

resist this kind of information. It ought to be made immediately available to Members of the Senate Energy and Natural Resources Committee and the committee of jurisdiction for FERC issues and shared with members of the House Commerce Committee, where all of these issues will have to be considered.

Indeed, one of the FERC Commissioners recognized its importance and talked about the issuance of this report. Commissioner Hebert captured these thoughts with some pretty eloquent words on October 19 when he said:

Rather than wait for November 1 to release the findings of our staff's investigation—

Which they finally did. He felt it was important that they do it at this time. He said—

I urge the Chairman to release the completed report now.

It seems that Commissioner is finally getting his way.

Open government requires it; fairness does as well.

And, most importantly, on this kind of information.

The people of California should have as much time as possible to digest findings and consider the options presented.

Justice Brandeis often remarked, "Sunshine is the best disinfectant." Let the sun shine on our staff's report.

The Commissioner is speaking of the FERC staff.

It can only help heal the raw emotions rampant in the State of California.

It is time Californians look at themselves and decide what went wrong in California because it wasn't as a result of the Bonneville Power Administration hoarding its power or choosing not to send power to California. It was California now finding out that some of the environmental restrictions they wanted in their marketplace are going to be very expensive restrictions indeed for which the average consumer of California will have to pay.

With that, I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until the hour of 2:15 p.m.

Thereupon, the Senate, at 12:29 p.m., recessed until 2:15 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. HUTCHINSON.)

MAKING FURTHER CONTINUING APPROPRIATIONS FOR THE FISCAL YEAR 2001

The PRESIDING OFFICER. Under the previous order, H.J. Res. 122 is passed.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

MORNING BUSINESS

Mr. GRASSLEY. Mr. President, for the leader, I ask unanimous consent that there be a period for morning business until 3 p.m. with the time between now and 3 p.m. divided between the two leaders.

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

FFARRM ACT

Mr. GRASSLEY. Mr. President, the tax relief bill we are about to pass contains many very popular tax cut measures that will be good for Americans and good for the country. One of the provisions included in the package is The Farm, Fisherman, and Ranch Risk Management Act—FFARRM.

This is a proactive measure that would give farmers a five-year window to manage their money. It would allow them to contribute up to 20% of the annual income to tax-deferred accounts, known as FFARRM accounts. The funds would be taxed as regular income upon withdrawal.

If the funds are not withdrawn five years after they were invested, they are taxed as income and subject to an additional 10% penalty. So, farmers will be able to put away savings in good years so they will have a little bit of a cushion in bad years.

Agriculture remains one of the most perilous ways to make a living. The income of a farm family depends, in large part, on factors outside their control. Weather can completely wipe out a farm family. At best, it can cause their income to fluctuate wildly. The uncertainty of international markets also threatens a farm family's income.

If European countries impose trade barriers on farm commodities, or if Asian countries devalue their currency, agricultural exports and the income of farmers will fall.

Today, farmers face one of their most severe crises with record low prices for grain and livestock. The only help for these farmers has been a reactionary policy of government intervention. While this aid is necessary to help farmers pull through the current crisis, it's merely a partial short-term solution.

Farmer Savings Accounts will help the farmer help himself. It's not a new government subsidy for agriculture and it will not create a new bureaucracy purporting to help farmers. It will simply provide farmers with a fighting chance to survive the down times and an opportunity to succeed when prices eventually increase.

Another important provision in this bill deals with farmers who want to income average but aren't able to because of the alternative minimum tax. A few years ago, Congress reinstated income averaging for farmers because we recognized that farmers' income fluctuated from year to year.

Unfortunately, many farmers are not able to make use of this benefit because they're subject to the alternative minimum tax. Our tax relief bill will fix this problem for tens of thousands of farmers.

There are many other farmer-friendly measures that I and others advocated in the Senate bill. Unfortunately, some of our House counterparts didn't agree with us. I believe that will change next year and I will certainly be working hard to pass these in the next Congress.

In the meantime, we have some very good and necessary pro-farmer proposals before us that can be passed this year.

