But as Senator Bob Dole became Presidential candidate Bob Dole, fiscal responsibility was turned on its ear. Irresponsible tax cuts became his fetish. Listening to the advice of the campaign consultants and pollsters instead of using common sense, Bob Dole, I am afraid, has lost his moorings. And to pay for his folly, he would have us fall into a deeper pit of deficits and debt.

Mr. President, we cannot allow that to happen to the American people a second time. We cannot allow the 1980's gibberish of supply-side economics to go unchallenged again. As a freshman Senator, I supported it, as did Senator Dole. In retrospect, I acknowledge it was the worst vote that I ever cast, in the Senate.

To understand the terrible gamble Bob Dole is taking with our future, the American people should understand the history behind it. I would like to spend a few moments today describing the fiscal carnage of the 1980's, or as George Bush once christened it, ''Voodoo Economics.'' And there is no magic to it. It is just misery.

During the 1980's, the American people got their first taste of the supply-side mumbo-jumbo. It was the Reagan-Bush feel-good, no-fuss, no-muss way to reduce the deficit and grow the economy. There was only one catch: It simply did not work.

Enacting huge tax cuts and increasing spending without balancing the budget, was a ghastly experiment gone terribly awry. Fed by a quick shot of high-octane tax cuts, the economy revved up and then sputtered. The promised revenues evaporated and the deficit exploded with a big deficit bang. A small hill of debt became a mountain.

The supply-side economics of the 1980's was a classic example of the difference between promise and performance. Supply-side tax cuts were supposed to boost the private sector's economic performance. In fact, the economy put in a mediocre showing only, during the Reagan years.

For example, private-sector job growth was 3.3 percent per year in the Carter years, compared with 2.3 percent under Reagan and 0.4 percent in the Bush years. It finally rebounded to 2.9 percent during the Clinton administration—but without, and I repeat, without supply-side economics.

Private investment, which also was supposed to receive a boost from supply-side tax cuts, slumped during the Reagan years. Real business fixed investment, which had been growing at a 7.1-percent annual clip during the Carter years, slowed to a 2.6-percent pace under Reagan, and came to a screeching halt under Bush. During the Clinton administration, business investment has soared at a 8.4 percent rate, the strongest showing since World War II.

With both private-sector employment and business investment suffering under supply-side policies, it is not surprising that private-sector gross domestic product also posted an inferior performance, by any measure. The growth of the private-sector slowed from a 3.5-percent pace under Carter to a 3.0-percent rate during the Reagan years. Having registered a meager 1.3-percent showing under Bush, private-sector growth now currently has averaged 3.2 percent during the Clinton administration.

We are often told that the Reagan tax cut led to a doubling of tax revenue by the end of the 1980's. That is merely a manipulation of the facts. Total revenue doubled during the 1980's but income tax revenue fell far short of doing so. Revenue from Social Security taxes, however, more than doubled as a direct result of a major Social Security tax increase in 1983. That tax increase, incidentally, was passed when Republicans held a majority of the U.S. Senate and Senator Bob Dole was chairman of the Senate Finance Committee.

Having failed to deliver on its economic promises, it should not be surprising then that supply-side tax cuts also failed to deliver the declining deficits promised by the Republicans.

In March 1981, the Reagan White House predicted that the deficit would shrink from its $79 billion level and the budget would be balanced by 1985. Instead, the deficit widened dramatically, hitting $212 billion in 1985—when it was supposed to be zero—and topping out at $290 billion in 1992.

A year later, the Reagan administration could see the red ink rising. President Reagan told the Nation in 1982, and I quote,

> One area of justifiable concern is the deficit. And believe me, we take it as seriously as any problem facing us. But let's recognize why such a huge deficit is projected. It is not, as some would have you believe, a product of our tax cuts.

I am here to tell you and the American people that it was because of the tax cut. But do not just take it from me. More than 10 years after President Reagan made that famous speech, his OMB Director, David Stockman, said his boss was wrong. The deficit was caused by the huge tax cuts that were the hallmark of President Reagan's first year in office.

In an article on the deficit in the March 1993 issue of New Perspectives Quarterly, Mr. Stockman wrote, and I quote,

> The root problem goes back to the July 1981 frenzy of excessive and imprudent tax cuts that shattered the Nation's fiscal responsibility . . . It ought to be obvious by now that we can't grow our way out [of the deficit].

Mr. President, the huge deficits of the Reagan years have left taxpayers with a gargantuan burden of debt and debt service. When President Reagan took his oath of office, the debt was under $1 trillion. When he left, our national debt was over $2.6 trillion, a debt expanded over fourfold since President Carter to over $4 trillion by the time President Bush left office. If it were not for the interest payments on the debt built up during the last two Republican administrations, the Federal budget would now be in surplus.

The Nation has paid a terrible price for the mistakes of the 1980s, and we are still paying for them. Supply-side economics left an economic radioactive fallout that pollutes the economy for years to come. We still do not know its halflife. I feel as though I have spent most of my Senate career trying to clean up the mess, and many of my colleagues have joined in that work, but the job is still unfinished.

We in the Senate spend a lot of time talking about the legacy we will leave our children and grandchildren. But if we are indeed concerned about mortgaging our children's future, we cannot and we must not resurrect supply-side economics. We clearly made a horrendous mistake economically in the 1980s. To duplicate it in the 1990s would be unforgivable. Neither Dorothy nor any self-respecting munchkin would or should forgive us.

The PRESIDING OFFICER (Mr. BENNETT). The time of the Senator has expired.

Mr. EXON. I thank the Chair and yield the floor.

TREASURY, POSTAL SERVICE, AND GENERAL GOVERNMENT APPROPRIATIONS ACT, 1977

The Senate continued with consideration of the bill.

AMENDMENT NO. 5244

(Purpose: To amend title 18, United States Code, with respect to gun free schools, and for other purposes)

Mr. KOHL. I ask unanimous consent to lay aside the pending amendment.

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

Mr. KOHL. I send an amendment to the desk for immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

> The Senator from Wisconsin [Mr. KOHL] proposes an amendment numbered 5244.

Mr. KOHL. Mr. President, I ask unanimous consent reading of the amendment be dispensed with.

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

The amendment is as follows:

At the appropriate place in the bill, add the following new section:

SEC. . PROHIBITION.

Section 922(q) of title 18, United States Code, is amended to read as follows:

''(q)(1) The Congress finds and declares that—

''(A) crime, particularly crime involving drugs and guns, is a pervasive, nationwide problem;

''(B) crime at the local level is exacerbated by the interstate movement of drugs, guns, and criminal gangs;

''(C) firearms and ammunition move easily in interstate commerce and have been found in increasing numbers in and around schools, as documented in numerous hearings in both the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate;

''(D) in fact, even before the sale of a firearm, the gun, its component parts, ammunition, and the raw materials from which they are made have considerably moved in interstate commerce;

''(E) while criminals freely move from State to State, ordinary citizens and foreign visitors may fear to travel to or through certain parts of the country due to concern about violent crime and gun violence, and parents may decline to send their children to school for the same reason;

''(F) the occurrence of violent crime in school zones has resulted in a decline in the quality of education in our country;

''(G) this decline in the quality of education has an adverse impact on interstate commerce and the foreign commerce of the United States;

''(H) States, localities, and school systems find it almost impossible to handle gun-related crime by themselves—even States, localities, and school systems that have made strong efforts to prevent, detect, and punish gun-related crime find their efforts unavailing due in part to the failure or inability of other States or localities to take strong measures; and

''(I) the Congress has the power, under the interstate commerce clause and other provisions of the Constitution, to enact measures to ensure the integrity and safety of the Nation's schools by enactment of this subsection.

''(2)(A) It shall be unlawful for any individual knowingly to possess a firearm that has moved in or that otherwise affects interstate or foreign commerce at a place that the individual knows, or has reasonable cause to believe, is a school zone.

''(B) Subparagraph (A) does not apply to the possession of a firearm—

''(i) on private property not part of school grounds;

''(ii) if the individual possessing the firearm is licensed to do so by the State in which the school zone is located or a political subdivision of the State, and the law of the State or political subdivision requires that, before an individual obtains such a license, the law enforcement authorities of the State or political subdivision verify that the individual is qualified under law to receive the license;

''(iii) that is—

''(I) not loaded; and

''(II) in a locked container, or a locked firearms rack that is on a motor vehicle;

''(iv) by an individual for use in a program approved by a school in the school zone;

''(v) by an individual in accordance with a contract entered into between a school in the school zone and the individual or an employer of the individual;

''(vi) by a law enforcement officer acting in his or her official capacity; or

''(vii) that is unloaded and is possessed by an individual while traversing school premises for the purpose of gaining access to public or private lands open to hunting, if the entry on school premises is authorized by school authorities.

''(3)(A) Except as provided in subparagraph (B), it shall be unlawful for any person, knowingly or with reckless disregard for the safety of another, to discharge or attempt to discharge a firearm that has moved in or that otherwise affects interstate or foreign commerce at a place that the person knows is a school zone.

''(B) Subparagraph (A) does not apply to the discharge of a firearm—

''(i) on private property not part of school grounds;

''(ii) as part of a program approved by a school in the school zone, by an individual who is participating in the program;

''(iii) by an individual in accordance with a contract entered into between a school in a school zone and the individual or an employer of the individual; or

''(iv) by a law enforcement officer acting in his or her official capacity.

''(4) Nothing in this subsection shall be construed as preempting or preventing a State or local government from enacting a statute establishing gun free school zones as provided in this subsection.''.

Mr. KOHL. Mr. President, today's Washington Post tells the story of young children being shot in their own neighborhoods by feuding gangs who are targetting innocent bystanders. It tells us eloquently why we must do all that we can to keep guns out of the hands of children. And the most insidious form of juvenile violence is violence in our schoolyards. We must take this opportunity to do what we can to keep our school zones from becoming war zones. So I would like to offer the Gun Free School Zones Act as an amendment.

The Gun-Free School Zones Act of 1995 is a commonsense, bipartisan, constitutional approach to combating violence in our schools. It bars bringing a gun within 1,000 feet of a school, with a few commonsense exceptions. It modifies the Supreme Court's 1995 Lopez decision to ensure the law's constitutionality. So, let me make a few points.

First, we need a Federal law. The Federal Government has a crucial role to play in dealing with the gun traffic that leads right into our classrooms. After all, how can we turn our backs on a national problem that we can help solve?

The problem is national is scope. Anyone who thinks that this is a local problem isn't looking at the evidence. Interstate commerce is exactly what is causing the problem. Sometimes these guns get into children's hands through the efforts of nationwide gangs.

One 14-year-old Madison, WI, gang member told the Wisconsin State Journal that the older leaders of his gang brought car loads of guns from Chicago to the younger gang members. For example, the Boston police recently discovered that all of the handguns being bought by gang members in one neighborhood came from Mississippi. The young man who was running guns up to Boston was arrested and shootings in the neighborhood dropped more than 60 percent, from 91 to 20.

These guns have infiltrated our school system and created a national crisis. A Lou Harris survey this year found that one in eight youths—two in five in high crime neighborhoods—reported having carried a gun for protection. One in nine said they had stayed away from school because of fear of violence. That number jumped to one in three in high-crime neighborhoods.

Although State laws can help address this national problem, not every State has a law. And not every State law is adequately drafted to do the job. Moreover, in many of these States, people do not serve any time for violating the law. In Federal cases, they do. With a Federal law, we can fill in loopholes and put violators behind bars for up to 5 years. In short, the Gun Free School Zones Act gives prosecutors the flexibility to bring violators to justice under either State or Federal statutes, whichever is appropriate—or tougher.

No one claims that our legislation is a panacea. No one claims that the violence will go away if we pass it, just as the violence did not go away when the original law was passed. But a Federal law can help. The Federal Government can step in and assist State prosecutors when they do not have the resources they need. The Federal Government can take on particularly bad offenders who will receive stiffer penalties in a Federal prosecution. And this measure has bipartisan support: The underlying bill is cosponsored by Senators SPECTER, CHAFEE, SIMON, KENNEDY, KERRY, KERREY, and others.

Finally, the new act addresses the constitutional concerns of the Supreme Court which struck down the original Gun Free School Zones Act last year. What we have done to ensure this result is simple and sufficient: In every prosecution under the act, the Government will now have to prove that the gun traveled in or affected interstate commerce. This very provision was suggested by language in Chief Justice Rehnquist's majority opinion. And the vast majority of constitutional scholars agree that this new bill complies with the Supreme Court.

In conclusion, it does not make much sense to treat a modest and sensible proposal as a major threat to the Federal-State balance. Our founding fathers were concerned with commonsense, not with alarmist predictions about the fate of Federal-State relations.

Mr. President, I ask unanimous consent that my extended remarks be printed in the RECORD.

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

EXTENDED REMARKS OF SENATOR HERB KOHL ON THE GUN FREE SCHOOL ZONES AMENDMENT

The problem of school violence is a national one that begs for national attention. Anyone who argues that the problem is an exclusively intrastate problem is not looking at the evidence. Interstate commerce is creating this problem.

The unchecked proliferation of guns and their delivery into the hands of school-aged children is national in scope. The raw materials for guns are mined in one state, are turned into guns in another state, and are put into a child's hands in another state. The gangs that arm these children and encourage them to bring guns to school operate across state lines.

The effects of guns in schools stretches across this nation. Schools and districts with particularly bad gun problems sink deeper and deeper into despair. They have difficulty procuring Federal aid or grants from national foundations. People will not move from out-of-state to that school area because they do not want their children in dangerous schools. Businesses will not relocate or establish themselves in areas with dangerous school zones.

Finally, and perhaps most tragically, the children in those schools are prevented from learning their ABC's. All they learn is to live in terror. Children from Maine to Wisconsin to Alabama to Oregon go to school in fear—fear that they may be shot, that their teacher may be terrorized by a gun-wielding student, that their school day will consist of nothing but dodging from one perilously dangerous situation to another. These children cannot learn and the educational system cannot teach. Our national economy is crippled.

The Federal Government has a role to play in combatting this national problem. We must put the full weight and investigative abilities of the Federal Government behind the drive to keep guns out of school. No state should be forced to stand alone in confronting this problem.

Although many states have their own laws, we need a Federal law for two reasons: first, many of these State laws are inadequate; and second, a Federal law will serve as a critical support and back-up system for state law enforcement officials.

But before dealing with these reasons, I want to point out that the amendment we have introduced today will not hamper, preempt or harm the enforcement of those laws in any way whatsoever.

However, about 5 to 10 states do not have laws which deal with guns in schoolyards.

In addition, of the forty plus states that have laws, almost half of them simply make it a misdemeanor to bring a gun into school. Unfortunately, that has almost no effect on a juvenile who knows that a juvenile misdemeanor record is virtually meaningless. A stiff Federal penalty means a lot more.

Some of the states also have weaker laws. Take, for example, Alabama. Alabama requires that the person charged have brought the gun to school with ''intent to do bodily harm.'' So you can bring a gun to school, disrupt and frighten all of the students but still get off because you did not intend to actually shoot anyone. That is unacceptable. Alabama's statute also only applies to guns on public school grounds. Private schools are uncovered, so anyone can walk into a parochial or private school with a gun and without a fear of prosecution.

