

First, we must continue to reduce the federal budget deficit. Keeping the deficit down means less borrowing by the government, thus freeing up funds at lower interest rates for businesses to invest. That should boost the economy and spur job creation. We need to make sure that the U.S. economy continues to generate more jobs than are lost to foreign competition.

Second, we must reassess the more than 150 federal job training and retraining programs to see which ones work and which ones don't. Some should be expanded, others simply dropped. We should accelerate our efforts to create "reemployment centers" and put more of the resources into the hands of ordinary Americans rather than government agencies, so people can get the skills they need in a way that makes sense for them. We need a better safety net for individuals and communities experiencing the downside of open trade.

Third, we must encourage companies to spend more of their profits to continually upgrade the skills of their workers and to retrain workers whose jobs have been lost through trade or technology. U.S. firms generally invest less in worker training than firms abroad, and what they do invest is more heavily concentrated on professional and managerial workers. Skilled workers and important assets, and businesses need to invest more in their development.

Fourth, federal policies should help important industries threatened by foreign competition. Federal research and development grants, tax policy, and deregulation all can help strengthen important U.S. industries and make them more competitive in the global market. We also need to expand the federal manufacturing extension program, which helps small companies adopt the latest production techniques.

Fifth, we must not allow other countries to use the open markets provided by the trade agreements to unfairly harm our industries. We must vigorously prosecute dumping and other unfair trade practices. If a surge of imports is displacing our workers, GATT allows us to take steps to limit those imports. At the same time, we must vigorously pursue our rights in cases where foreign practices restrict our exports. We must make sure that trade agreements mean a level playing field that promotes U.S. exports.

Finally, we must have accurate data about the impact of more open trade on U.S. jobs. Many economists believe that government trade statistics underestimate U.S. exports by some 10%, for a variety of technical reasons. If so, estimates of jobs created by exports are also underestimated. We also need better data on identifying industries hurt by imports.

#### CONCLUSION

Overall, we must pursue policies which promote economic growth, help strengthen U.S. companies, continually upgrade the skills of our workers, and find new markets for our products abroad. Our number one priority is jobs—good and secure jobs. Our challenge is to promote broad participation by our workforce in this changing environment so that anxious workers can become assured, productive, capable Americans. Improving Americans' job security must be among our highest priorities in the upcoming session of Congress.

#### INTRODUCTION OF LEGISLATION CONCERNING ALASKA NATIVE CLAIMS SETTLEMENT ACT OF 1971

### HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 4, 1995

Mr. YOUNG of Alaska. Mr. Speaker, I am pleased to introduce a bill to amend the Alaska Native Claims Settlement Act of 1971 at the request of the Alaska Federation of Natives. This bill is the result of the work of the Legislative Council of the Alaska Federation of Natives to correct existing technical problems with the Alaska Native Claims Settlement Act [ANCSA] and the Alaska National Interest Lands Conservation Act [ANILCA]. I am introducing an identical version of that which passed the House during the 103d Congress. It is my intention to move this bill early this year based on agreements reached last year.

This bill makes a number of technical changes to ANCSA and ANILCA. It also makes a number of substantive additions which address issues not anticipated at the time of passage of ANCSA. Because of Alaska's relative youth as a State of the Union and the unprecedented amount of Alaska-specific Federal legislation passed since statehood, it is imperative that we respond to occasional oversights and/or quirks in the overlapping laws to ensure that unintended consequences do not occur. This effort is designed to rectify such instances.

The legislation is designed to resolve specific problems. To offer a flavor of the nature of the legislation, a few illustrations are in order.

For example, the bill would make it possible for the Caswell and Montana Creek Native groups to receive approximately 11,520 acres of land pursuant to a February 3, 1976, agreement and subsequent March 26, 1992, letter of agreement with Cook Inlet Region Inc. [CIRI]. This will fulfill their land entitlement from CIRI under the ANCSA.

Another provision would relieve ANCSA corporations of liability for hazardous wastes or contaminants left in, or on, ANCSA lands prior to their conveyance to Native corporations. It also directs the Secretary of the Interior to remove all contaminants left by the United States, an agent of the United States, or lessees prior to conveyance of these lands to the Native corporations. In some instances, the Government has conveyed lands and property interests to Alaska Natives which have been rendered valueless because of such contamination. It was clearly not the intention of ANCSA to extinguish Native claims by conveying contaminated property to recipients.