I only hope the Clinton-Gore administration doesn't veto the family farmer by vetoing this bill.

Thank you Mr. President.

SMALL BUSINESS REAUTHORIZATION CONFERENCE REPORT

Mr. GRASSLEY. Mr. President, I would like to take a moment to discuss some of the health care provisions in the tax bill. It's not a perfect bill, but it contains a lot of items that will improve health care in this country.

Let me touch on the issue of Medicare equity. We in Iowa have been frustrated by the inequitable payment formulas that hurt cost-efficient states like ours. These disparities exist in both traditional Medicare and in the Medicare+Choice program. Well, this bill takes a major step toward correcting this injustice. I'd like to walk through some of the reasons why this bill is good for health care in Iowa.

This bill corrects the Medicare Disproportionate Share program, known as "DISH," as proposed in a bill I sponsored with Senator ROBERTS and others. This program helps hospitals that treat large numbers of uninsured patients. It's obvious that many rural Americans are uninsured, and that rural hospitals meet their duty to treat these people. But from its inception, this program has discriminated against rural hospitals. They have had to meet a much higher threshold than large urban hospitals have. Well, this bill finally equalizes the thresholds for all hospitals. There's still more work to do on this program, but this is a major step forward for equity in Medicare.

The bill also reforms the Medicare Dependent Hospital program, as proposed in legislation I co-sponsored with Senator CONRAD and many others. Many rural areas have aged populations, and this is especially true in Iowa. So this designation benefits small rural facilities that have more than 60% Medicare patients. But incredibly, hospitals only receive this benefit if they met that level way back in 1988! Unfortunately, the Medicare program is full of this kind of outdated, unreasonable rules. That's why

we need Medicare reform. But in the meantime, I'm glad to report that this bill would correct this particular problem: if a rural hospital has been over that 60% level in recent years, it qualifies. That's great news for rural hospitals.

Other key provisions of the bill strengthen our Sole Community Hospitals, knock down obstacles to the success of the Critical Access Hospital program for rural areas, and enhance rural patients' access to emergency and ambulance services.

The bill also helps hospitals—including all Iowa hospitals, both urban and rural—by providing a full Medicare payment increase to offset inflation in 2001.

Low payment rates for Iowa and other efficient states have prevented the Medicare+Choice program from taking root in Iowa and offering seniors the full range of health care options available elsewhere. I am pleased that the bill provides a major boost to entice plans to enter such regions, raising the minimum monthly payments for plans in rural areas from \$415 to \$475 per month, and for urban areas from \$415 to \$525 per month. These increases were proposed in a bill I co-sponsored with Senator DOMENICI and others, and I am hopeful that they will soon provide Iowans with the same range of choices available to seniors in other areas.

The bill gives rural seniors access to the best medical care through telemedicine, as I have worked with Senator JEFFORDS and many others to do. In rural areas, medical specialists are not readily available. For many seniors, traveling long distances is simply not feasible. But technology now makes it possible for patients to go to their local hospital or clinic and be seen by a specialist hundreds of miles away. We in Iowa have tremendous capacity to take advantage of this. Yet for too long, the Medicare bureaucracy has put up every barrier it could think of to telemedicine. But this bill changes that, greatly expanding the availability of Medicare payment for services provided by telemedicine. Medicare patients will now have access to the world's best doctors and medical care regardless of where they live.

The bill protects funding for home health services by delaying a scheduled 15% cut in payments, as well as providing a full medical inflation update. It's not secret that I, like many of my colleagues, would have preferred to see that 15% cut canceled permanently rather than simply delayed for another year. I hope that we will accomplish that next year.

The bill also protects the access of our neediest beneficiaries to home health services when they use adult day care services. Patients can only receive home care under Medicare if they are "homebound," and the bureaucracy

has said that patients who leave their home for health care at an adult day care facility—such as many Alzheimer's patients—are no longer homebound. This has forced patients who are capable of living in their homes to move into institutions, just to get health care. I am very pleased that this bill includes the common-sense legislation I co-sponsored with Senator JEFFORDS to correct this Catch-22.

