Mr. President, I wanted to pursue this legislation to encourage democracy and accountability in Indonesia, and to hold our clear incentives for a policy of accountability and cooperation. And I wanted to hold this Administration to its word, ensuring that passing political whims do not soften America's rejection of the kind of methods that the Indonesian military used in East Timor.

The amendment would have reached out to the Indonesian government, celebrating its democratic transition and recognizing its economic needs, while keeping the pressure on elements in Indonesia that are moving in the opposite direction—elements moving away from democracy, reform, and accountability and moving toward repression, violence, and impunity.

With its clear message and incentives, this amendment would have set the stage for a responsible and strong partnership between the U.S. and Indonesia.

Mr. President, it concerns me that the Administration has behaved as though they wish this legislation would just go away, although it is a codification of their own policy. The Administration has told me that they desire more flexibility—particularly with regard to licensing defense-related articles for export to Indonesia—than this amendment would allow.

Despite the fact that I worked closely and carefully with the State Department to develop a reasonable list of conditions that must be met in order to re-establish military and security relations, in the end, the Administration did not want to be pinned down to any standards at all.

Mr. President, I will speak frankly. The Administration's unwillingness to commit to a responsible policy and to a solid series of prerequisites for resuming military and security ties concerns me, and convinces me that vigilance will be necessary in the months ahead.

And so Mr. President, while I foresee no opportunity to move this legislation this year, I want to remind this Senate and this Administration that my amendment will remain in order when we return to the bankruptcy bill, and I am prepared to take up this issue again in January, or at any other time the circumstances warrant it.

I will continue to be certain that this Senate has a voice in the future of U.S.-Indonesian relations. I will continue to push for accountability for the abuses perpetrated by the Indonesian military and militia groups. And I will continue to insist that U.S. engagement with the Indonesian military is contingent upon an end to the harassment and deportation of East Timorese refugees with impunity.

I pledge to my colleagues and to this Administration that I will monitor this matter, and monitor it closely in the weeks and months ahead. I will stand by, ready with several versions of my legislation, should the Indonesian military fail to take the steps toward reform and accountability that are absolutely essential prerequisites to a military and security relationship with the United States.

And make no mistake, I will come to the floor again and again should this Administration appear ready to engage with and support an Indonesian military that has not seriously lived up to its own commitment to respect the rights of ordinary East Timorese civilians who seek only to live their lives in peace and security.

Mr. President, I yield the floor.
Medicaid, and CHIP Adjustment Act of 1999 which is now ready for Senate consideration and passage today.

This legislation will help to ensure that Medicare beneficiaries can continue to receive high-quality, accessible health care.

Overall, the bill increases payments for nursing homes, hospitals, home health agencies, managed care plans, and other Medicare providers. It will also increase payments for rehabilitative therapy services, and longer coverage of immunosuppressive drugs.

Over $27 billion in legislative restorations are contained in this package for the next 10 years.

Clearly we now know that there were unintended consequences as a result of the reimbursement provisions contained in the BBA. Many of the changes provided for in the BBA resulted in far more severe reductions in spending than we projected in 1997. As a result, skilled nursing facilities, home health agencies and hospitals have been particularly hard hit from these changes in the Medicare law.

In 1997, Medicare was in a serious financial condition and was projected to go bankrupt in the year 2001. The changes we made in 1997 saved Medicare from financial insolvency and have resulted in extending the program's solvency until 2015.

Nevertheless, the reductions we enacted in 1997 created a serious situation for many health care providers who simply are not being adequately reimbursed for the level and quality of care they were providing.

This situation is particularly evident in the nursing home industry. Many skilled nursing facilities, or SNFs, are now facing bankruptcy because the current prospective payment system, which is a part of the BBA, does not adequately compensate for the costs of care to medically complex patients.

As a result, I introduced the Medicare Beneficiary Access to Quality Nursing Home Care Act of 1999, S. 1500, which was designed to provide immediate financial relief to nursing homes who care for medically complex patients.

The Chairman of the Budget Committee, Senator DOMENICI, was the principal cosponsor of this important legislation. And I would like to take this opportunity now to thank him for the extraordinary effort he made in helping to have major provisions of our bill incorporated into the final conference agreement on the BBA Restorations bill.

Moreover, I want to thank the other 44 Senators who cosponsored S. 1500 and who lent their support in helping to move the legislation to conference.

This is an important victory for Medicare beneficiaries who depend on nursing home care. As we have seen over the past several years, those beneficiaries with medically complex conditions were having difficulty in gaining access to nursing home facilities, or SNFs, simply did not want to accept these patients due to the low reimbursement levels paid by Medicare.

The current prospective payment system is flawed. It does not accurately account for the costs of these patients with complex conditions. The Health Care Financing Administration (HCFA) has acknowledged that the system needs to be corrected.

