natural gas per year; U.S. gas reserves will likely supply gas for approximately 60 years at current consumption rates.

However, gas consumption is expected to rise dramatically in the future. If the hydrate resource can be harvested, the amount of natural gas found in one deposit off the Carolina coast would satisfy our natural gas needs for over 70 years.

Can we produce natural gas from these vast reserves? Natural gas from methane hydrates will never be realized unless we undertake a serious methane hydrates research program. The U.S. is not doing enough to explore this exciting new energy source. Other nations, primarily Japan and India, have launched aggressive R&D programs to explore methane hydrates. Some believe that Japanese commercial production is only a decade away. Clearly we are falling behind in our efforts to understand this energy source. In the face of dwindling energy resources and increased reliance on energy imports, we can hardly afford to miss this important opportunity.

In addition to potential use as an energy source, methane hydrate deposits also represent a challenge to conventional oil and gas extraction. Hydrates influence physical properties of ocean sediments, particularly strength and stability. Characterizing hydrate formation and breakdown is important for the safety of deep offshore drilling and other deep sea operations.

Release of large quantities of methane to the atmosphere from hydrate deposits, and the sequestration methane in hydrate form, can also have significant effects on global climate change. The importance of the process in global climate regulation is relatively unknown, and demands investigation.

Even though this resource accounts for more potential energy than all other conventional fuels combined, has attracted significant foreign investment, challenges conventional oil and gas production, and holds unknown secrets about global climate, the Department of Energy budget is limited to \$500,000 in FY 1999.

My bill establishes a small research and development program with the potential for major payback. It would direct the Department of Energy to conduct research and development in collaboration with the U.S. Geological Survey, National Science Foundation, and the Naval Research Laboratory. •

By Mr. BROWNBACK (for himself, Mr. SMITH of Oregon, Mr. ROBB, and Mr. LUGAR):

S. 332. A bill to authorize the extension of nondiscriminatory treatment (normal trade relations treatment) to the products of Kyrgyzstan; to the Committee on Finance.

NORMAL TRADE RELATIONS FOR KYRGYZSTAN

• Mr. BROWNBACK. Mr. President, I rise today to introduce a bill which would authorize "normal trade relations" treatment to the products of Kyrgyzstan.

In 1998, Kyrgyzstan acceded into the World Trade Organization, one of two republics of the former Soviet Union to be granted membership. Only Latvia can join Kyrgyzstan in boasting of that accomplishment.

Admission to the World Trade Organization was an acknowledgement of the progress Kyrgyzstan has made in adopting and implementing economic and trade reforms since its independence from the Soviet Union. However, despite World Trade Organization membership, Kyrgyzstan remains subject to the Jackson-Vanik amendment to Title IV of the Trade Act of 1974.

As you are aware, Title IV is the provision of law governing the normal trade relations status of nonmarket economy countries. Under the present arrangement, Kyrgyzstan's compliance with the requirements of the Jackson-Vanik amendment must be assessed semiannually. The legislation that I am introducing would eliminate the twice yearly review by granting Kyrgyzstan permanent "normal trade relations" treatment.

Currently, the United States cannot extend unconditional and reciprocal treatment to Kyrgyzstan, nor can we apply the World Trade Organization agreements to Kyrgyzstan. Until granted "normal trade relations" treatment, transactions with Kyrgyzstan continue to be governed by the provisions of the bilateral trade agreement negotiated under Title IV.

It is important that Kyrgyzstan be extended unconditional "normal trade relations" treatment. It is important not only because the Kyrgyz Republic has met the criteria required by that designation, but also because Kyrgyzstan is deserving of that designation. It is also important because until accorded that status, neither Kyrgyzstan nor the United States can realize fully the benefits of Kyrgyzstan's World Trade Organization membership. Kyrgyzstan has complied with both the freedom-of-emigration and the bilateral commercial agreement requirements of Jackson-Vanik and Title IV.

Kyrgyzstan should graduate from Jackson-Vanik in recognition of the great strides the country has made in employing market-oriented reforms. The Kyrgyz Republic has served as a leader in economic and political reform in Central Asia and demonstrates the potential to serve as a model for other transforming economies.

Passage of this legislation would send a powerful message not only to Kyrgyzstan, but to all of Central Asia that a free-market economy is the path to prosperity. Permanent "normal trade relations" status for Kyrgyzstan would help advance further reform not only in that country, but would also serve as incentive for other countries in the region.

