

and second time by unanimous consent, and referred as indicated:

By Mr. AKAKA (for himself, Mr. BURNS, Mr. COCHRAN, Mr. GRAHAM, and Mr. INOUE):

S. 1242. A bill to amend the Immigration and Nationality Act to make permanent the visa waiver program for certain visitors to the United States; to the Committee on the Judiciary.

By Mr. FRIST:

S. 1243. A bill to amend the Public Health Service Act to revise and extend the prostate cancer preventive health program; to the Committee on Health, Education, Labor, and Pensions.

By Mr. THOMPSON (for himself, Mrs. LINCOLN, Mr. VOINOVICH, Mr. KERREY, and Mr. BREAUX):

S. 1244. A bill to establish a 3-year pilot project for the General Accounting Office to report to Congress on economically significant rules of Federal agencies, and for other purposes; to the Committee on Governmental Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. LIEBERMAN (for himself, Mr. GREGG, Mr. BAYH, Mr. BROWNBACK, Mr. MACK, Mr. DODD, Mr. DOMENICI, Mr. JEFFORDS, Mr. ALLARD, Mr. COCHRAN, Ms. LANDRIEU, Mr. BUNNING, Mr. ROBB, Mr. DORGAN, Mr. DASCHLE, Mr. AKAKA, Mr. GORTON, Mr. SMITH of Oregon, Mr. ENZI, Mr. BENNETT, Mr. HUTCHINSON, Mr. SESSIONS, Mr. DEWINE, Mr. CAMPBELL, and Mr. THURMOND):

S. Res. 125. A resolution encouraging and promoting greater involvement of fathers in their children's lives and designating June 20, 1999, as "National Father's Return Day"; considered and agreed to.

By Mr. SCHUMER:

S. Con. Res. 41. A concurrent resolution expressing the sense of Congress regarding the treatment of religious minorities in the Islamic Republic of Iran, and particularly the recent arrests of members of that country's Jewish community; to the Committee on Foreign Relations.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. AKAKA (for himself, Mr. BURNS, Mr. COCHRAN, Mr. GRAHAM, and Mr. INOUE):

S. 1242. A bill to amend the Immigration and Nationality Act to make permanent the visa waiver program for certain visitors to the United States; to the Committee on the Judiciary.

THE VISA WAIVER PROGRAM

Mr. AKAKA. Mr. President, today I am introducing a bill to amend the Immigration and Nationality Act to make permanent the visa waiver program for certain visitors to the United States.

The visa waiver program has been an unprecedented success in reducing barriers to travel and tourism to and from the United States. The program allows a citizen of a participating country to

forego visa application at a U.S. consulate abroad, and allows them to travel to the U.S. for business or pleasure and make application for entry directly to the INS at a port of entry. To use this privilege, an applicant agrees to waive rights to challenge the decision of the INS inspector, and agrees to depart the U.S. within 90 days. More than 10 million visitors used the visa waiver program in fiscal year 1995. This represents 76 percent of the total number of non-immigrant entries by citizens of visa waiver countries. Visitors entering under the visa waiver program accounted for just under 50 percent of all temporary business and tourist entries.

In the ten years since the implementation of the visa waiver program, international visitors have become accustomed to the program's requirements, and use it routinely. The program has effectively served the purpose for which it was designed, to facilitate the efficient flow of low-risk foreign tourists and business travelers. Simultaneously, the program has afforded Department of State consular officers more time to focus efforts on individuals who visit the U.S. for other purposes, such as employment or study, or those who intend to remain in the U.S. for extended periods. Further, it has allowed the Department of State to drastically reduce its consular staff at low-risk locations, and strengthen efforts in high risk locations. Yet, all this pales in comparison to the real benefit of the visa waiver program, that of expanded foreign travel and tourism to the U.S. Put simply, the U.S. needs this program to remain competitive with the many other nations around the globe who are competing for the finite pool of business travelers and tourists.

In 1996, the World Tourism Organization reported that the United States was the second most popular international tourist destination and the number one location for tourism expenditures. Of the 44.8 million arrivals that year, 12.4 million entered under the visa waiver program. International tourism in the U.S. is a \$65 billion enterprise which boosts the economies of many local communities.