And there is still another reason why a federal law is needed. We need federal and state cooperation to deal with this problem. The states need our help. Sometimes they are overwhelmed and need backup. Other times, they want to use stiffer Federal penalties. This Gun-Free School Zones Act will not preempt a single state law. And after decades of dealing with complementary Federal-State laws, good State and Federal prosecutors know how to coordinate their efforts—and Federal prosecutors know to step aside when the state has a stiffer law. Just ask Bob Wortham, the former Texas U.S. Attorney nominated by Senator Gramm. Wortham prosecuted more people under the Gun-Free School Zones Act than anyone else. And he did it while getting rave reviews from state police, prosecutors, and teachers. This Act is a modest but useful measure that surely cannot threaten our State governments.

You will not hear state officials complaining about meddling federal officials. Instead, state officials welcome federal assistance in this area.

The Gun-Free School Zones Act of 1995 assures a Federal-State joint venture.

This amendment is clearly constitutional. Our original Gun Free School Zones Act was struck down as unconstitutional in *United States* versus *Lopez*. In drafting this amendment, we consulted with the Justice Department and a variety of legal experts who carefully scrutinized this bill and concluded it would easily pass the *Lopez* test.

In fact, the very provision that has been inserted into the bill to make it constitutional was suggested by a section in the Chief Justice's opinion in *Lopez*. In a portion of that opinion, the Chief Justice noted that if the law ''contain[ed] . . . [a] jurisdictional element which would ensure, through case-by-case inquiry, that the firearm possession in question affects interstate commerce,'' then the law would probably be constitutional.

By requiring an ''explicit connection with or effect on interstate commerce'' Congress will be clearly regulating interstate commerce pursuant to its constitutional Commerce Clause power. And the fact is that guns in schools are an interstate commerce problem. There are many known instances of gangs travelling to other states to equip themselves with guns which they then bring into schools. That is what this bill seeks to regulate: the travel of guns through interstate commerce to our schoolhouse steps.

This measure does not, as some opponents have argued pave the way to federal regulation of state education. I firmly believe that education is first and last the business of the state governments. And this law does not get the Federal Government in the business of regulating schools. It simply gets the government in the business of controlling the interstate commerce in guns. Since this bill rests on the Federal Government's power to regulate interstate gun commerce, I do not believe it could be used to justify Federal regulation of state education.

Mr. LAUTENBERG. Mr. President, I rise today as an original cosponsor of the Gun Free School Zones amendment offered by Senator KOHL, which is critical to protecting the sanctity of our schools and the safety of our students.

Mr. President, each day, an estimated 135,000 students pack a gun with their books on their way to school. In 1990, the Centers for Disease Control found that 1 in 20 students carried a gun in a 30-day period. Three years later, that figure was 1 in 12.

At a time when guns are becoming increasingly prevalent on neighborhood streets, we cannot simply stand by and allow our playgrounds to become battlegrounds. We cannot expect our students to thrive in an atmosphere where they must fear for their lives and for their safety.

In 1990, Congress passed the original Gun Free School Zones Act with overwhelming bipartisan support. As many of my colleagues know, a sharply divided Supreme Court has invalidated that bill, saying that it exceeded congressional power.

I personally disagreed with the Supreme Court decision, and signed an amicus brief supporting the law's validity. But that is not the issue before us today. Today, the issue is the safety of our children.

This amendment ensures the constitutionality of the Gun Free School Zones Act by requiring the prosecutor to prove as part of each prosecution that the gun moved in, or affected, interstate commerce. That provision will place only a small burden on prosecutors and will ensure our power to keep America's schools safe.

Mr. President, this legislation has the support of the law enforcement and education communities. It has been endorsed by the National Education Association, the American Association of School Administrators, the National School Boards Association, the National Association of Elementary School Principals and the American Academy of Pediatrics.

Is this legislation a panacea, Mr. President? Of course, not. However, it is a worthwhile effort to keep our children away from the dangers of guns and violence.

Mr. President, the National Rifle Association likes to say that guns do not kill; people do. But the gun statistics I have seen belie their contentions. Firearms kill more teenagers than cancer, heart disease, AIDS, and natural diseases combined. Guns are now the leading cause of death for both white and black teenage boys.

We need to fight back the wave of gun violence that is overtaking our streets and neighborhoods once and for all. I urge my colleagues to support this important amendment and to help protect our children and our teachers from gun violence.

Mr. KERREY. Mr. President, this is a very good amendment, a change in the law that is needed as a consequence of the Supreme Court decision. I support the amendment fully.

If the Senator wants to request the yeas and nays we can move immediately to a rollcall vote.

Mr. KOHL. Mr. President, I add Senator BIDEN as a cosponsor.

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

Mr. KOHL. I would like a rollcall vote, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. SHELBY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BIDEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

AMENDMENT NO. 5295

(Purpose: To provide for the rescheduling of flunitrazepam into schedule I of the Controlled Substances Act, and for other purposes.)

Mr. BIDEN. Mr. President, I ask unanimous consent to lay aside the pending amendment.

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

Mr. BIDEN. Mr. President, I call up amendment 5295 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Delaware [Mr. BIDEN] proposes an amendment numbered 5295.

Mr. BIDEN. I ask unanimous consent reading of the amendment be dispensed with.

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

The amendment is as follows:

At the appropriate place in the bill, insert the following:

SEC. ___. RESCHEDULING OF FLUNITRAZEPAM INTO SCHEDULE I OF THE CONTROLLED SUBSTANCES ACT.

Notwithstanding sections 201 and 202 (a) and (b) of the Controlled Substances Act (21 U.S.C. 811, 812 (a), (b)), respecting the scheduling of controlled substances, the Attorney General shall, by order—

(1) transfer flunitrazepam from schedule IV of such Act to schedule I of such Act; and

(2) add ketamine hydrochloride to schedule II of such Act.

SEC. ___. PENALTY FOR ADMINISTERING A CONTROLLED SUBSTANCE TO FACILITATE A FELONY.

(a) IN GENERAL.—The Controlled Substances Act (21 U.S.C. 100 et. seq.) is amended by adding at the end of part D the following new section:

''PENALTY FOR ADMINISTERING A CONTROLLED SUBSTANCE TO FACILITATE A FELONY

''SEC. 423. Whoever administers a controlled substance to a person without that person's knowledge for the purpose of facilitating the commission or attempted commission of a felony under Federal or State law shall, in addition to any other penalty imposed, be imprisoned for up to 10 years, fined as provided under title 18, United States Code, or both.''.

(b) FEDERAL AND STATE COORDINATION.—The United States Attorney shall coordinate the prosecution of any defendant charged with an offense under section 423 of the Controlled Substances Act with State and local law enforcement agencies.

(c) CONFORMING AMENDMENT.—The table of sections for part D of the Controlled Substances Act is amended by inserting after the item relating to section 422 the following new item:

''Sec. 423. Penalty for administering a controlled substance to facilitate a felony.''

Mr. BIDEN. Mr. President, let me get right to the point. What I am attempting to do here, so I do not confuse my colleagues who do not have the opportunity or requirement to deal with the drug issue as much as I do, I am attempting to change the schedule—that is the term of art—of these two particular drugs, Rohypnol, and another drug which is referred to as ''Special K,'' and I will get into this in a minute.

They are now the lowest classified drug that you are not able to use. I want to move them up into the highest classification, which make them a schedule 1 drug, the most dangerous drugs that are out there. When you change the schedule, you change all the resources of the Government as to how much attention they pay to the illicit use of these drugs.

Now, the best time, Mr. President, to target a new drug which is coming on to the scene is at the front end. For example, I remember Senator MOYNIHAN in the early 1980's standing on the floor of the Senate and saying, ''Hey, look, there is a new drug called crack cocaine.'' It had not been around before. ''There is a new drug called crack cocaine that is being used heavily in the Bahamas. We are beginning to see it being imported in New York. We really should set a priority to deal with that drug.''

Now, that is one of the whole purposes for drug strategy: You pick priorities and say, ''Look, we will focus on this drug or that drug.'' I know the Presiding Officer knows what happened. He knew in Utah long before they found out in Iowa, and they have not found out yet in Delaware, but they knew before him in California about a thing called methamphetamines—''meth.'' What most people do not know, but the distinguished Presiding Officer knows, is that there are more drive-by shootings in Salt Lake City than any other major city in the country—one of finest cities, lowest crime rates in the country.

What happened? Along came this drug called ''ice,'' or methamphetamine. It is a drug that is manufactured, that has properties that are similar in effect and that are more intense than cocaine. All of a sudden, the gangs that were manufacturing this synthetic drug, the Bloods and Crips in Southern California—things got too hot for them there, so they literally moved to Utah. Then things got too hot for them in Utah, and they moved up into Montana and Idaho. Now they have moved, literally, into Iowa, which is a major producing State now.

So what is happening then? It is like a wave. See, ''ice'' started in Hawaii, and we had notice of it. I have been hollering about it for 6 years now. But we did not focus on it. We always wait until the wave hits us before we focus on it. Then it hit California, and literally, you could see it working its way across America.

Now, the reason I bother to say that is that when we have moved before an abuse of a particular drug has overwhelmed our communities, we have been successful. The advantages of moving early are clear. There are fewer pushers trafficking in that drug, and, most important, there are fewer dependencies, fewer people dependent on the drug, so there are fewer people needing to go out and push the drug they are dependent on to make the money to consume the drug. Literally, we can get it before the networks are in place.

There are organized networks, and there are networks that come about as a consequence of the consumption, because the people consuming need to make money to continue to consume their drugs. So what do they do? They make a deal with their pusher and say, ''I will get you two more customers.'' It is kind of like the old pyramid scheme. But the problem is, once the pyramid has been built, we play heck with trying to break it up at that point.

So today, we are tracking the arrival of two new drugs, Rohypnol, and a drug called ''Special K''—I will get into that in a moment—as they begin their slow popularity across the country and begin to show extreme popularity in several States. So today—now—is the time to act on trying to snuff them out before they become too popular.

There is a heightened urgency because of one stark fact. These new drugs—the one with the slang name ''Special K,'' which is an animal tranquilizer, I might add, and Rohypnol, which is a different drug—are being used primarily by our children. Now, all of a sudden, everyone from the administration to the Republican-controlled Congress, including Democrats in the Congress, has discovered that drug use among youth is up.

I came to the floor of the U.S. Senate a year and a half ago and laid out the facts, figures, numbers, and even wrote a report that you all got stuck on your desk. Understandably, like most reports, none of us read them. In the report, I start off saying, ''Our Nation has already seen the first signs of a trend that chills every parent—a rising drug use among young children. This is the proper focus of our national crime debate in the months ahead.''

That was a year and a half ago. I laid out all the reasons why it was there. To anybody involved in the drug problem, dealing with the drug issue, they are not surprised by the figures. But all of a sudden, in this election year, Democrats and Republicans alike have found that we have a problem with youth violence and a problem with drug abuse among our young.

Well, I am here to tell you all again that we have an additional problem. We have an additional problem. There are two particular drugs that are gaining vast popularity among young people, and they have an incredibly negative effect, which I will describe in a moment, and we are not targeting them. They are schedule 4 drugs, which means they are at the bottom of the heap. They are viewed as the least dangerous of all the things out there. As a consequence of that, Mr. President, what happens is, local police don't focus on them, Federal resources don't focus on them, parents don't pay attention to them, nobody looks at them because they are the thing that is the least problematic. Well, these two are incredibly pernicious.

So that is why I am calling on the Senate to pass legislation to make both of these drugs subject to much stricter regulation. This can be accomplished by moving these drugs to a different schedule under the Federal Controlled Substance Act. I realize that sounds bureaucratic. But it is a big deal, how you schedule the drug. This is not a step, I might add, to be taken lightly, because there is a regulatory procedure in place for scheduling controlled substances. Unfortunately, this regulatory procedure can take years to accomplish and change. It has to be done now. It has to be done now.

In the past decade—to underscore my point here—Congress has taken legislative action by going around or over the bureaucratic procedure to reschedule drugs. Guess what? It has worked. In 1984, Mr. President, I came to the floor

of the Senate and I said, ''Hey, look, what I am hearing from all the drug experts in the country is that Quaaludes are being abused in proportions that we should be very worried about. They are on the verge of becoming an epidemic that, in fact, will impact upon young people.'' And so, with the help of many of my colleagues, we passed a law to make Quaaludes, a previously medically approved sedative, a controlled substance, a schedule 3 controlled substance.

Now, Mr. President, in the decade since that legislation took effect, Quaalude abuse has dropped significantly. Emergency room Quaalude overdoses—the best way to measure abuse is by the overdoses in the hospital emergency rooms—are down 80 percent. It worked; they are down 80 percent from 1984 to 1994.

In legislation I sponsored, which was passed as part of the 1990 Crime Control Act, steroids were reclassified as a schedule 3 substance, scheduling them to more strict controls. I see my friend from Florida on the floor. He has been deeply involved in these drug abuse issues. He can tell you that we were hearing from every athletic director, we were hearing from every coach, we were hearing from schoolteachers, we were hearing about this incredible abuse of steroids. All you had to do was pick up any magazine, from Sports Illustrated to Time magazine, several years ago, in the late 1980's and early 1990's, and they are saying, ''Wow, this is a big-deal problem.'' It was a big-deal problem. So we rescheduled the drug. Since we rescheduled the drug, subjecting it to stricter regulation, the annual use of steroids is down 42 percent in the first 2 years after enacting this legislation.

Mr. President, I just cite this to point out to the skeptics—like in California the referendum for the use of marijuana for medical uses—to the people who have given up—whether it is William Buckley, Mayor Schmoke, George Shultz, or whoever, who are talking about legalization—the reason they are giving up on that stuff is not because they think it is good to legalize it, but they don't think we can do anything about the problem. Well, we can. It is like any disease. It is like anything, from breast cancer to any other disease you can name, the earlier you detect it, the quicker you act on it before it spreads, the better your chances are of dealing with it.

It seems to me, Mr. President, it is time to legislate stricter controls for Rohypnol and ''Special K.'' The record-high abuse rates of the 1970's were accompanied by a unique drug culture, signified by the presence of what used to be called ''club drugs.'' By a club drug, I mean a drug popular with youth and young adults who frequent dance clubs and often mix drugs with alcohol and other substances.

Quaaludes are one of those club drugs. That is the manner in which they were consumed because it enhanced the high and you were very mellow.

Recently club drugs have made a resurgence in popularity, and they are now showing up in both bars and what they call ''raves.'' For some of you who are not as old as I am, ''raves'' are all-night dance marathons popular with teenagers.

Club drugs are typified by the way they have suddenly gained popularity and have become a drug of choice. They have become trendy among youth, and often these drugs are legally manufactured, but are being used by youth in ways unintended by the manufacturer and unapproved by the Food and Drug Administration.

Rohypnol and ''Special K'' are two of the drugs which have recently hit the youth scene and quickly become popular. Both of these drugs are very dangerous drugs whose current legal status does not reflect the dangers inherent in their abuse.

