Mr. SPECTER. Madam President, I have sought recognition at this time to comment briefly on legislation that I have introduced today to address an injustice now contained in statutory formulae which define which veterans will, and will not, be allowed priority access to free Department of Veterans Affairs, VA, health care services. To simplify, VA currently provides access to health care under the following priority scheme: veterans who have suffered service-connected disabilities have first opportunity to enroll for VA care; then, veterans who are former prisoners of war, those who are catastrophically disabled, and those who have no where else to turn for health care because of financial limitations may enroll for VA care; and, finally, veterans who simply choose to seek VA care even though they can afford care elsewhere, and, in testimony to the quality of care VA provides, many do, are in the last priority group. Currently, VA welcomes all veterans to enroll for care, and VA generally turns away no veteran who seeks hospital or clinical care. But lower priority patients are required to make copayments for the care and the medications they receive from VA.

As I have noted, poor veterans, technically, those who are classified as being "unable to defray the expenses of necessary care," have priority over veterans who have nonservice-connected illnesses or disabilities. In order to determine who is, in fact, "unable to defray," VA uses a single, national "means test." In effect, a veteran with out dependents who has an annual income of $23,500 has priority access to VA care. In contrast, a veteran with a higher annual income who does not otherwise qualify for priority status is required to make a copayment to receive the same care. In addition, that patient is placed in the pool of "discretionary" patients who face the risk of disenrollment should VA budget shortfalls ever require limiting enrollment.

A single, national "means test" applies irrespective of cost-of-living variations due to geographic location. In many other Federal pay and benefits systems, by contrast, geographic cost-of-living variations are taken into consideration. For example, the housing allowance paid to active duty service members is based on the average housing costs in the area they are assigned; salary and wage payments to Federal employees, while utilizing national pay scales, also contain locality adjustments; and, benefits afforded to low income families by the Department of Housing and Urban Development, HUD, are based on median family income in the area in which the applicant resides. VA’s "means test" should also take such local cost-of-living variations into account. Today, I introduce legislation which would require VA to do so.

My legislation would adjust VA’s current "means test" to allow veterans who live in high-cost areas, such as Philadelphia, to qualify for priority status in VA hospitals even if their incomes are slightly higher than VA’s single, national threshold amount. My bill would provide for an additional formula to measure a veteran’s "unable to defray" status, the "Low Income Index" established by HUD under the U.S. Housing Act of 1937. That index defines "low income" by reference to the median family income in the Metropolitan Statistical Area in which the applicant lives. Clearly, a formula which takes into account local variations in income, and, thus, the local cost of living, more fairly measures a veteran's activity in defraying the cost of his or her medical care. I note, however, that the current VA formula would also be retained lest veteran-patients who live in relatively low cost areas lose priority status they might currently have under that formula. It is not my intention to shrink the pool of priority patients; it is my intention to expand it by allowing more low income persons, particularly the urban poor, to qualify.

I ask my colleagues to join with me in improving VA’s medical care priority "means test" so that it more accurately accomplishes its true purpose of measuring whether a veteran can, or cannot, be expected to assist in defraying the cost of his or her necessary medical care. Such a test, clearly, must take into account variations in the cost-of-living in the locality in which the veteran resides.

I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1221

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ADDITIONAL BASIS FOR ESTABLISHMENT OF INABILITY TO DEFRAY EXPENSES OF NECESSARY CARE.

(a) ADDITIONAL BASIS.—Section 1722(a) of title 38, United States Code, is amended—

(1) in paragraph (2), by striking "or" at the end;

(2) in paragraph (3), by striking the period at the end and inserting "; or"; and

(3) by adding at the end the following new paragraph:

"(4) the veteran (including any applicable part of the veteran's family) is eligible for treatment as a low-income family under section 3 of the United States Housing Act of 1937 (42 U.S.C. 1437a) for the area in which the veteran resides;"

(b) APPLICABILITY.—The amendments made by this section shall take effect on January 1, 2002, and shall apply with respect to years beginning after December 31, 2001.

STATEMENTS ON SUBMITTED RESOLUTIONS

SENATE RESOLUTION 138—"DESIGNATING THE MONTH OF SEPTEMBER AS NATIONAL PROSTATE CANCER AWARENESS MONTH"

Mr. BURNS (for himself, Mr. EDWARDS, Mr. FEINGOLD, Mr. JOHNSON, Mrs. LINCOLN, Mrs. CLINTON, Mr. KENNEDY, Mr. HOLLINGS, Mr. BAYH, Ms. MIKULSKI, Mrs. BOXER, Mr. TORRICELLI, Mr. SHEPARD, Mr. SARBANES, Mr. REID, Ms. LANDREI, Mr. SCHUMER, Mr. DORGAN, Mrs. FEINSTEIN, Mr. CLELAND, Mr. KERRY, Mr. INOUYE, Mr. MUKOWSKI, Mr. COCHRAN, Mr. SPECTER, Mr. CRAIG, Mr. THURMOND, Mr. CRAPO, Mr. HELMS, Mr. HATCH, Mr. WARNER, Mr. BROWNBACK, Mr. SHELY, Mr. SESSIONS, Mr. INHOFE, Mr. ALLEN, Mr. DAYTON, Ms. STABENOW, Mr. REED, Mr. BREAU, Mr. LIEBERMAN, Mr. WELLSTONE, Mr. GRASSLEY, Mr. ENSIGN, Mr. COLLINS, Mr. STEVENS, Mr. MURkowski, Mr. MURkowski, Mr. MURkowski, Mr. DEWY, Ms. SNOWE, Mr. SANTORUM, Mr. HAGEL, and Mr. ROBERTS) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 138