In my home state of Hawaii, tourism is an \$11 billion industry which generates about one-quarter of the state's tax revenue and one-third of its jobs. It is estimated that 80 percent of all international visitors arriving at Honolulu International Airport arrive under the visa waiver program. We know that the visa waiver program has been very successful because it provides a big boost for Japanese visitors to travel to Hawaii. Our long-term goal for a permanent visa waiver program would be to expand participation of the program in the Asia-Pacific region. Currently, most of the 26 eligible countries are in Europe. Only four of these countries

are in the Asia-Pacific region—Australia, Japan, Brunei, and New Zealand. We hope that South Korea and China will be future participants in an expanded program.

While the pilot program has been extended periodically since its inception, its unqualified success justifies a permanent program. Further, because the program's life has at times been uncertain and somewhat unpredictable, particularly at times when an authorization is about to expire, any real or perceived lapse in the program causes needless turmoil and uncertainty among the industry and government both here and abroad and, most important, the traveling public. In the ten years since it commenced, the benefit of the program has been clearly proven, and the need for it to remain a pilot program has ceased. To sunset the program in April 2000 or in the future would require a reinvestment of significant capital, both human and otherwise. In addition, because the visa waiver program is based on reciprocity, any termination or restriction of the program would likely result in a substantial backlash by other participating nations against U.S. citizens traveling abroad, resulting in more entry burdens for U.S. citizens when they attempt to enter other visa waiver countries.

Visa waiver participants, by their very definition, are low-risk travelers. There is no data which indicates that visa waiver travelers stay longer than permitted otherwise violate the terms of their admission in any greater numbers than any other population of the traveling public. Another important benefit of the visa waiver program is the standardization of passports and machine readable documentation, which is used as an inducement for acceptance of a country into the program. The ability to read a document by machine has greatly increased the efficiency of the Federal inspection service process.

I can say without reservation that this program is a resounding success. It has bolstered the U.S. economy through the expedited admission of millions of legitimate short-term visitors for business, allowing for the negotiation of contracts for the provision of American goods and services to the world. It has provided a welcome boost to the U.S. tourism industry, which employs thousands of American citizens, through the visa-free admission of millions of foreign tourists. We must support permanent reauthorization of this highly effective program. The visa waiver program is not just a win-win situation, it is a win for business, a win for tourism, and a win for effective management of the Department of State.

Thank you, Mr. President. I ask unanimous consent that a copy 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. 1242

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

SECTION 1. PERMANENT VISA WAIVER PROGRAM FOR CERTAIN VISITORS.

Section 217 of the Immigration and Nationality Act (8 U.S.C. 1187) is amended—

(1) in the section heading, by striking “PILOT”;

(2) in the caption for subsection (a)(2), by striking “PILOT” and inserting “VISA WAIVER”;

(3) in the caption for subsection (c) by striking “PILOT” and inserting “VISA WAIVER”;

(4) by striking “pilot” each place it appears and inserting “visa waiver”;

(5) in subsection (a)(1), by striking “during the pilot program period (as defined in subsection (e))”;

(6) in subsection (b)(3), by striking “(with-in the pilot program period)”;

(7) by striking subsection (f); and

(8) by redesignating subsection (g) as subsection (f).

By Mr. FRIST:

S. 1243. A bill to amend the Public Health Service Act to revise and extend the prostate cancer preventive health program; to the Committee on Health, Education, Labor, and Pensions.

PROSTATE CANCER RESEARCH AND PREVENTION ACT

Mr. FRIST. Mr. President, this year 37,000 American men will die, and 179,300 will be diagnosed with prostate cancer, the second leading cause of cancer-related deaths in American men. Cancer of the prostate grows slowly, without symptoms, and thus is often undetected until in its most advanced and incurable stage. It is critical that men are aware of the risk of prostate cancer and take steps to ensure early detection.

While the average age of a man diagnosed with prostate cancer is 66, the chance of developing prostate cancer rises dramatically with age—which makes it important for men to be screened or consult their healthcare professional. The American Cancer Society and the American Urological Association recommend that men over 50 receive both an annual physical exam and a PSA (prostate-specific antigen) blood test. African-American men, who are at higher risk, and men with a family history of prostate cancer should begin yearly screening at age 40.

Even if the blood test is positive, however, it does not mean that a man definitely has prostate cancer. In fact, only 25 percent of men with positive PSAs do. Further testing is needed to determine if cancer is actually present. Once the cancer is diagnosed, treatment options vary according to the individual. In elderly men, for example, the cancer may be especially slow growing and may not spread to other parts of the body. In those cases, treat-

ment of the prostate may not be necessary, and physicians often monitor the cancer with follow-up examinations.

