In the meantime, when we passed the budget resolution in April of this past year, we wanted to do some very important things.

First, we wanted to increase the flexibility in education programs. It does not matter how much the President or others claim that the President won the education battle. The truth of the matter is, Republicans put more money in education than the President asked for.

For the first time we have flexibility. Twenty percent of the money that was going to go to teachers directly, and targeted and for nothing else, can be flexibly used by school districts. And the philosophical battle of the future will be flexibility of education funds with accountability versus the targeting and direct aid in very numerous and numbers of targeted mandates that Government says one size fits all. You all use it this way, or you cannot use it at all.

We suggested in our budget resolution that we should put more money into research on the dread diseases that affect our people and mankind. We increased NIH $2.5 billion, which is $2 billion more than the President asked for, for dread diseases like cancer, Alzheimer’s, and the whole list.

Mr. MOYNIHAN. Food allergies.

Mr. DOMENICI. Allergies—all kinds of things.

We believe the breakthroughs will come in the next the millennium from this kind of investment. We are proud of it. We increased national defense—if you take out emergencies—by $13.5 billion, and increased the pay for the military at a very significant rate, which was long overdue and much needed.

In addition, also in this bill, we have taken care of the shortcomings in Medicare that came from the Balanced Budget Act. And $16 billion goes into that in the next 5 years, including $2.1 billion to replenish skilled nursing home payments. Also, the therapy caps have changed. There are slower reductions in payments for teaching hospitals, and a long list of changes.

I ask unanimous consent that the list be printed in the RECORD.

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

<table>
<thead>
<tr>
<th>MEDICARE AND MEDICAID PROVISIONS SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Nov. 18, 1999, CBO estimates, in billions of dollars)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provision</th>
<th>2000</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Skilled Nursing Facilities Payments</td>
<td>0.3</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>1 Year Maximum on Therapy Caps</td>
<td>2.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slow Reductions for Teaching Hospitals</td>
<td>0.2</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Hospital Outpatient Department Payments</td>
<td>0.2</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Rural Hospital Provisions</td>
<td>0.5</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Delay 15% Home Health Reduction</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Medicare-Choice Payments</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Miscellaneous Medicaid and SCHIP</td>
<td>0.1</td>
<td>0.9</td>
<td>1.6</td>
</tr>
<tr>
<td>Other</td>
<td>0.1</td>
<td>2.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>1.2</td>
<td>16.0</td>
<td>27.0</td>
</tr>
</tbody>
</table>

1. Nursing homes
- Increases payment rates for medically complex cases by 20% from April 2000 to September 2000.
- Increases all payments by 4% in 2001 and 2002.
- Allows use of higher of federal or current rate at each facility.

2. Therapy caps
- Provides a 2 year moratorium on further implementation of the $1.500 therapy caps.

3. Teaching hospitals
- Freezes the indirect medical education (IME) add-on rate at 6.5% in 2000 (same as 1999).
- Phases-in further reductions more slowly than the Balanced Budget Act schedule.

4. Hospital outpatient departments
- Clarifies that the outpatient department prospective payment system should not include an initial 5.7% cut.
- Provides temporary protection to hospitals that pay more than defined percentages from their 1996 levels.

5. Rural hospitals
- Provides a five year extension of the Medicare dependent hospital program, and several miscellaneous expansions to the critical access hospital program.

6. Home health
- Delays implementation of the 15% cut until October 1, 2001.

7. Medicare-Choice
- Phases-in risk adjustment slowly over the period 2000 to 2003 and increases the update by 0.2 percentage point in 2002.

8. Medicaid Disproportionate Share Hospitals (DSH)
- Permanently increases the allotment for New Mexico by $4 million per year beginning in 2000.

Many people in the Senate deserve to be thanked for putting this entire appropriations package and budget together. To name a few, I thank the distinguished senior Senator from Alaska, Mr. Ted Stevens, who chairs the overwhelming Appropriations Committee. What a job he had, and what a job he did. And Senator Robert Byrd, ranking member, what a difficult job he had. We are here with a bipartisan budget agreement this afternoon because he and other Democrats worked with Republicans to get it done.

Last but not least, I thank the majority leader, who tried very hard to understand what we were doing, and worked with us. He now is a budget expert. That is good. From time to time, I am very glad we can take matters into his office and he understands it thoroughly.

With that, I yield the floor.

### TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT OF 1999—CONFERENCE REPORT—Continued

**PRIVILEGE OF THE FLOOR**

Mr. MOYNIHAN. Mr. President, I ask unanimous consent that Mr. Kinner, a presidential management intern with the Finance Committee minority staff, be granted the privilege of the floor during the consideration of this conference report.

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

Mr. MOYNIHAN. I have the great pleasure to yield 5 minutes to my friend from Illinois, Senator DURBIN.

The PRESIDING OFFICER. The Senator from Illinois is recognized for 5 minutes.

Mr. DURBIN. I salute Senator ROTH, Senator MOYNIHAN, Senator KENNEDY, Senator JEFFORDS, Senator HARKIN, and others who worked so hard on this Work Incentives Improvement Act.

A close friend of my family had a son who was mentally ill. This young man wanted more than anything to go to work. He knew if he did so, he would lose the protection of health insurance. So he was held back from that opportunity because he and his wife couldn’t afford for that. I don’t believe America was better for that.

This bill addresses that challenge and says that as the disabled go to work, they will still be able to use Medicaid and Medicare to protect themselves with health insurance even as they earn some income. That is only just. It opens up an opportunity that currently is not there. I am happy to be a supporter of this legislation. I look forward to voting for it when it comes to the floor.

There are some reservation in my mind about the bill that is before us, not because of the provision I just mentioned, nor because of the extension of certain tax credits and benefits, but, rather, because of the language in this bill relating to organ donation.

This is the challenge we face in America. If you are an American grievously ill, in need of an organ transplant, your chances of survival depend more than anything on your address and how much money you have. You could be the most seriously ill person in some State in this Union and be overlooked and bypassed in favor of another patient in another State who is not as seriously ill and might be able to wait. That needs to change. That is certainly not a fair or American way.

The rules we are trying to promulgate to make that change have been the source of great controversy on Capitol Hill. It’s sad when it comes to a point where Members of the House and Senate are deeply involved in a debate over the availability of organs for donation to those who need a transplant to live.

In my State of Illinois, over the last 3 years, 97 people have died waiting for organ transplants at the University of Chicago. I see my colleague from the State of Pennsylvania, Senator SANTORUM, where 187 people died waiting at the University of Pittsburgh. My colleagues, Senator MOYNIHAN and Senator SCHUMER, know that 99 people died waiting at Mount Sinai in New York. In the last week alone, two people have
died at one of the Chicago transplant centers because an organ did not become available.

If you are an American who needs a liver transplant to survive and you live in the following States, you have much less chance of receiving the transplant: Arizona, California, Colorado, Connecticut, Illinois, Massachusetts, Maryland, Michigan, New York, or Pennsylvania.

