In the Foreign Service nominations beginning...en by Richard Tsutomu Yoneoka, which nominations...ceived by the Senate and appeared in the...ongressional Record of July 1, 1999.

By Mr. CONRAD (for himself, Mr. HARKIN, Mr. BAYH, and Mr. RICHARDSON): S. 1451. A bill to amend title XI and XVIII of the Social Security Act to improve efforts to combat medicare fraud, waste, and abuse; to the Committee on Finance.

By Mr. HARKIN (for himself, Mr. HOL-LENBERG, Mr. BISHOP, and Mr. GRAMM): S. 1451. A bill to amend titles XI and XVIII of the Social Security Act to improve efforts to combat medicare fraud, waste, and abuse; to the Committee on Finance.

By Mr. SHELBY (for himself, Mr. BAYH, Mr. BRYAN, Mr. ROCKEFELLER, and Mr. BINGHAMAN): S. 1452. A bill to modernize the require-ments under the National Manufactured Housing Construction and Safety Standards of 1974 and to establish a balanced consensus process for the development, revision, and interpretation of Federal construction and safety standards for manufactured homes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. FRIST (for himself, Mr. FEN-GOLD, Mr. BROWNACK, and Mr. LIEBERMAN): S. 1453. A bill to facilitate relief efforts and a comprehensive solution to the war in Sudan; to the Committee on Foreign Re-la-tions.

By Mr. ROBB (for himself, Mr. LAUTENBERG, Mr. CONRAD, Mr. HARKIN, Mr. KENNEDY, Mr. DASCHLE, Mr. RED, Mrs. MURRAY, Mr. LEVIN, Mr. CLELAND, Mr. DODD, Mr. TORRECELLI, Mr. SCHUMER, Mrs. LINCOLN, Mr. JOHNSON, Mr. WELLSTONE, Mr. KERRY, Mr. KERRY, and Mr. AKAKA): S. 1454. A bill to amend the Internal Revenue Code of 1986 to expand the incentives for the construction and renovation of public schools and to provide tax incentives for cor-portations to participate in cooperative agreements with public schools in distressed areas; to the Committee on Finance.

By Mr. ABRAHAM (for himself and Mr. FENGOLD): S. 1455. A bill to enhance protections against fraud in the offering of financial as-sistance for college education, and for other purposes; to the Committee on the Judici-ary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. HELMS (for himself and Mr. BIDEN): S. Res. 168. A resolution paying a gratuity to Mary Lyda Nance; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. WELLSTONE (for himself, Mr. KENNEDY, Mr. INOUYE, Mr. DASCHLE, and Mr. MOYNIHAN):

By Mr. CONRAD (for himself, Mr. FRIST, Mr. ROBB, Mr. INOUYE, Mr. THOMSON, Mr. MUKOWSKI, and Mr. DEWINE):

S. 1449. A bill to amend the Food Security Act of 1985 to authorize the annual enroll-ment of land in the wetlands reserve pro-gram, to extend the program through 2005, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. BIDEN (for himself, Mr. BAYH, and Mr. MILLS):

S. 1450. A bill to authorize the Secretary of Transportation to convey a Navy Defense Reserve Fleet vessel to the Glacier Society, Inc., of Bridgeport, Connecticut; to the Com-mittee on Commerce, Science, and Transpor-tation.

By Mr. FRIST (for himself, Mr. FEIN-GOLD, Mr. BROWNACK, and Mr. LIEBERMAN): S. 1453. A bill to facilitate relief efforts and a comprehensive solution to the war in Sudan; to the Committee on Foreign Re-la-tions.

By Mr. ROBB (for himself, Mr. LAUTENBERG, Mr. CONRAD, Mr. HARKIN, Mr. KENNEDY, Mr. DASCHLE, Mr. RED, Mrs. MURRAY, Mr. LEVIN, Mr. CLELAND, Mr. DODD, Mr. TORRECELLI, Mr. SCHUMER, Mrs. LINCOLN, Mr. JOHNSON, Mr. WELLSTONE, Mr. KERRY, Mr. KERRY, and Mr. AKAKA):

S. 1454. A bill to amend the Internal Revenue Code of 1986 to expand the incentives for the construction and renovation of public schools and to provide tax incentives for cor-portations to participate in cooperative agreements with public schools in distressed areas; to the Committee on Finance.

By Mr. ABRAHAM (for himself and Mr. FENGOLD):

S. 1455. A bill to enhance protections against fraud in the offering of financial as-sistance for college education, and for other purposes; to the Committee on the Judici-ary.

FAIRNESS IN TREATMENT—THE DRUG AND ALCOHOL ADDICTION RECOVERY ACT OF 1999

Mr. WELLSTONE. Mr. President, I rise today to introduce legislation that will ensure that private health insur-ance companies cover the costs for drug and alcohol addiction treatment services at the same level that they pay for treatment for other diseases.

The purpose of this bill is to end discrim-ination in insurance coverage for drug and alcohol addiction treatment. This bill, entitled Fairness in Treatment: The Drug and Alcohol Addiction Recovery Act of 1999, offers the nec-essary provisions to provide this assur-ance.

For too long, the problem of drug and alcohol addiction has been viewed as a moral issue, rather than as a disease. Too often, a cloak of secrecy has sur-rounded this problem, causing people who have this disease to feel ashamed and afraid to seek treatment for their symp-toms for fear that they will be seen as admitting to a moral failure, or a weakness in character. We have all seen portrayals of alcoholics and ad-dicts that are intended to be humorous or derogatory, and only reinforce the biases against people who have prob-lems with drug and alcohol addiction. I cannot imagine this type of portrayal of someone who has another kind of chronic illness, a heart problem, or who happens to carry a gene that pre-disposes them to diabetes.

It has been shown that some forms of addiction have a genetic basis, and yet we still try to deny the serious medical nature of this disease. We think of those with this disease as somehow dif-ferent from us. We forget that someone who has a problem with drugs or alco-hol can look just like the person we see in the mirror, or the person sitting next to us at work or on the sub-way, or like someone in our own fam-ily. In fact, it is likely that most of us know someone who has experienced drug and alcohol addiction, within our families or our circle of friends or co-workers.

Alcoholism and drug addiction are painful, private struggles with stag-gering public costs. A study prepared by The Lewin Group for the National Institute on Drug Abuse and the Na-tional Institute on Alcohol Abuse and Alcoholism, estimated that the total economic cost of alcohol and drug abuse to be $246 billion for 1992. Of this cost, $38 billion was due to drug addiction to illicit drugs and other drugs taken for non-medical purposes. This estimate includes addiction treatment and prevention costs, as well as costs associated with related illnesses, re-dused job productivity or lost earnings, and other costs to society such as crime and social welfare programs. This study also determined that these costs are borne primarily by governments (46 percent), followed by those who abuse drugs and members of their households...
(44 percent). According to this same study, private health and life insurance companies cover only 3.2 percent of the costs of drug abuse and 10.2 percent of the costs of alcohol abuse.

The health effects resulting from alcohol abuse can be very serious, even fatal. A 1996 article in Scientific American explained that excessive alcohol consumption causes more than 100,000 deaths in the U.S. each year. Of these deaths, twenty-four per cent are due to drunken driving, eleven percent are homicides, and eight percent are suicides. Alcohol contributes to cancers of the esophagus, larynx, and oral cavity, which account for seventeen percent of these deaths. Strokes related to alcohol use account for another nine percent of deaths. Alcohol causes several other ailments, such as cirrhosis of the liver. These ailments account for eighteen percent of the deaths.

We know that addiction to alcohol and other drugs contribute to other problems as well. Addictive substances have the potential for destroying the person who is addicted, their family, and their other relationships. We know, for example, that fetal alcohol syndrome is the leading known cause of mental retardation. If the woman who was addicted to alcohol could receive proper treatment, fetal alcohol syndrome for her baby would be 100 percent preventable and more than 12,000 infants born in the U.S. each year would not suffer from fetal alcohol syndrome, with its irreversible physical and mental damage. We know too of the devastation caused by addiction through violence between people is one of the consequences. A 1998 SAMHSA report outlined the links between domestic violence and substance abuse. We know from clinical reports that 25-50% of men who commit acts of domestic violence also have substance abuse problems. Treatment for domestic violence could help mend the link between the victim of abuse and use of alcohol and drugs, and recommended that after the woman’s safety has been addressed, the next step would be to help with providing treatment for her addiction as a step toward independence and health, and toward the prevention of the consequences for the children who suffer the same abuse either directly, or indirectly by witnessing the abuse.

People who have the disease of addiction can be found throughout our society. According to the 1997 National Household Survey on Drug Abuse published by SAMHSA, nearly 73 percent of all workers in the United States are employed. This number represents 6.7 million full-time workers and 1.6 million part-time workers. Although many of these workers could and should have insurance benefits that would cover treatment for this disease, they do not.

In addition to the health problems resulting from the failure to treat the illness, there are other serious consequences affecting the workplace, such as lower productivity, high employee turnover, elevated employee mistakes, accidents, and increased worker’s compensation insurance and health insurance premiums—all results of untreated addiction problems.

Whether you are a corporate CEO or a small business owner, there are simple, effective steps that can be taken—including providing insurance coverage for this disease, ready access to treatment, and workplace policies that support treatment—that can reduce these human and economic costs.

We know from the outstanding research conducted at NIH, through the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, that treatment center and outpatient treatment can be effective. That is the major finding from a NIDA-sponsored nationwide study of drug abuse treatment outcomes. The Drug Abuse Treatment Outcome Study (DATOS) tracked 10,000 people in nearly 100 treatment programs in 11 cities who entered treatment for addiction between 1991 and 1993. Results showed that for all four treatment types studied, there were reductions in the use of cocaine, heroin, and marijuana after treatment. Moreover, treatment resulted in other positive changes in behavior, such as fewer psychological symptoms and increased work productivity.

We must do more to prevent this illness and to treat those who are addicted to drugs and alcohol. Over the past few years, the principle of parity in insurance coverage for alcohol and drug rehabilitation and treatment has received the strong support of the White House, the Health, Labor, and Pensions highlighted the importance of ensuring insurance exclusively for alcohol and drug abuse treatment that are different from other medical and surgical services. This kind of denial of care for addiction treatment is not at all unique—the 1998 Hay Group Report on Employer Health Care Dollars Spent on Substance Abuse showed that from 1988 through 1992, the percentage of health benefit plans that had substantial benefits decreased by 74.5%, as compared to a 11.5% decrease for overall health care benefits.

Addiction to alcohol and drugs is a disease that affects the brain, the body, and the spirit. We must provide adequate opportunities for the treatment of addiction in order to help those who are suffering and to prevent the health and social problems that it causes. This legislation will take an important step in this direction by requiring that health insurance plans eliminate discrimination for addiction treatment. The costs for this are very low. A 1999 study by the Rand Corporation found that the cost to managed care health plans is now only about $5 per person per year for unlimited substance abuse treatment benefits to employees of big companies. A 1997 Milliman and Robertson study found that complete substance abuse treatment parity would increase per capita health insurance premiums by only one half of one percent, or less than $1 per member per month—without even considering any of the obvious savings that will result from treatment. Several studies have shown that for every $1 spent on treatment, more than $7 is saved in other health care expenses, and that these savings are in addition to the financial and other benefits of increased productivity, as well as participation in family and community life. Providing treatment for addiction also saves millions of dollars in the criminal justice system. Three weeks earlier from a drug overdose. This kind of denial of care for addiction treatment is not at all unique—the 1998 Hay Group Report on Employer Health Care Dollars Spent on Substance Abuse showed that from 1988 through 1992, the percentage of health benefit plans that had substantial benefits decreased by 74.5%, as compared to a 11.5% decrease for overall health care benefits.
CONGRESSIONAL RECORD—SENATE
18227
July 28, 1999
S. 1447

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 ‘‘Fairness in Treatment: The Drug and Alcohol Addiction Recovery Act of 1999.’’

SEC. 2. PARITY IN SUBSTANCE ABUSE TREATMENT BENEFITS.

(a) Group Health Plans.—
(1) Public Health Service Act Amendments.—
(A) In general.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–2 et seq.) is amended by adding at the end the following:

SEC. 2707. PARITY IN THE APPLICATION OF TREATMENT LIMITATIONS AND FINANCIAL REQUIREMENTS TO SUBSTANCE ABUSE TREATMENT BENEFITS.

‘‘(a) In general.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and substance abuse treatment benefits, the plan or coverage shall not impose treatment limitations or financial requirements on the substance abuse treatment benefits unless similar limitations or requirements are imposed for medical and surgical benefits.

