by him to the bill S. 1052, to amend the Public Health Service Act and the Em-
ployee Retirement Income Security Act of 1974 to protect consumers in
managed care plans and other health
coverage; which was ordered to lie on
the table; as follows:

At the end of the bill, add the following

TITLE —HUMAN GERMLINE GENE
MODIFICATION

SEC. 01. SHORT TITLE.
This title may be cited as the “Human Germline Gene Modification Prohibition Act of 2001”.

SEC. 02. FINDINGS.
Congress makes the following findings:
(1) Human Germline gene modification is not needed to save lives, or alleviate suf-
fering, of existing people. Its target popu-
lation is “prospective people” who have not been conceived.
(2) The cultural impact of treating humans as biologically perfectible artifacts (via human germline modifications) would be
more technologically achievable ideal would be
seen as “damaged goods”, while the stand-
ards for what is genetically desirable will be
determined by the society’s economically and
politically dominant groups. This will only in-
crease prejudices and discrimination in a so-
ciety where too many such prejudices already
exist.
(3) There is no way to be accountable to those in future generations who are harmed or stigmatized by wrongful or unsuccessful human germline modifications of themselves or their ancestors.
(4) The negative effects of human germline modification would be not fully known for generations, if ever, meaning that countless people will have been exposed to harm prob-
able often fatal as the result of only a few instances of germline modifications.
(5) All people have the right to have been
conceived, gestated, and born without gen-
etic manipulation.

SEC. 03. PROHIBITION ON HUMAN GERMLINE GENE MODIFICATION.
(a) In General.—Title 18, United States
Code, is amended by inserting after section
15, the following:

“CHAPTER 16—GERMLINE GENE
MODIFICATION

Sec. 301. Definitions.
“302. Prohibition on germline gene modifica-
tion.

* § 301. Definitions.
“In this chapter:
(1) HUMAN GERMLINE GENE MODIFICATION.—
The term ‘human germline gene modification’
means the introduction of DNA into any
human cell (including human eggs, sperm, for-
ky cells, (i.e., embryos, or by early cells
that will differentiate into gametes or can be manipulated to do so) that
result in a change which can be passed on
to future individuals, including DNA from
any source, and in any form, such as nuclei,
chromosomes, nuclear, mitochondrial,
and synthetic DNA. The term does not include
any modification of cells that are not a part
of or are not used to construct human em-
byros.
(2) HUMAN HAPLOID CELL.—The term ‘hap-
loid cell’ means a cell that contains only a
single copy of each of the human chro-
mosomes, such as eggs, sperm, and their pre-
cursors; the haploid number in a human cell is
23.
(3) SOMATIC CELL.—The term ‘somatic cell’ means a diploid cell (having two sets of

the chromosomes of almost all body cells) obtained from a deceased human body at any stage of development; its
haploid number is 46. Somatic cells are diploid cells that are not precursors of either eggs or sperm. A genetic modification of somatic cells is therefore not germline genetic modification.

“§ 302. Prohibition on germline gene mod-
ification
“(a) In General.—It shall be unlawful for
any person or entity, public or private, in or
affecting interstate commerce—
“(1) to perform or attempt to perform
human germline gene modification;
“(2) to participate in an attempt to per-
form human germline gene modification;
“(3) to ship or receive the product
of human germline gene modification for any
purpose.
“(b) Importation.—It shall be unlawful for
any person or entity, public or private, to
import the product of human germline gene
modification for any purpose.
“(c) Penalties—
“(1) IN GENERAL.—Any person or entity
that is convicted of violating any provision
of this section shall be fined under this sec-
section or imprisoned not more than 10 years,
or both.
“(2) Civil Penalty.—Any person or entity
that is convicted of violating any provision
of this section shall be subject to, in the case
of a violation that involves the derivations
of a pecuniary gain, a civil penalty of not less
than $1,000,000 and not more than an amount
multi-
plied by 2, if that amount is greater than
$1,000,000.