Under the provisions of the BBA Restoration bill we are passing today, reimbursement rates are increased by 20% for 15 payment categories, or the Resource Utilization Groups—RUGs—beginning in April 2000. These increases are temporary until HCFA has fixed payments needed to reflect a more accurate cost for these payment categories.

Moreover, after the temporary increases have expired, all payment categories will be increased by 4% in fiscal years 2001 and 2002.

These provisions will provide immediate increases of $1.4 billion to nursing homes facilities to care for these high-cost patients.

In addition, the bill also gives nursing homes the option to elect to be paid at the full federal rate for SNF PPS which will provide an additional $700 million to the nursing community.

I would also add that I am pleased the conference report includes a provision to provide a two-year moratorium on the physical/speech therapy and occupational therapy caps that were enacted as part of the BBA. As we all well know, these arbitrary caps have resulted in considerable pain and difficulty for thousands of Medicare beneficiaries. They have met and exceeded the therapy caps.

I joined my colleague and good friend, Senator GRASSLEY, as a cosponsor of this important legislation, and I want to commend him for his leadership in getting this bill incorporated into the final BBA Restoration conference report.

There are many other important features of this bill that are included in the conference report agreement and, I hope, will do a great deal to health restore needed Medicare funding to providers. Overall, $2.7 billion is restored to SNFs under this legislation.

The bottomline is all of this is ensuring that Medicare beneficiaries have access to quality health care. We need to keep that promise and I believe we have done that through the passage of this legislation today.

With respect to other providers, I want to add that the bill contains funding for home health agencies as well. The bill will ease the administration requirements on home health agencies as well as delay the 15 percent reduction in reimbursement rate for one year. This reduction was to have taken effect on October 2000 but will now be delayed for one year until October 1, 2001.

I have worked very closely with my home health agencies in my state who were extremely concerned over the impact of the 15% reduction next year. I am pleased to tell them that we have addressed their concerns by delaying this reduction for another year. I think this time will give us an opportunity to focus on this provision to determine what other adjustments, if any, may be required in the future.

Overall, the bill adds $1.3 billion back into the home health care component of Medicare.

So I believe we have taken some significant steps to ensure that home health agencies will be able to operate without the threat of increased Medicare reductions on their bottomline.

We have also taken steps to help hospitals and teaching hospitals with over $3 billion in Medicare restorations. These increases will help to smooth the transition to the PPS for outpatient services—an issue that was brought to my attention by practically every hospital administrator in my state.

On the separate, but equally important issue of children's graduate medical education funding, I am especially pleased that the House has passed legislation that will authorize, for the first time, a new program to provide children's hospitals with direct and indirect graduate medical education funding.

Independent children's hospitals, including Primary Children's Hospital in Salt Lake City, receive very little Medicare graduate medical education funding. This is because they treat very few Medicare patients, only children with end stage renal disease, and thus do not benefit from federal GME support through Medicare.

I cosponsored this legislation in the Senate which passed earlier this year. The measure has now cleared the House and will soon be sent to the President who is expected to sign the measure into law very soon.

Moreover, $40 million is contained in the Appropriations bill that will serve as an excellent foundation on which to provide assistance to children's hospitals.

I am also pleased that provisions from S. 1636, the Medicare Patient Access to Technology Act, were included in the BBA Restoration measure.

These important provisions guarantee senior citizens access to the best medical technology and pharmaceuticals. Currently, Medicare beneficiaries do not always have access to the most innovative treatments because Medicare reimbursement rates are inadequate. And I just don't think that it's fair to older Americans. My
provisions contained in the restoration bill change this by allowing more reasonable Medicare reimbursements for these therapies.

Take, for example, John Rapp, my constituent from Salt Lake City, Utah. Mr. Rapp, who is 71 years old, was diagnosed with prostate cancer last May. He was presented with a series of treatment options and decided to have BRACHY therapy because it was minimally invasive and he could receive it as an outpatient and it had fewer complications than radical surgery.

This new innovative therapy implants radioactive seeds in the prostate gland in order to kill cancer cells. The success rate of this therapy has been overwhelming.

So, what’s the problem? Without my legislation, services such as BRACHY therapy would not be available in the hospital outpatient setting to future Medicare patients due to the way the outpatient prospective payment system is being designed. Life saving services such as BRACHY therapy will be reimbursed at significantly lower reimbursement rates, from approximately $10,000 to $1500, and, therefore, it would not be cost-effective for hospitals to offer this service. Fortunately, the provisions included in the omnibus spending bill change all of that—innovative treatments, such as BRACHY therapy, will now be available to future prostate cancer patients.

We must get the newest technology, to seniors as quickly as possible. Government bureaucracy should not stand in the way of seniors receiving the best care available. We must put Medicare patients first, not government bureaucracy. That is why my legislation is necessary. So pleasing to me was that the Senator from another state who worked with those Senators to address those concerns.