(b) Construction.—Nothing in this section shall be construed—

(1) as requiring a group health plan (or health insurance coverage offered in connection with such a plan) to provide any substance abuse treatment benefits; or

(2) to prevent a group health plan or a health insurance issuer offering group health insurance coverage from negotiating the level and type of reimbursement with a provider for care provided in accordance with this section.

(c) Small Employer Exemption.—
(1) In general.—This section shall not apply to any group health plan (and group health insurance coverage offered in connection with a group health plan) for any plan year of a small employer.

(2) Definitions.—For purposes of this section—

(1) TREATMENT LIMITATION.—The term ‘‘treatment limitation’’ means, with respect to benefits under a group health plan or health insurance coverage, any day or visit limits imposed on coverage of benefits under the plan or coverage during a period of time.

(2) Financial requirement.—The term ‘‘financial requirement’’ means, with respect to benefits under a group health plan or health insurance coverage, any day or visit limits imposed on coverage of benefits under the plan or coverage during a period of time.

(3) Medical or surgical benefits.—The term ‘‘medical or surgical benefits’’ means benefits with respect to medical or surgical services, as defined under the terms of the plan or coverage, but does not include substance abuse treatment benefits.

(4) Substance abuse treatment benefits.—The term ‘‘substance abuse treatment benefits’’ means benefits with respect to substance abuse treatment services.

(5) Substance abuse services.—The term ‘‘substance abuse services’’ means any of the following items and services provided for the treatment of substance abuse:

(A) Inpatient treatment, including detoxification.

(B) Non-hospital residential treatment.

(C) Outpatient treatment. Including screening and assessment, medication management, individual, group, and family counseling; and relapse prevention.

(D) Prevention services, including health education and individual and group counseling to encourage the reduction of risk factors for substance abuse.

(E) Substance abuse.—The term ‘‘substance abuse’’ includes chemical dependency.

(F) Notice.—A group health plan under this part shall, at the time of enrollment, either (A) include in a summary of the plan provision made to each enrollee, or (B) provide a new enrollee with a summary plan provision on a separate sheet of paper with a cover letter stating that the enrollee will receive certain coverage under the plan.

(G) Conforming amendment.—Section 2723(c) of the Public Health Service Act (42 U.S.C. 300gg–23) is amended by striking ‘‘section 2704’’ and inserting ‘‘sections 2704 and 2707’’.

(G) ERISA Amendments.—
(A) In general.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1189 et seq.) is amended by adding at the end the following:

SEC. 714. PARITY IN THE APPLICATION OF TREATMENT LIMITATIONS AND FINANCIAL REQUIREMENTS TO SUBSTANCE ABUSE TREATMENT BENEFITS.

‘‘(a) In general.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and substance abuse treatment benefits under the plan, the requirements of this section shall be applied separately with respect to each such option.

(b) Definitions.—For purposes of this section—

(1) Treatment limitation.—The term ‘‘treatment limitation’’ means, with respect to benefits under a group health plan or health insurance coverage offered in connection with a group health plan for any plan year of the plan, the requirements of this section shall be applied separately with respect to each such option.

(c) Small Employer Exemption.—
(1) In general.—This section shall not apply to any group health plan (and group health insurance coverage offered in connection with a group health plan) for any plan year of the plan, the requirements of this section shall be applied separately with respect to each such option.

(2) Definitions.—For purposes of this section—

(1) Treatment limitation.—The term ‘‘treatment limitation’’ means, with respect to benefits under a group health plan or health insurance coverage offered in connection with a group health plan for any plan year of the plan, the requirements of this section shall be applied separately with respect to each such option.

(2) Financial requirement.—The term ‘‘financial requirement’’ means, with respect to benefits under a group health plan or health insurance coverage offered in connection with a group health plan for any plan year of the plan, the requirements of this section shall be applied separately with respect to each such option.

(3) Medical or surgical benefits.—The term ‘‘medical or surgical benefits’’ means benefits with respect to medical or surgical services, as defined under the terms of the plan or coverage, but does not include substance abuse treatment benefits.

(4) Substance abuse treatment benefits.—The term ‘‘substance abuse treatment benefits’’ means benefits with respect to substance abuse treatment services.

(5) Substance abuse services.—The term ‘‘substance abuse services’’ means any of the following items and services provided for the treatment of substance abuse:
Amended by inserting after section 9812, the 100 of the Internal Revenue Code of 1986 is posed for medical and surgical benefits.

Substance abuse treatment benefits unless offered in connection with such a plan) that health plan (or health insurance coverage of—

The imposition of the requirements of this section shall be treated as a material modification in the terms of the plan described in section 104(b)(1), for purposes of assets notice of such requirements under the plan; except that the summary description required to be provided under the last sentence of section 104(b)(1) with respect to such modification shall be provided by not later than 60 days after the first day of the first plan year in which such requirements apply.

(B) CONFORMING AMENDMENTS.—

(i) Section 731(c) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191(c)) is amended by striking “section 711” and inserting “sections 711 and 712”.

(ii) Section 732(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191a(a)) is amended by striking “section 711” and inserting “sections 711 and 712”.

(iii) The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 is amended by inserting after the item relating to section 711 the following new item:

“Sec. 714. Parity in the application of treatment limitations and financial requirements to substance abuse treatment benefits.”

(3) INTERNAL REVENUE CODE AMENDMENTS.—

(A) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by inserting after section 9812 the following:

“Sec. 9813. Parity in the application of treatment limitations and financial requirements to substance abuse treatment benefits.”

(B) Construction.—Nothing in this section shall be construed—

(1) as requiring a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and substance abuse treatment benefits, the plan or coverage shall not impose treatment limitations or financial requirements on the substance abuse treatment benefits unless similar limitations or requirements are imposed for medical and surgical benefits.

(2) to prevent a group health plan or a health insurance issuer offering group health insurance coverage from negotiating the level and type of reimbursement with a provider of care provided in accordance with this section.

(C) SMALL EMPLOYER EXEMPTION.—

(1) IN GENERAL.—This section shall not apply to a group health plan (and group health insurance coverage offered in connection with a group health plan) for any plan year of a small employer.

(2) IN GENERAL.—For purposes of paragraph (1), the term ‘small employer’ means, in connection with a group health plan with respect to a calendar year and a plan year, an employer of at least 2 but not more than 25 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

“(3) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of this subsection—

(A) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—Rules similar to the rules under subsections (b), (c), (m), and (o) of section 419 of the Internal Revenue Code shall apply for purposes of treating persons as a single employer.

(B) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small employer shall be based on the number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

(C) PREDECESSORS.—Any reference in this subsection to an employer shall include a reference to any predecessor of such employer.

(d) SEPARATE APPLICATION TO EACH OPTION OFFERED.—In the case of a group health plan that offers a participant or beneficiary two or more benefit package options under the plan, the requirements of this section shall be applied separately with respect to each such option.

(e) DEFINITIONS.—For purposes of this section—

(1) TREATMENT LIMITATION.—The term ‘treatment limitation’ means, with respect to benefits under a group health plan or health insurance coverage, any day or visit limits imposed on coverage of benefits under the plan or coverage during a period of time.

(2) FINANCIAL REQUIREMENT.—The term ‘financial requirement’ means, with respect to benefits under a group health plan or health insurance coverage, any deductible, coinsurance, or cost-sharing or an annual or lifetime dollar limit imposed with respect to the benefits under the plan or coverage.

(3) MEDICAL OR SURGICAL BENEFITS.—The term ‘medical or surgical benefits’ means benefits with respect to inpatient services, and the services defined under the terms of the plan or coverage (as the case may be), but does not include substance abuse treatment benefits.

(4) SUBSTANCE ABUSE TREATMENT BENEFITS.—The term ‘substance abuse treatment benefits’ means benefits with respect to substance abuse treatment services.

(5) SUBSTANCE ABUSE TREATMENT SERVICES.—The term ‘substance abuse services’ means any of the following items and services provided for the treatment of substance abuse:

(A) Inpatient treatment, including detoxification.

(B) Non-hospital residential treatment.

(C) Outpatient treatment, including screening and assessment, medication management, individual, group, and family counseling, and rehabilitation services.

(D) Prevention services, including health education and individual and group counseling to encourage the reduction of risk factors for substance abuse.

(6) SUBSTANCE ABUSE.—The term ‘substance abuse’ includes chemical dependency.

(B) CONFORMING AMENDMENT.—The table of contents for chapter 100 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 9812 the following new item:

“Sec. 9813. Parity in the application of treatment limitations and financial requirements to substance abuse treatment benefits.”

(b) INDIVIDUAL HEALTH INSURANCE.—

(1) IN GENERAL.—Part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–41 et seq.) is amended by inserting after section 2732 the following:

“SEC. 2733. PARITY IN THE APPLICATION OF TREATMENT LIMITATIONS AND FINANCIAL REQUIREMENTS TO SUBSTANCE ABUSE BENEFITS.

“(a) IN GENERAL.—The provisions of section 2707 (other than subsection (e)) shall apply to any group health plan or coverage offered in connection with a group health plan in the small or large group market.

“(b) NOTICE.—A health insurance issuer under this part shall comply with the notice requirement under section 2707 (other than subsection (e)) of the Employee Retirement Income Security Act of 1974 with respect to the requirements referred to in subsection (a) as if such section applied to such issuer and such issuer were a group health plan.”

(2) CONFORMING AMENDMENT.—Section 2732(b)(2) of the Public Health Service Act (42 U.S.C. 300gg–62(b)(2)) is amended by striking “section 2731” and inserting “sections 2751 and 2753”.

(c) EFFECTIVE DATES.—

(1) IN GENERAL.—Subject to paragraph (3), the amendments made by subsection (a) shall apply with respect to group health plans for plan years beginning on or after January 1, 2000.

(2) INDIVIDUAL MARKET.—The amendments made by subsection (b) shall apply with respect to health insurance coverage offered, sold, renewed, and in effect in the individual market on or after January 1, 2000.

(3) COLLECTIVE BARGAINING AGREEMENTS.—

In the case of a group health plan maintained pursuant to 1 or more collective bargaining agreements between employer representatives and 1 or more employers ratified before the date of enactment of this Act, the amendments made subsection (a) shall not apply to plan years beginning before the later of—

(A) the date on which the last collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of enactment of this Act), or

(B) January 1, 2000.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by subsection (a) shall not be treated as a termination of such collective bargaining agreement, or operated in the individual market on or after January 1, 2000.

(4) COORDINATED REGULATIONS.—

Section 104(1) of Health Insurance Portability and Accountability Act of 1996 is amended by striking “this subtitle (and the amendments made by this subtitle)” and inserting “the provisions of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, and the provisions of parts A and C of title VII of the Public Health Service Act, and chapter 100 of the Internal Revenue Code of 1986”.

CONGRESSIONAL RECORD—SENATE

July 28, 1999

18228
SEC. 2. PREEMPTION.

Nothing in the amendments made by this Act shall be construed to preempt any provision of State law that provides protections to enrollees that are greater than the protections provided under such amendments.

By Mr. CONRAD (for himself, Mr. Frist, Mr. Robb, Mr. Inouye, Mr. Thompson, Mr. Murkowski, and Mr. DeWine):
S. 1449. A bill to amend title XVIII of the Social Security Act to increase the payment amount for renal dialysis services furnished under the Medicare program; to the Committee on Finance.

MEDICARE RENAL DIALYSIS FAIR PAYMENT ACT OF 1999

Mr. CONRAD. Mr. President, today I am pleased to join Senator FRIST to introduce the Medicare Renal Dialysis Fair Payment Act of 1999.

In 1972, the Congress took important steps to ensure that elderly and disabled individuals with kidney failure receive appropriate dialysis care. At that time, Medicare coverage was extended to include dialysis treatments for beneficiaries with ESRD.

Over the last three decades, dialysis facilities have provided services to increasing numbers of kidney-failure patients under increasingly strict quality standards. However, it has come to my attention that reimbursement to dialysis facilities does not reflect the more stringent quality requirements placed upon dialysis providers.

Since 1983, reimbursement to dialysis facilities has actually declined. Today, according to the Medicare Payment Advisory Commission (MedPAC), dialysis facilities receive on average $122 per treatment, compared with $138 per treatment that they received in 1983. Adjusted for inflation, that estimate as too large. They mentioned that estimate as too large. They said the problem existed, but it wasn’t nearly as big as 10 percent. A few years ago, the Inspector General conducted the first-ever detailed audit of Medicare payments. That Chief Financial Officer audit found that fully 14 percent of Medicare payments in 1996, or over $23 billion, had been made improperly.