"Normal trade relations" is important for both Kyrgyzstan and the

United States. I hope my colleagues will join me in acknowledging Kyrgyzstan's progress and support this bill.●

ADDITIONAL COSPONSORS

S. 3

At the request of Mr. GRAMS, the name of the Senator from Kansas [Mr. ROBERTS] was added as a cosponsor of S. 3, a bill to amend the Internal Revenue Code of 1986 to reduce individual income tax rates by 10 percent.

S. 4

At the request of Mr. BROWNBACk, his name was added as a cosponsor of S. 4, a bill to improve pay and retirement equity for members of the Armed Forces; and for other purposes.

At the request of Mr. WARNER, the name of the Senator from Texas [Mr. GRAMM] was added as a cosponsor of S. 4, supra.

S. 5

At the request of Mr. DEWINE, the names of the Senator from Alaska [Mr. MURKOWSKI] and the Senator from Pennsylvania [Mr. SANTORUM] were added as cosponsors of S. 5, a bill to reduce the transportation and distribution of illegal drugs and to strengthen domestic demand reduction, and for other purposes.

S. 20

At the request of Mr. LAUTENBERG, the names of the Senator from Hawaii [Mr. AKAKA], the Senator from California [Mrs. FEINSTEIN], and the Senator from Connecticut [Mr. DODD] were added as cosponsors of S. 20, a bill to assist the States and local governments in assessing and remediating brownfield sites and encouraging environmental cleanup programs, and for other purposes.

S. 28

At the request of Mr. HATCH, the names of the Senator from Colorado [Mr. CAMPBELL], the Senator from New Mexico [Mr. DOMENICI], and the Senator from Colorado [Mr. ALLARD] were added as cosponsors of S. 28, a bill to authorize an interpretive center and related visitor facilities within the Four Corners Monument Tribal Park, and for other purposes.

S. 58

At the request of Ms. COLLINS, the name of the Senator from Michigan [Mr. LEVIN] was added as a cosponsor of S. 58, a bill to amend the Communications Act of 1934 to improve protections against telephone service "slamming" and provide protections against telephone billing "cramming", to provide the Federal Trade Commission jurisdiction over unfair and deceptive trade practices of telecommunications carriers, and for other purposes.

S. 89

At the request of Mr. HUTCHINSON, the name of the Senator from Min-

nesota [Mr. WELLSTONE] was added as a cosponsor of S. 89, a bill to state the policy of the United States with respect to certain activities of the People's Republic of China, to impose certain restrictions and limitations on activities of and with respect to the People's Republic of China, and for other purposes.

S. 92

At the request of Mr. DOMENICI, the names of the Senator from Wyoming [Mr. ENZI], the Senator from Ohio [Mr. DEWINE], the Senator from Mississippi [Mr. COCHRAN], and the Senator from Alabama [Mr. SESSIONS] were added as cosponsors of S. 92, a bill to provide for biennial budget process and a biennial appropriations process and to enhance oversight and the performance of the Federal Government.

S. 93

At the request of Mr. DOMENICI, the name of the Senator from Nebraska [Mr. HAGEL] was added as a cosponsor of S. 93, a bill to improve and strengthen the budget process.

S. 98

At the request of Mr. MCCAIN, the name of the Senator from Alaska [Mr. STEVENS] was added as a cosponsor of S. 98, a bill to authorize appropriations for the Surface Transportation Board for fiscal years 1999, 2000, 2001, and 2002, and for other purposes.

S. 135

At the request of Mr. DURBIN, the name of the Senator from Washington [Mrs. MURRAY] was added as a cosponsor of S. 135, a bill to amend the Internal Revenue Code of 1986 to increase the deduction for the health insurance costs of self-employed individuals, and for other purposes.

S. 170

At the request of Mr. SMITH, of New Hampshire the names of the Senator from Iowa [Mr. HARKIN] and the Senator from Alaska [Mr. MURKOWSKI] were added as cosponsors of S. 170, a bill to permit revocation by members of the clergy of their exemption from Social Security coverage.

At the request of Mr. LOTT, his name was added as a cosponsor of S. 170, supra.

S. 171

At the request of Mr. MOYNIHAN, the name of the Senator from Indiana [Mr. LUGAR] was added as a cosponsor of S. 171, a bill to amend the Clean Air Act to limit the concentration of sulfur in gasoline used in motor vehicles.

S. 260

At the request of Mr. GRASSLEY, the name of the Senator from South Dakota [Mr. JOHNSON] was added as a cosponsor of S. 260, a bill to make chapter 12 of title 11, United States Code, permanent, and for other purposes.

S. 271

At the request of Mr. FRIST, the name of the Senator from Idaho [Mr.