This is not a fair system. It is a system which cries out for justice and one that cries out for the politicians to step aside. Let the medical community find the best and most efficient way organs can move to the people who need them to live, instead of getting caught up in some special interest tangle here or political dogfight. It is sad that we are now in a situation on this bill where we are not resolving this contentious issue. I sincerely hope all parties will come together, and soon, to make certain that changes are made to make the system fairer. We know, by the people we represent, that this is literally a life-or-death argument.

Kathryn Krivy lives in Chicago. She runs the wellness clinic at the Northwestern Memorial Hospital. She is desperately in need of a new liver. She has developed primary biliary cirrhosis, a very rare autoimmune disease that is incurable. She has been on the transplant list in Chicago for over 2 years, but currently, because of the delay, she has decided to sign up at the Mayo Clinic in Minnesota because it is much more likely she can receive a transplant in a shorter period of time. She has the knowledge and the resources to make that decision, but many of the poorer people in America waiting for an organ transplant do not have that luxury.

We should not reach the point in America where something as basic as the gift of life, an organ donation, is dependent on your home address. That is luxury. This is not a fair system. It is a system which cries out for the politicians to put our fiscal house in order.

The package also provides for State Department Reauthorization, including language I authored that requires the State Department to publish a report documenting American victims of terrorist attacks in Israel, Gaza, and the West Bank.

In addition, the almost 400,000 Missouri households that are satellite television viewers will be pleased that this bill includes language that will allow them to continue receiving local programming.

Mr. President, for the first time in 39 years the government did not divert money from the Social Security Trust Fund to pay for other programs.

As a result of the spending plan pursued by this Republican Congress, which called for protection of Social Security, increased spending on education and defense, and reduction of the national debt, we have begun to put our fiscal house in order. At the beginning of this year, I said that we would enact a budget that would be balanced, and not only avoid a tax hike, but we have also given the American people an $8 billion tax cut through the provisions contained in H.R. 1180—the Work Incentives Improvement Act.

I am pleased that the final bill includes over $2 billion in additional education spending over last year and gives local school districts more flexibility in how they spend that federal assistance. The appropriations bill also contains an increase of $1.7 billion for veterans spending above President Clinton’s request, as well as an increase in funding for national defense that includes a boost in pay and benefits for our soldiers, sailors, and airmen.

But this bill does not just fund these important priorities, it also provides real cuts in government waste and abuse. The legislation includes a 0.38% across the board reduction that is essential to maintaining our fiscal discipline and protecting Social Security.

Included in this package are provisions to address some unintended consequences of the Balanced Budget Act of 1997 to protect Medicare recipients and providers. This bill includes $16 billion over 5 years to ensure that senior citizens can continue to receive quality health care.

These Medicare changes will help Medicare patients in hospitals—particularly rural, teaching, and cancer—hospitals—skilled nursing facility residents, home health care recipients, and seniors who wish to receive their health care through the innovative Medicare+Choice program rather than through the conventional fee-for-service mechanism.

I have traveled around Missouri and heard from countless doctors, patients, nurses, and other health care providers about the necessity of these changes. These provisions are essential to the seniors in Missouri and across the Nation.

CONGRESSIONAL RECORD—SENATE
jobs because they would lose their health care coverage. This Act will allow them to fulfill their dreams for employment and to be productive citizens.

This legislation has enjoyed overwhelming bipartisan support—with 79 Senate cosponsors. It would make it easier for those receiving disability benefits through Social Security programs to go to work without losing their Medicare or Medicaid health benefits. The legislation also encourages the disabled to seek paid employment by gradually reducing their cash benefits as income increases, rather than cutting them off completely.

Let’s look at the current situation for disabled individuals who seek employment and require health insurance coverage. For some of these people, employment is the dilemma of a lifetime because they are self-employed or because their disabilities prevent them from working full-time. For others, coverage is unaffordable because of co-pays and co-insurance for repeated, ongoing care. For those with unaffordable employer insurance, these plans generally cover only primary and acute care, not the specialized medications, equipment, supplies and other long term care needs that individuals with disabilities unfortunately require.

Last year, in the Spring of 1998, the Minnesota Consortium for Citizens with Disabilities surveyed 1200 Minnesotans who have disabilities and found the vast majority were ready to go to work if their current health care benefits remained intact.

Here are two examples from Minnesota:

Let me tell my colleagues about Steve. Steve is a middle-aged adult with a muscle disease called Dystrophy. He is married, has two grown children, and owns his own home in rural Minnesota. As the manifestations of his condition progressively worsen, Steve has struggled to remain self-sufficient as long as possible using all of his personal resources. Steve’s desire to remain an independent contributing member of society is evident in his efforts to develop the skills that enable him to work from home in a computer-based business. Steve is on SSDI because he is eligible for Medical Assistance that pays for his health care needs. He is growing weaker and cannot afford to lose his medical assistance eligibility. Steve has a fledgling publishing business; ghost-writing and creating direct mail advertising are his only opportunity to become financially independent. “If a person in my position is at risk for all of the medical expenses that one could incur, that is a big incentive not to try to get ahead. I still have my pride, my ego, the desire to rise above.”

Another Minnesota whose story I would like to tell is Jean. Jean is in her mid-forties and has had Charcot-Marie-Tooth Disease since early childhood. Her muscles have wasted away from her elbows to her finger tips and from her thighs to her toes. She has trunk weakness and uses a power wheelchair for mobility. Jean works in an office as a clerk-typist using a pencil held between her two hands to strike the computer keys and a trackball to navigate her computer. Jean’s career is limited by not being able to accept raises, declining wage rewards for the continuing education and skills she has gained, because if she accepted these well deserved raises, she would lose Supplemental Security Income’s (SSI) earnings thresholds of just $500/month and lose her eligibility for medical assistance. “It just seems unfair that people with disabilities don’t have the same opportunities to advance in their careers. Why can’t we earn enough money to live in a house? To purchase a van with a lift? To travel?”

These are but two of the thousands of disabled Americans who, with guaranteed continued health care coverage—coverage they already have—would be able to lead more productive lives, productive for themselves, for their families and for their communities. In my state there are not enough workers to fill the needs of Minnesota employers, and I know it is also the case in many communities around the country. According to the Disability Institute, in 7 years Minnesota will need 1 million new workers. The Work Incentives Improvement Act will help match the needs of Minnesota’s disabled community with Minnesota employers. That is what I call a real win-win situation.

When President Bush signed the Americans with Disability Act in 1990, he noted that when you add together all the state, federal, local and private funds, it costs almost $200 billion annually to support people with disabilities to keep them independent. The ADA was the first giant step forward to allow Americans with disabilities to be independent. The Work Incentives Improvement Act of 1999 which we have before us today is another giant step along the same path, and today I am happy to say that we will be taking that step.

Mr. FRIST, Mr. President, yesterday, the House and Senate Conference Committee reached agreement on the Ticket to Work and Work Incentives Improvement Act of 1999, which addresses a fundamental inequity for individuals with disabilities.

As a heart and lung transplant surgeon, I witnessed unfair discrimination against patients with disabilities. After students told me that their patients were faced with a serious dilemma. They had to choose between keeping their health insurance coverage or returning to work. Under current law, if these patients choose to return to work and earn more than $500 per month, they lose their disability payments and health care coverage provided through Medicare and Medicaid as part of their Social Security Disability Insurance (SSDI). This is health care coverage that they simply cannot get in the private sector, as it is extremely difficult for individuals with severe disabilities to obtain coverage due to their medical history.