Mr. HARKIN. Mr. President, today I am introducing with Senator Holdings, Senator Biden, and Senator Graham an important piece of legislation that will help to protect and preserve Medicare.

For over ten years now, I have worked to combat fraud, waste and abuse in the Medicare program. As Chairman and now ranking Minority Member of the Senate Appropriations Subcommittee with oversight of the administration of Medicare, I’ve held hearing after hearing and released report after report documenting the extent of this problem. While virtually no one was paying attention to our effort for many years, we’ve succeeded in bracing on tax on the American people to crack down on Medicare fraud, waste, and abuse each year. Many questioned that estimate as too large. They said the problem existed, but it wasn’t nearly as big as 10 percent. A few years ago, the Inspector General conducted the first-ever detailed audit of Medicare payments. That Chief Financial Officer audit found that fully 14 percent of Medicare payments in 1996, or over $23 billion, had been made improperly.

To combat these substantial losses, we have put into place the reforms embodied in the Health Insurance Portability Act and the Balanced Budget Act. HCFA, the Inspector General and the Justice Department also have conducted aggressive enforcement to crack down on Medicare fraud, waste, and abuse. As a result, we have seen a dramatic decrease in these improper payments. According to the most recent Inspector General’s report, improper payments had been reduced from $23.2 billion in 1994, to $20.3 billion in 1997, to $12.6 billion in 1998.

Mr. DODD. Mr. President, I rise today to introduce legislation that would save a historic vessel from scrap heap. The Glacier, a 310 foot, 8,600 ton icebreaker was commissioned as a vessel of the U.S. Navy in 1955. It made 39 trips to the North and South poles; made the deepest penetration of the Antarctic by sea in 1961; rescued explorer Sir Vivian Fuchs; and was the largest icebreaker of its time. Currently, the Glacier is part of the reserve fleet awaiting disposition as scrap or transfer to the Glacier Society, a group dedicated to restoring the Glacier.

This bill would simply convey the Glacier from the reserve fleet to the Glacier Society. The Society is mainly composed of active and retired servicemen who served aboard the Glacier and is headed by Ben Koether, one of the ship’s former crewmen. His vision is that the Glacier will operate as a museum and scientific laboratory. Both in port and underway, the Glacier Society hopes to provide hands-on training to children and adults while teaching the story of Polar exploration.

By passing the title of the Glacier to the Glacier Society, Congress will save taxpayers roughly $200,000 per year, enable the development of unique educational opportunities, contribute to the nation’s maritime heritage and preserve a piece of history. I look forward to the day when the Glacier Society’s vision for the Glacier is achieved. Passage of this bill would be the first step toward realization of that vision.

By Mr. HARKIN (for himself, Mr. Hollings, Mr. Biden, and Mr. Graham):
S. 1451. A bill to amend titles XI and XVIII of the Social Security Act to improve efforts to combat Medicare fraud, waste, and abuse; to the Committee on Finance.
who work very hard to improve the quality of life for all people. Through their efforts, Americans have the best quality of care in the world. But, unfortunately, there are a small minority of providers who take advantage of our health care system. This legislation is directly designed to deal with those situations. Further, it is clear that many mispayments to Medicare are the result of a simple lack of understanding of our often complex Medicare payment system. This legislation also addresses this problem by providing increased education and assistance for providers and by reducing the paperwork and administrative hassles that can often lead to innocent, but costly, billing errors.

The primary goal of this legislation is simply this—to ensure that Medicare pays for what it should pay for—and only what it should pay for.

The Medicare Waste Tax Reduction Act I am introducing today will take a number of important steps to stop the continued ravaging of Medicare. This, for example, would direct HCFA to double and better target audits and reviews to detect and discourage mispayments. Currently only a tiny fraction of Medicare claims are reviewed before being paid and less than 2 percent of providers receive a comprehensive audit annually. We must have the ability to separate needed care from bill padding and abuse.

Our bill would also give Medicare the authority to be a more prudent purchaser. As passed by the Senate, the Balanced Budget Act gave Medicare the authority to quickly reduce Part B payment rates (except those made for physician services) it finds to be grossly excessive when compared to rates paid by other government programs and the private sector. In conference, the provision was limited to reductions of no more than 15 percent. This bill would restore the original Senate language. In addition, to assure that Medicare gets the price it deserves given its status as by far the largest purchaser of medical supplies and equipment, Medicare would pay no more than any other government program for these items. Finally, overpayments for prescription drugs and biologicals would be eliminated by lowering Medicare’s rate to the lowest of either the actual acquisition cost or 83% of the wholesale cost.

Our bill would also give the Secretary of Health and Human Services greater flexibility in contracting for claims processing and payment functions on behalf of Medicare beneficiaries and providers. It would update Medicare contracting procedures and bring it more in line with standard contractual procedures already used across the Federal Government and therefore allow Medicare the ability to get much better value for its contracting dollars.

The Medicare Waste Tax reduction Act of 1999 would also ensure that Medicare does not pay for claims owed by other payers. Medicare pays claims that are owed by private insurers because it has no way of knowing a beneficiary is working and has private insurance that should pay first. This provision would reduce Medicare losses by requiring insurers to report any Medicare beneficiaries they insure. Also, Medicare would be given the authority to recover double the amount owed by insurers who purposely let Medicare pay claims they should have paid.

Additionally, coordination between Medicare and private insurers would be strengthened. Often, those ripping off Medicare are also defrauding private health plans. Yet, too little information Medicare rules is shared between Medicare and private plans. In order to encourage better coordination, health plans and their employees could not be held liable for sharing information with Medicare regarding health care fraud as long as the information is not false, or the person providing the information had no reason to believe the information was false.

Our bill would also expand the Medicare Senior Waste Patrol Nationwide. Seniors are our front line of defense against Medicare fraud, waste and abuse. However, too often, seniors don’t have the information they need to detect and report suspected mistakes and fraud. By moving the Waste Patrol nationwide, implementing important BBA provisions and assuring seniors have access to itemized bills we will strike an important blow to Medicare waste.

Another critical component of any success mechanism plan to cut the Medicare waste tax is to focus on prevention. Most of our efforts now look at finding and rectifying the problems after they occur. While this is important and we need to do even more of it, we all know that prevention is much more cost effective. The old adage “A stitch in time saves nine” was never more true. A major component of an enhanced prevention effort would be the provision of increased assistance and education for providers to comply with Medicare’s rules.

Further, a great deal of the mispayments made by Medicare are the result not of fraud or abuse, but of simple misunderstanding of Medicare billing rules by providers. Therefore, this bill provides $10 million a year to fund the Medicare waste tax as long as the information is not false, or the person providing the information had no reason to believe the information was false.

Our bill would also give the Secretary of Health and Human Services greater authority to recover overpayments made by other government programs for these items. Finally, overpayments for prescription drugs and biologicals would be eliminated by lowering Medicare’s rate to the lowest of either the actual acquisition cost or 83% of the wholesale cost.

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Sec. 21. Increased flexibility in contracting for claims processing requirements.

Sec. 22. Exemption of Inspectors General from Paperwork Reduction Act requirements.

SEC. 2. INCREASED MEDICAL REVIEWS AND ANTIFRAUD AND ANTIABUSIVE ACTIVITIES.

(a) IN GENERAL.—Section 1893(d) of the Social Security Act (42 U.S.C. 1395dd(d)) is amended by inserting after paragraph (3) the following:

"(4) In the case of fiscal year 2000 and each subsequent fiscal year, procedures to ensure that—

"(A) the number of medical reviews, utilization reviews, and fraud reviews in a fiscal year is equal to at least twice the number of such reviews that were conducted in fiscal year 1999; and

"(B) the number of provider cost reports audited in a fiscal year is equal to at least—

"(i) 15 percent of those submitted by a home health agency or a skilled nursing facility; and

"(ii) twice the number of such reports that were submitted in fiscal year 1999 for those submitted by any other provider of services or any other individual or entity furnishing items and services for which payment may be made under this title; and

"(C) in determining which providers of services, individuals, entities or cost reports to review or audit, priority is placed on providers, individuals, entities, and areas that the Secretary determines are subject to abuse and most likely to result in mispayment or overpayment recoveries.

(b) INCREASED APPROPRIATIONS FOR MEDICAID AND MEDICAID ACTIVITIES.—

(1) IN GENERAL.—Section 1817(k)(3)(A)(i) of the Social Security Act (42 U.S.C. 1395k(k)(3)(A)(i)) is amended—

(A) in subsection (IV), by striking "through 2003" and inserting "and 1999"; and

(B) by striking "and" at the end; and

(B) by redesignating subclause (III) as subclause (IV); and

(C) by inserting after subclause (II) the following:

"(III) for each of the fiscal years 2000 through 2004, the limit for the preceding fiscal year, increased by 25 percent; and

(2) ACTIVITIES.—Section 1817(k)(3)(A)(i) of the Social Security Act (42 U.S.C. 1395k(k)(3)(A)(i)) is amended—

(A) in subclause (IV), by striking "not less than $110,000,000 and not more than $120,000,000" and inserting "$100,000,000; and"

(B) in subclause (V), by striking "not less than $120,000,000 and not more than $130,000,000" and inserting "$100,000,000; and"

(C) in subclause (VI), by striking "not less than $150,000,000 and not more than $150,000,000" and inserting "$200,000,000; and"

(D) in subclause (VII), by striking "not less than $150,000,000 and not more than $160,000,000" and inserting "$200,000,000; and"

(e) INCREASE IN APPROPRIATED AMOUNTS FOR MEDICARE INTEGRITY PROGRAM.—Section 1817(k)(4) of the Social Security Act (42 U.S.C. 1395k(k)(4)) is amended—

(1) in subparagraph (A), by striking "such amounts as are necessary to carry out the Medicare Integrity Program under section 1893, subsections (B) and (C) and inserting "the amount appropriated under subparagraph (B), and such amount shall; and

(2) in subparagraph (B)—

(A) in clause (iv), by striking "such amount shall be less than $620,000,000 and not more than $630,000,000" and inserting "$780,000,000; and"

(B) in clause (v), by striking "such amount shall be less than $670,000,000 and not more than $680,000,000" and inserting "$800,000,000; and"

(C) in clause (vi), by striking "such amount shall be not less than $690,000,000 and not more than $700,000,000" and inserting "$800,000,000; and"

(D) in clause (vii), by striking "such amount shall be not less than $710,000,000 and not more than $720,000,000" and inserting "$800,000,000; and"

SEC. 3. OVERSIGHT OF HOME HEALTH AGENCIES.

(a) VALIDATION SURVEYS OF HOME HEALTH AGENCIES.—Section 1891(c) of the Social Security Act (42 U.S.C. 1395bb(c)) is amended by adding at the end the following:

"(3)(A)(i) The Secretary shall conduct on-site surveys of a representative sample of home health agencies in each State, in a sufficient number to allow inferences about the adequacies of each State's surveys conducted under this subsection.

"(i) A survey described in clause (i) shall be conducted by the Secretary within 2 months of the date of the survey conducted by the State and may be conducted concurrently with that survey.

"(ii) In conducting a survey described in clause (i), the Secretary shall use the same survey protocols as the State is required to use under this subsection.

"(iv) If, through a State survey, the State has determined that a home health agency is in compliance with the requirements specified in or pursuant to section 1861(o), this section, or this title, but the Secretary determines (after conducting the survey described in clause (i) that the facility does not meet such requirements, the Secretary's determination as to the facility's noncompliance with such requirements is binding and supersedes that of the State survey.

"(B) With respect to each State, the Secretary shall conduct surveys under subparagraph (A) each year with respect to at least 5 percent of the number of home health agencies surveyed by the State in the year, but in no case less than 5 home health agencies in the State.

"(C) If the Secretary finds, on the basis of such surveys, the agency fails to perform surveys as required under this subsection or that a State's survey and certification performance otherwise is not adequate, the Secretary shall provide for an appropriate remedy, which may include the training of survey teams in the State.

"(D) If the Secretary has reason to question the compliance of a home health agency with any of the requirements specified in or pursuant to section 1861(o), this section, or this title, the Secretary may conduct a survey of the agency and, on the basis of that survey, make independent and binding determinations concerning the extent to which the home health agency meets such requirements.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date of enactment of this Act.

SEC. 4. NO MARKUP FOR DRUGS OR BIOLOGICALS.

