

H.R. 2817: Mr. SANDERS, Mr. MALONEY of Connecticut, Mrs. MALONEY of New York, and Mr. ETHERIDGE.

H.R. 2865: Mr. BROWN of Ohio and Mr. McDERMOTT.

H.R. 2870: Mr. OWENS, Mr. CROWLEY, Mr. MASCARA, Mr. LARSON, and Mr. GILMAN.

H.R. 2877: Mr. BERMAN.

H.R. 2882: Mr. COSTELLO.

H.R. 2890: Mr. OLVER and Mr. McDERMOTT.

H.R. 2899: Mr. McGOVERN.

H.R. 2901: Mr. SOUDER.

H.R. 2916: Mrs. LOWEY and Ms. CARSON.

H.R. 2917: Ms. CARSON.

H.R. 2924: Mrs. ROUKEMA.

H.R. 2926: Mr. DEMINT.

H.R. 2942: Mr. CHAMBLISS and Mr. BEREUTER.

H.J. Res. 16: Mr. TOOMEY.

H.J. Res. 48: Mr. CANNON and Mr. MANZULLO.

H.J. Res. 55: Mr. DOOLITTLE.

H.J. Res. 65: Mr. GEJDENSON, Ms. DANNER, Mr. ROHRBACHER, Mr. TANCREDO, Mr. LANTOS, and Mr. HYDE.

H. Con. Res. 140: Ms. MCKINNEY.

H. Con. Res. 186: Mr. BURR of North Carolina and Mr. GOODE.

H. Res. 41: Mr. PHELPS and Mr. STEARNS.

H. Res. 115: Mr. COYNE.

H. Res. 146: Ms. SANCHEZ.

H. Res. 163: Mr. SHIMKUS, Mr. INSLER, Mr. McINTYRE, Mr. MARTINEZ, Mr. FROST, Ms. JACKSON-LEE of Texas, Ms. LEE, Ms. BERKLEY, Ms. ROYBAL-ALLARD, Mr. BROWN of Ohio, Ms. HOOLEY of Oregon, Mrs. THURMAN, and Ms. SLAUGHTER.

H. Res. 269: Mr. HALL of Texas, Mr. SOUDER, Mr. PASTOR, and Mr. LEWIS of California.

H. Res. 280: Mr. BEREUTER.

H. Res. 292: Mr. WAXMAN.

H. Res. 297: Mr. CAMP, Mr. UNDERWOOD, Mr. WU, and Mr. GILCHREST.

H. Res. 298: Mr. HUNTER, Mr. WU, Mr. BAIRD, Mr. SANDERS, Mr. SNYDER, Mr. WELLER, Mr. PHELPS, and Mr. OLVER.

H. Res. 303: Mr. HOEKSTRA, Mr. HILLEARY, Mr. BASS, Mr. HAYWORTH, Mr. MILLER of Florida, Mr. GOODE, Mr. HAYES, Mr. FLETCHER, Mr. REGULA, Mr. KNOLLENBERG, Mrs. EMERSON, and Mr. TOOMEY.

#### AMENDMENTS

Under clause 8 of rule XVIII, proposed amendments were submitted as follows:

H.R. 2506

OFFERED BY: MRS. JOHNSON OF CONNECTICUT

AMENDMENT No. 18: At the end of the bill, add the following new section:

**SEC. 4. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.**

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following subpart:

"Subpart IX—Support of Graduate Medical Education Programs in Children's Hospitals

**"SEC. 340E. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.**

"(a) PAYMENTS.—The Secretary shall make two payments under this section to each children's hospital for each of fiscal years 2000 and 2001, one for the direct expenses and the other for indirect expenses associated with operating approved graduate medical residency training programs.

"(b) AMOUNT OF PAYMENTS.—

"(1) IN GENERAL.—Subject to paragraph (2), the amounts payable under this section to a children's hospital for an approved graduate medical residency training program for a fiscal year are each of the following amounts:

"(A) DIRECT EXPENSE AMOUNT.—The amount determined under subsection (c) for direct expenses associated with operating approved graduate medical residency training programs.

"(B) INDIRECT EXPENSE AMOUNT.—The amount determined under subsection (d) for indirect expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

"(2) CAPPED AMOUNT.—

"(A) IN GENERAL.—The total of the payments made to children's hospitals under paragraph (1)(A) or paragraph (1)(B) in a fiscal year shall not exceed the funds appropriated under paragraph (1) or (2), respectively, of subsection (f) for such payments for that fiscal year.

"(B) PRO RATA REDUCTIONS OF PAYMENTS FOR DIRECT EXPENSES.—If the Secretary determines that the amount of funds appropriated under subsection (f)(1) for a fiscal year is insufficient to provide the total amount of payments otherwise due for such periods under paragraph (1)(A), the Secretary shall reduce the amounts so payable on a pro rata basis to reflect such shortfall.