Let me illustrate the profound impact of self-sufficiency. Out of our disabled Americans. Today, the unemployment rate among working-age adults with disabilities is nearly 75 percent. Only 7% of disabled Americans—318,728 of the 4.2 million non-blind individuals—that have disabilities—were working full-time in 1997, according the General Accounting Office. Many persons with disabilities who currently receive federal disability benefits, such as SSDI and Supplemental Security Income (SSI), want to work; however, less than one-half of one percent of these beneficiaries successfully forego disability benefits and become self-sufficient. If disabled individuals try to work and increase their income, they lose their disability cash benefits and their health care coverage. The loss of these benefits is simply too powerful of a disincentive to return to work.

In addition, more than 7.5 million disabled Americans receive cash benefits for workers with disabilities were working in 1998. The Work Incentives Improvement Act will help millions of Americans who are disabled. The ADA was the first giant step forward to allow Americans with disabilities to be independent. The work Incentives Improvement Act of 1999 which we have before us today is another giant step along the same path, and today I am happy to say that we will be taking that step.

Mr. FRIST, Mr. President, yesterday, the House and Senate Conference Committee reached agreement on the Ticket to Work and Work Incentives Improvement Act of 1999, which addresses a fundamental inequity for individuals with disabilities.
November 19, 1999

I would like to thank Senator Jeffords for his leadership on this critical issue. I would also like to thank Senators Lott, Bayh, Moynihan, Kennedy and their House colleagues for their dedication toward reaching consensus on this important legislation.

Mr. KOHL. Mr. President, I rise today in support of the Work Incentives Conference Report. As my colleagues know, this conference report contains a number of items that have been joined together in order to accommodate the end of session schedule, and I would like to offer brief comments on several of those items.

With regard to the tax portion of the conference report, I am in support of the compromise that was reached to extend the expired tax credits. Earlier this year, I supported an ambitious tax relief package that took into account the wants and concerns of the public and private sector to move those communities and businesses toward simplicity and toward growth.

Currently, over 9 million people receive disability benefits through the SSDI and SSI programs. Only 1/2 of 1 percent of SSDI beneficiaries, and only 1 percent of SSI beneficiaries ever receive Work Incentives Improvement Act benefits. Yet, many—indeed, the vast majority—of people with disabilities want to work. In study after study, people with disabilities report that the single biggest obstacle to returning to work is the loss of health care benefits that often comes along with their decision to work. Many do not have access to employer-based health insurance and find policies in the individual insurance market prohibitive expensive. Therefore, disabled beneficiaries who want to work are faced with the choice of returning to work while risking their health benefits or forgoing work to maintain health coverage.

This is simply unacceptable. People with disabilities have the opportunity to live healthy, productive lives, and we should encourage and support their efforts to work by ensuring that they continue to have access to the health care services they need. I am pleased that the Work Incentives Improvement Act accomplishes that goal. This bill will ensure that millions of people with disabilities have the opportunity to work if they are able—without the fear of losing the health insurance coverage they need in order to live healthier lives and to succeed in their work. I want to commend the bipartisan efforts of Chairman Roth, Senator Moynihan, Chairman Jeffords, and Senator Kennedy, in making this bill a reality.

Again, I regret that end-of-year pressure has forced us to combine so many unrelated provisions into a single bill. However, I support the conference report for the reasons I have just stated, and I urge my colleagues to vote for its adoption.

Mr. ALLARD. Mr. President, it is with great reluctance that I vote for the Work Incentives Act Conference Report.

A particular provision, Section 408, has been added to this important piece of legislation at a date too late to make further changes. Section 408 was introduced in the House, included in the Conference Report, but never debated in the Senate. I am a cosponsor of the Senate version of this bill.

In an effort to finish the first session of the 106th Congress we have had no time to sound our concerns and make due changes. Section 408 extends the authority of state medicaid fraud control units. Not only would this provision mandate more federal control over what has been historically governed by the states, it also calls for investigation and prosecution of resident abuse in non-Medicaid board and care facilities. Federal government unprecedented control over the quality of care in private institutions. This is yet another example of government authority exceeding its boundaries. I have always been a supporter of state’s rights and less government control and I feel these regulations will have a tremendous impact on the lives of people with disabilities.

Currently, over 9 million people receive disability benefits through the Work Incentives Act conference report. It deserves our endorsement.
electricity produced by wind and biomass materials. In order to ensure energy security and address national environmental and health concerns, it is essential that renewable energy options become more competitive. These tax provisions will ensure that renewable energy technologies will be able to compete more equitably with fossil sources such as coal and oil. However, while this package includes modest extensions and modifications, I am disappointed that the bill does not go further by extending the credit to include landfill methane and othercellulosic feedstocks.

I would like to thank Chairman Roth and Senator Moynihan for their hard work in getting this package together. It is a fiscally responsible and an appropriate piece of legislation. Providing a solid elementary and secondary education for children with disabilities throughout my Congressional career, the Americans with Disabilities Act (ADA) has reshaped what we offer to our country, individuals with disabilities are an untapped resource. In fact, this legislation is the most important piece of legislation for the disability community since the Americans with Disabilities Act.

My reason for sponsoring this particular piece of legislation is quite simple. The Work Incentives Improvement Act of 1999 addresses a fundamental flaw in current law. Today, individuals with disabilities are forced to make a choice...an absurd choice. They must choose between working and receiving health care. Under current federal law, if people with disabilities work and earn over $700 per month, they will lose cash payments and health care coverage under Medicaid or Medicare. This is health care coverage that they need. This is health care coverage that they cannot get in the private sector. This is not right.

Once enacted, the Work Incentives Improvement Act of 1999 will allow individuals with disabilities, in states that elect to participate, continuing access to health care when they return to work or remain working. In addition, those individuals who seek it, will have access to job training and job placement assistance from a wider range of providers than is available at this time. Currently, there are 9.5 million individuals with disabilities across the country who receive cash payments and health care coverage from the federal government. Approximately 24,000 of these individuals live in my home state, Vermont. Once enacted, the Work Incentives Improvement Act of 1999 will actually save the federal government money. For example, let’s assume that 200 Social Security disability beneficiaries in each state return to work and forgo cash payments. That would be 10,000 individuals out of the 9.5 million individuals with disabilities across the country. Federal Treasury in cash payments for just these 10,000 people would be $133,550,000! Imagine the savings to the Federal Treasury if this number were higher. Clearly, the Work Incentives Improvement Act of 1999 is fiscally responsible legislation.

I began work on this bill 1996. Though it was a long and sometimes difficult task, many hands made light work. Senator Kennedy, Ranking member on the HELP Committee, joined me in March 1997. Senators Roth and Moynihan, Chairman and Ranking Member on the Finance Committee signed on as committed partners in December of 1998. Last January, 35 of our colleagues, a strong supporter of this legislation, joined us in introducing S. 331, the Senate version of this legislation. One week later, in a Finance Committee hearing, we heard compelling testimony from our friend, former Senator Dole, a strong supporter of this legislation. A month later, we marked this legislation out of the Finance Committee with an overwhelming majority in favor of the bill. Finally, on June 15th, with a total of 80 cosponsors, this passage this legislation on the floor of the United States Senate, with a unanimous vote of 99-0.