(a) IN GENERAL.—Section 1893(d) of the Social Security Act (42 U.S.C. 1395y(b)) is amended by adding at the end the following:

"(7) INFORMATION FROM GROUP HEALTH PLANS.—Section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) is amended by adding at the end the following:

"(A) PROVISION OF INFORMATION BY GROUP HEALTH PLANS.—The administrator of a whole sale price. Section 4556 of the Balanced Budget Act of 1997 is amended by striking subsection (c).
group health plan that is subject to the requirements of paragraph (A) and shall provide the Secretary with the information described in subparagraph (C) for each individual covered under the plan who is entitled to any benefits under this title. Such information shall be provided in such manner and at such times as the Secretary may specify (but in no case more frequently than 4 times per year).

‘‘(B) Provision of information by employers and employee organizations.—An employer (or employee organization) that maintains a group health plan that is subject to the requirements of paragraph (1) shall provide to the administrator of the plan the information described in subparagraph (C) for each individual covered under the plan who is entitled to any benefits under this title. Such information shall be provided in such manner and at such times as the Secretary may specify (but in no case more frequently than 4 times per year).

‘‘(C) Information.—The information described in subparagraph (A) is as follows:

(1) Elements concerning the individual—

(I) The individual’s name.

(II) The individual’s sex.

(III) The individual’s date of birth.

(IV) The individual’s social security insurance number.

(V) The employer assigned by the Secretary to the individual for claims under this title.

(VI) The family relationship of the individual to the person who has current or prior employment status with the employer.

(2) Elements concerning the family member with current or prior employment status—

(I) The name of the person in the individual’s family who has current or prior employment status with the employer.

(II) That person’s social security insurance number.

(III) The number or other identifier assigned by the plan to that person.

(IV) The periods of coverage for that person under the plan.

(V) The employment status of that person (current or former employee) during those periods of coverage.

(VI) The claim(s) (of that person’s family members) covered under the plan.

(3) Plan elements—

(I) The items and services covered under the plan.

(II) The name and address to which claims under the plan are to be sent.

(III) The name, address, and tax identification number of the plan sponsor.

(4) Elements concerning the employer—

(I) The employer’s name.

(II) The employer’s address.

(III) The employer’s identification number of the employer.

(IV) The tax identification number of the employer if different than the number in clause (iii)(III).

(V) Use of identifiers.—The administrator of a group health plan shall utilize a unique identifier for the plan in providing information under subparagraph (A) and in other transactions, as may be specified by the Secretary, related to the provisions of this subsection. The Secretary may provide to the administrator the unique identifier described in the preceding sentence.

(E) Penalty for noncompliance.—Any individual who knowingly and willfully fails to comply with a requirement imposed by this paragraph shall be subject to a civil money penalty not to exceed $1,000 for each incident of such failure. The provisions of section 1128A (other than subsections (a) and (b)) shall apply to a civil money penalty under the previous sentence in the same manner as those provisions apply to a penalty for failure to provide information under section 1128A(a).

‘‘(F) Group health plan defined.—In this paragraph, the term ‘group health plan’ has the meaning given such term in paragraph (1)(A)(i).

(b) Effective date.—The amendment made by subsection (a) shall take effect on January 1, 2000.


(a) Subpoena authority.—Section 1128A(j)(1) of the Social Security Act (42 U.S.C. 1320a–7a(j)(1)) is amended by inserting “or an exclusion under section 1128,” after “subject to a civil monetary penalty under this section,”

(b) Clarifying amendments.—

(1) In general.—Section 1128A(j)(1) of the Social Security Act (42 U.S.C. 1320a–7a(j)(1)) is amended—

(A) by inserting “,... except that, in so applying such sections, any reference thereto in the Commissioner of Social Security or the Social Security Administration shall be considered a reference to the Secretary or the Department of Health and Human Services, respectively,” after “with respect to title II,” and

(B) by striking the second sentence.

(2) Authority.—Section 1128A(j)(2) of the Social Security Act (42 U.S.C. 1320a–7a(j)(2)) is amended to read as follows:—

“(2) The Secretary may delegate to the Inspector General of the Department of Health and Human Services any or all authority granted under this section or under section 1128.”

(c) Conforming amendments.—Section 1128 of the Social Security Act (42 U.S.C. 1320a–7a) is amended by adding at the end the following:

“(k) For provisions of law concerning the Secretary’s subpoena and injunction authority with respect to activities under this section, see subsections (j) and (k) of section 1128A.”

SEC. 7. Civil monetary penalties for services ordered or prescribed by an excluded individual or entity.

(a) In general.—Section 1128A(a)(1) of the Social Security Act (42 U.S.C. 1320a–7a(a)(1)) is amended—

(1) in subparagraph (D)—

(A) by inserting “,... ordered, or prescribed by such person” after “other item or service furnished”;

(B) by inserting “... pursuant to this title or title XVIII” in “period in which the person was excluded”;

(C) by striking “... pursuant to a determination by the Secretary” and all that follows therethrough “the provisions of section 1861(r)(2)(C)”;

and

(D) by striking “...” at the end;

(2) by redesignating subparagraph (E) as subparagraph (D);

(3) by adding after subparagraph (D) the following:

(E) is for a medical or other item or service ordered or prescribed by a person excluded (pursuant to this title or title XVIII) from the program under which the claim was made, and the person furnishing such item or service knows or should know of such exclusion, or “;

(b) Effective date.—The amendments made by subsection (a) shall apply to claims presented on or after the date of enactment of this Act.

SEC. 8. Civil monetary penalties for false certification of eligibility to receive partial hospitalization and hospice services.

(a) In general.—Section 1128A(b)(3) of the Social Security Act (42 U.S.C. 1320a–7a(b)(3)) is amended—

(1) in subparagraph (A)(i), by inserting “,... hospice care, or partial hospitalization services” after “... home health services”;

and

(2) in subparagraph (A)(ii), by inserting “,...” after “,...”.

(b) Effective date.—The amendments made by subsection (a) shall apply to documents executed on or after the date of enactment of this Act.


(a) Restricted applicability of bankruptcy law; voluntary transfer provisions to Medicare and Medicaid debts.—Title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended by inserting after section 1142 the following:

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claims by a debtor in bankruptcy for pay-
ment under the debtor’s claims schedule, for
whether the claim is allowable, and of the
amount payable, shall be made in accordance
with the provisions of this title and title XI.

(b) ATTORNEY FEES.—In the case of a debt owed to
the United States with respect to items or
services provided, or claims for payment
made, under this title (including a debt aris-
ing from an overpayment or a penalty, fine,
or assessment under title XI or this title),
the notices to the creditor of bankruptcy
petitions, denials, and refusals, required under
section 1112, United States Code (including
under section 342 of that title and section
2005(f) of the Federal Rules of Bankruptcy
Procedure), shall be given to the Secretary.

(c) PROVISION OF NOTICE.—The Secretary shall not be
considered to have satisfied this requirement
by giving such notice to a fiscal agent of
the Secretary if such fiscal agent does not
forward such notice to the appropriate debtor.

SEC. 10. IMPROVING PRIVATE SECTOR COORDINATION IN COMBATTING MEDICARE FRAUD.

(a) IN GENERAL.—Title XI of the Social
Security Act (42 U.S.C. 1301 et seq.) is amended by
inserting after section 1107 the following:

“(c) APPLICABLE INDIVIDUAL.—In sub-
section (a), the term ‘applicable individual’ means—

“(1) a Federal, State, or local law enforce-
ment official responsible for the investiga-
tion or prosecution of suspected health care
fraud offenses; or

“(2) any employee of a health plan or issuer
of a health plan.

(b) ATTORNEY’S FEES.—Any health plan,
issuer of a health plan, or employee of a
health plan shall be liable to any civil action
with respect to the provision of information
regarding suspected health care fraud,
including Federal health care offenses
(as defined in section 3730(c) of title 18, United
States Code) to an applicable individual un-
less such information is false and the person
providing it knew, or had reason to believe,
that such information was false.

(c) REIMBURSEMENT.—The amendments made by this section shall apply to petitions filed on or after the date of enactment of this Act.

SEC. 11. FEES FOR AGREEMENTS WITH MEDICARE PROVIDERS AND SUPPLIERS.

(a) FEES RELATED TO MEDICARE PROVIDER AND SUPPLIER AGREEMENTS AND ENROLLMENT.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended by adding at the end the following:

“(i) ENROLLMENT OF INDIVIDUALS AND ENTITIES THAT ARE NOT PROVIDERS OF SERVICES.—

The Secretary may establish a procedure for
enrollment of individuals or entities that are not providers of services subject to the provisions of subsection (a) but that furnish health care items or services under this title.

(2) FEES.—

“(a) IN GENERAL.—The Secretary may im-
pose fees for initiation and renewal of pro-
vider agreements under subsection (a) and for
periodic reenrollment of other individuals and
entities furnishing health care items or services under this title. The Secretary shall specify the amount of the fee. The full amount which the Secretary reasonably estimates to be sufficient to cover the
Secretary’s costs related to the process for initi-
ating and reviewing such agreements and en-
rollments.

“(b) FEES CREDITED TO SPECIAL FUND IN TREASURY.—Fees collected pursuant to
this paragraph shall be credited to a special fund of the United States Treasury, and shall remain available until expended, to the extent in
such amounts as provided in advance in
appropriations Acts, for the purpose of establish-
ning such program.

(b) RECOMMENDATIONS.—The committee des-
scribed in subsection (a) shall develop rec-
ommendations regarding the provision of services under the medicare program can be minimized in a manner that—

(1) increases the time health care providers that are subject to such requirements have to spend in direct patient care; and

(2) maintains medicare program integrity and compliance with anti-fraud and abuse require-
ments.

In developing such recommendations, the committee shall seek to streamline vari-
ations in administrative and paperwork re-
quirements between the medicare program and other government health programs and private health plans.

(c) REPORT.—

“(a) IN GENERAL.—Not later than June 1,
2000, the committee described in subsection
(a) shall submit a report to the Secretary of Health and Human Services, the Committees on Finance and Appropriations of the Senate and the Committees on Ways and Means, Commerce, and Appropriations of the House of Representatives.

(b) CONTENTS.—The report required under
paragraph (1) shall contain a detailed de-
scription of the matters studied pursuant to
subsection (a) and the recommendations de-
nounced in paragraph (1), including such legis-
al and administrative actions as the committee considers appropriate.

(d) AUTHORIZATION OF APPROPRIATIONS.—

“(a) IN GENERAL.—There are authorized to be
appropriated $1,000,000 for fiscal year 2000 to carry out the purposes of this section.

(2) AVAILABILITY.—Any sums appropriated
under this section shall remain available, without
fiscal year limitation, until expended.

SEC. 12. INCREASED MEDICARE COMPLIANCE, EDUCATION, AND ASSISTANCE FOR HEALTH CARE PROVIDERS.

(a) DEVELOPMENT OF PLAN.—Not later than 6 months after the date of enactment of this
Act, the Secretary of Health and Human Services shall, in consultation with health care provider representatives, develop and implement a comprehensive plan of activi-
ties to—

(1) maximize health care provider knowl-
edge of medicare program integrity require-
ments, including anti-fraud and abuse laws
and administrative actions under this
Act;

(2) assist health care providers with medi-
care program integrity compliance, includ-
ing educating such providers regarding com-
pliance with anti-fraud and abuse laws and
administrative actions under this
Act;

(3) develop improved computer technology
for health care providers to both reduce their
administrative hassles and facilitate their
compliance with medicare program require-
ments, including physician evaluation and
management guidelines; and

(4) otherwise improve compliance among
health care providers with rules and regula-
tions under the medicare program.

(b) FUNDING.—Notwithstanding any other
 provision of law, of the amounts appro-
 priated under title XVIII or a State health
 program; and

(c) DEVELOPMENT OF PROGRAM.—The Secretary shall
implement a comprehensive plan of activi-
ties in consultation with health care provider
representatives, develop and
implement such program.

In developing such recommendations, the
committee shall seek to streamline vari-
ations in administrative and paperwork re-
quirements between the medicare program
and other government health programs and
private health plans.

(3) contents.—The report required under
paragraph (1) shall contain a detailed de-
scription of the matters studied pursuant to
subsection (a) and the recommendations de-
nounced in paragraph (1), including such legis-
al and administrative actions as the committee considers appropriate.

(d) AUTHORIZATION OF APPROPRIATIONS.—

“(a) IN GENERAL.—There are authorized to be
appropriated $1,000,000 for fiscal year 2000 to carry out the purposes of this section.