The Chugach Alaska Kageet Point land selection provision would allow Chugach Alaska Native Corp. to select a specific tract of land at the edge of its own current boundaries.

Mr. Speaker, I hope the spirit of cooperation which was reached last year will continue so we can move this noncontroversial piece of legislation early in this session.

#### COMPREHENSIVE PREVENTIVE HEALTH AND PROMOTION ACT OF 1995, H.R. 23

### HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 4, 1995

Mr. GILMAN. Mr. Speaker, I rise today to introduce H.R. 23, legislation which will help produce a healthier nation. This measure will cover individuals for periodic health exams, as well as counseling and immunizations.

The Comprehensive Preventive Health and Promotion Act of 1995 will direct the Secretary of Health and Human Services [HHS] to establish a schedule of preventive health care services and to provide for coverage of these services under private health insurance plans and health benefit programs of the Federal Government.

More specifically, the Secretary of HHS, in consultation with representatives of the major health care groups, will establish a schedule of recommended preventive health care services. The list of preventive services will follow the guidelines published in the "Guide to Clinical Preventive Services" and the "Year 2000 Health Objectives." The preventive services will cover periodic health exams, health screening, counseling, immunizations, and health promotion. These services will be specified for males and females, and specific age groups.

Additionally, HHS will publish and disseminate information on the benefits of practicing preventive health care, the importance of undergoing periodic health examinations, and the need to establish and maintain a family medical history to businesses, providers of health care services, and other appropriate groups and individuals.

Moreover, prevention and health promotion workshops will be established for corporations and businesses, as well as for the Federal Government. A wellness program will be established to make grants over a 5-year period to 300 eligible employers to establish and conduct on-site workshops on health care promotion for employees. The wellness workshops can include: Counseling on nutrition and weight management, clinical sessions on avoiding back injury, programs on smoking cessation, and information on stress management.

Finally, my legislation directs HHS to set up a demonstration project which will go to 50 counties over a 5-year period to provide preventive health care services at health clinics. This program will cover preventive health care services for all children, and adults under a certain income level. If above the determined income level, fees will be based on a sliding scale. Additionally, the project will entail both urban and rural areas in different regions of our Nation to educate the public on the benefits of practicing preventive health care, the need for periodic health exams, and the need for establishing a medical history, as well as providing services.

Mr. Speaker, we can all agree that our current health care system needs to be improved, and our Nation needs to become healthier. Experts have concluded that practicing preventive health care does work, and will produce a healthier nation. Although there is a

consensus on the benefits of practicing preventive health care, only approximately 20 percent of health insurance companies offer coverage for periodic health exams.

The Comprehensive Preventive Health and Promotion Act of 1995 has all the necessary ingredients that will be needed in a national health care plan, and will be applicable to that plan.

Accordingly, to all my colleagues who share my concern regarding the importance of producing a healthier nation, I invite and urge you to cosponsor this measure, sending a clear message to our Nation's citizens that Congress is taking steps to improve our Nation's health care system.

At this point I request that the full text of my bill be inserted in the RECORD for review by my colleagues:

H.R. 23

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

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Comprehensive Preventive Health and Promotion Act of 1995".

#### SEC. 2. ESTABLISHMENT OF SCHEDULE OF PREVENTIVE HEALTH CARE SERVICES.

##### (a) INITIAL SCHEDULE.—

(1) PROPOSED SCHEDULE.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services, in consultation with representatives of individuals described in subsection (d), shall establish a proposed initial schedule of recommended preventive health care services. In accordance with section 553 of title 5, United States Code, the Secretary shall publish such proposed schedule in the Federal Register and provide for a 90-day period for receiving public comment on the schedule.

(2) FINAL SCHEDULE.—The proposed schedule of recommended preventive health care services established under paragraph (1) shall become effective for the first calendar year that begins 90 or more days after the expiration of the period for receiving public comment described in paragraph (1).

(b) ANNUAL ADJUSTMENT.—Not later than October 1 of every year (beginning with the first year for which the schedule established under subsection (a) is in effect), the Secretary, in consultation with representatives of individuals described in subsection (d) and in accordance with section 553 of title 5, United States Code, may revise the schedule of preventive health care services established under this section for the following calendar year.