Rohypnol abuse was first documented in the United States in 1993. Although abuse was first noted in southern Florida, in the past 2 years abuse has spread rapidly, and Rohypnol activity has been reported in more than 30 States.

Without rapid and strong Government action, I predict that this abuse will continue. It will spread. Teenagers find Rohypnol an attractive drug for a number of reasons. Frighteningly, one of the major reasons that youth do not see Rohypnol as a dangerous drug is because it has legitimate medical use in some areas of the world, and they mistakenly believe that if they are taking that drug in its original packaging form, the manufacturer indicates that it is both safe and unadulterated. They think, ''Well, how can that hurt me? Why is that a problem?''

In addition, there are few existing means for testing and prosecuting youth for Rohypnol possession and intoxication. The combination of Rohypnol and alcohol makes it possible for a young person to feel very intoxicated while remaining under the legal blood-alcohol level for driving. That is one of the reasons for its popularity.

In addition to gaining attention for the increasing rate of abuse, Rohypnol has also been the focus of another social problem, a particularly ugly crime: that is what is referred to as date rape. In fact, in many areas and in a number of newspaper accounts, Rohypnol is referred to as the ''date rape drug.''

Let me explain why. This connection between Rohypnol and rape is due to the drug's disinhibitory effects and its likelihood of causing amnesia when it is taken with alcohol. Unfortunately, the amnesia effect is one of the reasons why many people who abuse Rohypnol are attracted to it. It is commonly reported that people taking Rohypnol in combination with alcohol typically have blackouts and memory losses that last 8 to 24 hours. The novelty of the blackouts attract youth, particularly youth who are combining drugs and alcohol.

In addition, this has led to it being referred to as the ''forget me pill'' or the ''forget pill.'' Even more frightening, many of the people are finding the drug attractive as a way of creating blackouts in other people.

So we have increasing accounts of unscrupulous males in almost every instance literally—back in our day you would hear the phrase, or my grandfather used to talk about a Mickey Finn—spiking somebody's drink. There is a real reward when a young man spikes a drink of a young woman: (a) she becomes much more uninhibited; and, (b) when he takes advantage of her, rapes her, has sex with her, molests her, she is incapable of remembering with enough specificity to prosecute him that he is the one. Let me give you an example.

She will be able to remember that she has been violated. So the damage is done physically and psychologically. But when in a courtroom being asked by a cross-examining defense attorney, ''Well, tell me where you were exactly. Tell me what he was wearing. Tell me what room you were in.'' All of the things that go to credibility, she is incapable of remembering.

So it has become increasingly popular to abuse young women. That is why they call it—not just young women, any woman. But because it is used in this club scene, that is the place that it is used most often.

So the combination of a lack of inhibition and memory loss caused by Rohypnol mixed with alcohol makes women especially vulnerable to being victims of date rape by people who convince women to take Rohypnol while drinking, or who put the drug in the woman's drink without her knowledge.

Mr. KERREY. Will the Senator yield for just a moment?

Mr. BIDEN. Yes.

Mr. KERREY. We have just been notified by the majority leader that it is his intention to file and say no more votes past 9 o'clock, which means we would have, unless we are able to finish this bill up tonight by 9, votes on Friday.

Mr. BIDEN. Mr. President, is there any likelihood that my colleagues will be willing to accept this amendment?

Mr. KERREY. Apparently there is some Republican on this side of the aisle that has a problem.

We are talking about the Rohypnol amendment?

Mr. BIDEN. Yes. Because the drug companies, the outfit that manufactures Rohypnol, does not like it being moved into schedule 1.

I will take 2 more minutes to talk about Ketamine, and then I will yield the floor, and I am ready for a vote.

Mr. KERREY. Are you going to need a second amendment?

Mr. BIDEN. No. This is all in one amendment.

So let me just briefly explain what Ketamine is. Ketamine is an animal

tranquilizer. Ketamine is a hallucinogen that is very similar to PCP. It is called ''Special K.'' It has become a new, popular ''designer'' drug.

Although the drug has been in existence for several years, its abuse has rapidly become more prevalent in recent years.

In fact, a club in New Jersey was recently closed by police after it discovered teens were attending these things called ''raves'' where club employees distribute bottled water for the purpose of being able to take this drug called ''Special K.''

In addition to seizures in New Jersey, recent newspaper articles have mentioned seizures in Maryland, New York, Pennsylvania, Arizona, California, and Florida. Drug trafficking experts have also cited the presence of ''Special K'' in Georgia and the District of Columbia and in my home State of Delaware.

It is considered the successor to PCP, or ''angel dust,'' as it is known in the streets, due to the similarity of the two drugs' chemical compositions and mind-altering effects. There have also been reports of PCP being sold to people who think they are buying ''Special K.''

The bottom line is that this is becoming an incredibly popular drug.

The point I will conclude with is I say to my colleagues that by moving Rohypnol to schedule 1 of the Federal Controlled Substances Act and adding ''Special K,'' Ketamine, to schedule 2 of the act, this legislation will subject both drugs to tough controls, increased penalties for unlawful activities involving the two drugs, and it will increase the attention of law enforcement and direct Federal efforts against this.

Mr. President, It also enhances the penalties for people who abuse both these drugs.

In an attempt to cooperate as much as I can, I will yield the floor unless there is somebody who will argue against it.

Mr. KERREY. Would the Senator like to have the yeas and nays?

Mr. BIDEN. I would like to have the yeas and nays.

I would be delighted if it could be accepted. If it can be accepted, I will not seek a vote.

Mr. SHELBY. At this point we cannot.

Mr. BIDEN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. SHELBY. Mr. President, I would like to tell all the Members that have been conferring with the majority leader that he wants us to be out of here at 9 o'clock. There are a number of amendments. We have made a lot of progress. People have come over here. I know Senator MCCAIN is ready to move. He has been detained somewhere else. In just a few minutes he will get moving. There are others who have been called to the floor. If we are not through at 9 o'clock—which is in 2 hours and 20 minutes—the majority leader has informed me and asked me to share with everybody that we will be in session tomorrow on this bill.

Mr. KERREY addressed the Chair.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. KERREY. Mr. President, to underscore again, we had an amendment earlier that Senator KOHL brought down. We were ready to vote on it. A Member somewhere—Lord knows where they are —said, no, we want to come down and speak against it. They still are not here.

We would have accepted this amendment that Senator BIDEN just offered. We have a rollcall vote. I have a couple Members who want to speak against. They are not here. It is quarter to 7. It is one thing to say I want a chance to offer an amendment but if, for gosh sakes, all you want to do is speak on the amendment, put a statement in. Let us go to a vote. Do not tie this thing up forever just because you want to come and make a statement. If you are not prepared to come down to the floor to talk, then put in a written statement. I will put a written statement in for you, speak passionately for you, whatever it takes, but let us get to these votes.

Mr. MCCAIN. Mr. President, I ask unanimous consent to lay aside the pending amendment.

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

AMENDMENT NO. 5266

(Purpose: To increase funding for drug interdiction efforts by $32,769,000)

Mr. MCCAIN. Mr. President, I have amendment No. 5266 at the desk. I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Arizona [Mr. MCCAIN], for himself and Mr. HELMS, proposes an amendment numbered 5266.

Mr. MCCAIN. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

On page 22, line 14, strike ''$4,085,355,000'' and insert in lieu thereof ''$4,052,586,000'';

On page 42, line 26, strike ''$103,000,000'' and insert in lieu thereof ''$135,769,000''.

Mr. MCCAIN. Mr. President, I am aware, as I propose this amendment, there are I believe a couple of other speakers who wanted to come over and speak in opposition to the amendment. I hope they will display the courtesy to the managers of the bill by coming over so that we can complete our work by 9 o'clock this evening.

Mr. President, this amendment would increase funding for the High-Intensity Drug Trafficking Areas Program by $32.7 million. That $32.7 million is derived by cutting the tax law enforcement appropriated level to the amount that was passed by the House.

Sunday's Washington Post stated:

President Clinton signed Presidential decision Directive No. 14 shifting U.S. antidrug efforts away from intercepting cocaine as it passed through Mexico and the Caribbean and instead attacking the drug supply at its sources in Colombia, Bolivia, and Peru.

The two policy changes marked 1993 as a watershed year in the hemispheric war on drugs and now the results are in. Mexico became the main gateway into the United States for illegal narcotics . . . and teenage drug use in the United States doubled.

Let me repeat that, Mr. President.

Mexico became the main gateway way into the United States for illegal narcotics . . . and teenage drug use in the United States doubled.

Mr. President, the problem of teenage drug use is growing rapidly. According to published reports, drug use by teens in general is up 105 percent, teenage marijuana use is up by 141 percent, and teenage cocaine use has risen a startling 166 percent. Clearly, something must be done.

The High-Intensity Drug Trafficking Areas Program was established by the Antidrug Abuse Act of 1988 and provides Federal assistance to State and local law enforcement agencies in the areas of our Nation most affected by drug trafficking. This program has been very successful.

It is clear that we must do more, much more. The fact that drug use among teenagers has doubled is a startling and disturbing statistic. It should cause us all to stop what we are doing and question our children's future. The facts are clear. Their future will be in jeopardy if the drug epidemic continues unabated.

Rhetoric is not going to solve the problem. The President has tried the political approach. He gutted the drug czar's office and changed our Nation's drug interdiction strategy. Now that an election is approaching and startling facts regarding the skyrocketing use of drugs are in the press, the President is paying this issue lip service. This is not enough.

We need action. We need to curb drug use. That is exactly what this amendment will do. It will fund more police on our border. It will fund more interdiction programs. It will fund a special project to curb the production and distribution of methamphetamines in the Midwest.

According to Monday's Washington Post, the President wrote:

In the national drug control strategy, I asked Congress to be a bipartisan partner and provide the resources we need to get the job done. That is why I urge you to ensure that Congress fully funds my antidrug budget requests before you conclude your work and return home.

I think we should comply with the President's request. He said, ''I urge you to ensure that Congress fully funds my antidrug budget requests before you conclude your work and return home.''

This amendment represents a good start. I admit the $32 million this amendment would add to our drug

interdiction program will not solve the problem. But it is a necessary first step.

We must fund these programs. As the data demonstrates, we are clearly not doing enough now.

The money to fund this increase in our drug interdiction program is derived by funding the IRS tax auditor section of the bill at the House-passed level rather than at the higher Senate amount. The House believes the IRS can fulfill its duties on the amount appropriated, especially in the auditor section. I am inclined to agree and believe the Senate add-on will be better spent on our drug control efforts. The effects of this cut have been incorporated into the bill and will not cause any budgetary problems.

Mr. President, we have to act on this matter. The future of our young people depends on stopping our country's drug epidemic, and this amendment I believe is a reasonable restraint and logical first step. I hope it will be adopted.

In deference to the fact we are working on a 9 o'clock time constraint, in deference to the fact that my colleague from Georgia, I believe, Senator COVERDELL, is waiting here to speak, and we have other amendments, I will abbreviate my remarks. But the abbreviation of my remarks should not be interpreted as a lack of concern or a lack of priority that I feel about this drug problem in America.

I happen to come from a State that cocaine is pouring through. Unfortunately, it is not all going through my State. A lot of it is stopping in Arizona. Tragically, in the poorer sections of Phoenix, AZ, and Tucson, AZ, and around my State the use of drugs is dramatically on the increase. I have met with individuals who have had personal experiences, residents of these areas, and they are deeply alarmed and deeply concerned. They blame the rise of gang activities on the economic aspects of the sale of drugs. They blame the deaths and wounding of young individuals on gang wars and gang-related activities. They blame a great deal of the problems that exist in their neighborhoods on this horrific drug problem that is going up and up and up.

I had hoped that this amendment would have been accepted. I understand that Senator SHELBY may have a motion to table this amendment.

Mr. KERREY. Mr. President, will the Senator yield?

Mr. MCCAIN. Yes.

Mr. KERREY. Sometimes brevity is the best thing to do. I must say initially perhaps it is pride of authorship; when you put a bill together yourself, you think nobody can make an improvement upon it. I have had a lot of experience with it, and especially in the Midwest we have a very serious methamphetamine problem in Nebraska.

I just checked with the chairman's staff person on this, and I believe we would be prepared to accept this amendment.

Mr. MCCAIN. I thank the Senator.

I do thank my friend from Nebraska. And I hope my friend from Nebraska will keep in mind its importance as they go to conference.

I thank my friend. I am grateful to my friend from Nebraska.

I ask unanimous consent to add Senator COVERDELL as a cosponsor.

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

Mr. MCCAIN. I thank my friend from Nebraska. I do want to point out that as on many issues the Senator from Nebraska has been a leader against this fight in the drug war and I thank him for it.

Mr. HELMS. Mr. President, I am pleased to cosponsor the amendment of the distinguished Senator from Arizona, [Mr. MCCAIN] to provide an additional $32.7 million dollars to fight the deluge of illegal hard drugs into the United States. This additional funding will go to the High-Intensity Drug Trafficking Area Program, the purpose of which is to provide increased Federal assistance to the most critical drug trafficking areas in our country.

This amendment is fully offset by a reduction in the Senate recommended IRS enforcement funding level to the level passed by the House.

Mr. President, the pending amendment is another necessary step toward recommitting our government and the American people to the war on drugs. It supplements an amendment, builds on one I offered last week during consideration of the VA-HUD appropriations bill. The Senate unanimously passed that amendment to provide an additional $20 million to fight drug use in public housing projects. I hope we will see that same level of support for the pending amendment.

This amendment is consistent with the testimony of the experts who testified at the recent Foreign Relations Committee hearing on international drug trafficking. At that hearing, over which I presided, two North Carolina law enforcement officers, Charlotte-Mecklenburg Police Dept. Sgt. Terry Sult and Sheriff B.J. Barnes of Guilford County, NC, along with a member of the L.A. gang known as the ''bloods,'' described in graphic detail, the devastating effects of the drug trade at the local level. They also confirmed what national experts, such as John Walters, the deputy drug czar in the Bush administration, who also testified at our hearing, told us about changes in the distribution of drugs at the national level.

Mr. President, these experts all spoke of the increasing influx of illegal narcotics, the vast majority of which are produced in South America, into their communities. They also addressed the violence associated with the drug trade and the despicable practice of employing ever younger children in the peddling of this poison. According to the DEA, much of our Nation's violent crime, particularly among juveniles, is linked to drug trafficking and drug use. Recent statistics have shown that over one-third of all violent acts and almost half of all homicides among juveniles are linked to drugs.

Recent drug abuse statistics have confirmed what many of us already knew. Namely, that our Nation has been losing ground in the war against drugs. The most recent annual survey of drug use among our Nation's youth revealed some shocking statistics. Just two examples from the survey will demonstrate the enormity of the problem we now face. For example, the survey found:

First, drug use by U.S. teenagers skyrocketed 105 percent between 1992 and 1995; and

Second cocaine use among teens increased 166 percent in the 1 year from 1994 to 1995.

These statistics reflect a continued breakdown in our social fabric. The damage this poison inflicts is measured not merely in terms of dollars and cents, but more importantly, in lost and squandered lives. Each year, illegal drugs claim the lives of 25,000 Americans and devastate countless thousands of family and friends who are left behind.