Four months later, over 35 of our colleagues in the House of Representatives, took to the floor of their chamber, and spoke eloquently for their version of this legislation. Later that day, the bill passed the floor of the House with a vote of 412-9. Since then, the Senate and House Conferences have been working diligently in effort to reach common ground. I am very pleased that the differences in policy in the two different bills have been resolved and consensus has been reached on a conference agreement. This agreement does not compromise the original intent of the legislation, retaining key provisions from S. 331.

From my perspective, the Work Incentives Improvement Act of 1999 represents a natural and important progression in federal policy for individuals with disabilities. That is, federal policy increasingly reflects the premise that individuals with disabilities are cherished by their families, valued and respected in their communities, and are an asset and resource to our national economy. Today, most federal policy promotes opportunities for these individuals, regardless of the severity of their disabilities, to contribute to their maximum potential—at home, in school, at work, and in the community. I have been committed to improving opportunities for individuals with disabilities throughout my Congressional career. Providing a solid elementary and secondary education for children with disabilities, so that they will be equipped, along with their peers, to benefit from post-secondary and employment opportunities is crucial.

Under the 1973 Public Law 94-142, the Education for all Handicapped Children Act, now the Individuals with Disabilities Education Act (IDEA), was enacted into law. IDEA assures each child with a disability a free and appropriate public education. I am proud to be one of the original drafters of this legislation which has reshaped what we offer to and expect of children with disabilities in our nation’s schools.

In addition, I have been committed to providing job training opportunities for individuals with disabilities. In 1978, I played a central role in ensuring access to programs and services offered by the federal government for individuals with disabilities. The expectation that these people set for themselves and the standards we apply to them have increased significantly, and now in many circumstances equal those set and applied to other individuals.

Unfortunately, one major inequity remains. That is, the loss of health care coverage if an individual on the Social Security Disability rolls chooses to work. Individuals with disabilities want to work. They have told me this. In fact, a Harris survey found that 72 percent of Americans with disabilities want to work, but only one-third of them do work. With today’s enactment of the Work Incentives Improvement Act of 1999, individuals with disabilities will no longer need to worry about losing their health care if they choose to work a forty-hour week, to put in overtime, or to pursue career advancement. Individuals with disabilities are sitting at home right now, waiting for this legislation to become law. Having a job will provide them with a sense of
self-worth. Having a job will allow them to contribute to our economy. Having a job will provide them with a living wage, which is not what one has through Social Security.

In addition to continuing health care coverage and providing job training opportunities for individuals with disabilities, this legislation offers many other substantial long-term benefits. The Work Incentives Improvement Act of 1999 will give us access to data regarding the numbers, the health care needs, and the characteristics of individuals with disabilities who work. Furthermore, this legislation will provide the federal government as well as private employers and insurers, the facts upon which to craft appropriate future health care options for working individuals with disabilities. It will allow employers to design health care plans to factor in the effects of changing health care needs over time for this population. Hopefully, it will even improve the way in which employers operate return-to-work programs. Through increased tracking, it will learn the benefits of intervening with appropriate health care, when an individual initially acquires a disability. We will also learn the value of continuing health care to a working individual with a disability. If an individual, even with a severe disability, knows that he or she has access to uninterrupted, appropriate health care, the individual will be a healthier, happier and thus more productive worker.

I would like to take the time now to briefly outline the major provisions which have remained as part of this legislation. The conference agreement retains the two state options of establishing Medicaid buy-ins for individuals only if disability is severe, who choose to work and exceed income limits in current law, as well as for those who show medical improvement, but still have an underlying disability. For working individuals with disabilities, the conference agreement extends access, beyond what is allowed in current law, to Medicare. In addition, the legislation before us today retains several key provisions from S. 331, including, the authority to fund Medicaid demonstration projects to provide access to health care to working individuals with a potentially severe disability; the State Infrastructure Grant Program, to assist states in reaching and helping individuals with disabilities who work; work incentive planners and protection and advocacy provisions; and finally, most of the provisions in the Ticket to Work Program.

In order to control the cost of this legislation, compromises were made. Although the purpose of the State Infrastructure Grant Program and the Medicaid Demonstration Grant Program remain the same, the terms and conditions of these grants were altered in conference. As a result, states are not required to offer a Medicaid buy-in option to individuals with disabilities on Social Security, who work and exceed income limits in current law, prior to receiving an Infrastructure or a Medicaid Demonstration Grant.

Also in conference, the extended period of eligibility for Medicare for working individuals with disabilities has been changed from 24 to 78 months. During this extended period, the federal government is to cover the cost of the Part A premium of Medicare for a working individual with a disability, who is eligible for Medicare. S. 331 would have extended such coverage for an individual’s working life, if he or she became eligible during a 6-year time period.

I would like to note two changes to the Ticket to Work program made during conference. The new legislation shifts the appointment authority for the members of the Work Incentives Advisory Panel from the Commissioner of Social Security to the President and Congress. In addition, language regarding the reimbursement between employment networks and state vocational rehabilitation agencies was deleted in conference. The new legislation gives the Commissioner of Social Security the authority to address these matters through regulation.

Although several changes have been made from the original Work Incentives bill, I am still very pleased with what we are adopting today. This legislation that makes sense, and it will contribute to the well-being of millions of Americans, including those with disabilities and their friends, their families, and their co-workers. Today’s vote provides us the opportunity to bring responsible change to federal policy that can create a misguided result of the current system—if you don’t work, you get health care; if you do work, you don’t get health care. The Work Incentives Improvement Act of 1999 makes living the American dream a reality for millions of individuals with disabilities, who will no longer be forced to choose between the health care coverage they so strongly need and the economic independence they so dearly desire.

In closing, I would like to thank the many people who contributed to reaching this day. I especially thank the conferees, Majority Leader LOTT, Senators ROTH and MOYNIHAN, and in the House, Majority Leader ARMS, and Congressmen ARCHER, BLiley, RANZEL, and DINGELL. I also thank their staff who worked so closely in effort to reach this day. From my staff, I thank Pat Morrissey, Lu Zeph, Leah Menzies, Chris Crowley, and Kim Monk. I want to recognize and extend my appreciation to the staff members of my three fellow sponsors of this bill; Connie Garner in Senator Kennedy’s office, Jennifer Baxendell and Alexander Vachon with Senator ROTH, and Kristen Testa, John Ressnick, and Edwin Park from Senator MOYNIHAN’s staff. Finally, I wish to thank Ruth Ernst with the National Legislative Counsel for her drafting skill and substantive expertise, her willingness to meet time tables, and most of all, her patience. In addition to staff, we received countless hours of assistance and advice from the Work Incentives Task Force of the Consortium for Citizens with Disabilities. These individuals worked tirelessly to educate Members of Congress about the need for and the effects of this legislation.