(c) USE OF SOURCES FOR ESTABLISHING SCHEDULE.—In establishing the initial schedule of recommended preventive health care services under subsection (a) and in revising the schedule for subsequent years under subsection (b), the Secretary shall take into consideration the recommendations for preventive health care services contained in the Guide to Clinical Preventive Services presented to the Department of Health and Human Services by the United States Preventive Services Task Force and the Year 2000 Health Objectives of the United States Public Health Service.

(d) INDIVIDUALS SERVING AS CONSULTANTS.—The individuals described in this subsection are as follows:

- (1) Hospital administrators.
- (2) Administrators of health benefit plans.
- (3) General practice physicians.
- (4) Mental health practitioners.
- (5) Pediatricians.
- (6) Chiropractors.

(7) Physicians practicing in medical specialty areas.

(8) Nutritionists.

(9) Nurses.

(10) Experts in scientific research.

(11) Dentists.

(12) Representatives of manufacturers of prescription drugs.

(13) Health educators.

#### SEC. 3. APPLICATION TO INDIVIDUALS ENROLLED IN PRIVATE HEALTH INSURANCE PLANS.

##### (a) REQUIREMENT FOR CARRIERS AND PLANS.—

(1) IN GENERAL.—Each carrier and employer health benefit plan shall include in the services covered for each individual enrolled with the carrier or plan the preventive health care services applicable to the individual under the schedule of preventive health care services established under section 2.

##### (2) DEFINITIONS.—In this section:

(A) The term "carrier" means any entity which provides health insurance or health benefits in a State, and includes a licensed insurance company, a prepaid hospital or medical service plan, a health maintenance organization, the plan sponsor of a multiple employer welfare arrangement or an employee benefit plan (as defined under the Employee Retirement Income Security Act of 1974), or any other entity providing a plan of health insurance subject to State insurance regulation, but such term does not include for purposes of section 103 an entity that provides health insurance or health benefits under a multiple employer welfare arrangement.

(B)(i) Subject to clause (ii), the term "employer health benefit plan" means a health benefit plan (including an employee welfare benefit plan, as defined in section 3(1) of the Employee Retirement Income Security Act of 1974) which is offered to employees through an employer and for which the employer provides for any contribution to such plan or any premium for such plan are deducted by the employer from compensation to the employee.

(ii) A State may provide (for a plan in a State) that the term "employer health benefit plan" does not include an association plan (as defined in clause (iii)).

(iii) For purposes of clause (ii), the term "association plan" means a health benefit plan offered by an organization to its members if the organization was formed other than for purposes of purchasing insurance.

(C) The term "full-time employee" means, with respect to an employer, an individual who normally is employed for at least 30 hours per week by the employer.

(D) The term "health benefit plan" means any hospital or medical expense incurred policy or certificate, hospital or medical service plan contract, or health maintenance subscriber contract, or a multiple employer welfare arrangement or employee benefit plan (as defined under the Employee Retirement Income Security Act of 1974) which provides benefits with respect to health care services, but does not include—

(i) coverage only for accident, dental, vision, disability income, or long-term care insurance, or any combination thereof,

(ii) medicare supplemental health insurance,

(iii) coverage issued as a supplement to liability insurance,

(iv) worker's compensation or similar insurance, or

(v) automobile medical-payment insurance, or any combination thereof.

(E) The term "small employer carrier" means a carrier with respect to the issuance of an employer health benefit plan which provides coverage to one or more full-time

employees of an entity actively engaged in business which, on at least 50 percent of its working days during the preceding year, employed at least 2, but fewer than 36, full-time employees. For purposes of determining if an employer is a small employer, rules similar to the rules of subsection (b) and (c) of section 414 of the Internal Revenue Code of 1986 shall apply.