Mr. President, while there is no single solution to the problem of illegal drug use, it is abundantly clear that we must redouble our efforts if we are to stop the loss of yet another generation to the scourge of illegal drugs. The McCain amendment will focus resources on one of the areas that they are most urgently needed—in those cities and ports of entry that are most heavily impacted by drug-trafficking.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

The amendment (No. 5266) was agreed to.

Mr. KERREY. Mr. President, I move to reconsider the vote.

Mr. MCCAIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. KERREY. Mr. President, I know the Senator from Florida is here to offer an amendment. I wonder if he can tell me how much time he has, because what I would like to do is propound a unanimous-consent request. We have two amendments up here that are waiting for votes. We are waiting for Members to come down and speak. In one case, it was an hour ago they were on the way down here. I would like to propound a unanimous-consent request that we proceed to a vote on the Kohl amendment, a 15-minute rollcall vote on the Kohl amendment, immediately followed thereafter by a 15-minute vote on the Biden amendment.

How long did the Senator want to speak?

Mr. GRAHAM. Mr. President, I believe 15 minutes.

Mr. KERREY. Mr. President, I ask unanimous consent the Kohl amendment vote begin at 7:20, immediately followed by the rollcall vote on the Biden amendment.

The PRESIDING OFFICER. Is there objection?

Mr. MCCAIN. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Florida.

Mr. GRAHAM. Mr. President, I have two unanimous-consent requests. First, that Ms. Nani Coloretti, of our office, be allowed the privilege of the floor during the consideration of the Treasury-Postal appropriations bill.

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

Mr. GRAHAM. And, second, I ask unanimous consent to be listed as a cosponsor of the amendment offered by Senator MCCAIN.

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

Mr. KERREY. Will the Senator yield for a moment so I can inform colleagues, once again, the objection was offered for the purpose of allowing Senators to come over to offer a perfecting amendment on the Biden amendment. We have 2 hours and 5 minutes. Otherwise, we get votes tomorrow.

The PRESIDING OFFICER. The Senator from Florida has the floor.

Mr. GRAHAM. I ask the pending amendments be laid aside for purposes of offering an amendment.

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

AMENDMENT NO. 5245

(Purpose: To ensure medicare beneficiaries have emergency and urgent care provided and paid for by establishing a definition of an emergency medical condition that is based upon the prudent layperson standard)

Mr. GRAHAM. Mr. President, I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Florida [Mr. GRAHAM] proposes an amendment numbered 5245.

Mr. GRAHAM. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

At the appropriate place, insert the following:

SEC. ___. REQUIREMENTS FOR MEDICARE MANAGED CARE.

(a) ACCESS TO EMERGENCY SERVICES.—Subparagraph (B) of section 1876(c)(4) of the Social Security Act (42 U.S.C. 1395mm(c)(4)) is amended to read as follows:

''(B) meet the requirements of section 3 of the Access to Emergency Medical Care Act of 1995 with respect to members enrolled with an organization under this section.''.

(b) TIMELY AUTHORIZATION FOR PROMPTLY NEEDED CARE IDENTIFIED AS A RESULT OF REQUIRED SCREENING EVALUATION.—Section 1876(c) of such Act (42 U.S.C. 1395mm(c)) is amended by adding at the end the following:

''(9)(A) The organization must provide access 24 hours a day, 7 days a week to individuals who are authorized to make any prior authorizations required by the organization for coverage of items and services (other than emergency services) that a treating physician or other emergency department personnel identify, pursuant to a screening evaluation required under section 1867(a), as being needed promptly by an individual enrolled with the organization under this part.

''(B) The organization is deemed to have approved a request for such promptly needed items and services if the physician or other emergency department personnel involved—

''(i) has made a reasonable effort to contact an individual described in subparagraph (A) for authorization to provide an appropriate referral for such items and services or to provide the items and services to the individual and access to the person has not been provided (as required in subparagraph (A)), or

''(ii) has requested such authorization from the person and the person has not denied the authorization within 30 minutes after the time the request is made.

''(C) Approval of a request for a prior authorization determination (including a deemed approval under subparagraph (B)) shall be treated as approval of a request for any items and services that are required to treat the medical condition identified pursuant to the required screening evaluation.

''(D) In this paragraph, the term 'emergency services' means—

''(i) health care items and services furnished in the emergency department of a hospital (including a trauma center), and

''(ii) ancillary services routinely available to such department,

to the extent they are required to evaluate and treat an emergency medical condition (as defined in subparagraph (E)) until the condition is stabilized.

''(E) In subparagraph (D), the term 'emergency medical condition' means a medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in—

''(i) placing the person's health in serious jeopardy,

''(ii) serious impairment to bodily functions, or

''(iii) serious dysfunction of any bodily organ or part.''.

''(F) In subparagraph (D), the term 'stabilizationn' means, with respect to a emergency medical condition, that no material deteriorationn of the condition is likely, within reasonable medical probability, to result or occur before an individual can be transferred in compliance with the requirements of section 1867 of the Social Security Act.''.

(c) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall be effective for contract years beginning on or after the date of the enactment of this Act.

Mr. GRAHAM. Mr. President, Congress has created an anomaly, a catch-22 situation which occurs in one of the most traumatic areas of our society, the hospital emergency room. The anomaly is that under the Federal Emergency Medical Treatment Act, physicians in hospitals which participate in Medicare must provide ''an appropriate medical screening examination to any patient who presents himself or herself in an emergency room without regard to insurance coverage or ability to pay. If the emergency condition exists, the patient must be stabilized before transfer or release.''

So, the hospital which provides Medicare services is required to receive any persons presenting themselves to the emergency room and to provide initial stabilization and screening, without regard to the persons' ability to pay.

Second, health maintenance organizations, which, today, provide Medicare services for almost 1 out of 10 Medicare beneficiaries, are not required to reimburse the emergency room if it performs the services that we have statutorily required the emergency room and its professional staff to perform.

Who is affected by this anomaly? Who is caught in the catch-22 which we have created? Obviously, it is the Medicare beneficiaries, the Medicare beneficiaries who, as we have increasingly encouraged them to do, have signed a contract with a health maintenance organization and now have found that, after having gone to the emergency room, had services provided, finds that they are denied reimbursement and become financially obligated for what, in many cases, is a very substantial bill.

Mr. President, I have, and I would like to offer as one of several items to appear immediately after my remarks, a letter from a health care organization in Clinton Township, MI, St. John Emergency Physicians. They outline an example of this instance in which a 46-year-old female patient presented herself to their emergency room department. The patient was traveling in a car with her husband when she experienced a sudden onset of shortness of breath and collapsed. She was rushed to the emergency department in an ambulance.

Despite the best efforts of the emergency room personnel, the patient, unfortunately, did not respond to any of the emergency treatment. She was pronounced dead. The cause of death was cardio-pulmonary arrest. The patient belonged to a HMO organization. They refused coverage and have sent a bill of $1,200 to the widower of the deceased patient.

That is illustrative of situations which relate to emergency rooms in HMO's.

You might say this certainly is an anomaly; this is aberrant; this cannot be a recurring condition. In fact, presently 60 percent of all of the claims disputed between Medicare beneficiaries and managed care plans involve emergency services. Sixty percent of the disputes between Medicare beneficiaries and an HMO plan relate to circumstances that revolve around emergency room services.

The purpose of this amendment is to resolve that dispute. We are not doing this for the first time. In November 1995, this Senate, by unanimous vote, adopted this amendment as part of the Medicare component of the Balanced Budget Act.

We are not the only ones to be concerned about this. Increasingly, States are adopting provisions to resolve this dispute between HMO patients and emergency rooms. To date, Maryland, Virginia, and the State of Arkansas, have all adopted legislation that relates to this subject, and action is

being taken by the leaders of the industry, of the health maintenance organizations. Washington Health Week of August 26, 1996, states that:

HMO patients who make emergency room visits may benefit from the unlikely alliance of a leading HMO company and an emergency physicians group, jointly pushing for federal standards that would make it harder to deny coverage for such services.

Kaiser Foundation Health Plan and the American College of Emergency Physicians are advocating standards for emergency care coverage that include the controversial ''prudent layperson'' standard.

It goes on to say:

The jointly developed standards would require managed care plans to cover non-emergency services provided in an emergency department if a prudent lay person would reasonably think that his or her condition needed emergency treatment. HMOs would have to cover medically necessary ER [emergency room] services without preauthorization. Emergency MDs [physicians] would have to notify the plan within 30 minutes after the enrollee's condition is stabilized to obtain authorization for promptly needed services. HMO's would have 30 minutes to respond. If the HMO and the doctor couldn't agree on a post-stabilization treatment, the plan would have to arrange alternative treatment.

Mr. President, that is the essence of the amendment we have offered. It is an amendment which the Senate has already adopted. It is an amendment which is increasingly being adopted by States, not just for Medicare patients but for all patients who are members of a health maintenance organization. And it is the position that is now being advocated by one of the leading HMO's in the country and the College of Emergency Physicians.

I recently had an experience, as I do on a monthly basis, taking a different job. In this case, it was working with the fire and rescue department of Palm Beach County, FL, in an area of the county which has a large number of Medicare beneficiaries in their population. I was at one of the fire and rescue stations which said they got as many as 40 calls in a 24-hour period for emergencies.

I asked them, ''What would you do, for instance, if you came to the home of an older person, a home of any person, who was suffering from chest pains?''

Their answer was: ''Our instructions are to provide stabilization and immediately deliver that individual to an emergency room. We are not to make any independent attempts to assess what the cause of those chest pains may be. We rely on the reasonable judgment of this lay person that those chest pains would be symptomatic of a serious life-threatening condition. We deliver that individual into the hands of persons who are capable of making the judgment as to whether, in fact, that is the circumstance.''

Mr. President, that is the essence of this amendment. It is to use the standard of a prudent lay person who felt that their condition was such that it required emergency medical evaluation, and if that standard of a prudent lay person is met, then that individual should be eligible, or the physicians or the emergency room which provided the services, should be eligible for the reimbursement for the services which they provide.

As I say, that is the standard the Senate has adopted. It is the standard increasingly States have adopted. It is the standard which the leaders in the health maintenance organization industry and the College of Emergency Physicians recommended be adopted.

I urge the adoption of this amendment which will give peace of mind to millions of Americans and will help resolve the largest single source of contention between Medicare beneficiaries, for whom we have a particular responsibility, and health maintenance organizations.

Mr. President, I ask unanimous consent that several articles and a letter to which I referred be printed in the RECORD.

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

ST. JOHN EMERGENCY PHYSICIANS, P.C.,
Clifton Township, MI, October 26, 1995.

Hon. SPENCER R. ABRAHAM,
Dirksen Senate Office Building, Washington, DC.

DEAR SENATOR ABRAHAM: As you know, the Medicare portion of Budget Reconciliation is currently being debated upon the Senate Floor. I write to you with an urgent request to support an amendment to be offered by Senator Bob Graham of Florida regarding access to emergency medical services.

AN EXAMPLE OF MY OWN FROM MICHIGAN

I am the Vice Chief of Emergency Medicine at St. John Hospital & Medical Center in Detroit. On March 21st of this year a 46 year old female presented to our emergency department. The patient was traveling in a car with her husband when she experienced a sudden onset of shortness of breath and then collapsed. She was rushed to our emergency department by ambulance. To make a sad story short, despite the best efforts of my colleague and the personnel in our department, the patient unfortunately did not respond to any sort of emergency treatment. She was pronounced dead. Cause of death was cardiopulmonary arrest. (I've attached a copy of the notes from this event.)

The patient belonged to Blue Care Network, a health maintenance organization for Blue Cross and Blue Shield of Michigan. Blue Care Network has denied coverage for these services because the services were not preauthorized. What is even more disturbing is that the patient's husband has been left with a bill of over $1,200.00 during this time of personal loss.

Senator, this example speaks for itself. Even with the best emergency medical transport and treatment available to us, she died. There was no time to call the HMO ''gatekeeper'' to get permission. There was no time for anyone to do anything but to try and save this poor young woman's life. The denial associated with this case is simply unbelievable.

This is why Senator Bob Graham's amendment concerning the definition of an emergency is necessary. I urge your support of his effort when he offers his amendment later today or tomorrow. Thank you for your consideration.

Sincerely,

JAMES M. FOX, M.D.,
Vice Chief,
Department of Emergency Medicine.

HMO, EMERGENCY DOCS JOIN TO SEEK FEDERAL STANDARDS FOR ER COVERAGE

HMO patients who make emergency room (ER) visits may benefit from the unlikely alliance of a leading HMO company and an emergency physician group jointly pushing for federal standards that would make it harder to deny coverage for such services.

Kaiser Foundation Health Plan and the American College of Emergency Physicians are advocating standards for emergency care coverage that include the controversial ''prudent layperson'' standard.

ER coverage mandates, particularly the prudent layperson language, have been a source of conflict between physicians and the managed care industry.

Kaiser, the nation's second largest HMO chain, is trying to get other managed care companies to support the standards, but doesn't have any takers yet. The national HMO chain broke with the managed care industry on the issue because at least 12 states have enacted varying ER coverage mandates, and compliance with a national standard would be preferable.

The jointly developed standards would require managed care plans to cover non-emergency services provided in an emergency department if a prudent layperson would reasonably think that his or her condition needed emergency treatment. HMOs would have to cover medically necessary ER services without preauthorization. Emergency MDs would have to notify the plan within 30 minutes after the enrollee's condition is stabilized to obtain authorization for promptly needed services; HMOs would have 30 minutes to respond. If the HMO and doctor couldn't agree on a post-stabilization treatment, the plan would have to arrange alternate treatment.

Rep. Ben Cardin (D–Md) introduced legislation (HR 2011), with over 140 co-sponsors, that's similar to what Kaiser and the emergency docs are advocating. Although it is not expected to pass this year, the issue expected to reemerge in 1997.

[From the New York Times, July 9, 1995]

H.M.O'S REFUSING EMERGENCY CLAIMS, HOSPITALS, ASSERT—TWO MISSIONS IN CONFLICT

'MANAGED CARE' GROUPS INSIST THEY MUST LIMIT COSTS—DOCTORS ARE FRUSTRATED

(By Robert Pear)

WASHINGTON, July 8.—As enrollment in health maintenance organizations soars, hospitals across the country report that H.M.O.'s are increasingly denying claims for care provided in hospital emergency rooms.

Such denials create obstacles to emergency care for H.M.O. patients and can leave them responsible for thousands of dollars in medical bills. The denials also frustrate emergency room doctors, who say the H.M.O. practices discourage patients from seeking urgently needed care. But for their part, H.M.O.'s say their costs would run out of control if they allowed patients unlimited access to hospital emergency rooms.

How H.M.O.'s handle medical emergencies is an issue of immense importance, given recent trends. Enrollment in H.M.O.'s doubled in the last eight years, to 51 million, partly because employers encouraged their use as a way to help control costs.

In addition, Republicans and many Democrats in Congress say they want to increase the use of H.M.O.'s because they believe that such prepaid health plans will slow the growth of Medicare and Medicaid, the programs for the elderly and the poor, which serve 73 million people at a Federal cost of $267 billion this year.