Finally, I would like to urge my colleagues in both chambers to set aside any concerns about peripheral matters and to focus on the central provisions of this legislation. Let’s focus on what today’s vote will mean to the 9.5 million individuals with disabilities across the nation. At last, these individuals will be able to work, to preserve their health, to support their families, to become independent, and most important, to contribute to communities, the economy, and the nation. We are making a statement, a noble statement and we must do the right thing. Let’s send this bill to the President.

Mr. REED. Mr. President, I rise today in strong support of the Ticket to Work and Work Incentives Improvement Act.

I want to pay tribute to my colleagues, Senators KENNEDY and JEFFORDS, who began working on this legislation in the last Congress—effectively building support for this bill from a handful of senators to 79 cosponsors.

I also want to commend Senators MOYNIHAN and ROTH, who have dedicated their time and effort to this important cause. They have kept the debate on this bill focused on the substance, and have prevented it from degenerating into grandstanding or par­tisan bickering.

But the lion’s share of credit should go to the members of the disability community, who have been tireless advocates for work incentives legislation. Without their hard work, we would not be here today. This bill is the product of their grassroots activism—making a common sense idea into a national policy.

As my colleagues know, the major provisions of the Ticket to Work and Work Incentives Improvement Act are infinitely sensible. They would remove the most significant barrier that individuals with disabilities face when they try to return to work—continued access to adequate health care.

Currently, individuals with disabilities face the dilemma of choosing between the Medicare and Medicaid benefits they need and the job they desire. Mr. President, this is not a choice at all, and it is regrettable.

According to surveys, about three quarters of individuals with disabilities
who are receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits want to apply for Medicare and Medicaid and provide a helping hand to individuals with disabilities who aspire to work.

Mr. President, this legislation also takes a step to help workers who are stricken with progressive, degenerative diseases, such as Multiple Sclerosis, HIV/AIDS, and Parkinson’s Disease, which can be slowed with proper treatment. With the health coverage buy-in offered under this bill, these workers can continue to work and they can instead of leaving the workforce in hopes of meeting the need requirements for Medicaid coverage.

These citizens can continue to make substantial contributions to the workplace, while benefiting intellectually and emotionally. With the Americans with Disabilities Act, Congress adopted legislation to combat discrimination and remove physical barriers from the workplace. Now, we have the chance to lift yet another barrier to work, the loss of health care coverage.

In my home state of Rhode Island, more than 40,000 individuals with disabilities could benefit from the work incentives bill. Across the country, more than 9.5 million people could be positively affected by this legislation.

Our booming economy has created millions of new jobs, and has brought thousands of Americans into the workforce for the first time. By passing this legislation, we can take another step to help a significant group of Americans participate in our national economic prosperity.

Mr. President, before I yield, I would like to briefly mention my concern about some offsets attached to this measure. As colleagues who have followed this bill know, it seemed as if there was a revolving door when it came to the consideration of offsets during the Conference. Provisions came and went, and returned again.

I was pleased that a controversial offset regarding the refund of FHA up-front mortgage insurance premiums was withdrawn. This offset was essentially a $1,200 tax on approximately 900,000 low- and middle-income families and first-time home-buyers, and the conferees were right to omit it from this bill.

Regrettably, the bill retains two other controversial offsets, which I oppose. The first is an assessment of attorneys representing clients with Social Security disability benefits claims. Although the Administration supports this offset, I believe that it will discourage qualified attorneys from taking on these complicated, labor-intensive claims cases—which already offer little remuneration to attorneys. Ultimately, this assessment will hurt those individuals trying to secure their rightful benefits, not the attorneys. I commend the conferees for taking steps to blunt the impact of this provision by capping the fee at 5.3% and requiring GAO to study the cost and efficiency of this and alternative assessment structures. Nonetheless, I still believe that this is an inappropriate offset.

The other offset changes the index for student loan interest rates from the 91-day Treasury bill to the three-month rate for commercial paper. This provision saves a modest amount of money in the short-term. Unfortunately, those savings will not be transferred to students, and the offset will actually put taxpayers on the hook if the markets turn sour. Let me add that this provision flies in the face of an agreement reached in last year’s Higher Education Act Amendments. Under that legislation, we were to study the impact of this type of conversion. We are still awaiting the findings of that study, and in the absence of an authoritative conclusion, I believe it is premature to entertain this change in policy. Mr. President, setting these important concerns aside, I believe that the Ticket to Work and Work Incentives Improvement Act is a major victory for all Americans, and we should all support it. I want to again commend the leading Senate sponsors, Senators KENNEDY, JEFFORDS, MOYNIHAN, and ROTH for their tremendous work in bringing this legislation to this point, and I urge all of my colleagues to vote for it.

The PRESIDING OFFICER. Who yields time?

Mr. ROTH. Mr. President, I yield 8 minutes to the Senator from Pennsylvania.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized for 8 minutes.

Mr. SANTORUM. Mr. President, I want to pick up where the Senator from Illinois left off. I think he hit the nail on the head with respect to our concern with a provision in this bill which could create an additional moratorium for the organ allocation regulations to go into effect.

There will be a 90-day moratorium. Senator DURBIN, Senator SCHUMER, Senator MOYNIHAN, Senator SPECTER, and I, and many others have some grave concerns about its impact on thousands of people who are on transplant lists across this country and their ability to get organs in what may be the last few days of their lives. That is, more than 90 days is going to occur. We are going to delay a system being put into place which would put a priority on the health status of the person on the transplant list as opposed to the residency status of where that person happens to be in the hospital.

It is a battle. It is an economic battle in many respects. And certainly, from some perspectives, I have transplant centers in my State that support these regulations; I have transplant centers in my State that oppose them. I look at it from the unbiased position of, what is in the best interest of the patient? For me, as Senator DURBin just said, when 3 of the 11 people who will die today because organs are not available, when 3 of them needlessly die because we are transplanting organs that would otherwise go to them into people who are healthier and would not die but for the transplant, then we have something seriously wrong in this country. We have something seriously wrong when geography trumps patient need. That is what the current organ allocation system has.

Why has that occurred? This was a system that was put in place well over 10 years ago, when there were fewer transplant centers and when organs could not survive as long after being harvested. So geography did play an important role because the organ that was harvested had to be quickly transported to a hospital and implanted into the donee. That has changed. Now organs survive for around 4 hours, according to our transplant surgeon, Dr. FRISt, who lectured us on this a little while ago. Now we have the ability to more broadly spread these organs out so we can reach sicker people. Yet the organ allocation system developed well over 10 years ago still focuses on geography. It may have been applicable at one time. It doesn’t work anymore. People are dying as a result of it.

We have 4,000 people on transplant lists who will die time. And it is impossible to me that those will die unnecessarily—4,000 will die and 1,000 will die unnecessarily—because of our regulations.

