death and injury in that city between 1983 and 1996.
Whereas Safe Night involved over 10,000 Wisconsin participants and included 100 individual Safe Nights throughout Wisconsin in 1996;
Whereas Safe Night has been credited as a factor in reducing the teenage homicide rate in Milwaukee by 60 percent in just the first 3 years of the program;
Whereas Wisconsin Public Television, the Public Broadcasting Service, Black Entertainment Television, the National Latino Children’s Institute, the National Civics League, 100 Black Men of America, the Resolving Conflict Creatively Center and Educators for Social Responsibility, the Boys and Girls Club of America, the Community Anti-Drug Coalitions of America, the National 4-H Youth Council, Public Television Outreach, and the American Academy of Pediatrics have joined with Safe Night USA to lead this major violence prevention initiative;
Whereas community leaders, including parents, teachers, doctors, religious officials, and business leaders, will enter into partnerships with youth to foster a drug-free and violence-free environment on June 5, 1998;
Whereas this partnership combines stress and anger management programs with dances, talent shows, sporting events, and other recreational activities, operating on only 3 basic rules: no weapons, no alcohol, and no arguments.
Whereas Safe Night USA helps youth avoid the most common factors that precipitate acts of violence, provides children with the tools to resolve conflict and manage anger without out violence, encourages communities to work together to identify key issues affecting teenagers, and creates local partnerships with youth that will continue beyond the expiration of the project; and
Whereas June 5, 1999, will witness over 10,000 local Safe Night activities joined together in one nationwide effort to combat youth violence and substance abuse; Now, therefore, be it
Resolved—
SECTION 1. DESIGNATION.
The Senate—
(1) designates June 5, 1999 as “Safe Night USA”; and
(2) requests that the President issue a proclamation calling on the people of the United States to observe the day with appropriate ceremonies and activities.
SEC. 2. TRANSMITTAL OF RESOLUTION
The Senate directs the Secretary of the Senate to transmit an enrolled copy of this resolution to Safe Night USA.

FEDERAL PRISONER HEALTH CARE COPAYMENT ACT OF 1999

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 59, S. 704.

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

The clerk will report.

The legislative clerk read as follows:
A bill (S. 704) to amend title 18, United States Code, to combat the over-utilization of prison health care services and control rising prisoner health care costs.

The Senate proceeded to consider the bill which had been reported from the Committee on the Judiciary, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

SECTION 1. SHORT TITLE.
This Act may be cited as the “Federal Prisoner Health Care Copayment Act of 1999”.

SEC. 2. HEALTH CARE FEES FOR PRISONERS IN FEDERAL INSTITUTIONS.
(a) IN GENERAL.—Chapter 303 of title 18, United States Code, is amended by adding at the end the following:

§ 4048. Fees for health care services for prisoners
(a) DEFINITIONS.—In this section—
(1) the term ‘account’ means the trust fund account (or institutional equivalent) of a prisoner;
(2) the term ‘Director’ means the Director of the Bureau of Prisons;
(3) the term ‘health care provider’ means any person providing health care services; and
(4) the term ‘health care visit’ means an instance of a health care provider operating within the scope of such authorization;

(b) FEE FOR HEALTH CARE SERVICES.—
(1) IN GENERAL.—The Director, in accordance with the regulations prescribed in subsection (b)(1), may assess and collect a fee for health care services provided in connection with each health care visit requested by a prisoner.

(2) EXCLUSION.—The Director may not assess or collect a fee under this section for preventative health care services, as determined by the Director.

(c) PERSONS SUBJECT TO FEE.—Each fee assessed under this section shall be collected by the Director from—
(1) the prisoner who inflicted the injury, as determined by the Director, by a prisoner to an institutional or noninstitutional health care provider; and
(2) any other individual, as designated by the Director, who has been charged with or convicted of an offense against the United States.

(2) FEES FOR HEALTH CARE SERVICES.—
(a) IN GENERAL.—The Director, in accordance with this section and with such regulations as the Director shall promulgate to carry out this section, may assess and collect a fee for health care services provided to a prisoner under this section.

(b) FEE.—
(1) R ESTITUTION TO SPECIFIC VICTIMS.—Nothing in this subsection may be construed to permit any refusal of treatment for financial reasons.
(2) SETTING FEE.—Of any fee assessed under this section, 75 percent shall be deposited in the Crime Victims Fund established under section 1402 of title 2, United States Code.
(3) USE OF AMOUNTS.—
(A) 75 percent shall be deposited in the Crime Victims Fund established under section 1402 of title 2, United States Code, and—
(b) CRIMINAL PENALTIES.—Nothing in this section may be construed to permit any refusal of treatment for financial reasons.
(1) IN GENERAL.—Notwithstanding the provisions of subsection (a), the prison may assess and collect a reasonable fee from the trust fund account (or institutional equivalent) of a Federal prisoner for health care services, if—
(A) the prisoner is confined in a State or local government facility;
(B) the fee—
(i) is authorized under State law; and
(ii) does not exceed the amount collected from a State or local prisoner for the same services; and
(C) the services—
(i) are provided within or outside of the institution by a person who is licensed or certified under State law to provide health care services and who is operating within the scope of such license; and
(ii) are provided at the request of the prisoner; and
(iii) are not preventative health care services.