I am also very pleased that the bill addresses the Medicare hospice benefit, providing for a higher payment increase for inflation. The bill also deals with the "six-month rule" for hospice eligibility, clarifying that it is only a guideline, not an inflexible requirement. These provisions respond to concerns aired at my Aging Committee hearing on hospice in September, and I look forward to continued work in the 107th Congress to strengthen hospice care.

The legislation extends the moratorium on therapy caps and provides Medicare beneficiaries in nursing homes with access to critical services. The Balanced Budget Act of 1997 included a \$1,500 cap on occupational, physical and speech-language pathology therapy services received outside a hospital setting. Thirty-one days after the law was implemented, an estimated one in four beneficiaries had exhausted half of their yearly benefit. Furthermore, it was those beneficiaries in need of the most rehabilitative care that were penalized by being forced to pay the entire cost for these services outside of a hospital setting. I fought successfully during last year's Balanced Budget Refinement Act for a two-year moratorium on the therapy caps while the Health Care Financing Administration studies the issue; I am pleased to see this effort recognized and the moratorium extended for an additional year.

The bill protects the right of patients in Medicare+Choice plans to return to their Medicare Skilled Nursing Facility of origin if they have to leave that facility for a brief hospitalization. Without this right, there have been instances in which patients in religiously affiliated nursing facilities have not been permitted to return to those facilities after hospitalization. I am gratified that the bill includes the legislation I co-sponsored with Senator MACK on this issue.

The bill discontinues a policy to phase out Medicaid cost-based reimbursement to our nation's 3,000 Rural Health Clinics and 900 Community Health Centers. In its place, it provides a reimbursement solution to ensure that these essential primary care providers can continue to serve millions of uninsured and under-insured Americans. The bill establishes a prospective payment system in Medicaid for federally certified Rural Health Centers and Community Health Centers. This provision creates an equitable payment sys-

tem for these providers and ensures that the health care safety net remains strong and secure.

As one example, the legislation also provides Medicare beneficiaries with greater access to the most thorough type of colon cancer screening—colonoscopy. As Chairman of the Senate Special Committee on Aging, I held a hearing earlier this year to raise awareness about the far-reaching and devastating effects of colon cancer. This year 129,400 Americans will be diagnosed with this type of cancer and 56,000 Americans will die from it. However, if detected and treated early, colorectal cancer is curable in up to 90 percent of diagnosed cases. I fully support an expanded colon cancer screening benefit for Medicare beneficiaries and urge all older Americans to put the benefit to use.

For the first time, medical nutrition therapy may be reimbursed by Medicare for patients with diabetes or renal disease. As part of the Balanced Budget Act of 1997, Congress instructed the Institute of Medicine (IOM) to conduct a study of the benefits of nutrition therapy. IOM reported that nutrition therapy would improve the quality of care and would be an efficient use of Medicare resources. I cosponsored legislation to expand Medicare coverage to include nutrition therapy; offering coverage for beneficiaries with diabetes or renal disease is a step in the right direction.

In another first, this bill eliminates the arbitrary time limitation on Medicare coverage of immunosuppressive drugs following an organ transplant. Medicare covers expensive transplant operations but fails to follow through with coverage of the drugs necessary to preserve the transplanted organ; reimbursement is currently limited to the first three years following the procedure. While last year's BBRA extended coverage in some cases for an additional eight months, this legislation drops any time limitation for coverage of drugs critical to the health of transplant patients. This is common sense policy I am glad to support.

I plan to come to the floor on other occasions to discuss other provisions of this bill. While I'm not completely satisfied, I think there is a lot that will help Americans get the health care they need and deserve.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. Mr. President, I am going to speak, if I may, over the next few minutes, on a couple of different, unrelated subject matters. The first I would like to spend a few minutes talking about is the situation in Colombia, South America, and, as we have watched events unfold over the last several days, the great concern I have about a deteriorating situation in that nation.