Unfortunately, preventive risk factors for prostate cancer are currently unknown and the effective measures to prevent this disease have not been determined. In addition, scientific evidence is insufficient to determine if screening for prostate cancer reduces deaths or if treatment of disease at an early stage is more effective than no treatment in prolonging a person's life. Currently, health practitioners cannot accurately determine which cancer will progress to become clinically significant and which will not. Thus, screening and testing for early detection of prostate cancer should be discussed between a man and his healthcare practitioners.

In an effort to help address the serious issues of prostate cancer screening, to increase awareness and surveillance of prostate cancer, and to unlock the current mysteries of prostate cancer through research, I rise to introduce the “Prostate Cancer Research and Prevention Act.”

The “Prostate Cancer Research and Prevention Act” expands the authority of the Centers for Disease Control and Prevention (CDC) to carry-out activities related to prostate cancer screening and overall awareness and surveillance of the disease and extends the authority of the National Institutes of Health to conduct basic and clinical research in combating prostate cancer.

The bill directs the CDC to make grants to States and local health departments to increase awareness, surveillance, information dissemination regarding prostate cancer, and to examine the scientific evidence regarding screening for prostate cancer. The main focus is to comprehensively evaluate of the effectiveness of various screening strategies for prostate cancer and the establishment of a public information and education program about the issues regarding prostate cancer. The CDC will also strengthen and improve surveillance on the incidence and prevalence of prostate cancer with a major focus on increasing the understanding of the greater risk of this disease in African-American men.

The bill also reauthorizes the authority of the CDC to conduct a prostate screening program upon consultation with the U.S. Preventive Services Task Force and professional organizations regarding the scientific issues regarding prostate cancer screening. The screening program, when implemented, will provide grants to States and local health departments to screen men for prostate cancer with priority given to low income men and African-American men. In addition the screening program will provide referrals for medical treatment of those screened and ensure appropriate follow up services including case management.

Finally, to continue the investment in medical research, the bill extends the authority of the National Cancer Institute at the National Institutes of Health to conduct and support research to expand the understanding of the cause of, and find a cure for, prostate cancer. Activities authorized include basic research concerning the etiology and causes of prostate cancer, and clinical research concerning the causes, prevention, detection and treatment of prostate cancer.

Mr. President, as we celebrate Father's Day this weekend, I hope that we take time to reflect on the serious health threat of prostate cancer. It is my hope that my colleagues will join me in supporting the “Prostate Cancer Research and Prevention Act,” so that we can further understand the issues surrounding this disease and continue to move forward on developing effective treatment and finding a cure.

Mr. President, I ask unanimous consent that letters of support be printed in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

AMERICAN CANCER SOCIETY,
Washington, DC, June 15, 1999.

Hon. BILL FRIST,
U.S. Senate, Washington, DC.

DEAR SENATOR FRIST: On behalf of the more than 2 million volunteers of the American Cancer Society, I am writing to offer our support for the Prostate Cancer Research and Prevention Act. Thank you for introducing this important legislation that reauthorizes important programs, with respect to prostate cancer research and prevention activities at the National Institutes of Health (NIH), the Agency for Health Care Policy (AHCPR), the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC).

Prostate cancer represents one of the most significant medical and social challenges facing our country today. In 1999, approximately 179,300 new cases of prostate cancer will be diagnosed in the United States and it is estimated that this disease will cause more than 37,000 deaths this year. While aggressive detection and treatment programs have begun to show some promise of reducing the mortality rate for this disease, we still have a long way to go.

The Society support the continuation of prostate cancer research programs at the NIH, AHCPR, HRSA and CDC. These programs may yield better tests to detect prostate cancer at an early stage, new treatments to cure prostate cancer, and improved knowledge of the psychosocial and quality-of-life impacts of men diagnosed with prostate cancer.

Your legislation also recognizes the need for more information on how best to tackle the many challenges this disease brings. Specifically, the bill addresses the need for: additional research on the effectiveness of prostate cancer screening strategies; more data on how best to improve training, education, and skills of health practitioners with regards to prostate cancer; and more information about how men seek medical attention, make decisions about treatment, and follow-up on treatment recommendations.

All of this information would support the development and communication of messages by public and private health professionals about prostate cancer early detection and treatment for men and their families, as well as provide for the establishment of a prostate cancer screening program. The American Cancer Society believes that prostate cancer education, awareness and screening programs should give priority to those populations at high risk of developing this disease—specifically, African American and older men.