(b) Clerical Amendment.—The table of
chapters for part 1 of title 18, United States
Code, is amended by inserting after the item
relating to chapter 15 the following:

“16. Germline Gene Modification " 301

SA 815. Mr. SANTORUM submitted an amend-
ment intended to be proposed by
him to the bill S. 1052, to amend the
Public Health Service Act and the Em-
ployee Retirement Income Security
Act of 1974 to protect consumers in
managed care plans and other health
coverage; which was ordered to lie on
the table; as follows:

At the end add the following:

TITLE —FAIR CARE FOR THE
UNINSURED

Subtitle A—Refundable Credit for Health
Insurance Coverage

SEC. 01. REFUNDABLE CREDIT FOR
HEALTH INSURANCE COVERAGE.
(a) In General.—Subpart C of part IV
of subchapter A of chapter 1 of the Internal
Revenue Code of 1986 (relating to refundable
credits) is amended by redesignating section
35 as section 36 and by inserting after section
34 the following new section:

“SEC. 35. HEALTH INSURANCE
COSTS.
In the case of an individual, there shall be
allowed as a credit against the tax imposed by
this subtitle an amount equal to the amount paid
during the taxable year for qualified health insurance for the taxpayer, his spouse, and dependents.

“(b) Limitations.—
“(1) In General.—The amount allowed
as a credit under subsection (a) to the taxpayer for the taxable year shall not exceed the sum of the monthly limitations for coverage months during such taxable year for each individual referred to in subsection (a) for whom the taxpayer paid during the taxable year any amount for coverage under quali-

fied health insurance.
“(2) Monthly Limitation.—
“(A) In General.—The monthly limitation
for an individual for each coverage month
of such individual during the taxable year
is the amount equal to 1/12 of—
“(i) $1,000 if such individual is the tax-
payer,
“(ii) $1,000 if—
“(A) such individual is the spouse of the
taxpayer,
“(B) the taxpayer and such spouse are
married as of the first day of such month,
and
“(C) the taxpayer files a joint return for
the taxable year, and
“(B) Limitation to 2 Dependents.—Not
more than 2 individuals may be taken into
account by the taxpayer under subsection (a) to the taxpayer under paragraph
(A)(ii).
“(C) Special Rule for Married Individu-
als.—In the case of an individual—
“(i) who is married (within the meaning of
section 7703) as of the close of the taxable


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nurs as a result of normal or induced labor,
caesarean section, or induced abortion.
“(c) Nothing in this section shall be con-
strued to affirm, deny, expand, or contract
any legal status or legal right applicable to
any member of the species homo sapiens at
any point prior to being born alive as defined
in this section.”.

(b) Clerical Amendment.—The table of
sections at the beginning of this act of title
1, United States Code, is amended by adding
at the end the following new item:

“8. Person, human being, ‘child’, and ‘indi-
vidual’ as including born-alive infant.”.
CONGRESSIONAL RECORD—SENATE

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year but does not file a joint return for such year, and shall not apply to any portion of any such payment for such year which is attributable to any coverage of such individual or any other individual maintained by any employer of the individual and the individual’s spouse unless they agree on a different division.

5) COVERAGE MONTH.—For purposes of this subsection—

(A) IN GENERAL.—The term ‘coverage month’ means, with respect to an individual, any month during which the taxpayer maintains a health plan which is not a health plan (as defined in section 125(d)), or section 106 with respect to—

(i) Indian Health Care Improvement Act.

(ii) Code, or

(iii) chapter 55 of title 10, United States Code, or

(iv) chapter 17 of title 38, United States Code.

(B) PRISONERS.—Such term shall not include insurances, and

(C) CAFETERIA PLAN AND FLEXIBLE SPENDING ACCOUNT BENEFICIARIES.—Such term shall not include any month for which such individual is entitled to any benefits under title XVIII of the Social Security Act, or

(ii) a benefit provided under a flexible spending or similar arrangement.