Finally, I am pleased that this package also addressed the serious concerns of the community health centers. The community health centers community came to us because there were concerns about the financial hardship that the Balanced Budget Act would have imposed on these health centers and their patients. I worked hard with Finance Committee Chairman Roth, Senator Grassley, and Senator Baucus to resolve this important issue. I believe that the conference committee came up with a good solution. However, I intend to monitor this situation closely over the next couple of years.

Mr. President, there are numerous other provisions in this restoration package that I will not take the time to comment on now, but they are equally important. I want to commend the leadership in the Senate and House for working to put together this important measure that will clearly help millions of Medicare beneficiaries throughout the country.

THE DAKOTA WATER RESOURCES ACT

Mr. CONRAD. Mr. President, I rise today to discuss an important piece of legislation for my State of North Dakota. S. 623, the Dakota Water Resources Act, is legislation I introduced in the last Congress and early in this Congress to re-direct the existing Garrison Diversion project. This bill is designed to meet the contemporary water needs of North Dakota, substantially reduce the cost of the project, and require compliance with environmental laws and our international treaty obligations with Canada.

North Dakota has significant water quality and water quantity needs that must be addressed. In many parts of my state, well water in rural communities resembles weak coffee or strong tea. It turns the laundry gray after the first wash, and in many places is unfit even for cattle to drink. This bill is designed to address those situations and help provide clean, reliable water to families and businesses across North Dakota.

This bill was favorably reported from the Senate Energy Committee earlier this year, after hearings were held in this Congress and in the previous Congress. During consideration in the Energy Committee, several amendments were adopted that reduced the cost of the bill by $140 million and strengthened environmental protections in the bill. I should also note that this bill reduces the cost of constructing the currently-authorized project by about $1 billion.

The bill is now pending on the Senate calendar, and was packaged with a group of other bills reported by the Energy Committee to be considered by this body. Unfortunately, when the Senate attempted to consider this legislation in recent days, objections to its consideration were registered by other Senators from another state who had concerns about the bill. In response, Senator Dorgan and I have worked with those Senators to address their concerns. We have engaged in those discussions in good faith, believing that if we continued to work with other states we would be able to address their concerns.

Unfortunately, those discussions have not yielded the results we were hoping for that would have allowed the bill to pass the Senate. Enacting this legislation will help my state overcome the tremendous water needs that are well documented, and I will continue to work in good faith with other Senators to pass this important bill. I am willing to address the concerns of other states, but it must be a two-way street. I look forward to our discussions under the auspices of the Energy Committee in February to resolve those issues.

I thank the Chair and yield the floor.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Thursday, November 18, 1999, the Federal debt stood at $5,880,813,748,970 (Five trillion, six hundred ninety-three billion, eight hundred thirteen million, one hundred seventy-four thousand, five hundred twenty-three dollars and ninety-seven cents).

One year ago, November 18, 1998, the Federal debt stood at $5,586,312,000,000 (Five trillion, five hundred eighty-six billion, three hundred twelve million).

Five years ago, November 18, 1994, the Federal debt stood at $5,752,720,000,000 (Four trillion, seven hundred fifty-two billion, seven hundred twelve million).

Twenty-five years ago, November 18, 1974, the Federal debt stood at $492,410,000,000 (Four hundred eighty-two billion, four hundred million) which reflects a debt increase of more than $5 trillion—$5,212,400,174,823.97 (Five trillion, five hundred twelve billion, four hundred million, one hundred seventy-four thousand, eight hundred twenty-three dollars and ninety-seven cents) during the past 25 years.

VIEQUES ISLAND TRAINING FACILITY

Mr. WARNER. Mr. President, I rise today to speak about a very important issue that threatens to undermine the readiness of our Navy and Marine Corps units that are scheduled to deploy to the Mediterranean Sea and the Persian Gulf in February. That issue is the current situation on the Puerto Rican Island of Vieques where the Navy is being prevented by unrestrained civil disobedience from conducting training critical to its preparations for deploying into a possible combat environment.

Two weeks ago, I and four of my colleagues introduced Senate Resolution 229, that would express the Sense of the Congress that the Secretary of the Navy should initiate the required training for the Eisenhower Battle Group and the 24th Marine Expeditionary Unit on the island of Vieques, and that the President should not deploy these forces unless the President determines that they are free of serious deficiencies in their major warfare areas.

Over the past two weeks there have been discussions between the Federal government and the Government of Puerto Rico to try and reach an accommodation that would resolve the current impasse between the Navy and the people of Vieques. Unfortunately, these discussions have not born fruit and there is no resolution in sight. The simple fact is the President needs to act to resolve this impasse.

Today, the Armed Forces are at risk of reaching unacceptably low levels of CONGRESSIONAL RECORD—SENATE 31075

November 19, 1999