Lastly, your legislation takes a crucial first step at addressing several critical issues related to increasing access to prostate cancer screening and appropriate follow-up care. While the American Cancer Society recognizes that often an incremental approach to complex health care issues is preferable than attempting comprehensive reform or crafting multifaceted policy solutions, the Society asks that you and your colleagues take this opportunity to consider some of the larger health care quality and access challenges to our health care delivery system. We urge you to explore other legislative provisions that would help to assure access to quality care—for all patients—especially those disproportionately affected by cancer.

Again, the American Cancer Society applauds your leadership and support for the reauthorization of these valuable programs. Thank you for your continued dedication to cancer control and prevention.

Sincerely,

CHARLES J. McDONALD, MD,
President of the Board of Directors.

AMERICAN UROLOGICAL
ASSOCIATION, INC.,
Baltimore, MD, June 17, 1999.

Hon. BILL FRIST,
The U.S. Senate, Washington, DC.

DEAR SENATOR FRIST: As President of the American Urological Association (AUA), representing 9,200 urologists in this country, I would like to thank you for introducing the "Prostate Cancer Research and Prevention Act." The AUA supports this legislation, which recognizes that prostate cancer early detection and education are vital tools in the fight against prostate cancer. As you know, the American Cancer Society (ACS) estimates that 179,300 new cases of prostate cancer will be diagnosed in 1999, and that 37,000 men will die from this disease this year.

In a recent paper by Roberts et al (*Journal of Urology* 161:529, 1999), U.S. prostate cancer deaths per 100,000 men from the years 1989 to 1992 were compared to the years 1993 to 1997. The authors found that prostate cancer deaths have fallen significantly, and conclude that early detection may have led to a decline in prostate cancer deaths.

We would only point out a concern we have about the bill's reliance on the United States Preventive Services Task Force (USPSTF), which currently does not recommend prostate cancer early detection. This varies from the AUA and ACS policy positions (see attachment), and we believe this could send a confusing message to patients. Moreover, Congress enacted prostate cancer early detection coverage for Medicare beneficiaries aged 50 and older in 1997. We believe reliance on USPSTF could engender confusion about the value of prostate cancer early detection.

Again, thank you for introducing this important legislation, and we look forward to working with you to advance this effort. To coordinate any future efforts, please contact

Scott Reid, AUA Government Relations Manager.

Sincerely,

LLOYD H. HARRISON, M.D.,
President.

MEN'S HEALTH NETWORK,
Washington, DC, June 16, 1999.

Hon. BILL FRIST, M.D.,
Chairman, Subcommittee on Public Health, Senate Committee on Health, Education, Labor and Pensions, U.S. Senate, Washington, DC.

DEAR SENATOR FRIST: I am writing on behalf of the Men's Health Network (MHN) in support of legislation which will revise and extend the prostate cancer prevention health program at the Centers for Disease Control. We thank you for proposing this important legislation. As you know, educating the public as to the prevalence and risks of prostate cancer is of great importance in fighting this deadly disease.

As the baby boom generation ages, the risk of prostate cancer, if unchecked, will continue to increase. Prostate cancer is the most commonly occurring cancer in America, affecting about 200,000 men in 1999. Nearly 40,000 men will lose their lives to the disease this year. A man has a one in six chance of getting prostate cancer in his lifetime. If he has a close relative with prostate cancer his risk doubles. With two close relatives, his risk increases five-fold. With three close relatives, his risk is nearly 97%. Today, African-American men have the highest prostate cancer incidence rate in the world. The African-American mortality rate from the disease is more than twice that of the rate for Caucasian Americans.

With the right investment in education and research, prostate cancer is preventable, controllable and curable. There is no better time than National Men's Health Week for all of us to focus on prostate cancer and men's health. It is vitally important to educate not only men but their families as to the risk factors associated with this disease and the need for annual screenings.

Thank you for addressing this critical public health issue. If there is anything we can do in the future to assist in the passage of your bill, please do not hesitate to let us know.

Sincerely,

TRACIE SNITKER,
Government Relations.

By Mr. THOMPSON (for himself,
Mrs. LINCOLN, Mr. VOINOVICH,
Mr. KERREY, and Mr. BREAUX):
S. 1244. A bill to establish a 3-year pilot project for the General Accounting Office to report to Congress on economically significant rules of Federal agencies, and for other purposes; to the Committee on Governmental Affairs.