##### (b) ENFORCEMENT THROUGH EXCISE TAX.—

(1) IN GENERAL.—Chapter 43 of the Internal Revenue Code of 1986 (relating to qualified pension, etc., plans) is amended by adding at the end thereof the following new section:

#### "SEC. 4980C. FAILURE TO COMPLY WITH EMPLOYER HEALTH BENEFIT PLAN STANDARDS REGARDING PREVENTIVE HEALTH CARE.

##### "(a) IMPOSITION OF TAX.—

"(1) IN GENERAL.—There is hereby imposed a tax on the failure of a carrier or an employer health benefit plan to comply with section 3(a)(1) of the Comprehensive Preventive Health and Promotion Act of 1995.

"(2) EXCEPTION.—Paragraph (1) shall not apply to a failure by a small employer carrier or plan in a State if the Secretary of Health and Human Services determines that the State has in effect a regulatory enforcement mechanism that provides adequate sanctions with respect to such a failure by such a carrier or of such a plan.

##### "(b) AMOUNT OF TAX.—

"(1) IN GENERAL.—Subject to paragraph (2), the tax imposed by subsection (a) shall be an amount not to exceed 25 percent of the amounts received by the carrier or under the plan for coverage during the period such failure persists.

"(2) LIMITATION IN CASE OF INDIVIDUAL FAILURES.—In the case of a failure that only relates to specified individuals or employers (and not to the plan generally), the amount of the tax imposed by subsection (a) shall not exceed the aggregate of \$100 for each day during which such failure persists for each individual to which such failure persists for each individual to which such failure relates. A rule similar to the rule of section 4980B(b)(3) shall apply for purposes of this section.

"(c) LIABILITY FOR TAX.—The tax imposed by this section shall be paid by the carrier.

##### "(d) EXCEPTIONS.—

"(1) CORRECTIONS WITHIN 30 DAYS.—No tax shall be imposed by subsection (a) by reason of any failure if—

"(A) such failure was due to reasonable cause and not to willful neglect, and

"(B) such failure is corrected within the 30-day period beginning on earliest date the carrier knew, or exercising reasonable diligence would have known, that such failure existed.

"(2) WAIVER BY SECRETARY.—In the case of a failure which is due to reasonable cause and not to willful neglect, the Secretary may waive part or all of the tax imposed by subsection (a) to the extent that payment of such tax would be excessive relative to the failure involved.

"(2) DEFINITIONS.—For purposes of this section, the terms 'carrier', 'employer health benefit plan', and 'small employer carrier' have the respective meanings given such terms in section 3(a)(2) of the Comprehensive Preventive Health and Promotion Act of 1995."

(2) CLERICAL AMENDMENT.—The table of sections for chapter 43 of such Code is amended by adding at the end thereof the following new items:

"Sec. 4980C. Failure to comply with employer health plan standards regarding preventive health care."

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to plan years beginning after December 31, 1995.

**SEC. 4. COVERAGE OF PREVENTIVE HEALTH CARE SERVICES UNDER MEDICARE.**

(a) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) by striking “and” at the end of subparagraph (O);

(2) by striking the semicolon at the end of subparagraph (P) and inserting “; and”; and

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

“(Q) in the case of an individual, services applicable to the individual under the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995 (to the extent such services are not otherwise covered with respect to the individual under this title);”.

(b) CONFORMING AMENDMENTS.—Section 1862(a) of such Act (42 U.S.C. 1395y(a)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (E), by striking “and” at the end,

(B) in subparagraph (F), by striking the semicolon at the end and inserting “, and”, and

(C) by adding at the end the following new subparagraph:

“(G) in the case of items or services described in section 1861(s)(2)(Q), which are not provided in accordance with the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995;” and

(2) in paragraph (7), by striking “paragraph (1)(B) or under paragraph (1)(F)” and inserting “subparagraphs (B), (F), or (G) of paragraph (1)”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished on or after January 1, 1995.

**SEC. 5. COVERAGE UNDER STATE MEDICAID PLANS.**

(a) IN GENERAL.—

(1) INCLUSION IN MEDICAL ASSISTANCE.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended—

(A) by striking “and” at the end of paragraph (21);

(B) in paragraph (24), by striking the comma at the end and inserting semicolon;

(C) by redesignating paragraphs (22), (23), and (24) as paragraphs (25), (22), and (23), respectively, and by transferring and inserting paragraph (25) after paragraph (23), as so redesignated; and

(D) by inserting after paragraph (23) the following new paragraph:

“(24) services applicable to the individual under the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995 (to the extent such services are not otherwise covered with respect to the individual under the State plan under this title); and”.