Whereas over 1,000,000 American families live with prostate cancer;

Whereas 1 American man in 6 will be diagnosed with prostate cancer in his lifetime; Whereas prostate cancer is the most commonly diagnosed nonskin cancer and the second most common cancer killer of American men;

Whereas 198,100 American men will be diagnosed with prostate cancer and 31,500 American men will die of prostate cancer in 2001, according to American Cancer Society estimates;

Whereas fully 1/4 of new cases of prostate cancer occur in men during their prime working years;

Whereas African Americans have the highest incidence and mortality rates of prostate cancer in the world;

Whereas screening by both digital rectal examination and prostate specific antigen blood test (PSA) can diagnose the disease in earlier and more treatable stages and have reduced prostate cancer mortality;

Whereas the research pipeline promises further improvements in prostate cancer prevention, early detection, and treatments; and

Whereas educating Americans, including health care providers, about prostate cancer and early detection strategies is crucial to saving men's lives and preserving and protecting our families; Now, therefore, be it

Resolved, That the Senate—

(1) designates the month of September as "National Prostate Cancer Awareness Month;" and

(2) declares that the Federal Government has a responsibility—

(A) to raise awareness about the importance of screening methods and treatment of prostate cancer;

(B) to increase research funding that is commensurate with the burden of the disease so that the causes of, and improved screening, treatments, and a cure for, prostate cancer may be discovered; and
the level of funding for research at the National Institutes of Health, NIH, and put us on the right track to dramatically increase medical research. Commitments such as President Bush for honoring his promise to make meaningful investments in biomedical research. Such commitments include: 

- $3,000,000 for the National Cancer Institute, NCI, for FY 2003. His commitment and leadership is paramount to the investments needed in the fight against prostate cancer. 

In an effort to help increase awareness and educate American men and their families about prostate cancer and early detection, as well as emphasize the need for more prostate cancer research, I ask unanimous consent to consider a resolution that designates every September as the National Prostate Cancer Awareness Month. Together, Senators REID and I, along with many others, ask for your support and encourage all of our colleagues to join us in raising awareness.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1032. Mr. CLELAND (for himself and Mr. HARKIN) submitted an amendment intended to be proposed by him to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table.

SA 1033. Mr. CLELAND submitted an amendment intended to be proposed by him to the bill H.R. 2299, supra; which was ordered to lie on the table.

SA 1034. Ms. SNOWE (for herself and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 2299, supra; which was ordered to lie on the table.

SA 1035. Mr. REID (for himself, Ms. MIKULSKI, and Mr. SARRABES) proposed an amendment to amendment SA 1023 submitted by Mrs. MURRAY and intended to be proposed to the bill H.R. 2299 supra; which was ordered to lie on the table.

SA 1036. Ms. SNOWE (for herself and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 2299, supra; which was ordered to lie on the table.

SA 1037. Mr. REID (for himself, Ms. MIKULSKI, and Mr. SARRABES) proposed an amendment to amendment SA 1023 submitted by Mrs. MURRAY and intended to be proposed to the bill (H.R. 2299) supra. 

SA 1038. Mrs. MURRAY (for Mr. THOMAS) proposed an amendment to amendment SA 1023 submitted by Mrs. MURRAY and intended to be proposed to the bill (H.R. 2299) supra.

TEXT OF AMENDMENTS

SA 1032. Mr. CLELAND (for himself and Mr. HARKIN) submitted an amendment intended to be proposed by him to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies Appropriations Act, 2000 (113 Stat. 1027); and

(1) on the west side of Interstate Route 285 from Henderson Mill Road to Chamblee Tucker Road in DeKalb County, Georgia.

SA 1033. Mr. CLELAND submitted an amendment intended to be proposed by him to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table; as follows:

On page 81, between lines 13 and 14, insert the following:

SEC. 3. STUDY OF EAST-WEST TRANSPORTATION INFRASTRUCTURE IN THE NORTHEAST.

(a) In General.—Not later than January 31, 2003, the Secretary of Transportation shall—

(1) conduct a study of east-west transportation infrastructure in the northeastern United States and Canadian Provinces (referred to in this section as the “region”); and

(2) submit to Congress a report on the results of the study.

(b) Required Elements.—The study shall—

(1) assess the sufficiency of the east-west transportation infrastructure of the region, including—

(A) highway and road connections on the 2 east-west axes from Halifax, Nova Scotia, through Montreal, Quebec, to the Buffalo, New York and St. Catherine, Ontario, area and the Detroit, Michigan, and Windsor, Ontario, area; and

(B) portions of Route 401 in Canada and Interstate Route 90 in central and western New York and connecting systems in the vicinity of Detroit, Michigan.

(2) identify potential alternatives for expanding the east-west transportation infrastructure to complement the transportation infrastructure in existence on the date of enactment of this Act (including north-south infrastructure);