TRUTH IN REGULATING ACT OF 1999

Mr. THOMPSON. Mr. President, I rise to introduce the "Truth in Regulating Act." This legislation would establish a 3-year pilot project to support Congressional oversight to ensure that important regulatory decisions are effective, effective, and fair.

The foundation of the "Truth in Regulating Act" is the right of Congress and the people we serve to know about important regulatory decisions. Through the General Accounting Office, which serves as Congress' eyes and

ears, this legislation will help us get access to the important information that Federal agencies use to make regulatory decisions before the horse gets out of the barn. So, in a real sense, this legislation not only gives people the right to know; it gives them the right to see—to see how the government works, or doesn't. And by providing us with information that agencies use to make regulations, it will enable Congress to ensure that agency regulations are consistent with Congress' intent and the authority that Congress has delegated to the agencies by statute. This will make the regulatory process more transparent, more accountable, and more democratic. It will help improve the quality and fairness of important regulations. This will contribute to the success of programs the public values and improve public confidence in the Federal Government, which is a real concern today.

Under the 3-year pilot project established by this legislation, a Committee of either House of Congress may request the Comptroller General to review an economically significant rule as it is being developed. The Comptroller General shall submit a report no later than 180 calendar days after a committee request is received. This should allow Congress ample time to decide whether it wants to disapprove the rule under the Congressional Review Act. The Comptroller General's independent analysis of the rule shall include: an analysis of the potential benefits of the rule, the potential costs of the rule, any alternative approaches that could achieve the goal in a more cost-effective manner or that could produce greater net benefits, the extent to which the rule would affect State or local governments, and a summary of how the results of the analysis of the Comptroller General differ, if at all, from the results of agency analyses. The Comptroller General will have the discretion to develop the procedures for determining the priority of requests.

Mr. President, it is my hope that the "Truth in Regulating Act" will encourage Federal agencies to make better use of modern decisionmaking tools, such as risk assessment and benefit-cost analysis. Currently, these important tools often are viewed simply as options—options that aren't used as much or as well as they should be. The Governmental Affairs Committee has reviewed and developed a voluminous record showing that our regulatory process is not working as well as intended and is missing important opportunities to achieve greater benefits at less cost. On April 22, I chaired a hearing in which we heard testimony on the need for this proposal. The General Accounting Office has done important studies for Governmental Affairs and other committees showing that agency practices—in cost-benefit analysis, risk

assessment, and in meeting transparency and disclosure requirements of laws and executive orders—need significant improvement. Many other authorities support these findings.

All of us benefit when government performs well and meets the needs of the people it serves. I want to thank BLANCHE LINCOLN, GEORGE VOINOVICH, BOB KERREY, and JOHN BREAUX for joining me as original cosponsors of this bill. All of us on both sides of the aisle should pull together to improve the quality of our government. I urge by colleagues to support this important legislation.

I ask unanimous consent that the "Truth in Regulating Act" be printed in the RECORD.

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

S. 1244

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Truth in Regulating Act of 1999".

SEC. 2. PURPOSES.

The purposes of this Act are to—

- (1) increase the transparency of important regulatory decisions;
- (2) promote effective congressional oversight to ensure that agency rules fulfill statutory requirements in an efficient, effective, and fair manner; and
- (3) increase the accountability of Congress and the agencies to the people they serve.

SEC. 3. DEFINITIONS.

In this Act, the term—

- (1) "agency" has the meaning given such term under section 551(1) of title 5, United States Code;
- (2) "economically significant rule" means any proposed or final rule, including an interim or direct final rule, that may have an annual effect on the economy of \$100,000,000 or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; and
- (3) "independent analysis" means a substantive review of the agency's underlying assessments and assumptions used in developing the regulatory action and whatever additional analysis the Comptroller General determines to be necessary.

SEC. 4. PILOT PROJECT FOR REPORT ON RULES.

(a) IN GENERAL.—

(1) REQUEST OF REVIEW.—When an agency develops or issues an economically significant rule, the Comptroller General of the United States may review the rule at the request of a committee of either House of Congress.

(2) REPORT.—The Comptroller General shall submit a report on each economically significant rule selected under paragraph (4) to the committees of jurisdiction in each House of Congress not later than 180 calendar days after a committee request is received. The report shall include an independent analysis of the economically significant rule by the Comptroller General using any relevant data or analyses available to or generated by the General Accounting Office.