We have gone through a moratorium on these regs. I know this is a very controversial issue. It is a controversial issue because of economics. There is no controversy anymore as to what is in the best interest of patients. Last year, when Bob Livingston was able to get a chair on the Appropriations Committee, we said, well, the medical evidence will sustain their position that geography is the best way to do this. So we asked for a study—the study of the Institute of Medicine—to determine the findings of a nonpartisan, nonbiased organization. Let me tell you what they came back with:

On the basis of the analysis of this report, it seems apparent that patients on liver transplants—

That is what they specifically looked at. Waiting lists will be better served by an allocation system that facilitates broader sharing within broader populations.
The Institute of Medicine says ‘broader sharing,’ with geography being a lower priority factor in the decision.

This question was also put forward: Will more people die if we continue this system?

Again, the Institute of Medicine was very clear:

Increased sharing of organs would result in increased transplantation rates for status 1 patients, the sickest patients, decreasing pre-transplantation mortality for sicker patients, which is status 2(b), and decreasing transplantation rates for status 3 patients, without increasing mortality.

That is the key. Yes, status 3, the healthier patients, will get fewer organs, but they won’t die as a result of that. Yes, status 1 and 2(b) patients will get more transplantations and will live as a result of that, where they otherwise would die.

So it is clear, again, from the medical evidence the Institute of Medicine has put forward that a broader geographic sharing would reverse the situation that is what these regulations dictate—that the sicker patients should get theirs before they die, not healthy patients who would otherwise live or would live for a long period of time without transplants.

The other issue you will hear brought up is that we need geography to be a big factor because it increases the availability of organs, that people want to donate organs in their community. The Institute of Medicine looked at this and found no convincing evidence to support the claim that broader sharing would adversely affect donation rates, or potential donors would decline to donate because an organ might be used outside the immediate geographic area.

I have an organ donor card. I am someone who, upon my demise, wants to be able to give organs to someone else so they might live. I don’t care about their needs. I don’t care whether it goes to somebody in Pittsburgh, or in Chicago, or in Alabama, as long as it goes to the person who needs it the most.

That brings me to my final point, on which I think we can all agree. This debate is contentious, and the reason for that is, we don’t have enough organs. So I just say that we can all agree that we need to do more to encourage organ donation. People are needlessly dying because people and families have trouble at that moment of death—I know how difficult that can be—making the decision to donate the organs of somebody who is brain dead to someone else who can live as a result of that donation.

Hopefully, through this discussion, we can also work on how we can broaden the availability of organs so that the contentious issue of regional transplant centers will be minimized in the future.

Mr. President, with that, I yield back the remainder of my time.

The PRESIDING OFFICER. Who yields time?

Mr. MOYNIHAN. Mr. President, I have the great honor and pleasure to yield 5 minutes to the Senator from Iowa, who is so active in the Ticket to Work legislation.

The PRESIDING OFFICER. The Senator from Iowa is recognized for 5 minutes.

Mr. HARKIN. Mr. President, I thank the ranking member on the committee. I rise in strong support of the Work Incentives Improvement Act. I really just want to mention a couple of things. Senator JeFFORDS of Vermont and Senator KENNEDY from Massachusetts, for their excellent work in getting this very important piece of legislation through. I want to also thank the members of the Finance Committee, in particular, Senator ROTH and Senator MOYNIHAN—for their hard work on this legislation.

For people with disabilities all over this country, this is truly an incredible opportunity to fulfill the promise we made to people with disabilities 9 years ago when we passed the Americans With Disabilities Act in 1990. When we passed the ADA, they told Americans with disabilities that the door to equal opportunity was finally open. And the ADA has opened doors of opportunity—plenty of them. Americans with disabilities now expect to be treated as full citizens, with all the rights and responsibilities that entails.

But our work is not finished. Far too many people with disabilities who want to work are unemployed. One of the main reasons they are unemployed is, under the current system, people have to choose between a job and health care. I could not put it any better than a constituent of mine, a young woman by the name of Phoebe Ball. Phoebe just graduated from the University of Iowa. She was shocked when they found that if she took an entry-level job paying $18,000 a year, she would suffer a huge loss—her health insurance.

So Phoebe wrote an article for the newspaper. I will read part of it:

“I want off SSI desperately . . . I want to work. I want to know that I have earned the money I have . . .

My parents and my society made a promise to me. They promised me that I can live with this disability, and I can . . . What is limiting me right now is not this wheelchair, and it’s not this limb that’s missing. It’s a system that says if I can work at all, then I’m undeserving of any assistance. I’m undeserving of the basic medical care that I need to stay alive.

This country is a government that understands its responsibility to its citizens . . . then we’ll see what we are capable of, then we’ll be working and proving the worth of the Americans With Disabilities Act.

We could do it any better than Phoebe just did. The Work Incentives Improvement Act is a comprehensive bill that will be the answer to Phoebe Ball’s dilemma. If only 1 percent—or 75,000—of the 7.5 million people with disabilities, such as Phoebe, who are now on disability, could work, Federal savings would total $3.5 billion over the work life of these beneficiaries. That not only makes economic sense, it contributes to preserving the Social Security trust fund. The disability community of this country and Members from both sides of the aisle have wholeheartedly endorsed this bill. Rarely do we see such broad bipartisan support. But that is because on this particular issue it is easy to agree—people with disabilities should continue to move toward greater and greater independence.

In that spirit, Senator SPECTER and I introduced the Medicaid Community Attendant Services and Supports Act earlier this year. Its shorthand name is MCASSA. This bill will build on what we are doing today with the Work Incentives Improvement Act. Ten years after the passage of the Americans With Disabilities Act, next year, we are going to celebrate the promise of ADA—equality of opportunity, full participation, independent living, and economic self-sufficiency for all.

I thank the Chair.
I thank the President.
I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. ROTH. Mr. President, I yield 4 minutes to the Senator from Alabama.

The PRESIDING OFFICER. The Senator from Alabama is recognized for 4 minutes.

Mr. SESSIONS. Mr. President, I thank the Senator from Delaware, and
I thank him particularly for his interest on this issue and so many other issues that threaten the well being of the American people, and they are threats that are made worse by our divided government. We ought not hold organs hostage to tragedy but rather what your need is in making sure that people can live, that people can have hope, and that hopefully the wait time will be shorter so that more people have a chance to live.

The issue before us today involves many different aspects. I believe very strongly that the organ transplant issue is critical for our Nation. We have made such magnificent progress in enhancing the availability of organs, helping people who receive those organs, and increasing the success rate of organ transplants. It has been a continual series of advancements—whether it is medication to avoid rejection, or the skill of a surgeon, and so forth. The key to that has been the magnificent services rendered by organ transplant centers and transplantation services rendered by organ transplant centers throughout the Nation.

The plan that has been directed and proposed by Secretary Shalala of HHS, which gives her, in fact, the total ability to void and dictate the regulations, that plan has been opposed and is not supported by overwhelming numbers of organ transplant centers in this country. They do not believe it will save lives. They do not believe it will help the system to have Washington decide who gets organ transplants.

We have a system that is working and getting better on a daily basis, which is something of which we can be extraordinarily proud.

In Alabama, the University of Alabama at Birmingham is No. 1 in the world in kidney transplants. They are exceptionally skilled at that procedure, and is one of the great organ transplant centers in the world. Others are similar around the country. They are very uneasy about and object to this consolidation of power in the Secretary's office—a person who is not elected by the people, and yet is about to impose regulations on the dispersement of organs in America.