Under Federal law, a hospital must provide ''an appropriate medical screening examination'' to any patient who requests care in its

emergency room. The hospital must also provide any treatment needed to stabilize the patient's condition.

Dr. Toni A. Mitchell, director of emergency care at Tampa General Hospital in Florida, said: ''I am obligated to provide the care, but the H.M.O. is not obligated to pay for it. This is a new type of cost-shifting, a way for H.M.O.'s to shift costs to patients, physicians and hospitals.''

Most H.M.O.'s promise to cover emergency medical services, but there is no standard definition of the term. H.M.O.'s can define it narrowly and typically reserve the right to deny payment if they conclude, in retrospect, that the conditions treated were not emergencies. Hospitals say H.M.O.'s often refuse to pay for their members in such cases, even if H.M.O. doctors sent the patients to the hospital emergency rooms. Hospitals then often seek payment from the patient.

Dr. Stephan G. Lynn, director of emergency medicine at St. Luke's-Roosevelt Hospital Center in Manhattan, said: ''We are getting more and more refusals by H.M.O.'s to pay for care in the emergency room. The problem is increasing as managed care becomes a more important source of reimbursement. Managed care is relatively new in New York City, but it's growing rapidly.''

H.M.O.'s emphasize regular preventive care, supervised by a doctor who coordinates all the medical services that a patient may need. The organizations try to reduce costs by redirecting patients from hospitals to less expensive sites like clinics and doctors' offices.

The disputes over specific cases reflect a larger clash of missions and cultures. An H.M.O. is the ultimate form of ''managed care,'' but emergencies are, by their very nature, unexpected and therefore difficult to manage. Doctors in H.M.O.'s carefully weigh the need for expensive tests or treatments, but in an emergency room, doctors tend to do whatever they can to meet the patient's immediate needs.

Each H.M.O. seems to have its own way of handling emergencies. Large plans like Kaiser Permanente provide a full range of emergency services around the clock at their own clinics and hospitals. Some H.M.O.'s have nurses to advise patients over the telephone. Some H.M.O. doctors take phone calls from patients at night. Some leave messages on phone answering machines, telling patients to go to hospital emergency rooms if they cannot wait for the doctors' offices to reopen.

At the United Healthcare Corporation, which runs 21 H.M.O.'s serving 3.9 million people. ''It's up to the physician to decide how to provide 24-hour coverage,'' said Dr. Lee N. Newcomer, chief medical officer of the Minneapolis-based company.

George C. Halvorson, chairman of the Group Health Association of America, a trade group for H.M.O.'s, said he was not aware of any problems with emergency care. ''This is totally alien to me,'' said Mr. Halvorson, who is also president of HealthPartners, an H.M.O. in Minneapolis. Donald B. White, a spokesman for the association, said, ''We just don't have data on emergency services and how they're handled by different H.M.O.'s''.

About 3.4 million of the nation's 37 million Medicare beneficiaries are in H.M.O.'s. Dr. Rodney C. Armstead, director of managed care at the Department of Health and Human Services, said the Government had received many complaints about access to emergency services in such plans. He recently sent letters to the 164 H.M.O.'s with Medicare contracts, reminding them of their obligation to provide emergency care.

Alan G. Raymond, vice president of the Harvard Community Health Plan, based in Brookline, Mass., said, ''Employers are putting pressure on H.M.O's to reduce inappropriate use of emergency services because such care is costly and episodic and does not fit well with the coordinated care that H.M.O.'s try to provide.''

Dr. Charlotte S. Yeh, chief of emergency medicine at the New England Medical Center, a teaching hospital in Boston, said: H.M.O.'s are excellent at preventive care, regular routine care. But they have not been able to cope with the very unpredictable, unscheduled nature of emergency care. They often insist that their members get approval before going to a hospital emergency department. Getting prior authorization may delay care.

''In some ways, it's less frustrating for us to take care of homeless people than H.M.O. members. At least, we can do what we think is right for them, as opposed to trying to convince an H.M.O. over the phone of what's the right thing to do.''

Dr. Gary P. Young, chairman of the emergency department at Highland Hospital in Oakland, Calif., said H.M.O.'s often directed emergency room doctors to release patients or transfer them to other hospitals before it was safe to do so. ''This is happening every day,'' he said.

The PruCare H.M.O. in the Dallas-Forth Worth area, run by the Prudential Insurance Company of America, promises ''rock solid health coverage,'' but the fine print of its members' handbook says, ''Failure to contact the primary care physician prior to emergency treatment may result in a denial of payment.''

typically, in an H.M.O., a family doctor or an internist managing a patient's care serves as ''gatekeeper,'' authorizing the use of specialists like cardiologists and orthopedic surgeons. The H.M.O.'s send large numbers of patients to selected doctors and hospitals; in return, they receive discounts on fees. But emergencies are not limited to times and places convenient to an H.M.O.'s list of doctors and hospitals.

H.M.O.'s say they charge lower premiums than traditional insurance companies because they are more efficient. But emergency room doctors say that many H.M.O.'s skimp on specialty care and rely on hospital emergency rooms to provide such services, especially at night and on weekends.

Dr. David S. Davis, who works in the emergency department at North Arundel Hospital in Glen Burnie, Md., said: ''H.M.O.'s don't have to sign up enough doctors as long as they have the emergency room as a safety net. The emergency room is a backup for the H.M.O. in all it operations.'' Under Maryland law, he noted, an H.M.O. must have a system to provide members with access to doctors at all hours, but it can meet this obligation by sending patients to hospital emergency rooms.

To illustrate the problem, doctors offer this example: A 57-year-old man wakes up in the middle of the night with chest pains. A hospital affiliated with his H.M.O. is 50 minutes away, so he goes instead to a hospital just 10 blocks from his home. An emergency room doctor orders several common but expensive tests to determine if a heart attack has occurred.

The essence of the emergency physician's art is the ability to identify the cause of such symptoms in a patient whom the doctor has never seen. The cause could be a heart attack. But it could also be indigestion, heartburn, stomach ulcers, anxiety, a panic attack, a pulled muscle or any of a number of other conditions.

If the diagnostic examination and tests had not been performed, the hospital and the emergency room doctors could have been cited for violating Federal law.

But in such situations, H.M.O.'s often refuse to pay the hospital, on the ground that the hospital had no contract with the H.M.O., the chest pain did not threaten the patient's life or the patient did not get authorization to use a hospital outside the H.M.O. network.

Representative Benjamin L. Cardin, Democrat of Maryland, said he would soon introduce a bill to help solve these problems. The bill would require H.M.O.'s to pay for emergency medical services and would establish a uniform definition of emergency based on the judgment of ''a prudent lay person.'' The bill would prohibit H.M.O.'s from requiring prior authorization for emergency services. A health plan could be fined $10,000 for each violation and $1 million for a pattern of repeated violations.

The American College of Emergency Physicians, which represents more than 15,000 doctors, has been urging Congress to adopt such changes and supports the legislation.

When H.M.O.'s deny claims filed on behalf of Medicare beneficiaries, the patients have a right to appeal. The appeals are heard by a private consulting concern, the Network Design Group of Pittsford, N.Y., which acts as agent for the Government. The appeals total 300 to 400 a month, and David A. Richardson, president of the company, said that a surprisingly large proportion—about half of all Medicare appeals—involved disagreements over emergencies or other urgent medical problems.

[From the Miami Herald, July 30, 1995]

HMOs IN THE ER: A VIEW FROM THE TRENCHES

(By Paul R. Lindeman)

I arrived for my 12-hour shift in the Emergency Department at 7 p.m. As the departing physician and I went over the cases of the current patients, I was told the woman in Room 2 was being transferred to a psychiatric facility. The patient was pregnant, addicted to crack cocaine and had been assessed as suicidal by a psychiatrist.

An obstetrician was required to care for the patient during her stay at the mental health facility. The only two groups of practicing obstetricians who were on this woman's HMO ''panel'' and on staff at this facility both refused to accept this high-risk case. That left this unfortunate woman, and our staff, caught in the ''never-never land'' of managed care.

When I left the Emergency Department at 7:30 the following morning, she was still in Room 2. It took hospital administrators and attorneys all day to arrange disposition, and the patient was eventually transferred—at 6:30 that evening.

Managed-care health plans typically limit choice of doctors and hospitals and attempt to closely monitor services provided. Their goal is to curb unnecessary tests and hospitalizations to keep costs down. In the case of for-profit managed-care companies, the additional purpose is obvious. But what happens when managed care meets the emergency room?

Federal law requires a screening exam at emergency facilities, but HMOs are not required to pay. By exploiting this fact, managed care is able to shift costs onto hospitals, doctors and policyholders, thereby ''saving'' money.

Consider the case of a 50-year-old male who awakes at 4 a.m. with chest pain and goes to the hospital 10 blocks away—instead of his HMO hospital an extra 30 minutes away. After examination and testing, it's determined that the patient is not having a heart attack and that it's safe for him to go home.

His diagnosis is submitted on a claim form with a code for ''gastritis.''

His insurance company denies payment, stating that ''gastritis'' is not an emergency. As a result, the hospital and the company who employs the emergency department physician both bill the patient.

While this ''retrospectoscope'' is widely employed and an industry standard for denying payment, there are many other ''savings'' techniques. For instance, many HMOs require ''pre-authorization'' to treat a patient in the ER.

Consider now a 60-year-old female who arrives at the emergency room complaining also of chest pain. The triage nurse examines the patient, obtaining a brief history and vital signs. A call is placed to the insurance company and a recorded message is obtained without specific instruction regarding emergencies. The patient is treated but the payment is denied. Reason: Authorization was never obtained.

Here's an alternate scenario, same patient, again waiting for pre-authorization. (Noncritical patients often wait for more than an hour.) This time ''the insurance company'' answers the phone. Reading from a list, a series of questions is asked, limited almost exclusively to obtaining recorded numbers. Based on these numbers, the individual speaking for the company determines that it is safe for the patient to be transferred to its hospital. The emergency physician disagrees. The patient stays and is admitted to the hospital.

The HMO denies payment for the ER visit and the 24-hour hospitalization, stating that the patient should have been transferred. Again, the patient/policyholder, who pays a monthly premium for his or her insurance, is billed for all hospital and physician services.

The representative for the insurance company who decides on pre-authorization can range from someone with no medical background at all to another physician (albeit with a vested economic incentive). Generally the level of expertise is somewhere between this. Thus, the near-Orwellian scenario frequently plays out whereby a doctor who has seen and examined a patient is trying to convince a nurse, over the telephone, that a patient is sick.

Rudy Braccili Jr., business operations director for the North Broward Hospital District, was quoted in The Herald as saying. ''It's just a game they play to avoid paying, and it's one of the ways they save money. They do not see the realities of people who in the middle of the night come into emergency rooms.'' He estimates that North District hospitals have lost millions of dollars a year because of HMOs' reluctance to pay bills.

Part of the problem is that what managed-care organizations are trying to do is often quite difficult: determine prospectively which patients are truly deserving of emergency-room care. Indeed, this may in fact be a Catch-22. I know of no way to accurately discern acute appendicitis from a ''tummy ache'' without a history and physical examination. Furthermore, medicine does not always lend itself to black and white. For instance, is a woman who screams and gyrates hysterically as a result of a squirming cockroach in her car an emergency?!

Unfortunately, problems with HMOs in the ER go beyond cost shifting and denial of payment. They often turn an otherwise brief encounter into a harrowing ordeal. Another example from ''the trenches'' is illustrative.

Our patient this time is an 85-year-old woman with a hip fracture. But instead of being admitted, her HMO mandates that she be transferred across town to the emergency department at another facility where they contract their surgical hip repairs. The patient waits three hours for the HMO ambulance service, which is ''backed up.''

Consumers note: Had the patient not sold her Medicare privileges to this HMO, she would have been admitted to our hospital uneventfully in a fraction of the time required to complete her managed-care sojourn.

No matter how well trained or talented the emergency physician, there are also times when she or he requires the urgent services of a consultant to provide definitive care for a patient (for instance, vascular and orthopedic surgeons to repair a severely traumatized limb). In these cases, delays in care due to managed-care bureaucracy can become a legitimate hazard to the patient.

Dr. Charlotte S. Yeh. chief of emergency medicine at the New England Medical Center, has said. ''In some ways, it's less frustrating for us to take care of homeless people than HMO members. At least we can do what we think is right for them, as opposed to trying to convince an HMO over the phone of what's the right thing to do.''

In my experience that is not an exaggeration. In the emergency department, the homeless—while certainly deserving of medical care—often receive better and more prompt care than the HMO policyholder.

Conventional political wisdom holds that health-care reform is dead. In fact, nothing could be further from the truth. Reform has been taking place at breakneck speed entirely independent of Washington. In the last five to 10 years, managed-care companies and the private sector have changed profoundly the manner in which many Americans now receive their health care.

As for-profit managed care has usurped decision-making authority from physicians, so have they also diverted funds from hospitals, physicians and policyholders to their own CEOs and stockholders. Last year, HMO profits grew by more than 15 percent with the four largest HMOs each reporting more than $1 billion in profits. What Democrats and Republicans alike fail to appreciate is that the allegiance of managed care is to neither the patient nor the reduction of the federal deficit, but to its CEOs and stockholders.

Mr. GRAHAM. I urge the adoption of this amendment.

The PRESIDING OFFICER. Is there further debate?

Mr. KERREY. Does the Senator wish to request the yeas and nays?

Mr. GRAHAM. Mr. President, I request the yeas and nays, unless the managers of the bill are prepared to accept this amendment. If they are so prepared, I will waive the yeas and nays. If not, I will ask for them.

Mr. SHELBY. If the Senator from Florida will yield, we have a Member who is on his way who wants to look at this amendment, perhaps talk on it. Whether we can accept it might be premature right now. If the Senator will just withhold that request.

Mr. GRAHAM. Mr. President, I would like to ask for the yeas and nays, and if this amendment is capable of being accepted, I will ask that request be vitiated and will accept a voice vote.

I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second

The yeas and nays were ordered.

Mr. HATCH addressed the Chair.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, what is the pending business?

The PRESIDING OFFICER. The pending business is the amendment of the Senator from Florida.

Mr. HATCH. It has not been adopted yet?

Mr. KERREY. Do you want to set it aside and go to the Biden amendment?

Mr. HATCH. I ask unanimous consent that the pending amendment be set aside so we can return to the Biden amendment.

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

AMENDMENT NO. 5315 TO AMENDMENT NO. 5295

(Purpose: To amend the Controlled Substances Act to provide a penalty for the use of a controlled substance with the intent to commit a crime of violence, including rape, and for other purposes)

Mr. HATCH. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Utah [Mr. HATCH], for himself and Mr. COVERDELL, proposes an amendment numbered 5315 to amendment No. 5295.

Mr. HATCH. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

Strike all after the 1st word and insert the following:

PROVISIONS RELATING TO USE OF A CONTROLLED SUBSTANCE WITH INTENT TO COMMIT A CRIME OF VIOLENCE.