(2) COVERAGE MADE MANDATORY.—(A) Section 1902(a)(10)(A) of such Act (42 U.S.C. 1396a(a)(10)(A)) is amended by striking “(17) and (21)” and inserting “(17), (21), and (24)”.

(B) Section 1902(a)(10)(C)(iv) of such Act (42 U.S.C. 1396a(a)(10)(C)(iv)) is amended—

(i) by striking “(5) and (17)” and inserting “(5), (17), and (24)”; and

(ii) by striking “through (21)” and inserting “through (24)”.

(C) Section 1902(j) of such Act (42 U.S.C. 1396a(j)) is amended by striking “through (22)” and inserting “through (24)”.

(b) EFFECTIVE DATE.—(1) Except as provided in paragraph (2), the amendments made by subsection (a) shall apply to calendar quarters beginning on or after January

1, 1995, without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

(2) In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by subsections (a) and (b), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

**SEC. 6. COVERAGE OF PREVENTIVE HEALTH CARE SERVICES FOR VETERANS.**

(a) IN GENERAL.—Section 1701(6) of title 38, United States Code is amended—

(1) by striking “and” at the end of subparagraph (A);

(2) by striking the period at the end of subparagraph (B) and inserting “; and”; and

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

“(C) with respect to any veteran, any preventive care services applicable under the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995, to the extent such services are not otherwise treated as medical services under this paragraph.”.

(b) PROVIDING SERVICES IN OUTPATIENT SETTING.—Section 1712(a)(5)(A) of such title is amended—

(1) in the first sentence, by striking the period at the end and inserting the following: “, or any other medical services applicable to the veteran under the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995.”; and

(2) in the second sentence, by inserting after “admission” the following: “or any services applicable to the veteran under the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995 (other than services applicable under such schedule that are reasonably necessary in preparation for hospital admission)”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished on or after January 1, 1995.

**SEC. 7. COVERAGE OF PREVENTIVE HEALTH CARE SERVICES UNDER FEDERAL EMPLOYEES HEALTH BENEFIT PLANS.**

(a) IN GENERAL.—Paragraphs (1) and (2) of section 8904(a) of title 5, United States Code, are each amended by adding at the end the following new subparagraph:

“(G) With respect to an individual, any preventive health care services applicable to the individual under the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995.”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to services furnished on or after January 1, 1995.

**SEC. 8. COVERAGE OF PREVENTIVE HEALTH CARE SERVICES FOR DEPENDENTS OF MEMBERS OF THE UNIFORMED SERVICES.**

(a) PREVENTIVE HEALTH CARE SERVICES INCLUDED IN AUTHORIZED CARE.—Section 1077(a)

of title 10, United States Code, is amended by adding at the end the following new paragraph:

“(13) Any preventive care services applicable under the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995, to the extent such services are not otherwise authorized as health care services under this subsection.”.

(b) EFFECTIVE DATE.—Paragraph (13) of section 1077(a) of title 10, United States Code (as added by subsection (a)), shall apply with respect to health care services furnished on or after January 1, 1995, to dependents of members or former members of the uniformed services authorized to receive such services.

**SEC. 9. PREVENTIVE HEALTH CARE DEMONSTRATION PROJECT.**

(a) ESTABLISHMENT.—There is hereby established a demonstration project to demonstrate the effectiveness in providing preventive health care services in improving the health of individuals and reducing the aggregate costs of providing health care, under which the Secretary of Health and Human Services shall—

(1) make grants over a 5-year period to 50 eligible counties to assist the counties in providing preventive health care services (in accordance with subsection (b)) to individuals who would otherwise be unable to pay (or have payment made on their behalf) for such services;

(2) conduct the study described in subsection (c); and

(3) carry out the educational program described in subsection (d).

(b) GRANTS TO COUNTIES.—

(1) SERVICES DESCRIBED.—A county receiving a grant under subsection (a)(1) shall provide preventive health care services to individuals at clinics in accordance with the schedule of preventive health care services established under the Comprehensive Preventive Health and Promotion Act of 1995, except that—

(A) the county may furnish services to individuals residing in rural areas at locations other than clinics if no clinics that are able to provide such services are located in the area; and

(B) the Secretary may revise the schedule of services otherwise required to be provided to take into account the special needs of a participating county.