This is a matter that ought to be and by law and right should be done in the U.S. Congress. The House passed a bill quite different from the Secretary's proposal. The committee met in the appropriations, and several Senators who had a view on this came up with a bill giving a 42-day window to change any rule she might pass. We will hardly be in session. We will not be in session in 42 days. Ninety days is the minimum time we can have so that this Congress can fulfill its responsibility to the health and safety of this country by having hearings and passing legitimate legislation on organ transplantation.

I would point out that the chairman of that subcommittee of the committee of which I am a member, Senator Frist, Dr. Frist, is one of the great organ transplant surgeons in America. He did the first organ-lung transplant in the history of the State of Tennessee. He will chair that committee. He is going to be fair on this issue.

But there is a congressional responsibility, and the minimum time we can accept is the 90 days that has been proposed.

I thank the Chair. I hope and I am confident that will be part of this legislation.

Mr. MOYNIHAN. Mr. President, I am happy to yield 3 minutes to my colleague and friend from New York.

The PRESIDENT pro tempore. The Senator from New York is recognized for 3 minutes.

Mr. SCHUMER. Mr. President, I thank the Senator for yielding time.

I rise, along with my colleagues from Pennsylvania and Illinois, very much against my colleague from Alabama on this important issue.

When somebody donates a liver or lungs or a kidney or a heart, they do not, in the most, and not those who live in a certain geographical area be given those organs.

The system has been supported by the National Academy of Sciences Institute of Medicine. It was developed by medical people and scientists. That is the way it ought to be.

We ought not hold organs hostage to political, geographic, and other divisive considerations.

Again, when somebody donates an organ, a beautiful and selfless act, it ought not be marred by politics. It ought to go to the person of greatest need, no matter where that person lives.

Mr. President, I yield the remainder of my time.

Mr. MOYNIHAN. Mr. President, I am happy to yield 3 minutes to my friend, Senator WELLSTONE.

Mr. PRESIDENT pro tempore. The Senator from Minnesota is recognized for 3 minutes.

Mr. WELLSTONE. Mr. President, I want to actually start out on a positive note by raising one question.

This Work Incentives Improvement Act is a very important piece of legislation for all the reasons my colleagues have explained. I will go through that in a moment.

I don't understand why there is in this piece of legislation a $1.7 billion subsidy for higher education lenders. I don't understand what that is doing in this piece of legislation. We are talking about the health of our country. We are talking about the ability to live and maintain their health care coverage. That is what is so important about this legislation. It is incredibly important to the disabilities community in my State and across the country.

I thank Senators KENNEDY, JEFFORDS, ROTH, and MOYNIHAN. But I have to raise this question just for the record.

What are we doing putting a $1.7 billion subsidy in here for higher education lenders? Students could use this money by way of expanding the Pell grant. Students could use the money by way of low interest loans. Students could use the money to make higher education more affordable. But why is this provision being linked to another piece of legislation?

I must say again that when we get back to how we conduct our business, I hope next time we will not put these pieces of legislation together. This is not the way to legislate.

I think it is a great piece of legislation. I am going to support it. But I certainly don't think we should have this $1.7 billion subsidy for the lenders as a part of this bill.

I yield the floor.

The PRESIDENT pro tempore. The majority leader.

Mr. LOTT. Mr. President, I ask unanimous consent that the voting schedule occur no later than 6 p.m. this evening, and that it be reversed so that the first vote will now occur on the adoption of the Work Incentives conference report, to be followed by the cloture vote, and finally adoption of the appropriations conference report.

The PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MOYNIHAN. Mr. President, in the spirit of the hour, the Democratic side yields the remainder of its time to the distinguished and ebulliently happy majority leader.

Mr. LOTT. Thank you, Mr. President. It is always a great pleasure to work with the Senator from New York. It is
even more fun to hear him speak. I am not sure what he said, but it sounded beautiful. I think it as a high compliment, as I always do.

For the sake of a colloquy to clarify a section in the work incentives bill, I yield to Senator SANTORUM. We will have a colloquy with Senator SANTORUM, Senator SCHUMER, and myself.

Mr. SANTORUM. Mr. President, there is an issue over the language contained in section 413 of H.R. 1180 and the intent thereof that I ask the majority leader to clarify.

Mr. LOTT. Mr. President, I thank the Senator from Pennsylvania, and the Senator from New York, Mr. SCHUMER, for working with me on this and for their devotion to this important public health issue.

It is also important for our country and to the people that need the organ transplants. We have to try to find the best and the fairest way to deal with this issue. I am happy to clarify this issue contained in the legislative measure.

Mr. SANTORUM. I wish to clarify the language in section 413 of H.R. 1180 pertaining to the implementation of the Secretary of Health and Human Service's final rule on organ procurement and the transplantation printed in the Federal Register on October 20, 1999, specifically to ensure that this language allows, but does not require, the Secretary of HHS to revise this rule after the 90-day period beginning on the date of enactment of this act.

Mr. LOTT. Mr. President, the language will delay the rule for 90 days. That is what is required and that was my intent, from the date of enactment of H.R. 1180, in order to facilitate additional public review. It is not the intent of the legislation to cause any unreasonable delay in the formulation of necessary improvements in national organ transplant policies, but rather to permit constructive review of the information that will be available and for the Congress to revisit it.

Furthermore, I make clear section 413 provides that the rule is not effective until the expiration of the 90-day period during which the Secretary reviews the public comments that as of today we have not had a formal comment period, as I understand it; that the Secretary should inform the Congress of her reasons behind any final decision she would make.

Mr. LOTT. Yes, absolutely. I expect that and I believe she will do that.

Mr. SANTORUM. I wish to say that I know a lot of our partners working on this very contentious issue. Some said this had happened in the dead of night. What happened in the dead of night—I serve on the health committee that should be dealing with this—this 42-day rule was we shifted a bill from the Senate's floor to the House for their commitment to seeing this process through to its successful completion.

I would also like to thank the members of Senator MOYNIHAN's Finance staff who have helped make this a bipartisan effort—David Podoff, Russ Sullivan, Stan Fendley, Anita Horn, and Mitchell Kent.

It is also important to recognize the professionals of the Joint Committee on Taxation. In particular, I would like to thank Linda Paull, Bernini Schmitt, Rick Grafmeyer, Carolyn Smith, Cecily Rock, Mary Schmitt, Greg Bailey, Tom Barthold, Ben Hartley, David Hering, Harold Hirsch, Laurie Matthews, Sam Olchyr, Oren Penn, Todd Simmons, Paul Schmidt, Mel Schwarz, and Barry Wold. I would also like to thank Jim Fransen and Mark Mathiesen of the Senate's Legislative Counsel office who have the thankless job of turning tax bills into statute.

Finally, I would like to thank the Treasury's Office of Tax Policy. In particular, Linda Robertson, Jon Talsman and Joe Mikrut deserve special recognition for their help in this important legislation.