(D) MEDICARE AND MEDICAID.—Such term shall not include any month with respect to an individual if, as of the first day of such month, such individual

(i) is entitled to any benefits under title XVIII of the Social Security Act, or

(ii) is a participant in the program under title XIX or XXI of such Act.

(E) COVERAGE OVERAGE.—Such term shall not include any month during a taxable year with respect to an individual if, at any time during such year, any benefit is provided to such individual under—

(i) chapter 89 of title 5, United States Code,

(ii) chapter 55 of title 18, United States Code,

(iii) chapter 17 of title 38, United States Code, or

(iv) any medical care program under the Indian Health Care Improvement Act.

(F) PRISONERS.—Such term shall not include any month with respect to an individual if, as of the first day of such month, such individual is imprisoned under Federal, State, or local authority.

(G) INSUFFICIENT PRESENCE IN UNITED STATES.—Such term shall not include any month during a taxable year with respect to an individual if such individual is present in the United States on fewer than 183 days during such year (determined in accordance with section 317(b)).

(H) COORDINATION FOR HEALTH INSURANCE COSTS OF SELF-EMPLOYED INDIVIDUALS.—In the case of a taxpayer who is eligible under section 162(l)(2) for the taxable year, this section shall apply only if the taxpayer elects not to claim any amount as a deduction under such section for

(c) QUALIFIED HEALTH INSURANCE.—For purposes of this section—

(i) IN GENERAL.—The term ‘qualified health insurance’ means health insurance which constitutes medical care as defined in section 213(d) without regard to—

(A) paragraph (1)(C) thereof, and

(B) so much of paragraph (1)(D) thereof as relates to qualified long-term care insurance contracts.

(ii) EXCLUSION OF CERTAIN OTHER CONTRACTS.—Such term shall not include insurance if a substantial portion of its benefits are excepted benefits (as defined in section 9822(c)).

(g) ARCHER MSA CONTRIBUTIONS.—

(i) IN GENERAL.—If a deduction would (but for paragraph (2)) be allowed under section 220 to the taxpayer for a payment for the taxable year to the Archer MSA of an individual, subsection (a) shall be applied by treating such payment as a payment for qualified health insurance for such individual.

(ii) DENIAL OF DOUBLE BENEFIT.—No deduction shall be allowed under section 220 for that portion of payments otherwise allowable as a deduction under section 220 for the taxable year which is equal to the amount of credit allowed for such taxable year by reason of this subsection.

(e) SPECIAL RULES.—

(1) COORDINATION WITH MEDICAL EXPENSE DEDUCTION.—(A) The amount which would (but for this paragraph) be taken into account by the taxpayer under section 213 for the taxable year shall be reduced by the credit (if any) allowed by this section to the taxpayer for such year.

(2) DENIAL OF CREDIT TO DEPENDENTS.—No credit shall be allowed under this section to any individual with respect to whom a deduction under section 151 is allowable to another taxpayer for a taxable year in which such individual’s taxable year begins.

(3) INFLATION ADJUSTMENT.—In the case of any taxable year beginning in a calendar year after 2002, each dollar amount contained in this subsection shall be increased by an amount equal to—

(A) such dollar amount, multiplied by

(B) the cost-of-living adjustment determined under section 213 for the calendar year in which the taxable year begins, determined by substituting ‘calendar year 2001’ for ‘calendar year 1992’ in subparagraph (B) thereof.

Any increase determined under the preceding sentence shall be rounded to the nearest multiple of $50 ($25 in the case of the dollar amount in subsection (b)(2)(A)(ii)).

(2) INFORMATION REPORTING.—

(1) IN GENERAL.—Subpart B of part III of chapter A of chapter 61 of such Code (relating to information concerning transactions with other persons) is amended by inserting after section 6050S the following new section:

SEC. 6050T. RETURNS RELATING TO PAYMENTS FOR QUALIFIED HEALTH INSURANCE.

(1) IN GENERAL.—Any person who, in connection with a trade or business conducted by such person, receives payments during any calendar year from any individual for insurance for such individual or any other individual under creditable health insurance, shall make the return described in subsection (b) (at such time as the Secretary may prescribe) with respect to each individual from whom such payments were received.

(b) FORM AND MANNER OF RETURNS.—A return described in this subsection if such return—

(i) is in such form as the Secretary may prescribe, and

(ii) contains—

(A) the name, address, and TIN of the individual from whom payments described in subsection (a) were received,

(B) the name, address, and TIN of each individual who was provided with such person with coverage under creditable health insurance by reason of such payments and the period of such coverage, and

(C) such other information as the Secretary may reasonably prescribe.

(c) CREDIBLE HEALTH INSURANCE.—For purposes of this section, the term ‘creditable health insurance’ means qualified health insurance (as defined in section 35(c)) other than—

(1) insurance under a subsidized group health plan maintained by an employer, or

(2) to the extent provided in regulations prescribed by the Secretary, any group health insurance covering an individual if no credit is allowable under section 35 with respect to such coverage.

(d) STATEMENTS TO BE FURNISHED TO INDIVIDUALS WITH RESPECT TO WHOM INFORMATION IS REQUIRED.—Every person required to make a return under subsection (a) shall furnish to each individual whose name is required under subsection (b)(2)(A) to be set forth in such return a written statement showing—

(i) the name and address of the person required to make such return and the phone number of the information contact for such person,

(ii) the aggregate amount of payments described in subsection (a) received by the person required to make such return from the individual to whom the statement is required to be furnished, and

(iii) the information required under subsection (b)(2)(B) with respect to such payments.

The written statement required under the preceding sentence shall be furnished on or before January 31 of the year following the calendar year for which the return required under subsection (a) is required to be made.

(e) RETURNS WHICH WOULD BE REQUIRED TO BE FILED BY 2 OR LESS.—Except to the extent provided in regulations prescribed by the Secretary, in the case of any amount received by any person on behalf of another person, only the person first receiving such amount shall be required to make the return under subsection (a).

(2) ASSESSABLE PENALTIES.—

(A) Subparagraph (b) of section 6724(d)(1) of such Code (relating to definitions) is amended by redesignating clauses (xi) through (xvii) as clauses (xii) through (xviii), respectively, and by inserting after clause (xii) the following new clause:

‘(xiii) section 6050T (relating to returns relating to payments for qualified health insurance).’.

(B) Paragraph (2) of section 6724(d) of such Code is amended by striking ‘or’ at the end of the next to last subparagraph, by striking ‘by 2 or less’ at the end of the last subparagraph and inserting ‘‘, or’’, and by adding at the end the following new subparagraph:

‘(BB) section 6050T(d) (relating to returns relating to payments for qualified health insurance).’.

(3) CLERICAL AMENDMENT.—The table of sections for subpart B of part III of such Code is amended by inserting after the item relating to section 6050S the following new item:
SEC. 82. ADVANCE PAYMENT OF CREDIT FOR PURCHASERS OF QUALIFIED HEALTH INSURANCE.

(a) In General.—Chapter 77 of the Internal Revenue Code of 1986 (relating to miscellaneous provisions) is amended by adding at the end the following new section:

``SEC. 7527. ADVANCE PAYMENT OF HEALTH INSURANCE CREDIT FOR PURCHASERS OF QUALIFIED HEALTH INSURANCE.

(1) GENERAL RULE.—In the case of an eligible individual, the Secretary shall make payments to the provider of such individual’s qualified health insurance equal to such individual’s qualified health insurance credit advance amount with respect to such provider.

(2) ELIGIBLE INDIVIDUAL.—For purposes of this section, the term ‘eligible individual’ means any individual—

(A) who purchases qualified health insurance (as defined in section 35(c)), and

(B) for whom a qualified health insurance credit eligibility certificate is in effect.

(c) QUALIFIED HEALTH INSURANCE CREDIT ELIGIBILITY CERTIFICATE.—For purposes of this section, a qualified health insurance credit eligibility certificate is a statement furnished by an individual to the Secretary which—

(1) certifies that the individual will be eligible to receive the credit provided by section 35(c) for such taxable year, and

(2) estimates the amount of such credit for such taxable year, and

(3) provides such other information as the Secretary may require for purposes of this section.

(d) QUALIFIED HEALTH INSURANCE CREDIT ADVANCE.—For purposes of this section, the term ‘qualified health insurance credit advance amount’ means, with respect to any provider of qualified health insurance, the Secretary’s estimate of the amount of credit allowable under section 35 to the individual for the taxable year which is attributable to the insurance provided to the individual by such provider.

(e) REGULATIONS.—The Secretary shall prescribe such regulations as may be necessary to carry out the purposes of this section.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 77 of such Code is amended by adding at the end the following new section:

``SEC. 7527. Advance payment of health insurance credit for purchasers of qualified health insurance.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on January 1, 2002.

Subtitle B—Assuring Health Insurance Coverage for Uninsurable Individuals

SEC. 11. ESTABLISHMENT OF HEALTH INSURANCE SAFETY NETS.

(a) In General.—

(1) REQUIREMENT.—For years beginning with 2002, each health maintenance organization, and health service organization shall be a participant in a health insurance safety net in the State in which it operates.

(b) ELIGIBLE INDIVIDUAL.—For purposes of this section, the term ‘eligible individual’ means—

(1) certifies that the individual will be substantially similar health insurance for health reasons by one insurer, or

(2) has voluntarily terminated safety net coverage within the past 6 months.

(c) W AIVER.—This subtitle shall not apply to any State if the Secretary determines that—

(i) has received the maximum benefit payment under the safety net program that assures the availability of qualified health insurance program that assures the availability of qualified health insurance for substantially similar health insurance for health reasons by one insurer; or

(ii) is an inmate in a public institution, or

(iii) is eligible for other public or private health care programs (including programs that provide coverage on a pro rata basis of premium charged for safety net coverage).
amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974 to protect consumers in managed care plans and other health coverage; as follows:

On page 179, after line 14, add the following:

SEC. 3. ANNUAL REVIEW.

(a) In General.—Not later than 24 months after the general effective date referred to in section 411(a)(1), and annually thereafter for each of the succeeding 4 calendar years (or until a single employer is effective under subsection (b)), the Secretary of Health and Human Services shall request that the Institute of Medicine of the National Academy of Sciences prepare and submit to the appropriate committees of Congress a report concerning the impact of this Act, and the amendments made by this Act, on the number of individuals in the United States with health insurance coverage.

(b) Limitation With Respect to Certain Plans.—If the report under subseciton (a) determines that more than 1,000,000 individuals in the United States have lost their health insurance coverage as a result of the enactment of this Act, as compared to the number of individuals with health insurance coverage in the 12-month period preceding the date of enactment of this Act, section 302 of this Act shall be repealed effective on the date that is 12 months after the date on which the report is submitted, and the submission of any further reports under subsection (a) shall not be required.

(c) Funding.—From funds appropriated to the Department of Health and Human Services for fiscal years 2003 and 2004, the Secretary of Health and Human Services shall provide for funding as the Secretary determines necessary for the conduct of the study of the National Academy of Sciences under this section.

SA 817. Mr. ALLARD (for himself, Mr. BOND, Mr. SANTORUM, and Mr. NICKLES) proposed an amendment to the bill S. 1062, to amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974 to protect consumers in managed care plans and other health coverage; as follows:

On page 148, between lines 23 and 24, insert the following:

"(D) EXCLUSION OF SMALL EMPLOYERS.—"

"(i) IN GENERAL.—Notwithstanding any other provision of this paragraph, in addition to excluding certain physicians, other health care professionals, and certain hospitals from liability under paragraph (1), paragraph (1)(A) does not create any liability on the part of a small employer (or on the part of an employee of such an employer acting within the scope of employment)."