(2) AVAILABILITY.—Any sums appropriated
under this section shall remain available, without
fiscal year limitation, until expended.

SEC. 14. CLARIFICATION OF APPLICATION OF SANCTIONS TO FEDERAL HEALTH CARE PROGRAMS.

(a) COVERAGE OF EMPLOYMENT.—Section
1128 of the Social Security Act (42 U.S.C. 1320a–7) is amended—

(1) in subsection (a), in the matter pre-
ceding paragraph (1), by inserting “(includ-
ing employment under)” after “participation in”;

(2) in subsection (b), in the matter pre-
ceding paragraph (1), by inserting “(includ-
ing employment under)” after “participation in”;

(b) APPLICATION UNDER CIVIL MONY PENAL-
TY AUTHORITY.—Section 1128A of the So-
cial Security Act (42 U.S.C. 1320b–7a) is amended—

(1) in subsection (a)(4), by striking “pro-
gram under title XVIII or a State health care program” and inserting “Federal health care program in each place it appears;

(2) in subsection (a)(5)—

(A) by striking “title XVIII of this Act, or
under a State health care program (as de-
named in subsection (b) of this section)” and inserting “a Federal health care program;” and

(B) by striking “title XVIII, or a State
health care program (as so defined)” and in-
serting “such program”; and

(c) in the last sentence of subsection (a), by
striking “and the appropriate State
agency to exclude the person from participation in any State health care program; and (4) in subsection (b), by striking “State agency or agencies administering or supervising the administration of State health care programs” and inserting “Federal or State agency or agencies administering or supervising the administration of any Federal health care program”.

(c) **APPLICATION OF WAIVER PROVISIONS TO FEDERAL HEALTH CARE PROGRAMS.**—Section 1128 of the Social Security Act (42 U.S.C. 1320a–7) is amended—

(1) in subsection (c)(3)(B), by striking “upon the request of a State” and inserting “upon the request of the director of a Federal health care program”;

(2) in subsection (d)(3)(B)(i)—

(A) by striking “State health care program” and inserting “Federal health care program”;

(B) by striking “State agency” and inserting “Federal or State agency”; and

(3) in subsection (d)(3)(B)(ii), by striking “Federal health care program” and inserting “Federal health care program (other than under title XVIII)”.

(d) **NOTICE PROVISION REGARDING FEDERAL HEALTH CARE PROGRAMS.**—Section 1128 of the Social Security Act (42 U.S.C. 1320a–7) is amended—

(1) in the heading of subsection (d), by striking “TO STATE AGENCIES AND EXCLUSION UNDER STATE HEALTH CARE PROGRAMS” and inserting “AND EXCLUSION UNDER FEDERAL HEALTH CARE PROGRAMS”;

(2) in subsection (d)(1), by striking “State” and inserting “Federal”;

(3) in subsection (d)(1)(A) by striking “State agency” and inserting “Federal or State agency” each place it appears; and

(B) by striking “State health care program” and inserting “Federal health care program” each place it appears;

(4) in subsection (d)(3)(A), by striking “State” and inserting “Federal”; and

(5) in subsection (g)(3)—

(A) by striking “State agency” and inserting “Federal or State agency”; and

(B) by striking “State health care program” and inserting “Federal health care program”.

(e) **USE OF DEFINITION OF FEDERAL HEALTH CARE PROGRAMS IN FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM AS A FEDERAL HEALTH CARE PROGRAM.**—Section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f)) is amended—

(1) in the matter preceding paragraph (1), by inserting “and sections 1128 and 1128A” after “this section”; and

(2) in paragraph (1), by striking “other than the health insurance program under chapter 89 of title 5, United States Code”;

(3) in subsection (g)(3), by striking “Federal or State agency” each place it appears;

(a) **COMMERCIAL CLAIMS AUDITING SYSTEMS.**—

(1) **IN GENERAL.**—Section 1320a–7b(f) of the Social Security Act is amended—

(A) in clause (i), by striking “, or” at the end and inserting a semicolon; and

(B) by inserting after clause (ii) the following:

“(iii) if the least expensive amount that the supplier of the item is paid by a Medicare+Choice organization for such item; or

(iv) the least expensive amount that the supplier of the item is paid by any Federal health care program (as defined in section 1128B(f)) for such item;”;

(2) by adding at the end the following:

“(E) ADMINISTRATIVE COSTS.—

“(i) IN GENERAL.—Except as provided in clause (ii), if—

“(I) the payment amount for an item is covered under clauses (iii) or (iv) of subparagraph (B); and

“(II) the Secretary determines that the administrative costs associated with billing and receiving reimbursement from the Secretary for the item exceeds the administrative costs associated with providing such item to a Medicare+Choice organization or another Federal health care program (as so defined); then the Secretary shall adjust the payment rate for such item to reflect such excess.

“(ii) LIMITATION.—In no case may the payment rate for an item that is adjusted under clause (i) exceed the payment rate for such item determined in clauses (i) and (ii) of subparagraph (B).

“(iii) COLLECTION OF INFORMATION.—The Secretary shall collect from durable medical equipment suppliers that receive reimbursement under Federal programs (as so defined) such information as the Secretary determines is necessary in order to make the determination described in clause (ii)(I).

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall apply to items provided on or after January 1, 2000.

(f) **AUTHORITY TO EXCLUDE FROM FEDERAL HEALTH CARE PROGRAMS.**—Section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f)) is amended—

(1) in clause (i), by striking “, or” at the end and inserting a semicolon; and

(2) by inserting after clause (ii) the following:

“(iii) the least expensive amount that the supplier of the item is paid by a Medicare+Choice organization for such item; or

(iv) the least expensive amount that the supplier of the item is paid by any Federal health care program (as defined in section 1128B(f)) for such item;”.

(g) **DEFINITIONS.**—In this section—

(1) the term “payment amount” has the meaning given such term in section 1128B(f) of such act;

(2) the term “Secretary” means the Secretary of Health and Human Services.

(h) **SHARING INFORMATION WITH STATE AGENCIES.**—Section 1128A of the Social Security Act (42 U.S.C. 1320a–7a) is amended—

(1) in subsection (a), by striking “shall be used” and inserting “shall be used as”;

(2) in subsection (b), by striking “to” and inserting “with”;

(3) in subsection (c)(1), by striking “, or” at the end and inserting a semicolon; and

(4) by striking “to the Secretary” and inserting “with the Secretary”.

(i) **ALTERNATIVE SYSTEMS.**—Section 1128A–2(b) of the Social Security Act (42 U.S.C. 1320a–7a–2(b)) is amended—

(1) in the first sentence, by striking “eligibility to provide services under this Act on a reimbursable basis” and inserting “participation in such program”;

(2) in the second sentence, by striking “other than the health insurance program under chapter 89 of title 5, United States Code”;

(3) in subsection (c), by striking “other than the health insurance program under section 1128B(f)” and inserting “other than the Medicare+Choice program”;

(4) in subsection (d)(2), by striking “the least expensive amount that the supplier of the item is paid by a Medicare+Choice organization for such item; or

(5) in subsection (d)(3)(B)(i) and (ii), by striking “, or” at the end and inserting a semicolon; and

(6) by striking “to the Secretary” and inserting “with the Secretary”.

(j) **EFFECTIVE DATE.**—

(1) in general.—Subject to paragraph (2), the amendments made by this section shall take effect on the date of enactment of this Act.

(2) CONVICTIONS UNDER FEDERAL HEALTH CARE PROGRAMS. —The amendments made by subsection (e)(2) shall apply, with respect to convictions under the health insurance program under chapter 89 of title 5, United States Code, to convictions that occurred on or after the date of enactment of this Act.

SEC. 15. PAYMENTS FOR DURABLE MEDICAL EQUIPMENT.

(a) **IN GENERAL.**—Section 1395f(a)(1) of the Social Security Act is amended—

(1) in subparagraph (B), by striking “upon the request of a State” and inserting “upon the request of the director of a Federal health care program”; and

(2) by striking “Federal or State agency or agencies administering or supervising the administration of any Federal health care program” and inserting “Federal health care program (other than under title XVIII)”.

(b) **NOTICE PROVISION REGARDING FEDERAL HEALTH CARE PROGRAMS.**—Section 1395f(a)(1) of the Social Security Act (42 U.S.C. 1395f(a)(1)) is amended—

(1) in the first sentence, by striking “TO STATE AGENCIES AND EXCLUSION UNDER STATE HEALTH CARE PROGRAMS” and inserting “AND EXCLUSION UNDER FEDERAL HEALTH CARE PROGRAMS”;

(2) in subsection (d)(3)(A), by striking “Federal or State agency” each place it appears; and

(B) by striking “State health care program” and inserting “Federal health care program” each place it appears;

(3) in subsection (d)(3)(B)(i)—

(A) by striking “State health care program” and inserting “Federal health care program”;

(B) by striking “State agency” and inserting “Federal or State agency”; and

(3) in subsection (d)(3)(B)(ii), by striking “Federal or State agency” each place it appears; and

(B) by striking “State health care program” and inserting “Federal health care program”.

(c) **APPLICATION OF WAIVER PROVISIONS TO FEDERAL HEALTH CARE PROGRAMS.**—Section 1395f(a)(1) of the Social Security Act (42 U.S.C. 1395f(a)(1)) is amended—

(1) in the matter preceding paragraph (1), by inserting “and sections 1128 and 1128A” after “this section”; and

(2) in paragraph (1), by striking “other than the health insurance program under chapter 89 of title 5, United States Code”;

(3) in subsection (g)(3), by striking “other than the Medicare+Choice program” and inserting “other than the Medicare+Choice program”;

(4) in subsection (h), by striking “to the Secretary” and inserting “with the Secretary”.

(d) **DEFINITIONS.**—In this section—

(1) the term “payment amount” has the meaning given such term in section 1128A(f) of such act;

(2) the term “Secretary” means the Secretary of Health and Human Services.

SEC. 16. IMPLEMENTATION OF COMMERCIAL CLAIMS AUDITING SYSTEMS.

(a) **COMMERCIAL CLAIMS AUDITING SYSTEMS.**—

(1) **IN GENERAL.**—Not later than 90 days after the date of enactment of this Act, the Secretary shall require Medicare carriers to use commercial claims auditing systems in the processing of claims under part B of the Medicare program in order to ensure that such information is protected from disclosure under section 552(b) of title 5, United States Code.

(2) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall apply to items provided on or after January 1, 2000.
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(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply to services furnished on or after the first day of the third month beginning after the date of enactment of this Act.

(b) QUALIFICATIONS FOR COMMUNITY MENTAL HEALTH CENTER.—(1) Section 1913(a)(2) of the Social Security Act (42 U.S.C. 1396a(a)(2)) is amended—

(3) CONFORMING AMENDMENTS.—(A) Section 1913(a)(2) of the Social Security Act (42 U.S.C. 1396a(a)(2)) is amended—

(1) I N GENERAL.—There are authorized to be appropriated $25,000,000 in fiscal year 2000, and such sums as may be necessary for the purpose of carrying out, and expenses incurred in connection with, the Omnibus Consolidated Appropriations Act, 1997 (Public Law 104–208).

SEC. 3. Limitation on payment for partial hospitalization services.

The Secretary shall be completed not later than 1 year after the date of enactment of this Act.

SEC. 21. EXPANSION OF MEDICARE SENIOR WASTE PATROL NATIONALWIDE.

There are authorized to be appropriated $25,000,000 in fiscal year 2000, and such sums as are necessary for fiscal years 2001 through 2003, for the purpose of carrying out, and expanding nationwide, the Health Care Anti-Fraud, Waste and Abuse Community Volunteer Demonstration Projects conducted by the Administration on Aging pursuant to the Omnibus Consolidated Appropriations Act, 1997 (Public Law 104–208).

SEC. 19. APPLICATION OF INHERENT REASONABleness TO ALL PART B SERVICES OTHER THAN PHYSICIANS’ SERVICES.

(1) I N GENERAL.—Section 1861(s)(9) of the Social Security Act (42 U.S.C. 1395x(s)(9)) is amended—

(ii) DEFINITIONS.—In this subparagraph—

SEC. 18. EXPANSION OF MEDICARE SENIOR WASTE PATROL NATIONALWIDE.

There are authorized to be appropriated $25,000,000 in fiscal year 2000, and such sums as are necessary for fiscal years 2001 through 2003, for the purpose of carrying out, and expanding nationwide, the Health Care Anti-Fraud, Waste and Abuse Community Volunteer Demonstration Projects conducted by the Administration on Aging pursuant to the Omnibus Consolidated Appropriations Act, 1997 (Public Law 104–208).