On this occasion I would also like to thank the staff who worked so hard on the Medicare, Medicaid, and SCHIP reform provisions included in the Omnibus Appropriations Act. They have worked incredibly long hours, with real dedication, to develop the strong, consensus product before the Senate today. In particular, let me thank Kathy Means, Teresa Houser, Mike O'Grady, Jennifer Baxendell, and Alec Phillips on the Majority staff.

I would also like to thank Senator MOYNIHAN's staff for their cooperation and input. Let me thank Chuck Konigsberg, Liz Fowler, Edwin Park, Jon Resnick, Faye Drummond, Kyle Kruyt, Dustin May, Julianne Fisher, Jewel Harper, and Doug Stenge.

I ask for the yeas and nays.

Jennifer Baxendell and Alec Vachon from my staff worked tirelessly on this legislation and deserve special commendation.

Since this bill's inception, our staffs have worked together closely and well. I would like to thank you all for your dedication and hard work throughout all the many ups and downs this bill has faced.

Mr. President, I would also like to thank the dedicated professionals who worked so diligently to complete this year's tax legislation. First of all, I would like to thank my Finance team—Frank Polk, Joan Woodward, Mark Prater, Brigi Pari, Tom Roesser, Bill Sweetnam, Jeff Kupfer, Ed McClellan, Ginny Flynn, Tara Bradshaw, Connie Foster and Myrtle Agent. I would also like to thank John Duncan and the dedicated staff for working with me on this and for their devotion to this important public health issue.

Mr. President, I would also like to thank the dedicated professionals who worked so diligently to complete this year's tax legislation. First of all, I would like to thank my Finance team—Frank Polk, Joan Woodward, Mark Prater, Brigi Pari, Tom Roesser, Bill Sweetnam, Jeff Kupfer, Ed McClellan, Ginny Flynn, Tara Bradshaw, Connie Foster and Myrtle Agent. I would also like to thank John Duncan and the dedicated staff for working with me on this and for their devotion to this important public health issue.
There is a sufficient second. The yeas and nays were ordered.
The PRESIDING OFFICER. The question is on agreeing to the conference report. The yeas and nays have been ordered.
The clerk will call the roll.
The legislative assistant called the roll.
Mr. NICKLES. I announce that the Senator from Arizona (Mr. MCCAIN), the Senator from Washington (Mr. GORTON), and the Senator from Oregon (Mr. SMITH) are necessarily absent.
I further announce that, if present and voting, the Senator from Oregon (Mr. SMITH) would vote yea.
Mr. REID. I announce that the Senator from Washington (Mrs. MURRAY), is absent attending a funeral.
The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?
The result was announced—yeas 95, nays 1, as follows:

[Rollcall Vote No. 372 Leg.]

YEAS—95

Abraham         Edwards         Lincoln
Akaka          Emzi           Lott
Allard          Feingold        Lugar
Ashcroft        Feinstein       Mack
Baucus          Fitzgerald      McNicholl
Bayh            Frist           Mikulski
Bennett         Graham          Moynihan
Biden           Granum          Mukowski
Bingaman        Grams           Nickels
Bond            Grassley        Reed
Breaux          Hagel           Robb
Brownback       Harkin          Roberts
Bryan           Hatch           Rockefeller
Bunning         Helms           Spalding
Burns           Hollings        Santorum
Byrd            Hutchinson      Schumaker
Campbell        Inhofe          Sessions
Cleland         Inouye          Smith (NH)
Cochran         Jeffords        Shelby
Collins         Johnson         Smith (IN)
Conrad          Kennedy         Sessions
Coverdell       Kerrey          Specter
Craig           Kerry           Stevens
Crapo           Kohl            Thomas
Daschle         Kyi             Thompson
DeWine          Lancaster       Thurmond
Dodd            Lautenberg      Torricelli
Domenici        Leahy           Warner
Dorgan           Lewis          Welstone
Durbin          Lieberman        Wyden

NAYS—4

Voynovich

NOT VOTING—4

Gorton          Murray         McCain

The yeas and nays resulted—yeas 87, nays 9, as follows:

[Rollcall Vote No. 373 Leg.]

YEAS—87

Abraham         Edwards         Lugar
Akaka          Emzi           Mack
Allard          Feinstein       McConnell
Ashcroft        First           Mikulski
Baucus          Gramm          Moynihan
Bayh            Grassley        Murkowski
Bennett         Hagel           Nichols
Biden           Hagel           Reed
Bingaman        Harkin          Reid
Crapo           Hatch           Roberts
Domenici        Hollings        Rockefeller
Durbin          Hutchison       Santorum
Bunning         Inhofe          Sarbanes
Burns           Inouye          Schmidt
Byrd            Jeffords        Sessions
Campbell        Johnson         Shelby
Chafee, L.       Kennedy         Smith (NH)
Cleland         Kerrey          Snowe
Cochran         Kerry           Specter
Collin           Kyi             Thomas
Coverdell       Landrieu        Thompson
Crapo           Leahy           Thurmond
Daschle         Levin           Turricelli
DeWine          Lieberman        Voinovich
Dodd            Lincoln         Warner
Domenici        Lott            Wyden

ORDER OF PROCEDURE
Mr. LOTT. Mr. President, I ask unanimous consent that the next two votes in this series be limited to 10 minutes in length.
The PRESIDING OFFICER. Without objection, it is so ordered.

SEASONS GREETINGS
Mr. LOTT. Mr. President, once again, I thank Senators on both sides for their cooperation and for their good work this year and wish you all a Happy Thanksgiving and a Merry Christmas.
I yield the floor.

DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 2000—CONFERENCE REPORT—Resumed
CLEOTURE MOTION
The PRESIDING OFFICER. Under the previous order, pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.
The legislative assistant read as follows:

CLEOTURE MOTION
We the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the conference report to accompany the District of Columbia appropriations bill.
The concurrence report, in agreement with the Senate report, was as follows:

YEAS—87

Conrad          Feingold        Grams
Durbin          Frist           Kohl
Dodd            Graham          Welstone
Domenici        Lott            Wyden

NAYS—9

Gorton          Murray         McCain

NOT VOTING—4

THE PRESIDING OFFICER. On this vote, the ayes are 87, the nays are 9. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

FISHERIES RESEARCH VESSEL
Mr. LOTT. Mr. President, the NOAA budget includes $51.56 million in funds to procure the first of four state-of-the-art fishery research vessels to conduct critical research on our oceanic fishery resources. This is an important step in providing for sustainable fisheries for our fishermen, U.S. trade, and U.S. consumers. It is my understanding that these ships will be some of the most technically complex research vessels in the world. It is critical that the procurement of these ships reflect this complexity, and that all U.S. shipbuilders with technical expertise in oceanographic research ships will have the opportunity to offer their expertise to the Government. Is it the Senator's understanding that this solicitation will be open to all U.S. shipbuilders, without set-asides that limit competition?

Mr. STEVENS. The Majority Leader is correct. In providing for the first of these ships to be built, we understood that the public will benefit from free and unrestricted competition on this vessel. The demands placed on our fishery management system dictate that we procure the most technically sophisticated ship possible from our U.S. shipbuilding industry. The only way to guarantee this result is to conduct a free and open competition among all