(a) PENALTIES FOR DISTRIBUTION.—Section 401(b) of the Controlled Substances Act is amended by adding at the end the following:

''(7)(A) Whoever, with intent to commit a crime of violence as defined in section 16, United States Code (including rape) against an individual, violates subsection (a) by distributing a controlled substance to that individual without that individual's knowledge, shall be imprisoned not more than 20 years and fined as provided under title 18, United States Code.

''(B) As used in this paragraph, the term 'without that individual's knowledge' means that the individual is unaware that a substance with the ability to alter that individual's ability to appraise conduct or to decline participation in or communicate unwillingness to participate in conduct is administered to the individual.''.

(b) ADDITIONAL PENALTIES RELATING TO FLUNITRAZEPAM.

(1) GENERAL PENALTIES.—Section 401 of the Controlled Substances Act (21 U.S.C. 841) is amended—

(A) in subsection (b)(1)(C), by inserting ''or 1 gram of flunitrazepam'' after ''I or II''; and

(B) in subsection (b)(1)(D), by inserting ''or 30 milligrams of flunitrazepam,'' after ''schedule III,''.

(2) IMPORT AND EXPORT PENALTIES.—

(A) Section 1009(a) of the Controlled Substances Import and Export Act (21 U.S.C. 959(a)) is amended by inserting ''or flunitrazepam'' after ''I or II''.

(B) Section 1010(b)(3) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)) is amended by inserting ''or flunitrazepam'' after ''I or II,''.

(C) Section 1010(b)(4) of the Controlled Substances Import and Export Act is amended by inserting ''(except a violation involving flunitrazepam)'' after ''III, IV, or V,''.

(3) SENTENCING GUIDELINES.—The United States Sentencing Commission shall amend the Sentencing Guidelines so that one dosage unit of flunitrazepam shall be equivalent to

one gram of marihuana for determining the offense level under the Drug Quantity Table.

(d) INCREASED PENALTIES FOR UNLAWFUL SIMPLE POSSESSION OF FLUNITRAZEPAM.—Section 404(a) of the Controlled Substances Act (21 U.S.C. 844(a)) is amended by inserting after the sentence ending with ''exceeds 1 gram.'' the following new sentence: ''Notwithstanding any penalty provided in this subsection, any person convicted under this subsection for the possession of flunitrazepam shall be imprisoned for not more than 3 years and shall be fined as otherwise provided in this section.''

Mr. HATCH. Mr. President, this is an amendment to the Biden amendment, both of which address a horrible problem of considerable concern to this body and, indeed, to everyone in this country who has become aware of it.

Several months ago, law enforcement officers began to find an unusual phenomenon: that unscrupulous men were abusing a prescription drug to take advantage of women, particularly young women, by sedating them and raping them.

That drug, Rohypnol—or, as it is called on the street, ''roofies''—is a sedative marketed in literally dozens of countries.

Rohypnol is not sold legally in the United States, nor can it be, because the manufacturer made the business decision that the already-crowded market for sedatives did not warrant the considerable time and expense of subjecting the product to the lengthy Food and Drug Administration approval process.

Rohypnol is one of the widely used class of prescription medications known as benzodiazepine. These Valium-like drugs are commonly used to treat anxiety, sleep disorders, seizure disorders, and muscle spasms. Rohypnol is currently approved for human use in 64 countries.

Many of my colleagues have seen reports about the use of Rohypnol in date rape, during which men have apparently placed Rohypnol in their date's drink and then, after the drug has taken effect, proceeded with a sexual assault.

In response to the growing abuse of Rohypnol, the Drug Enforcement Administration instituted the formal rescheduling process for this drug by submitting a request on April 11, 1996, to the Food and Drug Administration to conduct an evaluation of the scientific and medical issues with regard to Rohypnol. That evaluation, an appropriate examination of the law enforcement and the health aspects of Rohypnol use, is continuing and ongoing.

In a letter from Health and Human Services Secretary Donna E. Shalala to me on July 24, 1996, Secretary Shalala said that the goal of the rescheduling process was to make Rohypnol subject to increased penalties for illicit use and trafficking.

Since this particular drug has become an agent of abuse and the focus of considerable debate, I agree with Secretary Shalala that it is appropriate to increase the penalties for illegal trafficking in Rohypnol.

The amendment that I have just filed accomplishes that purpose, without depriving 64 countries of a drug that they find to be safe and efficacious, a drug which we have every reason to believe would have been found to be safe and efficacious in this country if the company were willing to go through our arduous and lengthy Food and Drug Administration approval procedures.

The drug comes into our country is clandestinely, generally through Mexico, and certainly not legally. And the company that produces Rohypnol has nothing to do with that.

Mr. President, none of us are sure how many times these drug-induced rapes have occurred.

As far as I am concerned, one occurrence is one too many. I find that situation deplorable; it is a heinous crime for someone to use any sedative for the purpose of date-raping a partner.

Our amendment is a strike back at those who would use controlled substances to engage in the most reprehensible of crimes—that is, rape. That is why we need the toughened penalties for the illegal use of Rohypnol, which is what Senator COVERDELL and I are advocating with this amendment.

The approach advocated in the Biden amendment, to reschedule the drug to schedule I, is seriously flawed.

My major concern is that schedule I is the most restrictive category, which is reserved for the drugs which have a high potential for abuse, drugs which have no currently accepted medical use in treatment, and drugs for which there is a lack of accepted safety for use under medical supervision. That is what a schedule I drug is.

These standards clearly do not apply to Rohypnol, a member of the benzodiazepine class which generally falls within the less restrictive schedule IV.

If the United States were to single out this drug and place it in schedule I, it would send a strong, and inappropriate, signal to other countries that we find there is no medical use for Rohypnol. Such a signal would be false.

To reschedule Rohypnol this way simply is not right. It could unfairly result in the drug being rescheduled in some of the 64 other countries where it is not being abused as it is in the United States, where it is being used safely and efficaciously as a legitimate sedative.

Rohypnol is no different from any other drug in its class, and many health care professions are fearful that if this benzodiazepine were removed from clinical use, ultimately the others will be removed also, if and when they are implicated in similar crimes.

These pharmaceuticals are some of the most beneficial drugs in some of the most difficult areas of medical treatment, such as mental health.

Mr. President, the more appropriate—and expeditious—alternative that we offer today is to impose all the penalties that apply to schedule I drugs to Rohypnol without rescheduling the drug.

Specifically, our amendment would create an express violation under the Controlled Substances Act for unlawful distribution, with intent to commit a crime of violence, including rape, of a controlled substance to a person without that person's knowledge. The penalty will be up to 20 years without probation, and fines will be imposed of up to $2 million for an individual. The definition of ''crime of violence'' is provided in section 16 of title 18 of the United States Code.

We believe our amendment advocates the appropriate way to solve this problem. It does not interfere with the safe and efficacious use of a drug which is approved in 64 countries, but not our own.

I think my colleagues should agree it is not the manufacturer's fault that people are abusing this drug, bringing it across the border so it can be abused in this country in the way that Senator BIDEN has so ably explained. I deplore the situation as much as he; I just do not agree with his proposed solution to the problem.

The Hatch-Coverdell amendment also provides enhanced penalties for manufacturing, distributing, dispensing, or possessing with the intent to manufacture, dispense, or distribute large quantities of the drug flunitrazepam, marketed as Rohypnol. One gram or more of the drug will carry a penalty of not more than 20 years in prison and 30 milligrams a penalty of not more than 5 years in prison. In addition, the amendment extends the so-called long-arm provisions of 21 U.S.C. 959(a) to the unlawful manufacture and distribution of flunitrazepam outside the United States with the intent to import it unlawfully into this country. It also directs the U.S. Sentencing Commission to amend the sentencing guidelines so flunitrazepam will be subject to the same base offense level as schedule I or II depressants.

Finally, at the request of law enforcement officials, we have added a new penalty for unlawful simple possession of Rohypnol. Law enforcement officers have indicated to me their concern that they need additional tools to apprehend would-be rapists before the crime is committed. Accordingly, the final provision provides increased penalties for simple possession of flunitrazepam of not more than 3 years.

Mr. President, it has become obvious that we have a serious problem in this country with abuse of drugs by teenagers. While the overwhelming abuse of drugs by teenagers focuses on illicit drugs, the illegal diversion and misuse of medicines is also a growing problem in our country.

And I have to say that many manufacturers are concerned that if the United States takes the approach advocated by the Senator from Delaware,

then we could end up harming many people who need benzodiazepines throughout the world. In other words, what my colleague is contemplating could end up affecting all drugs in this class of sedatives, drugs which are of value. And this would work to the detriment of patients all over this country, and indeed, all over the world.

I believe that the Federal Government must show it will not tolerate the use of this drug—or any drug—to facilitate rape. It is necessary and prudent that the Congress act, and approval of our amendment would be a good start.

Mr. President, in closing, I must point out that 64 other countries have found this drug to be safe and efficacious. The manufacturer has chosen not to market it in this country because of the cost of the lengthy approval process at the FDA and the number of other similar products on the market.

I cannot fault the manufacturer for that decision, because the drug approval process is too lengthy, in my estimation. Studies have shown approval times can extend from 10 to 15 years, at a cost of half a billion dollars. Approval of this drug probably would not have taken that long, but who knows? Of course, we will never know, because the manufacturer made the conscious choice not to introduce Rohypnol in the American market.

The fact remains that use of these controlled substances in violent crimes, such as rape, ought to result in a sure-fire penalty, a penalty which sends the signal to would-be perpetrators that the United States will not tolerate such crimes. That is what our amendment does.

If we want to do something about the misuse of this drug and other drugs of a similar nature, the benzodiazepines, then it seems to me this is the way to do it—impose tough penalties, let people know there are tough penalties, see a few people go to jail for years. Perhaps then we will find such drugs will not be abused anymore in this country. That is the signal we should be sending.

So, I hope my colleagues will support this amendment, because it is an important amendment.

I thank my colleague from Delaware for raising this issue. He has been one of the principal legislators raising the issue about date rape. I give him a lot of credit for that.

I give him credit for this amendment, as well, as I do my dear colleague from Georgia, Senator COVERDELL, who has worked very closely with me in formulating this amendment and bringing it to the floor today.

Mr. COVERDELL addressed the Chair.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. COVERDELL. Mr. President, I rise in support of the Hatch-Coverdell amendment. It has been an honor to work with Senator HATCH, with his longstanding efforts to engage the drug war.

I point out to my colleagues in the Senate that just last week we discovered the first death from Rohypnol, a young teenager who apparently was given Rohypnol in a drink of soda, who has now lost her life as a result of this awful drug, and some predator yet to be discovered.

The Hatch amendment embraces the legislation that I introduced shortly after our hearing where we heard from two young American females who were stricken and the victims of predators with this drug called Rohypnol. It is important to note that Rohypnol cannot be detected: You cannot smell it; you cannot see it; and you cannot taste it.

The effect of our amendment is to say that anybody who uses Rohypnol or any other drug as a weapon, becomes a predator against someone, who creates a victim, will be subject to increased penalties of up to 20 years. So this legislation, just as the Senator from Utah said, puts would-be abusers of this drug and would-be predators of this drug on notice. And, hopefully, as in the case of several other drugs in our history, we will be able to corral them through, in a sense, the warning system that this legislation creates. It creates a new Federal crime if you use a drug as a predator, as a weapon, against a victim.

So I rise in support of this amendment and urge our colleagues to pass it. I think that the quicker we make it clear how tough we are going to be on Rohypnol or the date rape drug—and it is a bipartisan effort; Senator BIDEN, from Delaware, has been working on this for some time—the more likely we are to make it clear that it is a danger.

The packaging and other features of this drug have made some teenagers almost view it as a safe drug. This stuff is a clear knockout. Ten minutes and you do not know what hit you. Worse yet, you cannot remember anywhere from 24 to 72 hours what happened. All you have to do is go to one hearing and hear one victim tell you what transpired with this awful drug in the hands of a predator, and you not only will be supporting this amendment, but you probably will be trying to think of how we can improve it and make it more effective than even this.

So, Mr. President, I do rise in support of the amendment, and I yield the floor.

Mr. THOMPSON addressed the Chair.

The PRESIDING OFFICER. The Senator from Tennessee.

AMENDMENT NO. 5244

Mr. THOMPSON. Mr. President, I now ask that the Senate return to the Kohl amendment No. 5244.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. THOMPSON. Mr. President, I rise to oppose this amendment. This amendment basically makes the possession of a firearm in a school a Federal offense. I share the concern of my colleague from Wisconsin about the growing problem we have about guns in schools, but I simply believe we cannot afford to start federalizing every offense that States have traditionally been called upon to handle.

This is not only traditionally a State matter with regard to the law enforcement matter, it is also involving another traditional State matter in terms of education. So you have law enforcement with regard to an educational institution, two matters traditionally handled by the State which we are now seeking to federalize.

One of the findings in the amendment is that States and localities in school systems find it almost impossible to handle gun-related crimes by themselves. Even States, localities, and school systems that have made strong efforts to prevent and punish gun-related crimes find their efforts unavailing, due in part to the failure or inability of other States or localities to take strong measures.

Mr. President, I do not believe that is a valid finding that this Congress ought to make. My understanding is that 48 States, I believe, have passed legislation dealing in this very area. States should be left to address this particular problem in ways that they see fit. They may be more effective on a State and local level in determining how to address this problem than we in Washington, DC, for example. There might be some States that have had inducements to inform on violators. Some States have gone in the direction of voluntary surrender of guns, with amnesty provided. Some States penalize parents for failure to supervise children, as my State in Tennessee has done.

I do not believe that we should be taking an area which has traditionally been under the auspice of State and local government, and tax people at that level, and then bring the money to Washington to put in the hands of Federal officials to enforce these laws.

Schools do have problems with guns. Part of it has to do with the breakdown in discipline. Part of it has to do with regulations that have been placed on schools and lawsuits that schools have been subjected to, making it more difficult for schools to effectively handle all kinds of disciplinary problems, including guns in schools. They have not been suffering from a lack of FBI agents going around schools investigating these matters. They are serious enough offenses of a traditional Federal nature for FBI agents to be investigating. We do not need this.

This bill is very similar to a bill that Congress passed by voice vote in 1990, the gun-free school zone law, which made it a Federal offense for any person to possess a gun in a school. The Supreme Court ruled it unconstitutional and said it was beyond the power of Congress to regulate in regulating interstate commerce and held that gun possession is not an economic activity

that substantially affected interstate commerce.

At a time when the Supreme Court is telling us that you cannot just have some theoretical basis, some very attenuated basis for interstate commerce, we once again are making an attempt at the Federal level. Of course, it is a very popular issue, but is an attempt at the Federal level to federalize another State and local matter.

I think Justice Kennedy's concurring opinion in that case is just as instructive today as it was back then. He said were the Federal Government to take over the regulation of entire areas of traditional State concern, areas having nothing to do with the regulation of commercial activities, the boundaries between the spheres of Federal and State authority would blur and political responsibility would become illusionary. I think he is absolutely right. I think that States and local governments need to know it is their responsibility. People in these communities need to know it is their responsibility and they cannot pass off any problem that comes down the pike to the Federal Government.