"(c) AMOUNT OF PAYMENT FOR DIRECT GRADUATE MEDICAL EDUCATION.—

"(1) IN GENERAL.—The amount determined under this subsection for payments to a children's hospital for direct graduate expenses relating to approved graduate medical residency training programs for a fiscal year is equal to the product of—

"(A) the updated per resident amount for direct graduate medical education, as determined under paragraph (2); and

"(B) the average number of full-time equivalent residents in the hospital's graduate approved medical residency training programs (as determined under section 1886(h)(4) of the Social Security Act during the fiscal year.

"(2) UPDATED PER RESIDENT AMOUNT FOR DIRECT GRADUATE MEDICAL EDUCATION.—The updated per resident amount for direct graduate medical education for a hospital for a fiscal year is an amount determined as follows:

"(A) DETERMINATION OF HOSPITAL SINGLE PER RESIDENT AMOUNT.—The Secretary shall compute for each hospital operating an approved graduate medical education program (regardless of whether or not it is a children's hospital) a single per resident amount equal to the average (weighted by number of full-time equivalent residents) of the primary care per resident amount and the non-primary care per resident amount computed under section 1886(h)(2) of the Social Security Act for cost reporting periods ending during fiscal year 1997.

"(B) DETERMINATION OF WAGE AND NON-WAGE-RELATED PROPORTION OF THE SINGLE PER RESIDENT AMOUNT.—The Secretary shall estimate the average proportion of the single per resident amounts computed under subparagraph (A) that is attributable to wages and wage-related costs.

"(C) STANDARDIZING PER RESIDENT AMOUNTS.—The Secretary shall establish a standardized per resident amount for each such hospital—

"(i) by dividing the single per resident amount computed under subparagraph (A) into a wage-related portion and a non-wage-

related portion by applying the proportion determined under subparagraph (B);

"(ii) by dividing the wage-related portion by the factor applied under section 1886(d)(3)(E) of the Social Security Act for discharges occurring during fiscal year 1999 for the hospital's area; and

"(iii) by adding the non-wage-related portion to the amount computed under clause (ii).

"(D) DETERMINATION OF NATIONAL AVERAGE.—The Secretary shall compute a national average per resident amount equal to the average of the standardized per resident amounts computed under subparagraph (C) for such hospitals, with the amount for each hospital weighted by the average number of full-time equivalent residents at such hospital.

"(E) APPLICATION TO INDIVIDUAL HOSPITALS.—The Secretary shall compute for each such hospital that is a children's hospital a per resident amount—

"(i) by dividing the national average per resident amount computed under subparagraph (D) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B);

"(ii) by multiplying the wage-related portion by the factor described in subparagraph (C)(ii) for the hospital's area; and

"(iii) by adding the non-wage-related portion to the amount computed under clause (ii).

"(F) UPDATING RATE.—The Secretary shall update such per resident amount for each such children's hospital by the estimated percentage increase in the consumer price index for all urban consumers during the period beginning October 1997 and ending with the midpoint of the hospital's cost reporting period that begins during fiscal year 2000.

"(d) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL EDUCATION.—

"(1) IN GENERAL.—The amount determined under this subsection for payments to a children's hospital for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents for a fiscal year is equal to an amount determined appropriate by the Secretary.

"(2) FACTORS.—In determining the amount under paragraph (1), the Secretary shall—

"(A) take into account variations in case mix among children's hospitals and the number of full-time equivalent residents in the hospitals' approved graduate medical residency training programs; and

"(B) assure that the aggregate of the payments for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents under this section in a fiscal year are equal to the amount appropriated for such expenses for the fiscal year involved under subsection (f)(2).

"(e) MAKING OF PAYMENTS.—

"(1) INTERIM PAYMENTS.—The Secretary shall determine, before the beginning of each fiscal year involved for which payments may be made for a hospital under this section, the amounts of the payments for direct graduate medical education and indirect medical education for such fiscal year and shall (subject to paragraph (2)) make the payments of such amounts in 26 equal interim installments during such period.

"(2) WITHHOLDING.—The Secretary shall withhold up to 25 percent from each interim installment for direct graduate medical education paid under paragraph (1).

"(3) RECONCILIATION.—At the end of each fiscal year for which payments may be made

under this section, the hospital shall submit to the Secretary such information as the Secretary determines to be necessary to determine the percent (if any) of the total amount withheld under paragraph (2) that is due under this section for the hospital for the fiscal year. Based on such determination, the Secretary shall recoup any overpayments made, or pay any balance due. The amount so determined shall be considered a final intermediary determination for purposes of applying section 1878 of the Social Security Act and shall be subject to review under that section in the same manner as the amount of payment under section 1886(d) of such Act is subject to review under such section.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

“(1) DIRECT GRADUATE MEDICAL EDUCATION.—

“(A) IN GENERAL.—There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, for payments under subsection (b)(1)(A) —

- “(i) for fiscal year 2000, \$90,000,000; and
- “(ii) for fiscal year 2001, \$95,000,000.

“(B) CARRYOVER OF EXCESS.—The amounts appropriated under subparagraph (A) for fiscal year 2000 shall remain available for obligation through the end of fiscal year 2001.