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(ii) DEFINITIONS.—In this subparagraph—

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(ii) DEFINITIONS.—In this subparagraph—

SEC. 19. APPLICATION OF INHERENT REASONABleness TO ALL PART B SERVICES OTHER THAN PHYSICIANS’ SERVICES.

(1) I N GENERAL.—Section 1861(s)(9) of the Social Security Act (42 U.S.C. 1395x(s)(9)) is amended—

(ii) DEFINITIONS.—In this subparagraph—

SEC. 19. APPLICATION OF INHERENT REASONABleness TO ALL PART B SERVICES OTHER THAN PHYSICIANS’ SERVICES.

(1) I N GENERAL.—Section 1861(s)(9) of the Social Security Act (42 U.S.C. 1395x(s)(9)) is amended—

(ii) DEFINITIONS.—In this subparagraph—
SEC. 21. INCREASED FLEXIBILITY IN CONTRACTING FOR AND IN ASSIGNING FISCAL INTERMEDIARY AND CARRIER FUNCTIONS.—

(a) Carriers To Include Entities That Are Not Insurance Companies.—Section 1842 of the Social Security Act (42 U.S.C. 1395d) is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by striking “with carriers” and inserting “with agencies and organizations (in this section referred to as ‘carriers’);” and

(2) by striking subsection (f).

(b) Secretarial Flexibility in Contracting for and in Assigning Fiscal Intermediary and Carrier Functions.—

(1) In general.—

(A) Section 1816(a) of the Social Security Act (42 U.S.C. 1395h(a)) is amended to read as follows:

“(a)(1) The Secretary may enter into contracts with agencies or organizations to perform all or parts of the following functions or parts of those functions (or, to the extent provided in a contract, to secure performance thereof by other organizations) to—

“(A) develop and implement the provisions of section 1878 and to such review by the Secretary as may be provided for by the contract the amount of the payments required pursuant to this part to be made to providers of services;

“(B) make payments described in subparagraph (A);

“(C) provide consultative services to institutions or agencies to enable them to establish and maintain fiscal records necessary for purposes of this part and to qualify for funds under section 1862(b); and

“(D) serve as a center for, and communicate to individuals entitled to benefits under this part and to providers of services, any information or instructions furnished to the agency or organization by the Secretary, and serve as a channel of communication from individuals entitled to benefits under this part and from providers of services to the Secretary;

“(E) make such audits of the records of providers of services as may be necessary to ensure that proper payments are made under this part;

“(F) perform the functions described by subsection (d); and

“(G) perform such other functions as are necessary to carry out the purposes of this part.

“(2) As used in this title and title XI, the term ‘fiscal intermediary’ means an agency or organization with a contract under this section.”.

(B) Section 1816(b)(1)(A) of the Social Security Act (42 U.S.C. 1395h(b)(1)(A)) is amended by striking “after applying the standards, criteria, and procedures” and inserting “after evaluating the ability of the agency or organization to fulfill the contract performance requirements”.

(C) Section 1816(d) of the Social Security Act (42 U.S.C. 1395h(d)) is amended to read as follows:

“(d) Each provider of services shall have a fiscal intermediary that—

“(1) acts as a single point of contact for the provider of services under this part;

“(2) makes its services sufficiently available to meet the needs of the provider of services; and

“(3) is responsible and accountable for arranging the resolution of issues raised under this part by the provider of services.”.
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SEC. 21. ELIMINATION OF SPECIAL PROVISIONS FOR TERMINATIONS OF CONTRACTS.—

(1) Section 1816 of the Social Security Act (42 U.S.C. 1395u) is amended—

(A) in subsection (b), in the matter preceding paragraph (1), by striking ''or renew'';

(B) in subsection (c), in the last sentence, by striking ''or renewing'';

and

(C) by striking section (g).

(2) Section 1842(b) of the Social Security Act (42 U.S.C. 1395a(b)(2)) is amended by striking paragraph (5).

(3) Section 1842(c) of the Social Security Act (42 U.S.C. 1395a(c)(1)) is amended—

(A) in the first sentence—

(i) by striking the comma after ''appropriate'' and inserting ''and'';

(ii) by striking ''and shall provide for payment'' and all that follows before the period; and

(B) by striking the second and third sentences.

(4) Section 1842(c)(1) of the Social Security Act (42 U.S.C. 1395a(c)(1)) is amended—

(A) in the first sentence—

(i) by striking ''section shall provide'' and inserting ''such section may provide''; and

(ii) by striking ''shall'' and providing all that follows before the period; and

(B) by striking the second and third sentences.

(5) Section 2326 of the Deficit Reduction Act of 1984 (42 U.S.C. 1395m note) is amended by striking section (a).

(6) SECRETARIAL FLEXIBILITY WITH RESPECT TO RENEWING CONTRACTS AND TRANSFER OF FUNCTIONS.—

(1) Section 1816(c) of the Social Security Act (42 U.S.C. 1395f(c)) is amended by adding at the end the following:

''(c)(1) Except as provided in laws with general applicability to Federal acquisition and procurement or in subparagraph (B), the Secretary shall use competitive procedures when entering into contracts under this section.

''(c)(2) The Secretary may renew a contract with a carrier under subsection (a) from term to term without regard to any provision of law requiring competition, if the carrier has met or exceeded the performance requirements established in the current contract.

''(c)(3) Functions may be transferred among carriers without regard to any provision of law requiring competition. However, the Secretary shall ensure that performance quality is considered in such transfers.''

SEC. 22. EXEMPTION OF INSPECTORS GENERAL FROM FEDERAL ACQUISITION REDUCTION ACT REQUIREMENTS.

(a) In General.—Chapter 35 of title 44, United States Code, is amended by inserting after section 3502 the following:

''3502a. Exemption of any Office of Inspector General

''This chapter shall not apply with respect to any Office of Inspector General established within an agency under the Inspector General Act of 1978.''

(b) Table of Contents Amendment.—The table of contents of chapter 35 of title 44, United States Code, is amended by adding after the item relating to section 3502 the following new item:

''3502a. Exemption of any Office of Inspector General.''

(c) Effective Date.—The amendments made by this section shall take effect on the date of enactment of this Act.

By Mr. SHELBY (for himself, Mr. BAYH, Mr. BRYAN, Mr. ROCKEFELLER, and Mr. BINGAMAN):

S. 1452. A bill to modernize the requirements under the National Manufactured Housing Construction and Safety Standards Act of 1974 and to establish a balanced consensus process for the development, revision, and interpretation of Federal construction and safety standards for manufactured homes; to the Committee on Banking, Housing, and Urban Affairs.

MANUFACTURING HOUSING IMPROVEMENT ACT.

Mr. SHELBY. Mr. President, today I rise to introduce a bipartisan bill with my colleagues, Senators BAYH, BRYAN, ROCKEFELLER and BINGAMAN. Entitled the "Manufactured Housing Improvement Act," (MHI) this bill is designed to modernize the requirements under the National Manufactured Housing Construction and Safety Standards Act of 1974 and to establish a balanced consensus process for the development, revision, and interpretation of Federal construction and safety standards for manufactured homes.

Many do not realize that the majority of new manufactured homes of today are completely different from those of twenty or even ten years ago, and that this is the fastest growing segment of the housing industry. Today nearly one out of four single family homes is a manufactured home, and the industry recently set a twenty-year sales record. There are good consumer-oriented reasons for this tremendous growth—manufactured homes offer quality and aesthetically pleasing housing at an average cost of $41,100, excluding the land.
Today, manufactured housing has lowered the threshold to the American Dream of home ownership for millions of American families, including first-time home buyers, senior citizens, young families, and single parents.

With 5.3 million American households in need of affordable housing, I believe it is imperative to update the laws that regulate the private sector solution to affordable housing. In order for the manufactured housing industry to remain competitive, Congress must modernize the National Manufactured Housing Construction and Safety Standards Act of 1974.

My bill would do just that. MHI would establish a consensus committee that would submit recommendations to the Secretary of Housing and Urban Development (HUD) for developing, amending, and revising the Manufactured Home Construction and Safety Standards. In addition, the committee would be authorized to interpret the standards and recommend appropriate regulations. Consumers will still be protected by HUD because the Secretary will have absolute authority to reject any recommendations for any reason, submitted by the consensus committee.

The Manufactured Housing Improvement Act would authorize the Secretary of HUD to use industry label fees for the administration of the consensus committee and the hiring of additional HUD staff in order to assure adequate consumer protection. The Secretary of HUD would also be authorized to use industry label fees to facilitate the availability and affordability of manufactured homes.

This legislation is a very significant step forward in that both consumer and industry participants, such as the Manufactured Home Construction and Safety Standards Act by the National Manufactured Housing Construction and Safety Standards Act of 1974. The bill also provides the Department of Housing and Urban Development (HUD) with the resources necessary to meet its obligations to manufactured homeowners.

Manufactured housing has evolved significantly in the last twenty-five years; it’s no longer the stereotypical mobile home. In fact, the vast majority of manufactured homes installed today are never moved once they have been sited. At an average cost of $40,000 for a new manufactured home, excluding land, manufactured housing is the fastest growing sector of the housing industry. One in every four new single family homes sold in the United States is a manufactured home. Manufactured housing provides many American families with the opportunity to own a home, not only safe, comfortable, and affordable housing. In addition, improvements in construction have led to the development of aesthetically pleasing homes. Most manufactured homes built today are manufactured to resemble traditional site built homes and are enjoyed by an array of Americans, including first time home buyers, senior citizens, and single parent families. Manufactured housing is an industry that not only provides affordable housing but also creates jobs. In my home state of Indiana, the manufactured housing industry employs more than 20,000 Hoosiers and has a total economic impact in my state of nearly $3 billion per year.

The Manufactured Housing Program at HUD, which oversees the industry, has faced many administrative challenges in the last decade. Lack of resources has prevented the program from keeping up with the changing needs of manufactured housing. While the industry has voluntarily implemented numerous code changes in recent years, many requests to review standards or regulations currently await action by HUD or have taken numerous years because of inadequate resources at the Department. Ten years ago, the number of HUD employees assigned to this program was 34. Today, only 8 HUD employees are responsible for this program. With the rapid growth in housing technology, it is imperative that HUD not only address these standards but do so in a timely fashion, allowing the industry to remain competitive while providing homeowners with the most advanced and quality housing.

Our legislation will remedy this situation by modernizing the program by implementing procedures in which all proposed construction and safety standards are addressed and considered in a reasonable time frame. The Manufactured Housing Improvement Act requires that any proposed standard or regulation be taken within one year after it has been proposed to the Secretary. This is an important provision. It requires the Secretary to act, but protects consumers by authorizing the Secretary to reject any proposal which is deemed to be adverse to consumers.

Finally, through the use of industry labeling fees, this legislation provides economic resources to the Secretary for the hiring of additional HUD program staff. The costs of operating this program and the re-staffing of the manufactured housing program will continue to be borne by the manufactured housing industry, not the taxpayer. Moreover, it is ensured that best practices are applied to the housing industry and that we support the modernization of housing technology. Manufactured housing is a valuable housing resource and provides access to homeownership for many Americans. I look forward to working with my colleagues to enact this legislation.

Mr. ROCKEFELLER. Mr. President, once again, I am joining Senator Shelby and other colleagues to introduce legislation intended to strengthen the manufactured housing industry. Manufactured housing provides a major source of affordable housing for American families, including seniors. This industry represents almost thirty percent of new single-family homes sold in the United States. In my state of West Virginia, manufactured housing represents over 60 percent of new homes.

Manufactured housing should play a strong role to increase the availability of affordable housing. This issue will be especially important to seniors who, according to a national survey, forty-five percent of households living in manufactured homes are headed by a person over 50 years old.

Manufactured housing is affordable housing, and it is the fastest growing type of housing nationally. The average cost of a new manufactured home without land in 1997 was $38,400, and even with land and installation fees this cost is well below the typical costs of a newly constructed site-built home.

But this industry faces challenges. Unlike other housing, manufactured housing is regulated by the 1974 National Manufactured Housing Construction and Safety Standards Act by the Department of Housing and Urban Development, (HUD). Because of reform in HUD management, the federal officials overseeing manufactured housing
have declined from 34 staff members at its peak to less than a dozen professional staff now. This occurred in spite of the fact that the industry has grown. Unfortunately, due to a lack of staff, HUD cannot keep pace with the need to update the code on a consistent basis and timely manner. In fact, between 1989 and 1996, a consensus committee has met 140 times to address changes for manufactured housing. Only 80 of these provisions are still pending in the Department. For example, the 1999 National Electrical Code has new, state-of-the-art standards but a given staffing shortage, how long will it take to update the electrical standards? Shouldn’t we address the staffing shortage, and get action on the lingering recommendations?