(3) INDEPENDENT ANALYSIS.—The independent analysis of the economically signifi-

cant rule by the Comptroller General under paragraph (2) shall include—

(A) an analysis of the potential benefits of the rule, including any beneficial effects that cannot be quantified in monetary terms and the identification of the persons or entities likely to receive the benefits;

(B) an analysis of the potential costs of the rule, including any adverse effects that cannot be quantified in monetary terms and the identification of the persons or entities likely to bear the costs;

(C) an analysis of alternative approaches that could achieve the statutory goal in a more cost-effective manner or that could provide greater net benefits, and, if applicable, a brief explanation of any reason why such alternatives could not be adopted;

(D) an analysis of the extent to which the rule would affect State or local governments; and

(E) a summary of how the results of the analysis of the Comptroller General differ, if at all, from the results of the analyses of the agency in promulgating the rule.

(4) PROCEDURES FOR PRIORITIES OF REQUESTS.—The Comptroller General shall have discretion to develop procedures for determining the priority and number of requests for review under paragraph (1) for which a report will be submitted under paragraph (2).

(b) COOPERATION WITH COMPTROLLER GENERAL.—Each agency shall cooperate with the Comptroller General by promptly providing the Comptroller General with such records and information that the Comptroller General determines necessary to carry out this Act.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to the General Accounting Office to carry out this Act \$5,200,000 for each of fiscal years 2000 through 2002.

SEC. 6. EFFECTIVE DATE AND DURATION OF PILOT PROJECT.

(a) EFFECTIVE DATE.—This Act and the amendments made by this Act shall take effect 90 days after the date of enactment of this Act.

(b) DURATION OF PILOT PROJECT.—The pilot project under this Act shall continue for a period of 3 years, if in each fiscal year, or portion thereof included in that period, a specific annual appropriation not less than \$5,200,000 or the pro-rated equivalent thereof shall have been made for the pilot project.

(c) REPORT.—Before the conclusion of the 3-year period, the Comptroller General shall submit to Congress a report reviewing the effectiveness of the pilot project and recommending whether or not Congress should permanently authorize the pilot project.

ADDITIONAL COSPONSORS

S. 51

At the request of Mr. BIDEN, the names of the Senator from Florida (Mr. GRAHAM) and the Senator from New York (Mr. MOYNIHAN) were added as cosponsors of S. 51, a bill to reauthorize the Federal programs to prevent violence against women, and for other purposes.

S. 61

At the request of Mr. DEWINE, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 61, a bill to amend the Tariff Act of 1930 to eliminate disincentives to fair trade conditions.

S. 285

At the request of Mr. MCCAIN, the name of the Senator from Kansas (Mr. BROWNBACK) was added as a cosponsor of S. 285, a bill to amend title II of the Social Security Act to restore the link between the maximum amount of earnings by blind individuals permitted without demonstrating ability to engage in substantial gainful activity and the exempt amount permitted in determining excess earnings under the earnings test.

S. 472

At the request of Mr. GRASSLEY, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 472, a bill to amend title XVIII of the Social Security Act to provide certain medicare beneficiaries with an exemption to the financial limitations imposed on physical, speech-language pathology, and occupational therapy services under part B of the medicare program, and for other purposes.

S. 495

At the request of Mr. BOND, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 495, a bill to amend the Clean Air Act to repeal the highway sanctions.

S. 632

At the request of Mr. DEWINE, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 632, a bill to provide assistance for poison prevention and to stabilize the funding of regional poison control centers.

S. 660

At the request of Mr. BINGAMAN, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 660, a bill to amend title XVIII of the Social Security Act to provide for coverage under part B of the medicare program of medical nutrition therapy services furnished by registered dietitians and nutrition professionals.

S. 801

At the request of Mr. SANTORUM, the name of the Senator from New Hampshire (Mr. SMITH) was added as a cosponsor of S. 801, a bill to amend the Internal Revenue Code of 1986 to reduce the tax on beer to its pre-1991 level.

S. 892

At the request of Mr. ROBB, his name was added as a cosponsor of S. 892, a bill to amend the Internal Revenue Code of 1986 to permanently extend the subpart F exemption for active financing income.

S. 894

At the request of Mr. CLELAND, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 894, a bill to amend title 5, United States Code, to provide for the establishment of a program under which long-term care insurance is made available to Federal employees and annuitants, and for other purposes.