(2) ELIGIBILITY OF COUNTIES.—A county is eligible to receive a grant under subsection (a)(1) if it submits to the Secretary, at such time and in such form as the Secretary may require, an application containing such information and assurances as the Secretary may require.

(3) GEOGRAPHIC BALANCE AMONG COUNTIES SELECTED.—In selecting counties to receive grants under subsection (a)(1), the Secretary shall consider the need to select counties representing urban, rural, and suburban areas and counties representing various geographic regions of the United States.

(c) STUDY OF STATE PREVENTIVE CARE REQUIREMENTS.—

(1) STUDY.—The Secretary shall conduct a study of the requirements regarding preventive health care services that are imposed by each State on health benefit plans offered to individuals residing in the State.

(2) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit a report to Congress on the study conducted under paragraph (1).

(d) DISSEMINATION OF INFORMATION ON PREVENTIVE HEALTH CARE.—Not later than 2 years after the date of the enactment of this Act, the Secretary, in consultation with experts in preventive medicine and representatives of providers of health care services, shall publish and disseminate information on

the benefits of practicing preventive health care, the importance of undergoing periodic health examinations, and the need to establish and maintain a family medical history to businesses, providers of health care services, and other appropriate groups and individuals.

(e) STATE DEFINED.—In this section, the term "State" means each of the 50 States and the District of Columbia.

**SEC. 10. PROGRAMS TO ESTABLISH ON-SITE WORKSHOPS ON HEALTH PROMOTION.**

(a) GRANTS TO BUSINESSES.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall establish a program under which the Secretary shall make grants over a 5-year period to 300 eligible employers to establish and conduct on-site workshops on health care promotion for employees.

(2) ELIGIBILITY.—An employer is eligible to receive a grant under paragraph (1) if the employer submits an application (at such time and in such form as the Secretary may require) containing such information and assurances as the Secretary may require, including assurances that the employer shall use funds received under the grant only to provide services that the employer does not otherwise provide (either directly or through a carrier) to its employees.

(3) INFORMATION AND SERVICES PROVIDED.—On-site workshops on health care promotion conducted with grants received under paragraph (1) shall include the presentation of such information and the provision of such services as the Secretary considers appropriate, including counseling on nutrition and weight management, clinical sessions on avoiding back injury, programs on smoking cessation, and information on stress management.

(b) ESTABLISHMENT OF PROGRAMS FOR FEDERAL EMPLOYEES.—The Secretary of Labor shall establish a program under which the Secretary shall conduct on-site workshops on health care promotion for employees of the Federal Government, and shall include in such workshops the presentation of such information and the provision of such services as the Secretary (in consultation with the Secretary of Health and Human Services) considers appropriate, including counseling on nutrition and weight management, clinical sessions on avoiding back injury, programs on smoking cessation, and information on stress management.

**CLEANING UP THE CLEAN AIR ACT**

**HON. JAY KIM**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 4, 1995*

Mr. KIM. Mr. Speaker, I rise today to introduce a very important piece of legislation which will help rectify a severely unfair application of the Clean Air Act. This bill, which was blocked by the then-majority Democrats in the 103d Congress, will provide my home State of California with the flexibility every other State in our Union currently enjoys. Specifically, this bill will direct the Environmental Protection Agency [EPA] to withhold the enactment of its Federal implementation plan [FIP], as ordered by the courts, until such time as it has an opportunity to review California's State implementation plan [SIP].

We all want clean air—especially in California. Thus, my intentions are not to weaken clean air standards—and this legislation does

not do so. Rather, it helps attain those standards within the context of full support for the principles of States rights. I do not believe the EPA, a Federal bureaucracy, has any right to completely dismantle those principles, even if the courts appear to be the real culprits in this game of high stakes chess. No longer can the Federal Government blindly push States into complying with laws which are not suited for their particular situations or problems.

It is with that in mind that I call on my fellow colleagues to join in protecting the principles upon which this Nation was built. For those of my colleagues who do not represent the State of California, I remind them that this type of precedent could have equally devastating consequences in States such as Texas, Ohio, Virginia, and any others that do not meet the stringently set path that the big brother EPA dictates. Let us make it clear to all Americans that we, the Republican majority, will not stand idly by while the rights of our States are so easily swept aside.

Mr. Speaker, I am hopeful that committee and floor action can be taken expeditiously as this is a very time sensitive issue.

**LINE-ITEM VETO LEGISLATION**

**HON. BOB STUMP**

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 4, 1995*

Mr. STUMP. Mr. Speaker, I am today introducing legislation to propose an amendment to the Constitution giving the President line-item veto authority. This legislation is identical to the line-item veto bill I introduced last Congress.

In years past, the leadership of this body worked hard to see that no real line-item veto bill passed the House. They argued that a true line-item veto would give too much power to the President. I disagreed then and I disagree now.

In theory, Congress may not need the President's help in deciding how best to spend the taxpayer's money. However, in practice, the temptation to slip special interest or parochial spending programs into otherwise necessary appropriation bills has been too strong to resist. Allowing the President to identify and veto such programs would protect not only the budget process, but the taxpayers' pockets.

Mr. Speaker, the line-item veto has proven itself in State after State where it has been tried. There is no reason not to allow it at the Federal level.

**IRS BURDEN OF PROOF**

**HON. JAMES A. TRAFICANT, JR.**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 4, 1995*

Mr. TRAFICANT. Mr. Speaker, last year, I introduced H.R. 3261 to protect taxpayers from capricious behavior by the Internal Revenue Service. Today, I am again introducing this bill to ensure American taxpayers get a fair shake in tax court. Too often, the IRS is an agency out of control; too many Americans fear the IRS and that's wrong.

Mr. Speaker, my bill has three sections to protect Americans from IRS abuses. First,

damages paid to the taxpayer are increased from \$100,000, current law, to \$1,000,000. Second, the Internal Revenue Service must notify the taxpayer promptly in writing upon request as to the specific implementing regulations that they are found liable for. No more ambiguous computer generated letters using code numbers. No more unprepared confrontations with the IRS. These two seemingly innocuous sections of my bill are extremely vital and will go a long way in rebuilding the American people's faith in our Government.

The last part of my bill is the most important: it shifts the burden of proof from the taxpayer to the IRS in civil tax cases. Under current law, if the IRS accuses someone of tax fraud, which could be an honest mistake on the 1040 form, he or she must prove his or her innocence in civil court, the IRS does not have to prove your guilt. An accused mass murderer has more rights than a taxpayer fingered by the IRS. Jeffrey Dahmer was considered innocent until proven guilty. Mom and Pop small business owners, however, are not afforded this protection.

Mr. Speaker, during the last session, I highlighted the need for this legislation on the House floor by reading letters and cases I have received from people around the country. You may remember the case of David and Millie Evans from Longmont, CO. The IRS refused to accept their cancelled check as evidence of payment even though the check bore the IRS stamp of endorsement. Or how about Alex Council, who took his own life so his wife could collect his life insurance to pay off their IRS bill? Months later, a judge found him innocent of any wrongdoing. I have heard hundreds of stories of IRS abuses like these on radio and television talk shows. Thousands of Americans have written to me personally with their horror stories.

Opponents argue that my bill will weaken IRS's ability to prosecute legitimate tax cheats. This bill will not affect IRS's ability to enforce tax law, it only forces them to prove allegations of fraud. My bill will ensure that IRS agents act in accordance with the standards of conduct required of all Department of Treasury employees and the Constitution of the United States of America where you are innocent until proven guilty.

Mr. Speaker, I urge all Members to cosponsor my new bill. It will be my No. 1 legislative goal for the 104th Congress. All I seek is fairness for the American people.

**THE 1995 AGENDA**

**HON. LEE H. HAMILTON**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 4, 1995*

Mr. HAMILTON. Mr. Speaker, I would like to insert my Washington report for Wednesday, November 30, 1994, into the CONGRESSIONAL RECORD.

**THE 1995 AGENDA**

There is a deep, free-flowing discontent in the country today. It is difficult to pin down, but it seems to be a fear of the future—a sense of insecurity about jobs, health care, pensions, and the future of the family. Americans are anxious about their future and their children's future in the rapidly changing economy. They are also disgusted with the performance of government. Hoosiers say