In 1990, Congress established a National Commission on Manufactured Housing, and pushed the commission to forge consensus on key issues for this important industry, unfortunately that effort collapsed in 1994.

This legislation is a new effort to address the challenges facing the industry. Introduction of the bill is just a first step. We all understand that the legislative process is designed to seek consensus and improve legislation. I believe that we must work hard to forge consensus among the industry, the manufacturers, and the consumers. This will be a challenge, but the potential rewards can be great for both sides. The industry can win and prosper with a more effective, streamlined regulatory process that keeps pace with improvements and standards. Consumers will win if safety standards and regulations are adopted more efficiently. Also, if the industry uses new standards to provide better housing, manufactured housing could be designed to meet a wider variety of needs including modules for assisted living.

The current system of regulations and oversight is not working for the industry, nor is it working as well as it should for consumers, according to a survey by senators. But when there are problems and concerns, all groups need to work together on a strategy for change.

This legislation is intended to promote a reform that will help both the industry and the consumers of manufactured housing. My hope is that all sides will work together to forge consensus about reform.

We should use this as an opportunity to come together and develop a new, improved strategy for manufactured housing. Affordable housing is a major issue for families and communities. Manufactured housing is playing a key role in affordable housing, but more could and should be done. To achieve success, we need to develop a bipartisan, consensus approach. We need to help the industry and assure consumers that safety and standards will be retained and improved, not weakened.

This is worth our combined effort to provide more affordable housing.

Mr. BINGAMAN. Mr. President, I am pleased to rise today as a co-sponsor of the Manufactured Housing Improvement Act. This Act has come about as a result of much negotiation between buyers of manufactured housing, the Housing and Urban Development Agency and manufacturers and dealers of manufactured housing. I commend the industry for coming to Congress with its plan to modify the Federal Manufactured Home Construction and Safety Standards Act of 1974. Over twenty years has elapsed since we comprehensively addressed the topic of safety and manufactured housing. Manufactured housing has changed significantly in the past twenty years. With the rise in the number of non-transportable manufactured housing, it is time we ensure that safety standards are up-to-date and adequate to address consumers’ concerns.

The Senate bill has eleven sections that cover everything from the establishment of a consensus Committee to a section encouraging secondary market securitization programs for FHA manufactured home loans and other loan programs. The new Consensus Committee will consist of 25 voting members and one non-voting member representing the Secretary of HUD. The Committee will represent a wide spectrum of interested parties, including but not limited to, home producers, retailers, lenders, insurers, consumers, consumer organizations, local public officials, and fire marshals. The Committee will be responsible for recommending amendments to the current safety standards and enforcement regulations to HUD.

Most notably, there is no funding being authorized in this bill. The Secretary of HUD is authorized to use the industry label fees to carry out the responsibilities under the Act and to administer the Consensus Committee.

Not only does manufactured housing provide an affordable housing option for New Mexicans, the overall economic impact of the manufactured housing industry on New Mexico is significant. In 1998, the total economic impact on the state was over $264 million. Approximately 2,000 New Mexicans are familiar with the 157 retailers in the state, many are not aware that we also have two manufacturers located in the state. Last year, these manufacturers produced over 1,000 homes and the entire industry was responsible for employing more than 2,000 people. Anyone driving the highways of New Mexico is familiar with the site of a manufactured home moving across Interstate 40 or Interstate 25. However, many New Mexicans may not know that almost 7,000 homes were shipped into the state in 1998 alone.

Manufactured housing serves an important role in New Mexico. With the rising cost of homes in the metropolitan areas, and even in the smaller northern communities, manufactured housing that has an average cost of only $42,900 enable many more individuals and families to become homeowners. Currently, 41.8% of the housing in New Mexico is manufactured housing.

I think this bill is important not only to New Mexico but to all owners of manufactured housing. With a focus on construction safety standards, consumers will be safer and more secure in their new homes. Both the manufactured housing industry and the Congress need to take the concerns raised in the survey conducted by the American Association of Retired Persons seriously. The Consensus Committee created by this bill will play an important role. I believe that the owners, the builders and the regulators work together to achieve a higher level of safety and consumer satisfaction.

I thank Senator SHELBY for introducing this bill and I encourage the Senate to take up this bill and pass this worthwhile legislation.

By Mr. FRIST (for himself, Mr. FEINGOLD, MR. BROWNBACK, and Mr. LIEBERMAN): S. 1453. A bill to facilitate relief efforts and a comprehensive solution to the war in Sudan; to the Committee on Foreign Relations.

Mr. FRIST. Mr. President, the United States has a tradition of defending our national interests overseas to reflect our values: freedom from persecution, freedom from religious intolerance, and the inalienable rights of self-determination and economic opportunity. In the twentieth century alone, we have sacrificed so much to defend those interests worldwide, based on the belief that freedom is truly an inalienable right, not simply for Americans, but for all peoples. Even now, in Kosovo and in Bosnia, we have been the world leaders in defending against the tyranny and oppression, believing that, although far away, injustice must be met with resolve.

Our response to the tragedy and injustice in Sudan has not been quite so aggressive. The radical Islamic regime in power in Sudan has coordinated a systematic campaign of terror against southern Sudan which includes calculated starvation, slavery, and the killing of innocent women and children. The war of low-level ethnic cleansing in Sudan has ground on for 16 years, claiming the lives of nearly 2 million and displacing over 4 million. That staggering number represents
more dead than the wars in Bosnia, Kosovo, Somalia, Afghanistan, and Chechnya combined. In terms of losses of life, it has been the costliest war this century since the Second World War. After 10 years of feeding the starving, with the war no closer to resolution than it was in 1983 when it began, we must change our approach. While we have been very generous as a Nation in terms of humanitarian relief, we have done little to address the causes of the war.

Along with my colleagues, Senator Feingold, Senator Brownback, and Senator Lieberman, I am introducing the “Sudan Peace Act,” which aims to strengthen American policy and resolve to end the status quo.

The timing of this initiative is critical. The Government of Sudan has published a list of demands that will effectively nullify our ability to impact Sudan. The incoming oil revenues will increase the tempo and lethality of the war. An increase in the lethality and tempo of the war will translate into more deaths and destruction, more shattered lives and more slaves. Thus, time is of the essence in supporting efforts to reach a comprehensive conclusion to the hostilities. Even under such grim circumstances, a glimmer of opportunity to push for a comprehensive solution to the conflict may be at hand. We must take full advantage of that chance, for without the leadership of the United States, the war will certainly drag on for many more years.

International relief operations have been in existence for 10 years with little change. The current arrangement allows Khartoum to manipulate our food donations as a weapon of mass destruction and terrorize and some-
the south. Again, a stronger society and economy in the south serves to dis- abuse Khartoum of the notion that it can win in terms of the battlefield and is thus a pressure point to push for commitment to a viable peace process. The reconciliation efforts between the Dinka and Nuer peoples is arguably the most significant development in recent years in terms of strengthening the areas outside of the government’s control and putting pressure on Khartoum to come to the table. Support for those efforts are critical. Finally, this position makes no assumption nor policy statement with regard to the eventual political status of the south.

The legislation also provides for an independent assessment of the humanitarian needs of certain regions in Sudan, which are heavily contested and thus can be used as leverage to strengthen humanitarian operations. The Nuba Mountains and its unique and fast-disappearing people and culture is especially vulnerable.

In an effort to reduce the diversion of food assistance to combatants, to strengthen the targeted population’s ability to defend themselves, and to provide for separation of combatants from ongoing humanitarian operations and the personnel who run them, the bill gives the President authority to provide direct food assistance to those forces protecting noncombatants from attacks by government or government-sponsored forces. However, such a program may only be conducted completely separate from current or future humanitarian operations and without compromising them.

Currently, the majority of relief agencies, both within and outside OLS, provide assistance only to combatants. Thus, hungry rebel forces routinely divert food aid away from delivery areas, either by taxation, or by taking the food outright. The result is that normal food distribution is disrupted and any reasonable separation between combatants and noncombatants is breached. Providing a separate mechanism to feed combatants—who will be receiving food aid in one form or another, regardless of the distribution scheme—hOILs the possibility of reducing diversions, maintain- ing a clear separation between combatant and noncombatants, and thus help- ing to minimize risk to relief agency personnel. Additionally, the necessity of pursuing food has seriously under- mined the effectiveness of those forces to defend the population in areas out- side of government control, as they must often demobilize for long periods of time to extract food from relief supplies or tend to farming or herding re- sponsibilities. The Administration should make a determination on the potential for such a program to meet the goals outlined in the section. This legislation gives the President the au- thority to do so, with strong provisions to protect current humanitarian oper- ations. Like other capacity building measures in this legislation, enhancing the ability of those in areas outside of government control to defend them- selves from government aggression will ultimately help to dissuade the govern- ment from continued prosecution of the war and will thus strengthen the push to engage in a comprehensive peace process.

These are all critical measures and opportunities which the United States must seize. Our policy has not done enough to change the status quo. Our generous response, which began in 1989, has grown and continued to feed more of the starved, yet as a response to the war, it has grown tepid. Unless we do all we can to end the conflict in Sudan, we are part of the problem. For sixteen years we have watched the construc- tion of a nation and the loss of millions of lives, ground into dust as the world misses opportunity after opportunity to stop it.

By Mr. ROBB (for himself, Mr. LAUTENBERG, Mr. CONRAD, Mr. HARKIN, Mr. KENNEDY, Mr. DASCHLE, Mr. REID, Mrs. MUR- RAY, Mr. LEVIN, Mr. CLELAND, Mr. DODD, Mr. TORRICELLI, Mr. SCHUMER, Mrs. LINCOLN, Mr. JOHNSON, Mr. WELLSTONE, Mr. KERRY, Mr. KERRY, and Mr. AKAKA):

S. 1454. A bill to amend the Internal Revenue Code of 1986 to expand the in- centives for the construction and ren- ovation of public schools and to pro- vide tax incentives for corporations to participate in cooperative agreements with public schools in distressed areas; to the Committee on Finance.

PUBLIC SCHOOL MODERNIZATION AND OVERCROWDING RELIEF ACT OF 1999

Mr. ROBB. Mr. President, I have come before this chamber on numerous occasions to urge our colleagues to find a way to give states and localities the additional resources they so urgently need to build and renovate our nation’s schools. In January, Senator LAUTEN- BERG and I, with several other col- leagues, introduced the Public School Modernization Act of 1999. In March, Senators LAUTENBERG, HARKIN, and I were unsuccessful in offering an amend- ment to this year’s budget resolution which called for $24.8 billion in zero-in- terest bonds as well as direct grants for school construction and repair. That amendment passed the Senate unani- mously. Regrettably the Senate Fi- nance Committee tax bill includes only minimal school infrastructure assist- ance, despite the opportunity we had in Committee to include much more sub- stantial infrastructure relief.

Proposals regarding school construc- tion have been offered from both sides of the aisle. Unfortunately, however, the debate about education infrastruc- ture needs and the federal role to ad- dress those needs has too often been partisan and has been characterized by an inability or an unwillingness to rec- ognize that there is no one-size-fits-all solution to the school construction di- lemma facing many of our nation’s school districts.

So today, I am pleased to be joined by Senators LAUTENBERG, CONRAD, HARKIN, KENNEDY, DASCHLE, REID, MURRAY, LEVIN, CLELAND, DODD, TORRICELLI, SCHUMER, LINCOLN, JOHN- SON, WELLSTONE, KERRY, KERRY, and AKAKA in introducing legislation de- signed to combine various bipartisan school construction proposals to create a menu of school construction financ- ing options. The Public School Mod- ernization and Overcrowding Relief Act of 1999 will help school districts build new schools to accommodate the record enrollments of elementary and secondary school students, help com- bating overcrowding. It will also help modernize schools to ensure that our children have the benefit of modern technology. And it will help repair old schools which have become outdated and unsafe.

Mr. President, 14 million children at- tend schools in need of extensive repair or replacement. Twelve million attend schools with leaky roofs, and 7 million attend schools with safety code viola- tions. The President of the Maine Educa- tion Association testified before the Health, Education, Labor and Pensions Committee recently and stated that there are schools in Maine that actu- ally turn the lights out when it rains because the electrical wiring is exposed under their leaky roofs.