This amendment would do nothing in terms of additional funding to rectify the problem. It would do nothing in terms of metal detectors or any other supervisory personnel or anything to assist any teachers, or anything of that nature. It would simply allow Federal agents to come into these schools and make a Federal crime out of this traditional State area and further load up our Federal dockets, which are now trying to stay afloat as it is.

Mr. President, as I say, I am very sympathetic with the problem. It is something that we are all dealing with in one way or another. As chairman of the Youth Violence Subcommittee, we certainly spent a lot of time in dealing with the problem that we have among our young people today. Part of that has to do with schools. Part of that has to do with guns. But keep the responsibility where it is. Do not get so caught up in trying to make a point, as popular as it might be, temporarily, that we one by one by one federalize shoplifting or federalize illegal parking or whatever happens to be the rage at the moment, and we wind up with one system at the Federal level, Federal agents handling everything, and as soon as we perceive a new problem, everybody in the State and local level thinks of the Federal Government first.

That is not the way we have traditionally handled these matters in this country. That is not the way we need to proceed in order to make sure we keep that separation between State and local and Federal Government. So at a time when so many of us are trying to move more and more responsibility back to the States and closer to the people who know how to handle it more effectively, I think it would be indeed ironic for us to be taking this matter, which for 200 years has been the responsibility of State and local government, and federalize it.

I move to table the amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The question is on the motion to table the Kohl amendment.

The yeas and nays have been ordered.

The clerk will call the roll.

Mr. NICKLES. I announce that the Senator from Oregon [Mr. HATFIELD] is necessarily absent.

I further announce that, if present and voting, the Senator from Oregon [Mr. HATFIELD] would vote ''nay.''

The result was announced—yeas 27, nays 72, as follows:

[Rollcall Vote No. 290 Leg.]

YEAS—27

Baucus	Grassley	Leahy
Bennett	Gregg	McCain
Bond	Hatch	Murkowski
Breaux	Heflin	Nickles
Campbell	Hollings	Santorum
Cochran	Inhofe	Smith
Faircloth	Jeffords	Stevens
Feingold	Johnston	Thomas
Grams	Kyl	Thompson

NAYS—72

Abraham	Exon	Mack
Akaka	Feinstein	McConnell
Ashcroft	Ford	Mikulski
Biden	Frahm	Moseley-Braun
Bingaman	Frist	Moynihan
Boxer	Glenn	Murray
Bradley	Gorton	Nunn
Brown	Graham	Pell
Bryan	Gramm	Pressler
Bumpers	Harkin	Pryor
Burns	Helms	Reid
Byrd	Hutchison	Robb
Chafee	Inouye	Rockefeller
Coats	Kassebaum	Roth
Cohen	Kempthorne	Sarbanes
Conrad	Kennedy	Shelby
Coverdell	Kerrey	Simon
Craig	Kerry	Simpson
D'Amato	Kohl	Snowe
Daschle	Lautenberg	Specter
DeWine	Levin	Thurmond
Dodd	Lieberman	Warner
Domenici	Lott	Wellstone
Dorgan	Lugar	Wyden

NOT VOTING—1

Hatfield

The motion to table the amendment (No. 5244) was rejected.

Mr. KOHL. Mr. President, I ask that the yeas and nays be vitiated.

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

The question is on agreeing to the amendment.

The amendment (No. 5244) was agreed to.

Mr. KOHL. Mr. President, I move to reconsider the vote.

Mr. LEVIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 5234

Mr. ASHCROFT addressed the Chair.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. ASHCROFT. Mr. President, I ask for the regular order with respect to the Daschle amendment numbered 5234.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from South Dakota [Mr. DASCHLE] proposes an amendment numbered 5234.

AMENDMENT NO. 5316 TO AMENDMENT NO. 5234

(Purpose: To provide for workforce flexibility for employees of certain Federal contractors)

Mr. ASHCROFT. Mr. President, I send a second-degree amendment to the desk.

The PRESIDING OFFICER. The clerk will report the second-degree amendment.

The legislative clerk read as follows:

The Senator from Missouri [Mr. ASHCROFT] proposes an amendment numbered 5316 to amendment No. 5234.

Mr. ASHCROFT. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

At the end of the matter proposed to be inserted, add the following:

SEC. . WORKPLACE FLEXIBILITY FOR EMPLOYEES OF FEDERAL CONTRACTORS.—Subchapter II of chapter 61 of title 5, United States Code, shall apply to contractors and employees specified in section 3(a)(1) and to contractors with an entity of the executive branch of the Federal Government, and employees of such contractors, in the same manner, and to the same extent, as such subchapter applies to agencies and employees, respectively, as defined in section 6121 of title 5, United States Code.

Mr. ASHCROFT. Mr. President, I thank you for this opportunity. The Daschle amendment No. 5234 seeks to address a disparity between the insurance coverage that would inure to the benefit of Federal workers as compared to the workers in companies that do contract business with the Federal Government. There are far many more disparities than the disparities that just relate to health insurance. As a matter of fact, conditions of employment are substantially different for individuals in the Federal Government from individuals in the private sector who do business with the Federal Government.

One of the most substantial areas in which there are significant differences between those who work for the Federal Government and those who are in the private sector who contract with or provide services to the Federal Government is in the area of the opportunity for employees and employers to cooperate for work schedules which are helpful to families or for employees to opt to take compensatory time instead of to take time and a half in terms of overtime pay.

One of the serious tensions that exists in the workplace today is the tension between the demands of the home environment and the demands of the work environment. The Federal Government addressed this a long time ago. We began in the late forties by having compensatory time available to Federal workers, and then in the 1980's, or in the late 1970's and into the 1980's, we began experimenting with allowing

cooperation between Federal workers and their employers to provide for flexible time arrangements for work, so that in the Federal Government, at the option of the worker, you can work a little more than 40 hours in 1 week in order to take some time off the next week, or vice versa.

The idea is that if your daughter, for example, is getting an award at the high school sometime on a Friday afternoon, you can say to your employer, ''If I can make up the time on Monday, will that be allowable?'' And with that 80-hour work frame instead of the 40-hour work frame, that is something that can be done. It is achievable.

The Daschle amendment really seeks to provide an equity between those who work in the Federal Government and those who do Federal-type responsibilities but are working in the private area. It does so in the area of health care. My second-degree amendment is to take that philosophy and extend it to other benefits, benefits that help both the worker and the employer in a special way.

The GAO, for example, has studied the situation at the Federal level and found that the flex time opportunities and the compensatory time opportunities that are available to workers under the Federal system have resulted in substantial work satisfaction among Federal workers in this respect. The satisfaction was attendant by higher productivity, and the satisfaction resulted in a greater return on the resource that was devoted; on the tax dollars that were being spent, we received more for our money.

If that works for Federal workers in the setting of their Federal employment, I think it should work for the private workers who are working side by side frequently with the Federal employees on jobs, doing contracts frequently in the same work setting and the same work environment. Yet, we have a different set of work rules. And if the thrust and effect of the Daschle amendment would be to extend benefits that are consistent with the Federal job site to those who are working in conjunction with the Federal job site vis-a-vis health, it seems to me it is more than reasonable to say those things that would enhance the productivity, those things that would increase the capacity of the contractor to work effectively to fulfill his or her contract with the Federal Government is important, as well.

In my office recently I received a letter from a contractor who works with the Federal Government, and he complains that his employees work side by side with Federal Government employees and there is an ability on the part of the Federal employees to accumulate comp time and to use comp time instead of overtime because they want to spend time with their families rather than increase their earnings, for example, and that there are flex time opportunities for the Federal employees, but his employees who work right alongside them in the same work environment are subjected to a different set of work rules, a different set of benefits.

It simply does not make sense to have this duplicity in the workplace, especially when we have had the transition in the way people accommodate work and home life. If you will look, 35 years ago when the labor relations laws of this country were created, only 18.6 percent of married women with a spouse present and children under 6 years of age were in the labor force. By 1990, nearly 60 percent of such women were in the labor force.

A 1985 survey of the Federal employees participating with Federal work schedules found 72 percent said they had more flexibility to spend time with their families; 74 percent said the schedules improved their morale. It seems to me that if these are benefits to being involved in the workplace and the thrust of the amendment is to extend the benefits similar to those that would have been earned in the Federal workplace to those who are contracting with the Federal Government, we ought to extend these flexible work time benefits, these compensatory time benefits, the potential of compressed workweek benefits that have been a part of the Federal Government for years now.

It is not that these are just something new to the Federal Government. In the late 1970's an experiment was begun and that experiment, or pilot project, was renewed over and over again until the mid-1980's, when it was decided that the program was simply so successful that it should be extended to Federal employees generally. So that in the mid-1980's, the Federal Government employees were accorded, on a broad scale, this benefit. Some in the executive branch were not accorded the benefit. And just 2 or 3 years ago, President Clinton, in an Executive order, extended these benefits to other Federal employees, recognizing their value to the employees in terms of the ability of employees to work effectively on their jobs and accommodate the needs of their families and recognizing the value of these rules to the Government.

It occurs to me the extension of these rules to those who contract with the Government, both the executive and legislative branches, is the better part of wisdom. We have seen these rules work very effectively for the achievement of governmental objectives. And when we are talking about individuals who are licensed or contracting with the Federal Government, it seems to me, in the achievement of those objectives for the Federal Government, these work rules ought to apply. It is in that respect that I have submitted this amendment and I believe it ought to be acted upon favorably by the Senate.

Favorable action here says to the work force of America: We respect the kind of tension you feel between work and home. We will help you accommodate those tensions as well as you can. And that will result in greater productivity, in more being done because the workers have higher morale and better capacity under this kind of situation. It is with that in mind I offer this second-degree amendment to the Daschle amendment.

Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. SIMON. Will my colleague yield? If my colleague will yield, I just got the amendment. I have been trying to get the amendment. Does this apply to Federal workers only or does this apply to the entire work force?

Mr. ASHCROFT. As I think my colleague from Illinois knows, I would like to apply this to the work force generally, but this applies to companies doing business with the U.S. Government, in a sense as a part of being consistent with the underlying amendment which sought to extend benefits, in the Daschle amendment, to those who are doing business with the Federal Government and had a relationship that provided a basis for a comparison of health care benefits.

Mr. SIMON. I do not know whether I am for or against his amendment now. If we can avoid voting for a little while, while we consult with some people on this, I would appreciate it.

Mr. ASHCROFT. I asked for the yeas and nays, but I have no objection to the vote not being taken immediately. I have no objection to a pause between the yeas and nays being ordered and the vote being taken.

Mr. SIMON. Mr. President, in line with what the distinguished Senator from Missouri just said, I ask unanimous consent this temporarily be set aside.

The PRESIDING OFFICER. Is there objection? The amendment to the amendment will be temporarily set aside.

Mr. GLENN. Mr. President, I support the Regulatory Accounting amendment offered by Senator STEVENS. Senator LEVIN and I have worked with our Governmental Affairs Committee chairman, Senator STEVENS, to refine the language since it was initially added to the Treasury, Postal appropriations bill. While I have reservations about legislating on appropriations, the result of our collaborative effort is a bipartisan amendment that should be supported. It will provide one significant step towards regulatory reform, a goal to which I continue to be committed.

Government regulation has proven an important element in our Nation's effort to protect public health and safety, restore our natural environment, and provide for the welfare of the American people. I believe, however, that our Government often relies too

heavily on regulation, for example, without considering costs that can significantly burden businesses, State and local governments, or individuals.

Our task in regulatory reform is to address the excesses and weaknesses of our regulatory system without undermining the protections it has provided. As I said many times during the regulatory reform debate of this Congress, true regulatory reform must strike a balance between the public's concern over too much government and the public's strong support for regulations to protect the environment, public health and safety.

A necessary element of true regulatory reform is the development of objective information on which to base and question regulatory decisions. The amendment before us today should assist in this regard.

The proposal for an estimate of the costs and benefits of all Federal regulation was first made this Congress in our bipartisan Governmental Affairs Committee regulatory reform bill (S. 291). It was also in subsequent bills. A modified version was most recently added to the Treasury, Postal appropriations bill (H.R. 3756) during the Senate Appropriations Committee markup. Senator STEVENS' floor amendment—amendment No. 5226—refines that language, revising section 645 of H.R. 3756. The revised language reflects a collaborative effort by Senator STEVENS, Senator LEVIN, and me to craft a practical requirement for a useful report on Federal regulation.

Under the amendment, OMB will compile in a one-time report existing analyses and estimates of regulatory costs and benefits, both in terms of estimates of the total annual costs and benefits of all Federal regulation and in terms of specific major rules—these would be the significant rules that have gone through OMB regulatory review with a cost/benefit analysis. OMB will also provide a discussion of those costs and benefits as direct and indirect impacts on sectors of our Nation. This assessment should encompass not only various estimates of impacts, but also alternative approaches to making such estimates.

In each of these steps, OMB will not have to engage in extensive analyses of its own, but rather is expected to use existing information. The sponsors of this amendment are aware of OMB's resource constraints and intend that the report be based on a compilation of existing information, rather than new analysis. OMB should insure, of course, that all considerations of costs and benefits take into account relevant quantifiable and nonquantifiable impacts. For example, visibility over the Grand Canyon is important to our country, yet is difficult to value as an economic benefit. Thus, to be useful in regulatory decisionmaking, cost/benefit analyses must be able to address both quantifiable and nonquantifiable impacts.

Finally, the amendment requires OMB to provide recommendations for reforming existing regulatory programs along with a description of significant public comments made on its report before submission to Congress. The recommendations for reform should include programs that should be eliminated or altered because, for example, they are too burdensome or are obsolete, as well as programs that should be strengthened to more effectively implement public policy.

While the study of regulatory costs and benefits is far from an exact science, and definitely does not provide the detail or accuracy of financial accounting, it is an area of study in which we do need to develop more widely accepted measures and methodologies. The OMB report should highlight areas in which analysis is clear and productive and those areas in which more work is needed to refine analytic techniques. It should also suggest approaches for analyzing nonquantitative impacts and for integrating them with economic analyses. In these ways, the OMB report should provide an important service by informing agencies, Congress, and the public about evaluating the costs and benefits of Federal regulation.

REGULATORY ACCOUNTING

Mr. LEVIN. Mr. President, the managers of the bill have accepted an amendment by Senator STEVENS which would require the Office of Management and Budget to submit, no later than September 30, 1997, a report to Congress that provides estimates of the total costs of Federal regulatory programs currently in place. I have agreed to support this amendment because of a number of changes Senator STEVENS was willing to make to the amendment.

As many of us know, there are several figures that are routinely used to decry the cost of regulation. Some reference a study that say regulation costs each of us $6,000 a year. Others reference studies that say the total cost of regulation is some $600 billion. These numbers are bandied about in an effort to drive home the message that regulation is expensive and to push for legislation to limit regulation.

Senator GLENN recently had GAO look at one of these studies to determine whether it used appropriate and reasonable methods. The GAO analysis was critical of the private study and highlighted several points at which the assumptions used were inappropriate or highly questionable.