"(ii) DEFINITION.—In clause (i), the term 'small employer' means an employer—"

"(aa) is appropriate to prevent, diagnose, treat the condition, illness, or injury;"

"(bb) is consistent with standards of good medical practice in the United States;"

"(cc) is not primarily for the personal comfort or convenience of the patient, the family, or the provider;"

"(dd) is not part of or associated with scholastic education or the vocational training of the patient; and"

"(ee) is the case of inpatient care, cannot be provided safely on an outpatient basis; except that this subclause shall not apply beginning on the date that is 1 year after the date on which a definition is promulgated based on a report that is published under subsection (i)(B)(ii); or"

"(III) the definition of such term that is developed through a negotiated rulemaking process pursuant to subsection (i);"

On page 66, between lines 10 and 11, insert the following:

"(i) Establishment of Negotiated Rulemaking Safe Harbor.—"

"(I) IN GENERAL.—"
comment on the committee and description of

1. (A) the scope of the committee;
2. (B) the interests that may be impacted by the standards;
3. (C) the proposed membership of the committee;
4. (D) the proposed meeting schedule of the committee; and
5. (E) the procedure under which an individual may apply for membership on the committee.

(3) TARGET DATE FOR PUBLICATION OF RULE.—Notwithstanding section 564(c) of title 5, United States Code, the Secretary shall provide for a period, beginning on the date on which the notice is published under paragraph (2) and ending on December 14, 2002, for the submission of public comments on the committee under this subsection.

(5) APPOINTMENT OF NEGOTIATED RULE-MAKING COMMITTEE AND FACILITATOR.—The Secretary shall carry out the following:

(A) APPOINTMENT OF COMMITTEE.—Not later than January 10, 2003, appoint the members of the negotiated rulemaking committee under this subsection.

(B) FACILITATOR.—Not later than January 21, 2002, provide for the nomination of a facilitator under section 566(c) of title 5, United States Code, to carry out the activities described in subsection (d) of such section.

(C) MEMBERSHIP.—Ensure that the membership of the negotiated rulemaking committee includes at least one individual representing—

(i) health care consumers;
(ii) small employers;
(iii) large employers;
(iv) physicians;
(v) hospitals;
(vi) other health care providers;
(vii) health insurance issuers;
(viii) State insurance regulators;
(ix) health care providers organizations;
(x) third-party administrators;
(xi) the Medicare program under title XVIII of the Social Security Act;
(xii) the Medicaid program under title XIX of the Social Security Act;
(xiii) the Federal Employees Health Benefits Program under chapter 89 of title 5, United States Code;
(xiv) the Department of Defense;
(xv) the Department of Veterans’ Affairs; and
(xvi) the Agency for Healthcare Research and Quality.

(6) FINAL COMMITTEE REPORT.—

(A) IN GENERAL.—Not later than 1 year after the general effective date referred to in section 401, the committee shall submit to the Secretary a report containing a proposed rule.

(B) PUBLICATION OF RULE.—If the Secretary receives a report under subparagraph (A), the Secretary shall provide for the publication in the Federal Register, by not later than the date that is 30 days after the date on which such report is received, of the proposed rule.

(C) DURATION OF COMMITTEE.—If the committee fails to submit a report as provided for in paragraph (6)(A), the Secretary may promulgate a rule to establish the standards described in subsection (d)(3)(E)(ii)(IV) (relating to the definition of medically necessary and appropriate or ‘‘experimental or investigational’’) that group health plans and health insurance issuers offering health insurance coverage in connection with group health plans may use when making a determination with respect to a claim for benefits.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on Banking, Housing, and Urban Affairs be authorized to meet during the session of the Senate on June 26, 2001, to conduct a hearing on the nomination of Donald E. Powell, of Texas, to be Chairman of the Board of Directors of the Federal Deposit Insurance Corporation.

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

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate on Tuesday, June 26, 2001, at 9:30 a.m. on the nominations of Sam Bodman (DOC), Allan Rutter (FRA), Kirk Van Tine (DOT), and Ellen Engleman (DOT).

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

COMMITTEE ON TRANSPORTATION

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet on Tuesday, June 26, 2001, at 10:00 a.m. on the nominations of Donald E. Powell, of Texas, to be Chairman of the Board of Directors of the Federal Deposit Insurance Corporation.

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

COMMITTEE ON THE ADMINISTRATIVE OVERSIGHT AND THE COURTS

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on the Judiciary Subcommittee on the Constitution be authorized to meet to conduct a hearing on “Should Ideology Matter? Judicial Nominations 2001” on Tuesday, June 26, 2001 at 10:00 a.m. in SD226. No witness list is available yet.

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

PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Permanent Subcommittee on Investigations of the Committee on Governmental Affairs be authorized to meet on Tuesday, June 26, 2001, at 10:00 a.m. for a hearing entitled “Diabetes: Is Sufficient Funding Being Allocated To Fight This Disease?”

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

COMMITTEE ON THE FINANCE

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on Tuesday, June 26 at 9:30 a.m. to conduct a hearing. The committee will receive testimony on proposed amendments to the Price-Anderson Act (Subtitle A of Title IV of S. 388; Subtitle A of Title I of S. 472; Title IX of S. 597) and nuclear energy production and efficiency incentives (Subtitle C of Title IV of S. 388; and Section 124 of S. 472).

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

COMMITTEE ON FOREIGN RELATIONS

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Tuesday, June 26, 2001 at 2:30 p.m. to hold a nomination hearing as follows:

Panel 1: The Honorable Margaret DeBardeleben Tutwiler, of Alabama, to be Ambassador to the Kingdom of Morocco.

The Honorable C. David Welsh, of Virginia, to be Ambassador to the Arab Republic of Egypt.

The Honorable Daniel C. Kurtzer, of Maryland, to be Ambassador to Israel.

Panel 2: The Honorable Robert D. Blackwill, of Kansas, to be Ambassador to India.

The Honorable Wendy Jean Chamberlin, of Virginia, to be Ambassador to the Islamic Republic of Pakistan.

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

COMMITTEE ON INDIAN AFFAIRS

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on Indian Affairs be authorized to meet on June 26, 2001, at 10:30 a.m. in room 483 Russell Senate Building to conduct a Hearing to receive testimony on the goals and priorities of the Great Plains Tribes for the 107th session of the Congress.

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

NOMINEES

Panel 1: The Honorable Margaret DeBardeleben Tutwiler, of Alabama, to be Ambassador to the Kingdom of Morocco.

The Honorable C. David Welsh, of Virginia, to be Ambassador to the Arab Republic of Egypt.

The Honorable Daniel C. Kurtzer, of Maryland, to be Ambassador to Israel.

Panel 2: The Honorable Robert D. Blackwill, of Kansas, to be Ambassador to India.

The Honorable Wendy Jean Chamberlin, of Virginia, to be Ambassador to the Islamic Republic of Pakistan.

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

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Committee on the Judiciary Subcommittee on the Constitution be authorized to meet to conduct a hearing on "Should Ideology Matter? Judicial Nominations 2001" on Tuesday, June 26, 2001 at 10:00 a.m. in SD226. No witness list is available yet.

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

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Permanent Subcommittee on Investigations of the Committee on Governmental Affairs be authorized to meet on Tuesday, June 26, 2001, at 10:00 a.m. for a hearing entitled “Diabetes: Is Sufficient Funding Being Allocated To Fight This Disease?”

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

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Permanent Subcommittee on Investigations of the Committee on Governmental Affairs be authorized to meet on Tuesday, June 26, 2001, at 10:00 a.m. in open session to receive testimony on the Department of Energy’s fiscal year 2002 budget request for the Office of Environmental Management, in review of the Defense Authorization request for fiscal year 2002 and the future years defense program.

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