(2) NO REFUSAL OF TREATMENT FOR FINANCIAL REASONS.—Nothing in this subsection may be construed to permit any refusal of treatment to a prisoner on the basis that—
(A) the account of the prisoner is insolvent; or
(B) the prisoner is otherwise unable to pay a fee assessed under this subsection.

AMENDMENT NO. 518
(Purpose: To clarify certain provisions)
Mr. HUTCHINSON. Mr. President, Senator LEAHY has an amendment at the desk, and I ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:
The Senator from Arkansas (Mr. HUTCHINSON), for Mr. LEAHY, proposes an amendment numbered 538.

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that the amendment numbered 538 be dispensed with.

Amendment No. 538
May 27, 1999

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The amendment is as follows:

On page 8, strike lines 1 through 3 and insert the following:

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(4) the term ‘health care visit’—

(A) means a visit, as determined by the Director, initiated by a prisoner to an institutional or noninstitutional health care provider; and

(B) does not include a visit initiated by a prisoner—

(i) pursuant to a staff referral; or

(ii) to obtain staff-approved follow-up treatment for a chronic condition;

On page 8, line 20, after “services” insert “, emergency services, perinatal care, diagnosis or treatment of contagious diseases, mental health care, or substance abuse treatment.”

On page 10, line 26, strike “2 years” and insert “1 year”.

On page 10, line 21, strike “24-month” and insert “12-month”.

On page 12, strike lines 6 through 9 and insert the following:

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(ii) constitute a health care visit within the meaning of section 4048(a)(3) of this title; and

(iii) are not preventative health care services, emergency services, perinatal care, diagnosis or treatment of contagious diseases, mental health care, or substance abuse treatment.
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Mr. LEAHY. I want to thank Senator JOHNSON for his leadership on this matter and for bringing this matter to my attention. Vermont does not have a copayment requirement for prisoners’ health care so the problems that his Marshal had brought to his attention last year, were not matters that had arisen in Vermont.

I also want to thank those at the Department of Justice who have made suggestions to improve the proposals on this subject over the last couple of years. I am glad the I have been able to contribute constructively to that process of improvement over the past weeks and again today.

A most important part of this bill is its protection against prisoners being refused treatment based on an inability to pay. I am glad to see my suggestion that the protection of section 2(f) in this regard be included in section 3 of the bill, as well, be incorporated in the substitute amendment accepted by the Judiciary Committee and reported to the Senate. I thank the Department of Justice for having included this suggestion in its recent April 27 letter.

Today we make additional improvements to the bill to ensure that it can serve the purposes for which it is intended. In particular, I have suggested language to make clear that since the goal of the bill is to deter prisoners from seeking unnecessary health care, copayment requirements should not apply to prisoner health care visits initiated and approved by custodial staff, including staff referrals and staff-approved follow-up treatment for a chronic condition. In addition, the amendments I have suggested adds to those health care visits excluded from the copayment requirement visits for emergency services, perinatal care, diagnosis or treatment of contagious disea,

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(CE)

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

RECESS FILING

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that notwithstanding the adjournment of the Senate, committees have from 11 a.m. until 1 p.m. on Wednesday, June 2, in order to file legislative matters.

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

SCHEDULE ANNOUNCEMENT

Mr. HUTCHINSON. Mr. President, for the information of all Senators, the Senate will begin the DOD appropriations bill on Monday, June 7, and hopefully will complete action on that bill by close of business on Tuesday, June 8. In addition, on Monday, it will be the leader’s intention to move to proceed to S. 1138, the new compromised Y2K bill on Monday and file a cloture motion on the motion for a cloture vote on Wednesday, June 9.

Also, on Tuesday, June 8, it will be the leader’s intention prior to the recess or adjournment that evening to move to proceed to the lockbox issue and file a cloture motion on that matter for a cloture vote on Thursday, June 10. Members who have an interest in the important Social Security savings bill should plan to participate in that debate Tuesday evening and Tuesday night.

Needless to say, when the Senate reconvenes following the Memorial Day recess, there will be a tremendous amount of legislation needing passage by the Senate. Therefore, the leader wishes all Members a safe and restful Memorial Day and looks forward to the

REFERRAL OF S. 438

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be discharged from further consideration of S. 438, “To provide for the settlement of water rights claims of the Chippewa Cree Tribe of the Rocky Boy’s Reservation, and for other purposes,” that the measure be referred to the Committee on Indian Affairs and that at such time as the Committee on Indian Affairs reports the measure, it be referred to the Committee on Energy and Natural Resources for a period not to exceed 60 calendar days and that if the Committee on Energy and Natural Resources has not reported the measure prior to the expiration of the 60-calendar-day period the Energy Committee be discharged from further consideration of the measure and that the measure then be placed on the calen-

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

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