Robert Hahn, an economist at the American Enterprise Institute, issued a report earlier this year in which he attempted to ascertain whether Federal regulation results in net benefits. Mr. Hahn concluded that, taken in aggregate, the net benefits from Federal environmental, health and safety regulations from 1990–1995 are $280 billion. This figure is calculated as total benefits minus total costs.

However, when Mr. Hahn examined individual regulations, he found that less than 50 percent do not pass a cost-benefit test (total benefits less total costs). But since most of those regulations giving net costs were in the $0–10 billion dollar range, while most of those giving net benefits were in the $10–100 billion range, in the aggregate the regulations give a large net benefit.

This finding suggests that any aggregate number may not be as useful in understanding the quality of our Federal regulatory programs as analysis of each individual program. For example, Mr. Hahn found that safety regulations pass cost-benefit analyses more often than health regulations and that the Clean Air Act regulations give significantly larger benefits than any other program.

This amendment would ask the Office of Management and Budget to come up with its best estimate of not only the costs of our Federal regulatory programs, but also the benefits of such programs. It would put to use the best information the Federal agencies have about the impact of the various Federal regulatory programs.

The amendment does not, and this is why I am able to support it, does not require OMB to conduct new studies or analyses or develop new data or information. That would be a time-consuming, and expensive use of taxpayer money. Better that the OMB staff use its time and money to help make new regulations follow the dictates of common sense and be cost-effective regulations.

No, this amendment simply directs OMB to put together the already available information that it has on existing Federal regulatory programs and use that to estimate the total annual costs and benefits of each. If information is unavailable, or such estimates are not possible, then the OMB should tell us in the report what is not available and why and describe the extent to which the OMB estimates are or are not reliable.

In doing his analysis, Mr. Hahn found that if cost-benefit analysis is to play a greater role in agency rule making, the quality of the analysis should be improved dramatically. Changes that he thinks would improve the quality of analysis include: standardizing and summarizing key economic assumptions; using best estimates and appropriate ranges to reflect uncertainty; and introducing peer review of the analyses and putting more weight on peer-reviewed scholarship. He recommends that OMB develop a standard format for presenting results in a clear and succinct manner. The report required by this amendment could be helpful in achieving that goal.

Mr. President, in a way, this is an experiment to see what we already have available to us, if it were put together in a useable format. It is a one-time only report which we can then use to determine the utility of continuing the requirement.

The report by OMB is also to include the estimates of the costs and benefits of the major rules that are in effect, an

assessment of the direct and indirect impacts of Federal rules on both the public and private sector, and any recommendations from OMB about revising a Federal regulatory program to make it more effective or efficient. Reporting on the costs and benefits of major rules is expected to require no more than reporting, in an organized and readable manner, the cost-benefit analyses of the major rules in effect that were already done prior to promulgation. To the extent there is updated information that would change the estimates in those analyses, such updates should be included in this part of the report if it is available.

The assessment of impacts is intended to be a narrative discussion of OMB's opinion on this subject. It does not require additional information gathering; rather, the intent, here, is that the Director use the information contained in the report on the costs and benefits of Federal regulatory programs and describe the expected impacts of such programs on State and local governments, business, and individuals. Flowing from this assessment would be any recommendations the Director may have to improve the existing regulatory programs.

Mr. President, cost-benefit analysis has been at the heart of the regulatory reform debate for the past decade. Those who are knowledgeable in the field will agree that it is more art than science.

Mr. Hahn, in the report I earlier mentioned stated, ''Despite my enthusiasm for cost-benefit analysis, I am leery about proposals that require the agency head to implement regulations solely on the basis of whether benefits exceed costs. Given the uncertainties in the analysis, we should not ask too much of the tool.''

Precision in these analyses and assessments is far from achievable. But that doesn't mean they aren't useful. We shouldn't be bound by them, but we also shouldn't ignore them. Use of cost-benefit analysis in developing regulatory programs goes back to President Nixon. Each administration has expanded on its use. Today, such analysis is commonplace with respect to regulatory proposals that have a significant impact.

We tried to place a requirement for cost-benefit analysis for all significant rules in law last year. We failed, in part, because some Members wanted to make the requirements for using cost-benefit analysis more exacting than experience has shown us they can be. I remain hopeful that next Congress we can reach agreement and develop a reasonable proposal that guarantees that solid cost-benefit analysis of important regulations will always be done, and that such analysis will be used appropriately.

HIGH INTENSITY DRUG TRAFFICKING AREA

Mr. GORTON. Mr. President, like many citizens across the country, the residents of Washington State have witnessed a dramatic increase in drug smuggling and drug abuse throughout Washington State in recent years. Unfortunately, these negative trends are continuing to rise, and for that reason, I believe that Washington State is an excellent candidate for designation as a high-intensity drug trafficking area [HIDTA].

For example, drug addiction and abuse is a major public health problem. Overall, according to the latest available statistics, drug-related emergency room visits in Washington State per 100,000 persons are running over 50 percent higher than the national average. Local authorities are also concerned by both the increased level of drug usage, trafficking, and gang violence associated with illicit drug trafficking.

Moreover, the Seattle-Tacoma metropolitan area, the Blaine border crossing at the international border between the United States and Canada, and the Yakima Valley in central Washington are gateways for the introduction of illegal drugs into the United States. The threats posed by heroin, marijuana, cocaine, hashish and methamphetamine merit special attention as the volume of these drugs passing through the area has a direct impact on other areas of the country.

Mr. President, because I believe that Washington State should be designated as a high-intensity drug trafficking area does not automatically qualify me as an expert on national drug control policy. In fact, I would submit that Gen. Barry McCaffery, the new Director of the Office of National Drug Control Policy, probably has a much better understanding of how different programs should be implemented to control drug trafficking and drug abuse in different regions throughout the country.

Accordingly, the Senate version of the fiscal year 1997 Treasury, Postal Service, and General Government appropriations bill provides $13 million in additional funds for the designation of new high-intensity drug trafficking areas. It also directs the Office of National Drug Control Policy to review all of the pending applications for high-intensity drug trafficking area designations including the gulf coast, the Northeast, the Northwest, the Great Plains, and the Rocky Mountain regions. I commend the chairman and the ranking member for their efforts in drafting this bill in such a manner. It allows the Office of National Drug Control Policy, not Congress, to designate new high-intensity drug trafficking Areas in the United States, which I believe is entirely appropriate.

In the House version of the fiscal year 1997 Treasury, Postal Service, and General Government Appropriations bill, the bill provides an additional $10 million for new high-intensity drug trafficking areas programs. Unfortunately, the accompanying Report designates three new high-intensity drug trafficking areas, which completely circumvents the current designation process formulated by the Office of National Drug Control Policy. I believe this is an inappropriate way to do business. The Office of National Drug Control Policy, not the Congress, should have the authority to designate new high-intensity drug trafficking Areas.

I appreciate Senator SHELBY's and Senator KERRY's attention to this matter, and I would encourage the Senate conferees to maintain the Senate's position when this issue comes before the conference.

POST-FTS2000

Mr. SHELBY. Mr. President, it should be noted that the report accompanying the Treasury appropriations bill contains language directing the release of the solicitation for the Post-FTS2000 Program by the Government no earlier than May of 1997. I want to make clear that we do not seek to delay the transition to the Post-FTS2000 Program in delaying the release of the solicitation.

As many of us know, the Telecommunications Act of 1996 was designed to open the entire telecommunications industry to competitive market forces. This landmark legislation will put local exchange carriers, cable companies and utilities in fierce competition in their respective markets. With proper implementation by the Federal Communications Commission [FCC] and State public service commission, the long-term impact of telecommunications reform undoubtedly will be new technology, better services, and new market entrants available to our citizens.

By calling for a release date for the Post-FTS2000 solicitation in the Spring of 1997, we are manifesting our view that the Federal Government customers and American taxpayers will be best served if the Post-FTS2000 Program were designed to take advantage of the benefits of increased competition which is intended to result from the 1996 Telecommunications Act and which we believe most certainly will take place. Currently, the FCC and State public service commissions are in the process of implementing the act's provisions, and thus, it seems wasteful and premature for the Government to initiate the Post-FTS2000 enterprise sooner than next May.

We owe it to our constituents to ensure the GSA pursues a Post-FTS2000 strategy that can guarantee the best quality service at a price that makes sense. However, as chairman of the subcommittee responsible for funding the GSA's activities, I have asked GSA a series of detailed questions that are intended to ensure that the Post-FTS2000 Program is the best possible strategy for meeting the Government's communications needs well into the next millennium. However, the GSA cannot address the issues I raised, and I do not believe GSA can begin its solutions with the original schedule of October, 1996.

For instance, I envision some of the largest savings in the Post-FTS2000 contract from integrating local services acquisition as that market faces

competition. Yet, the current reported scope of the Post-FTS2000 contract does not provide for local services competition, or a comparison of end-to-end service cost versus a piecemeal acquisition of telecommunication services. Instead, GSA seeks competition in only a few cities under a separate acquisition. This strategy fails to address the disparity between urban and rural government locations with respect to end-to-end communications and fails to bring the benefit of competition for all telecommunications services to the Federal Government. We also want to see a business plan and requirements that reflect the Telecommunications Act, as well as the Government's plan for addressing security and interoperability.

I also point out, Mr. President, that I have consulted with my friend and colleague, Senator STEVENS, the chairman of the Governmental Affairs Committee, which has oversight jurisdiction over this program, and he agrees with our approach. In addition, my friend and colleague, the ranking minority member, Senator KERREY, is intimately aware and knowledgeable in this matter and also endorses the direction set forth today.

Mr. DOMENICI. Mr. President, I rise in strong support of H.R. 3756, the Treasury, Postal Service, and general Government appropriations bill for fiscal year 1997.

This bill provides new budget authority of $23.3 billion and new outlays of $20.5 billion to finance operations of the Department of the Treasury, including the Internal Revenue Service, U.S. Customs Service, Bureau of Alcohol, Tobacco and Firearms, and the Financial Management Service; as well as the Executive Office of the President, the Office of Personnel Management, the General Services Administration, and other agencies that perform central Government functions.

I congratulate the chairman and ranking member for producing a bill that is within the subcommittee's 602(b) allocation. When outlays from prior-year budget authority and other adjustments are taken into account, the bill totals $23.7 billion in budget authority and $23.5 billion in outlays. The total bill is at the Senate subcommittee's 602(b) nondefense allocation for budget authority and under its allocation for outlays by $133 million. The subcommittee is also at its Violent Crime Reduction Trust Fund allocation for budget authority and under its allocation for outlays by $4 million.

Mr. President, I ask unanimous consent to have printed in the RECORD a table displaying the Budget Committee scoring of H.R. 3756, as reported by the Senate.

I urge Members to support the bill and to refrain from offering amendments that would cause the subcommittee to exceed its 602(b) allocation.

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

TREASURY-POSTAL SUBCOMMITTEE SPENDING TOTALS—SENATE-REPORTED BILL

[Fiscal year 1997, in millions of dollars]

	Budget authority	Outlays
Nondefense discretionary:		
Outlays from prior-year BA and other actions completed	.....	2,381
H.R. 3756, as reported to the Senate	11,081	8,498
Scorekeeping adjustment	.....	.....
Subtotal nondefense discretionary	11,081	10,879
Violent crime reduction trust fund:		
Outlays from prior-year BA and other actions completed	.....	9
H.R. 3756, as reported to the Senate	120	93
Scorekeeping adjustment	.....	.....
Subtotal violent crime reduction trust fund	120	102
Mandatory:		
Outlays from prior-year BA and other actions completed	129	128
H.R. 3756, as reported to the Senate	12,081	11,936
Adjustment to conform mandatory programs with Budget Resolution assumptions	301	445
Subtotal mandatory	12,511	12,509
Adjusted bill total	23,712	23,490
Senate Subcommittee 602(b) allocation:		
Defense discretionary	.....	.....
Nondefense discretionary	11,081	11,012
Violent crime reduction trust fund	120	106
Mandatory	12,511	12,509
Total allocation	23,712	23,627
Adjusted bill total compared to Senate Subcommittee 602(b) allocation:		
Defense discretionary	.....	.....
Nondefense discretionary	.....	−133
Violent crime reduction trust fund	.....	−4
Mandatory	.....	.....
Total allocation	.....	−137

Note.—Details may not add to totals due to rounding. Totals adjusted for consistency with current scorekeeping conventions.

Mr. ASHCROFT. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. HUTCHISON). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. LOTT. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. LOTT. Madam President, at the request of the Senator from Utah, Senator HATCH, before we move to the next action, I ask for the yeas and nays on amendment numbered 5295.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

ORDER OF PROCEDURE

Mr. LOTT. A lot of effort has gone into the Treasury-postal bill. We have dealt with a number of issues. We have been on this bill 25 hours and 38 minutes. I think perhaps we are tired and we need to see if we can go on to something else. I encourage the managers to continue working. If they can come back with a list of amendments we could get done in 4 hours, we would consult, try to get the Treasury-postal bill done. We have put a lot of effort into it. I think in view of everything that has gone on here and recognizing where we are now, with second-degree amendments and an amendment pending by the leader, I just do not see how we can get through extended debate tonight and a lot of votes.

What we would like to do now is to pull down the Treasury bill, and go to the Interior appropriations bill in the morning at 9:30. If we could get an agreement on taking that up, then there would not be any votes tomorrow as we try to be cooperative with our Members that have a holiday that is very important to them tomorrow.

We will be working on other issues. We would like to get the Magnuson fisheries bill through. There is an interest on both sides in getting that done. If we could get in touch with the interested players and get that done in the morning we would do that and not go to the Interior appropriations.

With regard to Monday, we would like to continue working on the Interior appropriations bill. The managers have indicated we can make progress on that. I understand, perhaps, even amendments dealing with grazing could be considered on Monday, or perhaps we could go to the aviation authorization, the FAA authorization bill. A lot of good work has been done on that by Senator MCCAIN, Senator FORD, Senator STEVENS, a number of Senators. So if we can get a time agreement on that we would take that up and then go to the Interior appropriations bill and we would have votes, then, on Tuesday morning.

We announced earlier that an amendment by the Senator from California would not be taken up before Tuesday. We have one other amendment that we would want to say would not be taken up before Tuesday on the Interior appropriations bill. I do not think there is a problem with that. I do not like setting a precedent of saying, ''OK, this Senator's amendment will not be considered until a day certain.'' These are both in recognition of the Jewish holiday, and the fact that we will be on Interior a good bit next week, I do not see that any damage is done by doing it that way.

UNANIMOUS-CONSENT AGREEMENT

Mr. LOTT. In view of that, I ask unanimous consent, Madam President, that the Treasury bill be placed on the calendar and the Senate proceed to the Interior appropriations bill at 9:30 a.m. on Friday, September 13, and if we can get an agreement on the Magnuson fishery bill we may go to that instead.

Mr. DASCHLE. Reserving the right to object, and I will not object, let me just say we have worked on this side on the Treasury-postal bill to narrow the list of amendments. We began this morning with 45, tonight we are down to 6. So we have made good progress. I thank all of my colleagues on this side of the aisle for their cooperation. Hopefully, we can work out the remaining questions relating to the additional short list of amendments. I think the majority leader's recommendation is a