“(2) INDIRECT MEDICAL EDUCATION.—There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, for payments under subsection (b)(1)(A) —

- “(A) for fiscal year 2000, \$190,000,000; and
- “(B) for fiscal year 2001, \$190,000,000.

“(g) DEFINITIONS.—In this section:

“(1) APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.—The term ‘approved graduate medical residency training program’ has the meaning given the term ‘approved medical residency training program’ in section 1886(h)(5)(A) of the Social Security Act.

“(2) CHILDREN’S HOSPITAL.—The term ‘children’s hospital’ means a hospital described in section 1886(d)(1)(B)(iii) of the Social Security Act.

“(3) DIRECT GRADUATE MEDICAL EDUCATION COSTS.—The term ‘direct graduate medical education costs’ has the meaning given such term in section 1886(h)(5)(C) of the Social Security Act.”.

H.R. 2506

OFFERED BY: MR. MCGOVERN

AMENDMENT NO. 19: Page 46, after line 2, insert the following section:

**SEC. 4. STUDY REGARDING SHORTAGES OF LICENSED PHARMACISTS.**

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred

to as the “Secretary”), acting through the appropriate agencies of the Public Health Services, shall conduct a study to determine whether and to what extent there is a shortage of licensed pharmacists. In carrying out the study, the Secretary shall seek the comments of appropriate public and private entities regarding any such shortage.

(b) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary shall complete the study under subsection (a) and submit to the Congress a report that describes the findings made through the study and that contains a summary of the comments received by the Secretary pursuant to such subsection.

H.R. 2506

OFFERED BY: MR. PASCRELL

AMENDMENT NO. 20: Page 13, after line 5, insert the following subsection:

“(d) CANCER AND CARDIOVASCULAR DISEASES IN WOMEN.—The Director shall conduct and support research and build private-public partnerships to enhance the quality, appropriateness, and effectiveness of and access to health services regarding cancer and cardiovascular diseases in women, including with respect to the comparative effectiveness, cost-effectiveness, and safety of such services.

H.R. 2506

OFFERED BY: MR. STEARNS

AMENDMENT NO. 21: Page 21, after line 8, insert the following subsection:

“(d) CERTAIN TECHNOLOGIES AND PRACTICES REGARDING SURVIVAL RATES FOR CARDIAC ARREST.—In carrying out subsection (a) with respect to innovations in health care technologies and clinical practice, the Director shall, in consultation with appropriate public and private entities, develop recommendations regarding the placement of automatic external defibrillators in Federal buildings as a means of improving the survival rates of individuals who experience cardiac arrest in such buildings, including recommendations on training, maintenance, and medical oversight, and on coordinating with the system for emergency medical services.

H.R. 2506

OFFERED BY: MR. THOMPSON OF CALIFORNIA

AMENDMENT NO. 22: Page 46, after line 2, add the following section:

**SEC. 4. REPORT ON TELEMEDICINE.**

Not later than January 10, 2001, the Director of the Agency for Health Research and Quality shall submit to the Congress a report that—

(1) identifies any factors that inhibit the expansion and accessibility of telemedicine

services, including factors relating to telemedicine networks;

(2) identifies any factors that, in addition to geographical isolation, should be used to determine which patients need or require access to telemedicine care;

(3) determines the extent to which—

(A) patients receiving telemedicine service have benefited from the services, and are satisfied with the treatment received pursuant to the services; and

(B) the medical outcomes for such patients would have differed if telemedicine services had not been available to the patients;

(4) determines the extent to which physicians involved with telemedicine services have been satisfied with the medical aspects of the services;

(5) determines the extent to which primary care physicians are enhancing their medical knowledge and experience through the interaction with specialists provided by telemedicine consultations; and

(6) identifies legal and medical issues relating to State licensing of health professionals that are presented by telemedicine services, and provides any recommendations of the Director for responding to such issues.

H.R. 2506

OFFERED BY: MR. TRAFICANT

AMENDMENT NO. 23: Page 46, after line 2, insert the following section:

**SEC. 4. BUY AMERICAN PROVISIONS.**

(a) COMPLIANCE WITH BUY AMERICAN ACT.—No funds authorized pursuant to this Act may be expended by an entity unless the entity agrees that in expending the assistance the entity will comply with sections 2 through 4 of the Act of March 3, 1933 (41 U.S.C. 10a–10c, popularly known as the “Buy American Act”).

(b) SENSE OF CONGRESS; REQUIREMENT REGARDING NOTICE.—

(1) PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In the case of any equipment or products that may be authorized to be purchased with financial assistance provided under this Act, it is the sense of the Congress that entities receiving such assistance should, in expending the assistance, purchase only American-made equipment and products.

(2) NOTICE TO RECIPIENTS OF ASSISTANCE.—In providing financial assistance under this Act, the Secretary of Health and Human Services shall provide to each recipient of the assistance a notice describing the statement made in paragraph (1) by the Congress.