Compounding the safety problem is the significant overcrowding in the na- tion’s schools. Across the country, there are thousands and thousands of trailers used for instruction—over 3,000 are in use in Virginia alone. So instead of attending science class equipped with the latest technology to conduct basic experiments, the children are going to class in poorly-ventilated portable trailers that can actually be harmful to their health.

Mr. President, Loudon County, Vir- ginia will need to build 22 new schools over the next six years to accommo- date its enormous population growth. Despite the help that our own Virginia General Assembly has approved, the state will only provide two to three percent of Virginia’s total school infra- structure needs. This isn’t just a Vir- ginia phenomenon; it’s a national cri- sis. The National Center for Education Statistics estimates that by 2003, the nation will need to build 2,400 new schools to accommodate record enroll- ments in our elementary and secondary schools.

In short, school boards should not be forced to choose between hiring an ad- ditional teacher or fixing a leaky roof. School superintendents should be in- stalling computer labs, not basic air
conditioning. And students should attend schools of the future, not relics of the past in.

The legislation we offer today will allow school districts to issue tax-exempt bonds for school construction. Localities will be able to save significant amounts of money on capital improvements projects, as the federal government would give bondholders a tax credit in the amount of the interest that the locality would otherwise be required to pay. The legislation also knocks down a statutory hurdle which currently hinders more private sector involvement in public education by allowing private entities to pool resources with states and localities to build and renovate school buildings. Furthermore, if a state or locality has previously issued bonds at a time when interest rates were high, this legislation would allow them to essentially refinance that debt to take advantage of today’s lower interest rates. The legislation will also make it easier for small and medium-sized issuers to issue a greater number of bonds without being subject to onerous arbitrage requirements. All of these provisions provide states and localities with choices. Under this legislation, our states and localities will be able to avail themselves of those provisions that best suit their financial needs. The bill creates a menu of options through which states and localities can assemble their own financing packages.

Mr. President, as a former governor, I acknowledge that education is primarily a state and local responsibility. The federal government, however, can be a helpful partner in education by helping to fund the cost of capital improvements without interfering with the substantive decisions that states and localities are making regarding their academic reform efforts. Providing a variety of financing options to fund capital improvements, therefore, is an imminently constructive role for the federal government to play. For our public education system to be the best in the world, all three levels of government—local, state, and federal—will have to work together.

I thank my colleagues who have co-sponsored this legislation, and I look forward to working with them to pass it. It’s flexible. It’s sensible. And it provides the most financing options of any school construction proposal to date. I hope this legislation brings us one step closer to the compromise I know we can reach.

Mr. President, in the 1980s and again in the 1990s, when our educators summoned the political will to build the vast majority of our nation’s existing school buildings. It is my hope that we can summon that will again. Our nation’s students and families deserve no less.

By Mr. ABRAHAM (for himself and Mr. FEINGOLD):

S. 1455. A bill to enhance protections against fraud in the offering of financial assistance for college education, and for other purposes; to the Committee on the Judiciary.

THE COLLEGE SCHOLARSHIP FRAUD PREVENTION ACT OF 1999

Mr. ABRAHAM. Mr. President, I rise today with my colleagues from Wisconsin, Senator FEINGOLD, to introduce the College Scholarship Fraud Prevention Act of 1999. This legislation will prevent unscrupulous businesses from defrauding students seeking to finance a college education.

Students in Michigan and across the nation are targeted by corrupt companies preying on their hopes and dreams of a college education. A college diploma is the key that opens doors to many of today’s career opportunities, but the reality is that this diploma is becoming more and more expensive to obtain. A number of organizations have sprung up to address this problem, and many of them are providing invaluable service in providing student financing, or in providing information to students concerning institutions to which those students may apply for financial assistance. Unfortunately, however, a growing number of individuals are turning student need into a scam opportunity, taking financial advantage of students in need of assistance.

Each year, individuals and businesses send thousands of letters out to unsuspecting, qualified students, offering bogus scholarships. The tactics used by these con-artists vary, but they nearly always involve misrepresentation and fraud. Some exclusively use the mails to contact them by con-artists, by providing an additional ten years’ imprisonment and additional fines in fraud cases which involve the offering of educational services.

In addition, this legislation would improve the FTC’s ability to enforce orders for disgorgement and redress to consumers. Senator FEINGOLD and I have been briefed by the FTC on its current problems enforcing judgments, and one particularly offensive example involves an abuse of consumer bankruptcy protections. Often, scholarship scam-artists use their fraudulent gains to buy expensive homes. When hit with disgorgement and redress orders, they file for bankruptcy. And because most states exempt at least a portion of the value of residential property from bankruptcy estates, these con-artists are able to retain their ill-gotten gains in the form of their trophy homes. After the bankruptcy proceedings clear their debts, the scam-artists may then sell their estates, keeping the money they have defrauded from students.

Our legislation would prevent con-artists from using their technique to avoid paying court judgments in this fashion. Residential property exemptions from bankruptcy are intended to aid law-abiding people who find themselves in financial difficulty; they were not meant to help scam-artists launder and protect ill-gotten gains.
gains. This legislation takes a cue from Congress’ response to the savings and loan crisis, and amends the bankruptcy code so that debts derived from college financial assistance fraud would be excluded from homestead bankruptcy exceptions. Legitimate homeowners will still be protected by the bankruptcy laws. But con-artists will no longer be able to use these laws for their own, fraudulent ends.

In addition to these punitive and deterrent measures, Mr. President, this legislation also includes measures to help student and their families obtain financing help from legitimate organizations. We need to make it easier for students and their families to differentiate legitimate companies from con-artists. The FTC currently warns students about fraudulent scholarship services. While this is commendable, however, in my view, the larger number of students who visit the Department of Education web site to find out about financing options makes it the logical choice for an anti-scam public relations initiative. To that end, this legislation would call on the Secretary of Education to maintain a web page on the Department’s web site listing legitimate sources of scholarship information. To ensure that this web page is not misused by unscrupulous companies and individuals, and other provision would require the Education Department to consult with the FTC before including any name on its list.

No organization would be listed on the web page if it or its operator has been prosecuted by the FTC and convicted of using unfair or deceptive practices. In addition, a business or organization would not be listed if the Department of Education receives a significant number of complaints from students alleging that the business has not in good faith delivered on its promises, or if it is under investigation by the FTC.

Taken together, Mr. President, these provisions discouraging fraud disseminating information concerning legitimate sources of scholarship information will help students find the assistance they need to finance a college education. Through this legislation we can fight scholarship scams, put those who would defraud students out of business and lend our Nation’s pool of educated workers.

I ask my colleagues for their support, and ask unanimous consent that the bill and a section-by-section analysis of the bill be printed in the Record. There being no objection, the material was ordered to be printed in the Record, as follows:

S. 1455
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 “College Scholarship Fraud Prevention Act of 1999”.

SEC. 2. FINDINGS.
Congress makes the following findings:

SEC. 3: EXCLUSION OF DEBTS RELATING TO COLLEGE EDUCATION FINANCIAL SERVICE ASSISTANCE FRAUD.

Section 522(c) of title 11, United States Code, is amended—

SEC. 3. LIST OF BUSINESSES AND ORGANIZATIONS OFFERING COLLEGE EDUCATION FINANCIAL ASSISTANCE SERVICES.

(a) LIST.—The Secretary of Education shall maintain the Internet web site of the Department of Education a web page that—

(1) lists businesses and organizations that offer financial assistance (including scholarships, grants, loans, tuition, awards, and other assistance) for purposes of financing an education at institutions of higher education; and

(2) provides the Internet web site address of such businesses and organizations.

(b) APPLICATION FOR PLACEMENT ON THE LIST.—A business or organization may apply to the Secretary of Education for placement on the list.

(c) CONSULTATION.—The Secretary of Education shall consult with the Chairman of the Federal Trade Commission in an effort to ensure that a business or organization applying for placement on the list is a legitimate business or organization.

(d) INELIGIBILITY.—A business or organization shall not be listed on the list if—

(1) the business or organization was prosecuted by the Federal Trade Commission and convicted of an unfair or deceptive act or practice under the Federal Trade Commission Act (15 U.S.C. 41 et seq.) during the 5-year period preceding the submission of an application under subsection (b);

(2) the business or organization is operated by an individual who operated a business or organization that was prosecuted by the Federal Trade Commission and convicted of an unfair or deceptive act or practice under such Act during the 5-year period preceding the submission of an application under subsection (b);

(3) the Department of Education receives a significant number of complaints, as determined by the Secretary of Education, from students alleging the business or organization has not in good faith delivered on promises made by the business or organization; or

(4) the business or organization is under investigation by the Federal Trade Commission.

The College Scholarship Fraud Prevention Act of 1999—Section-by-Section Analysis

A bill to enhance protections against fraud in the offering of financial assistance for college education, and for other purposes.

SECTION 1: FINDINGS.

This section sets out Congressional findings concerning the high level of fraud that occurs in the offering of college education financial assistance services to consumer borrowers resulting from college education financial assistance fraud.

SECTION 2: ENHANCED CRIMINAL PENALTIES FOR COLLEGE EDUCATION FINANCIAL SERVICE ASSISTANCE FRAUD.

(a) ENHANCED PENALTIES.—Chapter 63 of title 18, United States Code, is amended by adding at the end the following:

SEC. 3. EXCLUSION OF DEBTS RELATING TO COLLEGE EDUCATION FINANCIAL SERVICE ASSISTANCE FRAUD.

Section 522(c) of title 11, United States Code, is amended—

(2) by striking the period at the end of paragraph (3) and inserting “; or”; and

SEC. 4. EXCLUSION OF DEBTS RELATING TO COLLEGE EDUCATION FINANCIAL SERVICE ASSISTANCE FRAUD FROM PERMISSIBLE EXEMPTIONS OF PROPERTY FROM ESTATES IN BANKRUPTCY.

Section 522(c) of title 11, United States Code, is amended—

SECTION 2: ENHANCED CRIMINAL PENALTIES FOR COLLEGE EDUCATION FINANCIAL SERVICE ASSISTANCE FRAUD.

This provision amends Section 522(c) of Title 11 of the United States Code to allow property otherwise exempted in bankruptcy to be subject to disgorgement and redress orders resulting from college financial assistance services fraud.
CONGRESSIONAL RECORD—SENATE

July 28, 1999

S. 1310
At the request of Mr. Collins, the name of the Senator from Arkansas (Mr. Roberts) was added as a cosponsor of S. 1310, a bill to amend title XVIII of the Social Security Act to modify the interim payment system for home health services, and for other purposes.

S. 1345
At the request of Mr. Lautenberg, the name of the Senator from Nevada (Mr. Reid) was added as a cosponsor of S. 1345, a bill to amend title 18, United States Code, to prohibit certain interstate conduct relating to exotic animals.

S. 1362
At the request of Mr. Burns, the name of the Senator from Missouri (Mr. Ashcroft) was added as a cosponsor of S. 1362, a bill to establish a commission to study the airline industry and to recommend policies to ensure consumer information and choice.

SENATE CONCURRENT RESOLUTION 9
At the request of Ms. Snowe, the name of the Senator from South Carolina (Mr. Thurmond), the Senator from West Virginia (Mr. Rockefeller), the Senator from Maine (Ms. Collins), and the Senator from North Carolina (Mr. Edwards) were added as cosponsors of Senate Concurrent Resolution 9, a concurrent resolution calling for a United States effort to end restrictions on the freedoms and human rights of the people of Cyprus.

SENATE RESOLUTION 95
At the request of Mr. Thurmond, the name of the Senator from New Mexico (Mr. Domenici) was added as a cosponsor of Senate Resolution 95, a resolution designating August 16, 1999, as “National Airborne Day.”

SENATE RESOLUTION 99
At the request of Mr. Reid, the name of the Senator from Maryland (Ms. Mikulski) was added as a cosponsor of Senate Resolution 99, a resolution designating November 20, 1999, as “National Survivors for Prevention of Suicide Day.”

AMENDMENT NO. 1069
At the request of Mr. Stevens, the name of the Senator from Alaska (Mr. Murkowski) was added as a cosponsor of amendment No. 1069 intended to be proposed to S. 1233, an original bill making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2000, and for other purposes.

SENATE RESOLUTION 168—PAYING A GRATUITY TO MARY LYDAN NACE
Mr. Helms (for himself and Mr. Biden) submitted the following resolution: which was considered and agreed to: