RONALD D. COLEMAN,
DAVID SKAGGS,
NANCY PELOSI,
From the Committee on National Security, for consideration of defense tactical intelligence and related agencies:
BOB STUMP,
FLOYD SPENCE,
Managers on the Part of the House.

ARLEN SPECTER,
DICK LUGAR,
RICHARD SHELBY,
MIKE DEWINE,
JON KYL,
J.M. INHOFE,
KAY BAILEY HUTCHISON,
BILL COHEN,
HANK BROWN,
BOB KERREY,
JOHN GLENN,
RICHARD H. BRYAN,
BOB GRAHAM,
JOHN F. KERRY,
MAX BAUCUS,
J. BENNETT JOHNSTON,
CHARLES S. ROBB,
From the Committee on Armed Services:
STROM THURMOND,
SAM NUNN,
Managers on the Part of the Senate.

APPOINTMENT OF CONFEREES ON H.R. 3539, FEDERAL AVIATION AUTHORIZATION ACT OF 1996

Mr. DUNCAN. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 3539), to amend title 49, United States Code, to reauthorize programs of the Federal Aviation Administration, and for other purposes, with a Senate amendment thereto, disagree to the Senate amendment, and agree to the conference asked by the Senate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee? The Chair hears none and, without objection, appoints the following conferees:

From the Committee on Transportation and Infrastructure, for consideration of the House bill (except section 501) and the Senate amendment (except section 1001), and modifications committed to conference: Messrs. SHUSTER, CLINGER, DUNCAN, OBERSTAR, and LIPINSKI.

From the Committee on Transportation and Infrastructure, for consideration of section 501 of the House bill and section 1001 of the Senate amendment, and modifications committed to conference: Messrs. SHUSTER, CLINGER, and OBERSTAR.

As additional conferees from the Committee on Rules, for consideration of section 675 of the Senate bill, and modifications committed to conference: Messrs. DREIER, LINDER, and BEILENSON.

As additional conferees from the Committee on Science, for consideration of sections 601–05 of the House bill, and section 103 of the Senate amendment, and modifications committed to conference: Mr. WALKER, Mrs. MORELLA, and Mr. BROWN of California.

As additional conferees from the Committee on Science, for consideration of section 501 of the Senate amendment and modifications committed to conference: Messrs. WALKER, SENSENBRENNER, and BROWN of California.

The SPEAKER pro tempore. The Chair will name members from the Committee on Ways and Means at a later date.

There was no objection.

CONFERENCE REPORT ON H.R. 3666, DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 1997

Mr. LEWIS of California. Mr. Speaker, pursuant to the order of the House of earlier today, I call up the conference report on the bill (H.R. 3666), making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 1997, and for other purposes.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to the order of the House of today, the conference report is considered as having been read.

(For conference report and statement, see proceedings of the House of Friday, September 20, 1996, at page H10733.)

The SPEAKER pro tempore. The gentleman from California [Mr. LEWIS] and the gentleman from Ohio [Mr. STOKES] will each be recognized for 30 minutes.

The Chair recognizes the gentleman from California [Mr. LEWIS].

GENERAL LEAVE

Mr. LEWIS of California. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the conference report on H.R. 3666 and that I may include tables, charts and other extraneous materials.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. LEWIS of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, at the very beginning of this discussion on this very important bill, I want my colleagues to know just how strongly I feel about the need to change the tons of the debate that often takes place on this floor.

□ 1915

Often it is shrill. Often it is dominated by extremes. All too often it is partisan for the sake of being partisan.

It is my view that we should work hard to change that fact. Public policy is best developed in an atmosphere of bipartisanship. Working together, we do a much better job for the public and the people that we were elected to represent. Mr. Speaker, the bill that we are about to consider is a reflection of perhaps the best of that kind of effort to change our working environment.

With that, Mr. Speaker, my ranking member, the gentleman from Ohio [Mr. STOKES], and I are pleased to present the 1997 VA–HUD and Independent Agencies Conference Report. This report treats all accounts fairly within the allocation provided to the subcommittee. This is a bipartisan bill which I have every expectation will be signed by the President.

The fiscal year 1997 VA–HUD bill reaffirms our continued commitment to serving veterans, to protecting the environment, providing housing for the poorest of the poor and ensuring America's future leadership in space.

In spite of the difficult challenges in putting this conference report together, this final product represents a balance of tough choices and common interests. Most importantly, it keeps the appropriations process on track for meeting the vital objective clearly stated by the Congress and the administration of balancing the budget by the year 2002.

A majority of programs have been funded at either the President's request or the enacted levels for fiscal year 1996. We have succeeded in holding the line on spending by reducing the rate of growth in several spending programs. This bill is a demonstration that deficit reduction can be achieved while keeping an ever watchful eye on every taxpayer dollar the Government spends. In fact, this legislation is $3.2 billion below the President's request.

When this conference report becomes law, the Subcommittee on VA, HUD and Independent Agencies will have cut nearly $20 billion in discretionary spending over the last 2 years. At the same time we have dramatically reduced the rate of growth of Government. Our work clearly demonstrates that Congress can move toward a balanced budget while at the same time delivering funding for people programs that have performed well.

This bill has drawn a good deal of attention due to the fact that three health care riders were added to the bill in the Senate. While this is, in my judgment, not the proper vehicle to reform our health care and insurance delivery systems, the House voted overwhelmingly to instruct the conferees to retain the Senate provisions. House and Senate leadership agreed that these legislative riders should be included in the final version of the VA conference report and thereby we have responded.

These provisions relate to mental health parity, to 48-hour hospital stays for mothers and newborns, and veterans benefits to children suffering from spina bifida as a result of their parents military service. Because these issues are really outside the jurisdiction of the committee and certainly beyond the expertise of either the committee or our staff, the mental health parity provision is not effective until January 1, 1998. The spina bifida provision is not effective until October 1, 1997.

This bill will allow our authorizing committees time to more clearly evaluate these proposals before they became effective. Furthermore, the mental parity provisions contain small business exemptions as well as the Gramm amendment from the Senate side which voids the measure if group insurance policies increase by over more than 1 percent.

Let me take just a minute to list some of the bill's funding highlights. Within the Department of Veterans Affairs, we have provided a total agency budget of $39.158 billion. We have increased the medical care account by $5 million over the President's request to a total of $17 billion plus, 449 million over the 1996 level.

We have increased the medical and prosthetic research account by $5 million over the President's request to a total of $262 million. We have funded a replacement hospital at Travis Air Force base at $32.1 million. Within the Corporation for National Communities and Community Service, or what is known as AmeriCorps, we have frozen the spending level at the FY 1996 level of $400,500,000.

This appropriation is obviously a must to get our bill signed by the President. Although I carried an amendment last year to zero out this agency, our leadership has acknowledged that it must be funded to avoid a Presidential veto.

Within the Department of Housing and Urban Development, we provided a total agency budget of $19,450,000,000. Our bill increases housing for the elderly, section 202 funding, by some $50 million over the President's request to a total of $645 million. The bill increases housing for people with disabilities by $20 million over the President's request to a total of $194 million. It fully funds community development block grants at $4.6 billion.

We have increased HOPWA funding by $25 million. Within the Environmental Protection Agency, we have provided a total agency budget of $6.712 billion. This represents an increase of $70 million over last year. The bill contains no environmental riders; that is, no riders, period.

We have funded the Superfund program at the budget request of $1.394 billion. Clean water grants are fully funded at $625 million. The Safe Drinking Water State Resolving Fund, SRF, is fully funded at $1.275 billion.

Within the National Aeronautics and Space Agency, we have provided a total agency budget of $13.704 billion. We have fully funded the International Space Station at a long agreed upon figure of $2.1 billion. The Human Space Flight Account has been funded at $5.362 billion. The Science Aeronautics and Technology Account has been funded at $5.763 billion. We have also provided the National Science Foundation with a total agency budget of $3.270 billion.

The Federal Emergency Management Agency has been funded at $1,788,000,000. The Disaster Relief Account has been funded at $1.320 billion.

In closing, Mr. Speaker, let me first speak one more time to the atmosphere in which we developed this bill. I want to personally and publicly thank my ranking member and my very good friend, the gentleman from Ohio, Mr. LOU STOKES, for the working atmosphere and spirit that we have shared together, both the environment in which we have worked but also beyond the partnership itself. Our personal friendship is a very, very big part of the joy that I share with my family and staff in working with this committee and in this body. LOUIS STOKES, to say the least, is a legislator, in my judgment, to behold.

While working very closely together in the entire Committee on Appropriations, I believe the work of this subcommittee is a reflection of what we ought to be about in the entire committee in every one of our conference reports, and hopefully one day that will be the environment in which the entire House operates.

I would also like to take a moment and commend our very capable staff. Del Davis, who has worked very closely with Mr. STOKES, was greatly assisted earlier in the year by Leslie Atkinson, who has decided to leave us at least for now, but who contributed a great deal to our efforts, along with our very, very professional staff headed by Frank Cushing, Paul Thomson, Tim Peterson, Valerie Baldwin, Doug Disrud, Alex Heslop, Dave LesStrang and Jeff Shockey, for their hard work and long hours in putting together this diverse and very complex package. Working together, this has been indeed a bipartisan team spirit at the staff level as well.

Finally, I would like to bid farewell to two of our colleagues who will be leaving the House after this Congress and, therefore, will be leaving also the Subcommittee on VA, HUD and Independent Agencies. The gentlewoman from Nevada, Mrs. BARBARA VUCANOVICH, is a personal friend and dear colleague, a great member of our subcommittee. We will miss here greatly. The gentleman from Texas, Mr. JIM CHAPMAN, who will not be coming back, has been a great member of our committee and has made a great contribution to this effort.

I wish to thank them both for their extreme efforts to work closely with our subcommittee and participate in its many hours of markup. They have been a great addition to our work, and we will miss them in the years ahead.

Mr. Speaker, I reserve the balance of my time.

Mr. STOKES. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of this conference agreement. At the beginning I want to commend my friend, the gentleman from California, Mr. JERRY LEWIS, the chairman of the subcommittee, for his leadership on this measure. In marked contrast with the confrontational manner in which this bill was considered for fiscal year 1996, this year's experience has more closely reflected the mutual respect and the comity that has been the hallmark of this subcommittee's operations.

I am pleased and I am gratified that we have been able to set aside the divisive riders and the policies that caused so much trouble last year and have worked together to produce a bill that deserves the support of this body. It has indeed been a real pleasure to work, as Mr. LEWIS has already said, together in a bipartisan manner to produce a bill that both of us are extremely proud to present to this body.

I also, Mr. Speaker, want to take a moment and express my personal appreciation and that of the appreciation of the staff on this side for the excellent working relationship and cooperation we have had from the staff that works for Mr. LEWIS. Frank Cushing, Paul Thomson, Tim Peterson, Valerie Baldwin, Jeff Shockey, Dave LesStrang, Alex Heslop, and Doug Disrud, all of them have been cooperative, worked closely with me and with my staff in order to produce this bill and we are very appreciative of it.

I also want to take a moment and express my appreciation to Del Davis, a very able and capable staffer on this side, whose work has been very important to me in producing this bill; also Leslie Atkinson, who was mentioned by the chairman, who although she is no longer with our staff, a great deal of work went into this bill while she was still here on our staff and we are appreciative of her work.

Mr. Speaker, although we have not seen a formal statement of administration policy on this conference agreement, it is my understanding that the administration has no serious objections to the bill and expects to sign it. I might also add that it is important that we act quickly to send this bill to the President. The bill contains $100 million in supplemental 1996 funding for compensation and pension payments for veterans. If this bill is not cleared for the President very soon, the checks distributed later this week will not contain the full amount to which veterans are entitled.

□ 1930

We cannot allow that to happen.

The chairman has done an extremely able job describing the major features of this conference agreement. I will just highlight some of the aspects of the bill that I feel are extremely important and make this legislation worthy of the Members' support.

First of all, the conference agreement includes the three health provisions added by the Senate that were the subject of my motion to instruct the conferees that was adopted by a vote of 392 to 17. Some technical changes were made, and the dates of implementation were extended, to allow the authorization committees to review the situation next year. They

will be able to make changes or advance the effective dates. However, if they do nothing, the provisions will then take effect without further action by the Congress.

The result will be that offspring with spina bifida of Vietnam veterans exposed to Agent Orange will be eligible for treatment and benefits. The result will be that newborns and their mothers will be allowed to stay in hospitals for 48 hours after delivery. The result will be that mental health will be treated in the same manner as physical health in health insurance plans.

The bill also includes provisions targeted to help some of the most needy among us. I am referring to the $2.9 billion for public housing operating subsidies, $2.5 billion for public housing modernization, the $550 million for severely distressed public housing, HOPE VII, the $290 million for drug elimination grants, the $645 million for section 202 elderly housing, the $194 million for section 811 disabled housing, the $823 million for homeless assistance grants, and the $171 million for the housing opportunities for persons with AIDS program, among others.

In conjunction with the HOPWA Program, the conference agreement provides that, to the extent available, the department may use an additional $25 million in recaptured section 8 funds for HOPWA.

The bill extends for public housing authorities the provisions enacted in the 1996 act which allows them the flexibility to manage with reduced resources. In addition, provisions have been included in the preservation program and the section 8 contract renewal demonstration program intended to provide assistance to those residents who may be displaced due to funding constraints and program restructuring.

The conferees have agreed to the Senate's funding level for the Corporation for National and Community Service. That means that AmeriCorps will receive $400.5 million in 1997, the same amount as provided in 1996. Without funding for this program of the highest priority with the President, it is doubtful the bill would be signed into law.

For the Environmental Protection Agency, the conferees recommended more than $6.7 billion, which represents an increase of $144 million above the House passed amount and $184 million above 1996. There are no anti-environmental riders in this legislation.

Other features of the agreement are detailed in the report and the accompanying statement of the managers.

Also, I would be pleased to respond to any questions that Members may have about the conference agreement.

Overall, given the constraints within which the conferees had to operate, a solid and supportable product has been crafted.

As the gentleman from California [Mr. LEWIS] said, we worked in a bipartisan spirit and we have a bill that we are extremely proud of.

Let me also, in reserving the balance of my time, take just a moment to join with the gentleman from California, Mr. LEWIS, in extending our appreciation for the opportunity to work with the gentlewoman from Nevada, Mrs. BARBARA VUCANOVICH, and also the gentleman from Texas, Mr. JIM CHAPMAN. Both have been extremely valuable members of this subcommittee. It has been a pleasure and honor to work with them, and we certainly wish both of them the best when they leave the House.

Mr. Speaker, I reserve the balance of my time.

Mr. LEWIS of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, there are some technical items that I need to get out of the way before we proceed with other witnesses so I will do this at this point in time.

Mr. Speaker, for the benefit of all Members and those that may read and rely upon our Joint Explanatory Statement of the Managers, we have found a few small errors in that statement which should be noted as part of the legislative history of this legislation.

In amendment number 9 under Construction, Major Projects, within title I of the Veterans Affairs, the statement of the managers noted the reductions of $15,100,000 for renovation activities at Perry Point Maryland Virginia Medical Center, and $15,500,000 for renovation activities at Mountain Home Tennessee VA Medical Center. These 2 items were printing errors and should be additions to the budget request, not reductions.

In amendment No. 57 under science and technology within title III, Environmental Protection Agency, the amount over the budget request for the Mickey Leland National Urban Air Toxic Research Center was incorrectly listed at $2,150,000. The correct amount is $1,150,000.

Finally in amendment No. 70 under State and tribal assistance grants within title III of the Environmental Protection Agency, $1,150,000 was provided for wastewater improvement needs in 3 Pennsylvania counties. One of three counties, Huntingdon, was spelled incorrectly in the statement of managers.

I would also note with respect to this specific matter that it was the intent of the conferees that $400,000 in the wastewater needs of Metal Township Municipality Authority in Franklin County, $400,000 is for wastewater needs of Mount Union in Huntingdon County, $186,000 for wastewater needs of Huston Township, Clearfield County, and $164,000 is for wastewater needs of Osceola Mills, also Clearfield County.

With those corrections, Mr. Speaker, I would add further I have been asked to make a brief clarifying statement with regard to the newborns language contained in title 5 of the conference report. This clarification came at the request of the Office of Management and Budget, and it is my understanding it has been cleared by all sides of this question. The House conferees intend that the Newborns and Mothers Health Protection Act of 1996, title 6 of the bill making appropriations for the Departments of Veterans Affairs and Housing and Urban Development and independent agencies for fiscal year 1997 include the minimum 48 hour and 96 hour stay protections for mothers who are eligible beneficiaries under Medicaid in connection with Medicaid prepaid contracts.

Mr. Speaker, I reserve the balance of my time.

Mr. STOKES. Mr. Speaker, I yield 3½ minutes to the distinguished gentlewoman from New York [Mrs. LOWEY], a very able and valuable member of the full Committee on Appropriations.

Mrs. LOWEY. Mr. Speaker, before I enter into a colloquy with the distinguished gentleman from California [Mr. LEWIS], I, too, as a member of the committee, want to thank the chairman, Mr. LEWIS, and the distinguished ranking minority leader for their outstanding work on this bill, and I am very pleased to support it.

Recently this Congress passed, and President Clinton signed into law, legislation which I championed in the House designed to address the potential threat to human health posed by chemicals and pesticides that mimic human hormones. There is considerable concern in the scientific community that chemicals that mimic human hormones may be disrupting the human endocrine system and in this way may be linked to breast cancer in a wide range of reproductive problems. Therefore under the Food Quality Protection Act of 1996 and the Safe Drinking Water Act amendments of 1996, Congress has ordered EPA to develop a screening program to determine if certain pesticides and chemicals have an effect on humans similar to an effect produced by estrogen or other endocrine disrupter effects.

Under this legislation EPA has 2 years to develop the testing protocol and 3 years to begin testing. In selecting the testing protocol, EPA is required to develop a validated approach and to secure the outside review of the test program from one of two science advisory boards. The entire provision is intended to screen substances for potential further review, an action pursuant to EPA's existing programs.

Much to the disappointment of many Members, nothing in the provision gives EPA any new regulatory authority. As a modestly sound first step, the estrongenic substances testing provisions were widely supported by Members from both sides of the aisle and were heralded by leaders of both parties as a responsible response to a serious women's health and environmental issue.

Because of the strong bipartisan support for the estrogenic substance screening program, I was quite shocked to see in the joint explanatory statement the conferees' language which

could be construed to put roadblocks in the way of EPA developing the necessary testing protocols. Specifically, the statement calls for EPA to enter into an agreement with the National Academy of Sciences to conduct a massive study on the entire issue of endocrine disrupters, looking at human health effects, comparative risk issues and a myriad of other issues.

While all of these issues may be relevant to EPA finalizing regulatory action on endocrine disrupters, they are not relevant to the more modest goal of developing a screening test for pesticides and chemicals. Yet the conferees' statement seems to state that EPA cannot develop and implement screening tests unless and until the study is completed.

So I would like to ask the gentleman from California [Mr. LEWIS] a question regarding this language in the conference report. Is it fair to say that, while conferees did intend for EPA to ensure that a comprehensive study of the endocrine disruption issue is completed by the NAS, it did not intend to freeze the EPA's ability to develop and implement a screening test as mandated by the Food Quality Protection Act and the Safe Drinking Water Act?

Mr. LEWIS of California. Mr. Speaker, will the gentlewoman yield?

Ms. LOWEY. I yield to the gentleman from California.

Mr. LEWIS of California. Responding to my colleague, and I very much appreciate the gentlewoman yielding, we intended with this language that EPA develop a sound scientific basis for all actions that it takes in this area. However, nothing in the managers' statement can or should be construed as changing EPA's obligation to develop a screening test program in a timely manner.

Mrs. LOWEY. Mr. Speaker, reclaiming my time, I thank the gentleman for his views and trust that the EPA will implement the statements in the conference report in a manner consistent with the views we have expressed tonight.

Mr. LEWIS of California. Let me say to the gentlewoman I very much appreciate her raising the question. It is an important question, and we are happy to work with the gentlewoman from New York.

Mr. Speaker, I yield 2½ minutes to the gentleman from New Jersey [Mr. FRELINGHUYSEN], a member of the subcommittee.

Mr. FRELINGHUYSEN. Mr. Speaker, I thank the gentleman for yielding this time to me, and I rise in support of the conference agreement.

Mr. Speaker, let me first thank the gentleman from California [Mr. LEWIS] and the gentleman from Ohio [Mr. STOKES] and the staff for their leadership and guidance.

Specifically, the bill provides funding for two very important programs that I am very pleased to support and that I have actively worked on throughout the year: the Superfund program and the program for housing for people with disabilities.

This conference report dedicates $1.3 billion to the Superfund program. All of us know how important this program is, and for the second time in the 104th Congress this committee has earmarked over $900 million, the most money ever for remediation activities. This money will go a long way toward cleaning up many serious toxic waste problems.

Coming from a State, New Jersey, that has the most Superfund sites of any State in the Nation, I am very pleased that Congress has attempted to put money towards cleanup and less money toward litigation. I am hopeful next year, Mr. Speaker, we can put our differences aside and reauthorize the Superfund program.

□ 1945

Finally, I would like to comment on the increases for both the disabled and senior housing programs. Realizing the importance of both of these programs, this agreement increases the funding above the President's request by $20 million for the disabled housing and $50 million for senior housing.

In addition to these increases, the conference report recognizes the importance of providing housing for people with disabilities. The committee has, for the first time, earmarked $50 million for tenant-based rental assistance, to ensure that there is decent, safe, and affordable housing in the community for low-income people with disabilities.

I specifically thank the gentleman from Ohio [Mr. LEWIS] for his leadership and help on these earmarks.

Access to housing, Mr. Speaker, in the community, is a cornerstone to independence, integration, and productivity for people with disabilities, the three hallmarks of the philosophy of the disability community. This bill strongly supports these principles, and I believe these extra dollars will empower the community in their goals of living with dignity and independence.

Mr. STOKES. Mr. Speaker, I yield 1 minute to the gentleman from Illinois [Mr. EVANS], a member of the Committee on Veterans' Affairs.

Mr. EVANS. Mr. Speaker, I appreciate the gentleman yielding time to me.

Mr. Speaker, there are a lot of good things in this bill. One of the most important things is the fact that we compensate and provide health care benefits for children of Agent Orange-exposed Vietnam veterans.

I believe that these children are as much veterans of the war as any other person that served or who was wounded during time of war. Through no choice of their own, they lost their health in service to our country. Because of this, they face a lifetime of extensive medical care. The provision in this conference bill fulfills the duty we owe to them and any other citizen that has sacrificed their health in defense of our Nation. We urge our colleagues to support the conference report.

Mr. Speaker, the VA–HUD bill is one of the most important bills we consider in ensuring our Nation's commitment to our veterans. This year, it takes on even greater significance, since for the first time it provides compensation and health care to the children of agent orange-exposed Vietnam veterans who suffer from spina bifida.

Earlier this year, the National Academy of Science's Institute of Medicine found that there is limited/suggestive evidence of an association between agent orange exposure to vets and the occurrence of Spina Bifida in their children. The report confirmed what Vietnam vets knew all along—that agent orange has and will continue to exact a high price on themselves and their families.

I believe these children deserve the same treatment as if they had been wounded or served during time of war. Through no choice of their own, they lost their health in the service of our Nation. Because of this, they face a lifetime of extensive medical care. The provision in the conference report fulfills a duty we have to them and any other citizen who has sacrificed in the defense of our nation.

There are many to thank for their hard work on this matter: Senator DASCHLE for his leadership on this and so many other issues concerning the tragedy of agent orange; The administration, especially VA Secretary Jesse Brown for proposing and closely coordinating the legislation; the Vietnam Veterans of America, the American Legion and the Veterans of Foreign War for their strong advocacy; and the disabilities community, such as the Spina Bifida Association of America, the National Association of Veteran Family Service Organizations and the American Association of University Affiliated Programs for Persons with Developmental Disabilities for their grassroots efforts. In particular, I would like to thank the ranking minority member, Mr. STOKES for his hard work and diligence. Without his perseverance, we may have never achieved success.

I urge my colleagues to support the conference report.

Mr. LEWIS of California. Mr. Speaker, I yield 3 minutes to the gentleman from California [Mr. RIGGS] for purposes of a colloquy.

Mr. RIGGS. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, first I want to thank the chairman of the subcommittee and the ranking member, the gentleman from Ohio [Mr. STOKES] for their hard work in the conference report, and the wonderful things they have done in the context of this conference report for northern California veterans; specifically, the 440,000 veterans from all branches of the service who live in northern California, and who have been relying on the bipartisan promises made by the last two presidential administrations, the Bush administration and now the Clinton administration, that we will build a Veterans' Administration Medical Center at Travis Air Force Base in Fairfield, in Solano County, in my congressional district, to replace the one, that is the operative word, replace the one, closed in Martinez, CA, in the aftermath of the 1989 earthquake.

So it is my understanding, Mr. Speaker, that the gentleman has been able to, in the context of this conference report, preserve the funding that was included in the House version of this appropriations bill, and I believe that is $32.1 million. That is in addition to the $25 million approved in last year's bill, which is at least preliminarily earmarked for an outpatient clinic.

It is my understanding, I would say to the chairman of the subcommittee, that this $57.1 million could in fact go towards the construction of the replacement of the hospital at Travis Air Force Base. I ask the gentleman to confirm my understanding, and also the accompanying report language included in the report.

Mr. LEWIS of California. Mr. Speaker, will the gentleman yield?

Mr. RIGGS. I yield to the gentleman from California.

Mr. LEWIS of California. Mr. Speaker, let me first congratulate the gentleman from California [Mr. RIGGS]. I cannot think of a Member of the House who has been more diligent than he regarding this very important matter to his district for replacement of that VA hospital that was destroyed by an earthquake many years ago.

The gentleman is correct, we did appropriate $25 million in last year's bill that at least initially was designed for a clinic approach. This bill does provide $32.1 million in replacement monies for the hospital that was destroyed.

Indeed, we have asked that the appropriate committees review all of that to help us figure out how we best deliver services to people of the gentleman's vast region. The hospital replacement is the highest priority. Presuming it is logical, those funds could be merged, and certainly construction can go forward as soon as they respond.

Mr. RIGGS. Mr. Speaker, I would like to clarify that the report language directs the VA to make a report to Congress prior to the release of any construction funds, either from the 1996 or this next fiscal year, the 1997 bill, and that, as the gentleman just put it, the VA is directed to study the various service delivery options in the northern California catchment area.

But it is my understanding that the VA has long been on record as strongly supporting a replacement hospital as the most efficient and effective method of providing long-term acute care to northern California veterans.

So it is my expectation, Mr. Speaker, I would say to the gentleman, the VA would report to Congress in a timely manner to facilitate quick release of funds for replacement of hospital construction. The veterans of northern California, and I include myself in this group, because I am a proud military veteran, have waited 6 years for this day.

I believe, Mr. Speaker, it would be an affront to the men and women who have served their country beautifully to further delay the replacement of the hospital.

Mr. LEWIS of California. Let me say that the Veterans' Administration has given high priority to the replacement of the hospital, largely at the gentleman's urging. There is little question they will respond expeditiously and will go forward on it.

Mr. STOKES. Mr. Speaker, I am pleased to yield 1 minute to the distinguished gentleman from West Virginia [Mr. WISE].

Mr. WISE. Mr. Speaker, I would like to congratulate the gentleman from California [Mr. LEWIS], Republican chairman, and the ranking member, the gentleman from Ohio [Mr. STOKES], because they have participated in a very historic piece of legislation; historic because this is the first time, to my knowledge, in the Congress of the United States that there has been recognition of equality for mental illness as well as various physical illnesses; because, by the passage of this legislation, there will be protection for the first time, providing equality for lifetime and annual limits on health insurance policies.

That means if there is a lifetime cap of $1 million for various diseases, physical problems, they would be called, there cannot be a lower cap for mental-related disorders.

Twenty percent of Americans are affected sometime every year by mental disorders or addictive disorders. Only 20 percent of the 20 percent receive treatment. This is going to begin to open the doors for large numbers of people, including, hopefully, even more than the 42,000 West Virginians presently receiving some sort of mental disorder-related treatment.

Mr. Speaker, it is good also because this shows what Republicans and Democrats can do when they work together in health care.

Mr. LEWIS of California. Mr. Speaker, I yield 2 minutes and 30 seconds to the gentleman from Texas [Mr. LAUGHLIN] for purposes of a colloquy.

Mr. LAUGHLIN. Mr. Speaker, I thank the distinguished chairman, my good friend, the gentleman from California, Mr. LEWIS, for entering into this colloquy.

Mr. Speaker, I would say to the gentleman, I wrote him on June 6 to urge him to include funding in the VA, HUD, and Independent Agencies appropriation bill for the Institute of Environmental and Industrial Sciences in San Marcos, Texas. This impressive institute is at the forefront of some of the most sophisticated basic and applied research that will help the petrochemical and other heavy industries comply with our complex environmental laws, regulations, and standards.

The Senate Appropriations Committee included language in its committee report which recognized this important institute and urged the EPA to consider funding the petrochemical industry environmental technology project that would be initiated by the institute in fiscal year 1997.

The conference agreement did not add any additional language regarding the institute, but it did include language supporting the project and other projects that were in one or the other committee reports. I would ask the chairman of the subcommittee, is that correct?

Mr. LEWIS of California. Mr. Speaker, will the gentleman yield?

Mr. LAUGHLIN. I yield to the gentleman from California.

Mr. LEWIS of California. Mr. Speaker, the gentleman is correct. We worked very closely with the gentleman and the Senate in developing the language.

The language at the beginning of the statement of the managers makes it very clear that any program or language or allocation contained in one or the other report and which is not overturned in the conference is deemed to be approved by the conference committee. The conference committee supports the gentleman's project. The conferees also fully expect the Environmental Protection Agency to comply with the language and give it high priority for funding.

Mr. LAUGHLIN. Mr. Speaker, I thank my friend, the gentleman from California, for that assurance. Can he give me his personal commitment to work with me to stay in close contact with the EPA, to make sure that the agency makes every possible effort to identify the funding required to support the institute's efforts in fiscal year 1997? I am informed that due to budget constraints, the fiscal year 1997 requirement for the institute has been cut to $2,300,000.

Mr. LEWIS of California. Mr. Speaker, I can assure the gentleman from Texas that I will work with him to encourage the agency's cooperation in finding the resources to fund the important initiative next year.

Mr. LAUGHLIN. Mr. Speaker, I thank the distinguished chairman for his assurances, for his support, and for his friendship for many years.

Mr. LEWIS of California. Mr. Speaker, I am happy to work with my friend, the gentleman from Texas.

Mr. STOKES. Mr. Speaker, I am pleased to yield 1 minute to the distinguished gentleman from Indiana [Mr. ROEMER].

Mr. ROEMER. Mr. Speaker, I have the highest respect for the gentleman from California [Mr. LEWIS] and the gentleman from Ohio [Mr. STOKES] managing this bill, but I have concerns about the process that has taken place over the course of this bill leaving this Chamber and going to the other, and coming back with $690 million that we did not approve, including $15 million that this House voted overwhelmingly, by 60 votes, to save for the taxpayer on studying monkeys, Russian monkeys in space.

We just had Shannon Lucid come back down from space after 180 days. Now we want to spend $15 million studying the effects of gravitation on

monkeys. Mr. Speaker, I have a big problem with that. I am sorry that got stuck back into this bill.

I am also worried about shuttle safety, Mr. Speaker. When we recovered one of the rockets that helped the shuttle get up on this last venture, we found a wrench in the rocket booster. I hope that we will continue to work in a bipartisan way to ensure that we have shuttle safety in the future and not have all this money go toward the Space Station with mixed-up priorities.

With that, Mr. Speaker, again, I commend the bipartisanship the gentleman from California [Mr. LEWIS] and the gentleman from Ohio [Mr. STOKES] tried to put together in this bill.

Mr. LEWIS of California. Mr. Speaker, I yield 2 minutes to the gentleman from Florida [Mr. STEARNS].

Mr. STEARNS. Mr. Speaker, I thank the distinguished gentleman for yielding time to me.

Mr. Speaker, I rise in strong support of this conference report. Approximately 5,000 veterans per month enter the State of Florida. The veterans population continues to increase in a number of States like mine, and many of these States have seasonal increases in the number of veterans seeking care. This causes long waiting periods and puts a strain on the facility and also on the personnel.

Why should residents that live in these regions be subject to such delays before receiving treatment? As I understand it, the addition of the McCain amendment will ensure that all veterans will have similar access to health care, regardless of the region of the United States in which such veterans reside.

This amendment, like my bill, H.R. 549, requires the Secretary of the Department of Veterans' Affairs to develop a plan for allocation of health resources so these overburdened facilities are no longer being asked to provide more veterans with health care without providing the necessary funding. This goes along the lines of the bill that I have proposed, the Veterans Bill of Rights, which I have proposed since the 101st Congress.

As a veteran myself, I am glad we have finally put the McCain amendment into this conference report, and I particularly think it will benefit my home State, which has not been funded in terms of benefits for its exploding veterans population over the years. Veterans and their families have paid a price. Now it is our duty to keep faith with these heroes. So I commend both the minority chairman and the majority chairman and subcommittee chairman for putting this in place in this bill.

Mr. STOKES. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas [Mr. GONZALEZ], the ranking member of the Committee on Banking and Financial Services.

(Mr. GONZALEZ asked and was given permission to revise and extend his remarks.)

Mr. GONZALEZ. Mr. Speaker, I rise in support of the conference report.

Mr. STOKES. Mr. Speaker, I am pleased to yield 1 minute to the distinguished gentleman from Maryland, [Mr. HOYER], a member of the Committee on Appropriations.

Mr. HOYER. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, I rise in support of this legislation, and I am very, very pleased that the Goddard Space Flight Center Mission to Planet Earth has essentially been made whole. I know that resulted from the work of all the members of the subcommittee, and I appreciate that effort. I know that my colleague in the Senate, Senator MIKULSKI, has been a strong ally of ours.

I happen to represent Goddard Space Flight Center and the Mission to Planet Earth effort that they carry on there. It is a critically important scientific endeavor for this Nation and, indeed, for this globe.

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It will end up saving this country great sums of money, give much better information as to whether and the development of storm centers, give people much better warning and will give agriculture and business much better warning.

Mr. Speaker, I rise in strong support of this legislation and appreciation to both the gentleman from Ohio and the gentleman from California for their support of this particular piece of this important bill.

Mr. LEWIS of California. Mr. Speaker, I yield such time as he may consume to the gentleman from Ohio [Mr. HOBSON], a member of the committee.

(Mr. HOBSON asked and was given permission to revise and extend his remarks.)

Mr. HOBSON. Mr. Speaker, I congratulate the chairman and ranking member, and I urge support of the bill.

Mr. Speaker, I rise today in strong support of the conference report on the 1997 appropriations bill for the VA, HUD, and independent agencies. I would first like to commend my chairman, JERRY LEWIS, and his excellent staff for their hard and tireless work on this legislation. I believe that we have produced an excellent bill which will provide for our veterans, help to meet our Nation's housing needs, protect the environment, and maintain our investment in space and science.

Specifically, the conference report appropriates $84.8 billion in new budget authority which is an increase of $2.4 billion over 1996 levels. More than half of the total spending under the bill supports military veterans by providing health, housing, education, and compensatory benefits. We increased funding for the Department of Housing and Urban Development by $323 million and for the Environmental Protection Agency by $184 million over 1996 levels.

Also, I am pleased that of $1.3 billion appropriated for the Federal Emergency Management Agency, funds will be available to provide disaster relief for those areas hardest hit by Hurricane Fran. The conference report also provides $13.7 billion for NASA and $3.3 billion for the National Science Foundation.

The conference report also includes priorities which are important for citizens of the State of Ohio. For example, in Chillicothe, OH, the VA Medical Center has been trying to expand their ambulatory care facility for several years. In fact, the Veterans Integrated Service Network ranked the Chillicothe project as the highest priority in the network last year and the design work on the project was recently completed. However, because of a shortage of funds within the network, no dollars were available for Chillicothe last year. I am pleased that this conference report recommends $2.9 million in minor construction funding for Chillicothe's ambulatory care facility.

The conference report also provides $206 million for FEMA's emergency management and planning assistance, which will fund priority emergency management programs in the States. In my home State, officials from the Ohio Emergency Management Agency have told me how important this funding is to supporting local response and recovery programs, preparedness training and exercises, and mitigation programs. I am glad this conference report supports these critical programs for the states.

I am also pleased that the conference report directs FEMA to look into a new emergency response system developed in my congressional district by MTL in Beavercreek, OH. There is a critical need to replace and upgrade emergency response vehicles and equipment, and the conference report specifically requires FEMA to come up with a priority list for upgrading its emergency equipment by the end of the year, including the MIDAS system built in my district.

To help address the shortage of affordable housing for persons with disabilities in Ohio and across the country, the conference report includes a $50 million set aside for section 8 tenant-based assistance for persons with disabilities. This appropriation is in line with the authorization provided in the Housing Opportunity Program Extension Act of 1995 and will provide much needed relief to persons with disabilities.

Additionally, the conference report includes language encouraging more cooperative efforts between NASA and other Federal agencies such as the Department of Defense. I believe such cooperative programs will result in budget savings and the elimination of duplicative programs. For example, in Ohio, NASA Lewis and Wright-Patterson Air Force base have entered into several cooperative aeronautics research agreements which allow knowledge and expertise to be shared between the two organizations.

Finally, I want to raise an issue that was not included in the conference report but is of importance of Ohio and hopefully will receive further consideration next year. The Wallace-Kettering Neuroscience Institute at Kettering Medical Center is a high technology neuroscience center which offers innovative programs dealing with brain diseases and injuries. The institute would like to expand its facilities to better serve patients in Ohio and the region. I look forward to discussing Kettering's neuroscience expansion with my colleagues.

In closing, I would like to again commend Chairman LEWIS, his staff, my colleagues on the subcommittee and our Senate counterparts. We have produced a good bill and have

received every indication that it will be signed by the President.

Mr. LEWIS of California. Mr. Speaker, I yield 2 minutes to the gentleman from New York [Mr. SOLOMON].

Mr. SOLOMON. Mr. Speaker, let me rise to heap praise on both JERRY LEWIS and LOU STOKES for the great job they, their committee and their staffs do on this vital piece of legislation and to submit for the RECORD a letter from Jess Brown asking us, as Secretary of the Veterans Affairs, to process this legislation and get it to the President so that they can implement much of the legislation by October 1.

Let me also thank you for $13 million for a new veterans cemetery in my home State of New York, in Saratoga. But most of all let me thank you for the Solomon-Bradley language included in the VA appropriation bill which requires insurers to permit a minimum hospital stay of 48 hours. Shorter stays will be permitted as long as the health provider in consultation with the mother decide that it is best. I am pleased to say it leaves these important decisions in the hands of the doctors.

Ladies and gentlemen, I just have to point out a serious problem when this legislation was adopted. It was really driven home to me when I heard from a gentleman from northern New York in my district. His 19-year-old daughter is a victim of the terrible practice of drive-through deliveries. She delivered a baby on April 6 and was released from the hospital less than 24 hours later. Several days later her right lung exploded and she had 3 strokes. Tragically she is still in the hospital and will never again have a normal life, but more tragic than that, she will never be able to take care of that new, young, infant child of hers. I am just so happy that JERRY LEWIS, LOU STOKES, and the rest saw fit to keep this language in the bill. It is vital, it is so important, and I thank you from the bottom of my heart.

Mr. STOKES. Mr. Speaker, I yield 1 minute to the distinguished gentlewoman from Connecticut [Ms. DELAURO].

Ms. DELAURO. Mr. Speaker, I rise in support of the VA–HUD appropriations bill for 1997. This bill provides increased funding to clean up the environment and insures health care coverage for mental health and for 48-hour hospital stays after a woman has given birth.

This is critical legislation. This speaks to the needs of working families today. These are the issues that people are truly concerned about in their lives. I went to the local hospitals, I talked to the nurses and the women who give birth, and how if they are there only 24 hours you cannot detect jaundice, you cannot detect other illnesses that they might come down with, or that a baby can. This means so much to women's health.

I want to commend Chairman LEWIS and the gentleman from Ohio, Mr. STOKES, the ranking member, for this opportunity.

I also am particularly gratified by the spirit of the legislation that I introduced in a prior Congress on mental health parity that has been incorporated into this bill, ending the practice of discrimination against those who suffer from mental illness and their families. This legislation makes a difference in people's lives. That is why we are here to serve.

Mr. LEWIS of California. Mr. Speaker, I reserve the balance of my time.

Mr. STOKES. Mr. Speaker, I yield 1 minute to the gentleman from New York [Mr. HINCHEY].

Mr. HINCHEY. Mr. Speaker, I rise in support of this conference agreement, but in doing so I just want to take a moment to draw the body's attention to a growing problem within the Veterans Administration. Funding for Veterans Administration health care programs is not keeping pace with the need. The VA is faced with some very difficult problems. As a result, they have been triaging veterans in New York and New England and across the northern part of the country to send what little funds they have for veterans health care to the South.

New York veterans hospitals are suffering as a result of this. Budget cuts are forcing reductions in personnel and reductions in the quality of health care. New York State has 1.5 million veterans, the fourth largest veteran population in the country. We are going to have to address this issue in the future, and I hope to be able to work with the committee in developing a budget next year which will adequately address the health care needs of our veterans, particularly those in New York, New England and elsewhere across the northern part of the country.

Mr. STOKES. Mr. Speaker, I yield 1½ minutes to the distinguished gentleman from Texas [Mr. BENTSEN].

Mr. BENTSEN. I thank the gentleman for yielding me this time.

Mr. Speaker, I rise in support of H.R. 3666, the fiscal year 1997 VA–HUD Appropriations Conference Report. This bill funds vital programs and activities of the Department of Veterans' Affairs [VA], the Department of Housing and Urban Development [HUD], and independent agencies such as the National Aeronautics and Space Administration [NASA], Environmental Protection Agency [EPA], National Science Foundation [NSF], and Federal Emergency Management Agency [FEMA].

I am especially pleased that the conference agreement provides the full $2.1 billion requested for continued development of the International Space Station. While I would have preferred that NASA's overall budget be funded at the requested level of $13.8 billion, the bill's appropriation of $13.7 billion for NASA nevertheless represents an increase of $100 million over the House passed version. The Space Shuttle program is fully funded at $2.3 billion, as are U.S. cooperative activities with Russia at $138 million. Additionally, the conferees restored more than $220 million that the House cut in the Mission to Planet Earth program to study our environment.

This bill demonstrates Congress' continued strong support for the Space Station. This year, there was only one vote on the Space Station, and continued funding was approved by the overwhelmingly margin of 287 to 127. This follows votes of 299 to 126 and 287 to 132 last year. Clearly, there continues to be very strong, bipartisan support for the Space Station even as we make the very difficult decisions needed to balance the federal budget.

While I support the conference report, I am extremely disappointed that the Conference Committee decided to exclude my amendment prohibiting the EPA from implementing its rule allowing the importation of polychlorinated biphenyls [PCB's] for incineration. On June 26, 1996, I successfully offered an amendment on the floor of the House prohibiting the EPA from allowing the importation of PCB's for incineration in the United States. PCB's are a dangerous class of chemicals that can cause serious health problems, including cancer, reproductive damage, and birth defects. Earlier this year, the EPA issued a ruling allowing the importation of PCB's, reversing a ban in place since 1980. I strongly opposed this ruling because I believe importing PCB's is unnecessary and threatens our health and safety.

Although the Conference Committee did not accept my amendment in its Report, I will continue to work with the EPA to expand the Community Right-to-Know law and the Toxic Release Inventory to cover the importation of PCB's for incineration. My constituents and citizens around the United State that live with PCB incinerators in their neighborhoods have a right to know what kind and what levels of toxic emissions are in their air and water. If these efforts are not successful, I will ask the House and Senate to revisit this issue in the next Congress.

Mr. STOKES. Mr. Speaker, I yield 2½ minutes to the gentlewoman from Texas [Ms. JACKSON-LEE].

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. I thank the gentleman from Ohio [Mr. STOKES] very much for his hard work in working with the chairman of the committee.

Mr. Speaker, I rise to support and note some of the important aspects of this legislation and to note in particular the overall increase of 3 percent in funding beyond the appropriated fiscal year 1996. I particularly want to note and say that I am pleased that the conference report funds the NASA space station. Although it appropriates $100 million less than requested for NASA overall, considering the current tumultuous budget and political climate, I

consider this a victory for those who believe NASA, science and technology are important to our Nation and its future.

I would hope that we would move forward for additional research dollars and certainly continue support, particularly as we have noted the important work of Shannon Lucid, now returning to Earth with a world of history and information in her 6-month stay in space.

I am also gratified the conference report provides funding to AmeriCorps national service program at the current level. The conference report also provides significantly more funding for FEMA disaster relief, 18 percent more than the House bill; housing for persons with AIDS, 15 percent more than the House bill; and VA readjustment benefits, 12 percent more than the House bill.

We were also able to restore, or put in State safe drinking water revolving funds that were lost when Congress missed the August 1 deadline to enact the Safe Drinking Water Act and provide water improvement grants for United States/Mexico border wastewater projects.

I support the provisions of the conference report which would require that health insurance companies allow new mothers and their babies to spend a minimum stay of 48 hours in the hospital after delivery. This policy will insure that the mother and child receive the care that they need. I have supported this legislation over the past couple of months.

I also applaud the health provisions that require insurance companies to provide annual and lifetime limits on coverage for mental illness equal to those for physical illness.

If there is anything more that was raised by my constituents, it was the concern for balance.

May I also add that I support the provision for the spina bifida dollars that were provided for those children of parents who were exposed to Agent Orange.

Let me comment now in particular about the money spent for subsidized housing. This appropriations bill provides $1 billion for a new subsidized housing development account which provides for the elderly and also for those in disabled housing.

Let me also note that $550 million was installed for public housing. I also want to thank the gentleman from Ohio [Mr. STOKES] and the hard work of the committee that added that even though these moneys are for demolition, that we must also be concerned with the need for public housing for the homeless and those who need low-income housing, so that the HUD will be required to assess the homeless populations before these demolitions will be allowed and to be assured that we will provide housing for the homeless and housing for people who need it. I hope that we will support this legislation.

Mr. Speaker, I rise in support of H.R. 3666 the VA–HUD Appropriations Act of 1997's conference report. I would like to commend and thank the House and Senate conferees who worked hard to address the concerns expressed by me and other Members. The bill provides an overall increase of 3 percent in funding beyond the amount appropriated for fiscal year 1996.

Mr. Speaker, it would be an understatement for me to say that I am pleased that this conference report funds the National Aeronautics and Space Administration near the President's request. Although it appropriates $100 million less than requested for NASA overall, considering the current tumultuous budget and political environment, I consider this a victory for those who believe NASA, science and technology are important to our nation and its future.

This conference report provides funding to AmeriCorps national service program at the current level. The conference report also provides significantly more funding for FEMA disaster relief—18 percent more than the House bill—housing for persons with AIDS—15 percent more than the House bill—and VA readjustment benefits—12 percent more thank the House bill.

This measure also restores funding for State safe drinking water revolving funds that were lost when Congress missed the August 1st deadline to enact the Safe Drinking Water Act and provides water improvement grants for United States/Mexico border waste water projects.

I strongly support the provisions of the conference report which would require that health insurance companies allow new mothers and their babies to spend a minimum stay of 48 hours in the hospital after delivery. This policy will insure that mother and child receive the care that they may need.

I also applaud the health provisions that will require insurance companies to provide annual and lifetime limits on coverage for mental illnesses equal to those for physical illnesses. This conference also requires the VA to provide benefits to children with spina bifida whose parents were exposed to agent orange during the Vietnam War.

This conference report provides $19.5 billion in fiscal year 1997 for the Department of Housing and Urban Development [HUD] which is 2 percent less than the amount provided in the House bill.

The agreement provides a total of $196 million in FY 1997, which includes $25 million from certain recaptured Section 8 funds, for Housing Opportunities for Person with AIDS program. This is a 15 percent increase over fiscal year 1996 and the level requested by the President.

The conference report also provides $1 billion for a new Subsidized Housing Development acccount, which would provide $645 million for the Section 202 Elderly Housing program, and $194 million for the section 811 Disabled Housing program.

Like the House bill, the conference report appropriates $550 million for public housing authorities to demolish obsolete public housing projects and relocate tenants under the severely distressed public housing program which is 15 percent more than fiscal year 1996. However, it is important to realize that with the rush to demolition we must be cautious as to not eliminate sorely related housing for the poor.

Therefore, in connection with Public Housing, I am pleased that the conferees included report language that I proposed that encourages HUD and Public Housing Authorities to consider the shortages of affordable housing for low-income families, the size of the waiting list for pubic housing, as well as the size of the local homeless populations when assessing public housing demolition or dispossession applications.

It is my hope that this addition to the conference version of H.R. 3666 will help to balance to need for affordable housing for our nation's working poor with the reality of supply.

With the passage of this legislation this body should not consider its work done. We can still work to address areas of concern that improve the quality of life for all Americans.

I urge my colleagues to support this bill.

Mr. STOKES. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Texas [Mr. GONZALEZ], the ranking member of the Committee on Banking and Financial Services.

Mr. GONZALEZ. Mr. Speaker, I rise in support for H.R. 3666, the conference report making appropriations for fiscal year 1997 for VA, HUD and independent agencies, although I continue to be deeply troubled by the severe budgetary limitations on domestic discretionary spending particularly for the most vulnerable and working families, funding for housing and community development programs in H.R. 3666 do not face any deeper cuts than they faced last year, nor does funding for the environment, veterans and NASA. And the extreme position of the House was overridden with respect to the AmeriCorps.

Thankfully, the circumstances surrounding consideration of this conference report today are vastly different from those last year. There are no noxious legislative riders. Instead, the conferees included authorizing provisions, both non-germane and germane, that I strongly support. The mental health parity provisions, the spina bifida provisions, and the 48 hour hospital stay for new mothers are important and humane health policy reforms.

The public housing and section 8 policy reform provisions are the very provisions that the authorizing committees are unable to bring to the House floor. We are hopelessly deadlocked on a very important public housing reform bill because the House majority refuses to compromise on many of its extreme provisions. This appropriations conference report includes the provisions on which we all agree.

I also want to commend the conferees for coming to an agreement on the very complicated issue of section 8 portfolio restructuring. After consulting widely with the majority and the minority on the authorizing committees and with the housing industry, the conferees have included a demonstration program that balances all the disparate interests of the tenants, owners, communities, and the Federal Government. I am confident that this demonstration program for 1997 will serve as the basis for a permanent program

which will preserve as much affordable housing as possible, reduce the costs to the Federal Government, reasonably protect the financial investments of the owners, and protect the tenants from unnecessary displacement.

That having been said there remain two glaring deficiencies in this conference report. For the second year in a row there is absolutely no new money for incremental section 8 housing assistance even in the face of continued evidence that greater numbers of very low income families and the working poor are finding it ever more difficult to find affordable housing. The report also fails to provide sufficient funding for the preservation program and makes it more difficult for projects, particularly in high cost areas, to qualify for federal assistance for preservation.

On balance, however, this conference report is about as good as we can get under our severe and unnecessary budget constraints and I urge my colleagues to support H.R. 3666.

Mr. STOKES. Mr. Speaker, I yield 3 minutes to the gentleman from California [Mr. FAZIO], a member of the full committee.

Mr. FAZIO of California. Mr. Speaker, I thank the gentleman from California [Mr. LEWIS], the chairman, and the gentleman from Ohio [Mr. STOKES], for the outstanding work they have done on this bill which I of course support.

I heard earlier a brief colloquy between my colleague Mr. RIGGS from California and Mr. LEWIS about the degree to which we were freeing up funds for the Travis Hospital in Fairfield, CA, the veterans facility. My reading of the report indicates to me that we have essentially moved 1 year and 3 months out into the future the decision date.

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Unless Congress is to take action in the interim, perhaps through a supplemental next year or through some other vehicle, maybe the authorizing committee would move, we in effect have put on hold the ultimate decision about going to construction, in hopes that some future resolution of this issue could be helpful to us in clarifying the intent of Congress and the administration.

I would like to ask my friend from California, is it his understanding that if no action is taken by any legislative body, by the Congress in general, that ultimately 1 year and 3 months from now the funding will be made available for this hospital, is that correct?

Mr. LEWIS of California. Mr. Speaker, will the gentleman yield?

Mr. FAZIO of California. I yield to the gentleman from California.

Mr. LEWIS of California. Mr. Speaker, as I responded earlier to the gentleman from California [Mr. RIGGS] who has been so diligent in working on this matter, the VA holds this as a very high priority. I frankly expect to see them expedite the process. They will probably be asking to use all the money available, maybe as much as $50 million. We intend to be responsive.

Mr. FAZIO of California. Reclaiming my time, Mr. Speaker, if the VA says they are for this, the Congress would have to act to confirm that in some supplemental appropriations bill, would they not, in order to put the imprimatur if Congress on the decision?

Mr. LEWIS of California. The Veterans Administration has a lot of money in the pipeline regarding this whole process.

Mr. FAZIO of California. There is $57 million.

Mr. LEWIS of California. As the gentleman knows, we appropriated $25 million the previous Congress. There is authorization for that. They can do planning, use that for planning. I do not think they will be late at all. I would be very surprised if they would be delayed at all. On the other hand, I will be happy to work with the gentleman to make sure the VA is responsive.

Mr. FAZIO of California. My concern is not so much with the Department of Veterans Affairs as it is with the Congress. Do we have to take action within the next year and 3 months in order to bring about the immediate appropriation of that fund, and if we do not, at the end of that year and 3 months, would it automatically be spent out, in effect, if no action is taken by the Congress?

Mr. LEWIS of California. It is my judgment that they will be able to go forward with no action by the Congress within the next year, but I have every indication from the committee that they do intend to act. Frankly, I think we are on a fast track.

Mr. FAZIO of California. Does the gentleman mean the authorizing committees?

Mr. LEWIS of California. The authorizing committees. I have talked to the members in the House, and they seem to be enthusiastic about moving quickly and making the decisions.

Mr. FAZIO of California. The gentleman is hopeful they are positive and optimistic about moving forward on this, and not negative, is that his impression?

Mr. LEWIS of California. I would expect if they cannot move an authorization bill, they will probably let us do it somewhere else.

Mr. STOKES. Mr. Speaker, I yield 1 minute to the gentleman from Minnesota [Mr. MINGE].

Mr. MINGE. Mr. Speaker, I would like to first recognize the many excellent provisions of this legislation dealing with a whole range of subjects, from the needs of our veterans, to health care concerns for mothers who are hospitalized and wish to have an adequate period of time to care for their young and recover from the delivery, but I would also like to express my bitter disappointment that there are special pork barrel projects that have been added back into this bill in conference that we had struck from this bill on the House floor.

There is one in particular I would like to call to the attention of the Members of this body. We had deleted a $13 million earmark for the Museum of Natural History in New York, which was dubbed ''Jurassic Pork.'' It now comes back with $8 million. The Senate had no such provision in its bill.

What has happened? We have made the decision on the House side, the Senate has not addressed the issue at all, and the appropriation reappears. This is persuasive evidence of the need for the line item veto.

Mr. STOKES. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I will be very brief. I think this is the type of a bill that any Member of the House would be proud to associate his or her name with. It is the type of bill that, after working all year, the many hours spent on hearings, the hours spent in conference, we can come back to the House and be able to say to our colleagues that this is a good bill.

It is a good bill because it is a bipartisan bill. It is one that on both sides of the aisle we have worked together to try and produce a bill that all of us in the House can feel proud of and all of us can come to the floor and vote for.

Once again, I want to thank my good friend, the gentleman from California [Mr. LEWIS], for the pleasure of working with him to produce this excellent bill. I look forward to voting for it and I look forward to our continued, close working relationship together, to produce the kinds of legislation we produced today.

Mr. Speaker, I yield back the balance of my time.

Mr. LEWIS of California. Mr. Speaker, I yield such time as he may consume to the gentleman from Nebraska [Mr. BEREUTER].

(Mr. BEREUTER asked and was given permission to revise and extend his remarks.)

Mr. BEREUTER. Mr. Speaker, I wish to compliment the members of the subcommittee for the work they have done.

Mr. Speaker, this Member rises, as vice chairman of the relevant authorizing subcommittee, the Subcommittee on Housing and Community Opportunity, to support the conference report and to express his thanks to the conferees who worked diligently in bringing this conference report before us today.

This Member is particularly pleased that the conferees approved the $3 million in funding for the Indian Housing Loan Guarantee Program at HUD. This very modest sum will guarantee the private financing of nearly $37 million in housing loans for Indian families. Mr. Speaker, there is a severe lack of decent, affordable housing in Indian country, due in large part to the lack of private financing in Indian country. This program provides a substantial means of bringing much needed private financing to Indian country. The very limited Federal funding for this new housing initiative is money well spent; therefore, this Member commends the conferees for including it in this measure.

Mr. Speaker, this Member is also pleased that the conferees allocate $645 million for

section 202 elderly housing and $194 million for section 811 disabled housing in the newly established development of additional new subsidized housing account.

Additionally, Mr. Speaker, this Member would like to thank the conferees for including three reforms to the Federal Housing Administration's single family mortgage insurance program. These reforms will reduce regulatory red tape by allowing lenders who are authorized to underwrite loans under this program to also issue the mortgage insurance certificate, allow parents to lend money to their children for downpayment rather than being required to give the money as an outright gift, and reduce the up-front mortgage insurance premium.

Finally, this Member is eager to see the effectiveness of the demonstration program authorized in Hawaii and Alaska under the conference report which streamlines the downpayment calculation. Should this program prove effective, as this Member is confident it will, Congress should expand it to the rest of the Nation.

Mr. Speaker, this Member again thanks the conferees and urges his colleagues to vote aye on the conference report.

Mr. LEWIS of California. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, in responding to my colleague's closing remarks, I would say one more time, it was a great pleasure to work throughout this year with the gentleman from Ohio [Mr. STOKES] as well as our colleagues on the subcommittee to produce this conference report, but especially our friendship makes it all the better. I look forward to working with the gentleman in the years ahead.

I am also happy to announce that earlier this evening this conference report was deemed passed upon receipt from the House by the other body, thus assuring a swift movement of the bill to the President. We are highly confident it will receive his signature within the next several days.

Mr. Speaker, as I have said, I am very proud of the work of this subcommittee, not only as reflected in the conference report before us, but throughout the 104th Congress. When we total up that effort, including the rescission bill of 1995, the appropriations product of last session and the bill before us tonight, this subcommittee has reduced spending a grand total of some $18 billion. That is almost $20 billion in reduced levels of spending that significantly impact the rate of growth of Government.

That, Mr. Speaker, gives us reason to be proud, for we have proven that the pathway to a balanced budget does not, I repeat, does not, mean the undermining of important people programs along the road.

As we have reduced spending wishlists some $20 billion, we have still very adequately funded programs for America's veterans; we have begun to make sense out of the Federal housing programs, while funding housing for aged and disabled above the President's request; we have supported efforts in space, giving priority to scientific research; and been very generous with the Environmental Protection Agency.

At the same time, we have made by far the largest commitment to a balanced budget by reducing discretionary spending throughout the last year and a half.

This committee has reduced spending more than any other committee in the House. I congratulate my committee member, and I urge my colleagues to vote for this conference report as we continue together down the roadway to a balanced budget by the year 2002.

Ms. HARMAN. Mr. Speaker, I rise today in strong support of the conference report on H.R. 3666, the VA–HUD–independent agencies appropriations bill for fiscal year 1997.

The conference report under consideration today is proof positive that Congress can deliver for the American people if it works from the sensible center. Subcommittee Chairman JERRY LEWIS and ranking member LEWIS STOKES should be commended for drafting a bill that is free of controversial riders and draconian spending cuts. Rather, this conference report moves us toward a balanced budget while continuing to invest in many key veterans, housing, space, and environmental programs.

As the representative of the aerospace center of the universe, I am especially pleased that the conferees provided $100 million more for NASA than the original House-passed measure. Investments in NASA and our Nation's space program are investments in our future. The recent discovery of possible ancient Martian life and Astronaut Shannon Lucid's record-setting stay in space have put NASA on the front pages of newspapers across the world. Such news reminds the public of the great challenges space exploration continues to pose to our nation. We in Congress must do our part by keeping NASA robust.

Today's legislation fully funds several key NASA programs critical to our space program and to my South Bay district. The Mission to Planet Earth, a target of many for extreme budget cuts, will help us understand global climate change issues from space. The international space station will serve as our stepping stone to future space exploration. The advanced x-ray astrophysics facility telescope [AXAF] will soon be our Nation's next great observatory. The tracking and data relay satellites [TDRS] will provide NASA with crucial communication links to its astronauts, spacecraft and instruments. And, the X–33 Reusable Launch Vehicle Program will help us develop cheap and reliable access to space.

Mr. Speaker, a robust NASA will pay immediate dividends by keeping our aerospace industrial base vibrant. By turning our children on to science, space, and technology, investments in NASA will pay off in the future as we nurture the next generation of rocket scientists. I urge my colleagues to support this conference report and to stand up for our Nation's space program.

Mr. WAXMAN, Mr. Speaker, I rise to speak in regard to the VA–HUD appropriations bill and language in the conference report which may be construed to affect EPA's new Estrogenic Substances Screening Program.

As one of the principal authors of the Estrogenic Substances Screening Program in the Food Quality Protection Act of 1996 and the Safe Drinking Water Act Amendments of 1996, I would like to convey the bipartisan understanding we had in the Health and Environment Subcommittee of how this provision will be implemented by the Environmental Protection Agency.

The Estrogenic Substances Screening Program enhances the Environmental Protection Agency's authority to fully develop information on the endocrine disrupting effects of certain substances. The program will be an important tool to protect the public against endocrine disrupting substances.

The principal goal of the screening program is to determine which substances have endocrine effects. The screening program will determine whether certain substances have an effect in humans similar to an effect produced by a naturally occurring estrogen—that is—whether certain substances are endocrine disruptors.

The screening program must be developed not later than 2 years after enactment or August 2, 1998. The program must be implemented by August 2, 1999. These dates are nondiscretionary.

The conference report of the VA–HUD appropriations bill contains language which could be read to delay this program until the National Academy of Sciences conducts yet another massive study to perform comprehensive and redundant research. Obviously, this report language has no authority to delay a statutory deadline.

However, it is worth noting that the Commerce Committee had contemplated the release of a new National Academy of Sciences' report on this issue which is due out early next year. The Commerce Committee agreed to a 2-year timeline for development of the program so that this NAS study could be considered if it is released on schedule. It is my expectation that EPA will fully consider this report as well as any other relevant information in developing and implementing the screening program.

Consideration of available scientific information is crucial given the important policy decisions which will be made on the basis of the screening program's test results. As the House Commerce Committee report states, ''The bill mandates EPA action 'as is necessary to ensure the protection of public health' if the screening program finds a substance to have an endocrine effect on humans.''—Food Quality Protection Act of 1996, House Commerce Committee Report [Rept. 104–669 part 2 at p. 55].

In sum, the bipartisan agreement, enacted into law, is clear. The EPA has explicit statutory deadlines to meet. While conferees to the VA–HUD appropriations bill understandably wish to ensure a comprehensive study of the endocrine disruption issue is conducted, the conference report language does not and should not be construed to delay EPA's implementation of this important program.

Mr. MCCOLLUM. Mr. Speaker, I rise in support of the fiscal year 1997 VA, HUD, and independent agencies appropriations conference report, and to thank my friend and colleague, Chairman JERRY LEWIS, for all his good work on this bill. Under the leadership of Chairman LEWIS and the members who serve on the Committee on Appropriations, we have been able to save the taxpayers over $6 billion while providing better service to all Americans.

This bill saves the taxpayer money while matching or exceeding the President's budget request on several issues important to the citizens of this Nation. For example, this conference report increases medical care for our veterans by $449 million over the fiscal year 1996 level. Housing for the elderly has been increased by $70 million above the President's request. In addition, this conference report protects the environment by providing $140 million more than the fiscal year 1996 bill for the Environmental Protection Agency and by fully funding the Superfund program. Finally, this bill keeps America looking forward by providing full funding for the space shuttle program and the international space station.

Mr. Speaker, I would like to take a moment to talk about a program that has the potential of saving the taxpayer a great deal of money. As we are all aware, natural disasters have cost taxpayers well over $50 billion during the last 6 years. As the costs of responding to these disasters has increased, many insurance companies have determined that they can no longer afford to extend insurance to certain homeowners. Although hurricanes have caused severe damages this year, we are fortunate to have avoided the major devastation that a hurricane or earthquake can cause when it hits a major metropolitan area.

Language contained in the House report and approved by the conference committee urges the Federal Emergency Management Agency [FEMA] to consider technology being developed at the Institute for Simulation and Technology [IST] at the University of Central Florida. IST recently completed a demonstration project of an emergency management simulation used to drive realistic and interactive hurricane response exercises at the county level. Mr. Speaker, this technology could easily be adapted to simulate a broader range of disaster types and allow the interaction of multiple levels of government agencies and private relief organizations.

One of the lessons I learned from my involvement with H.R. 1856, the Natural Disaster Partnership Protection Act, is that once a mutual disaster occurs improved disaster planning and a timely response saves the taxpayer a great deal of money. This occurs because a well planned and coordinated post-disaster response will minimize additional losses and prevent resources from being squandered. For example, in the case of a hurricane, the rains following the storm usually cause significant additional damage to properties already ravaged by the winds. The technology being developed at IST will help to ensure that in the future FEMA will have the ability to coordinate even more efficient responses to natural disasters.

Mr. Speaker, I also want to tell you and my fellow colleagues about an exciting new project being developed by Florida Hospital. A new city known as Celebration is being established on the outskirts of Orlando, and Florida Hospital, a nonprofit hospital, has undertaken the development and management of a model community health care system called celebration health. Several corporations, including General Electric and Johnson & Johnson, have designated Celebration Health to showcase their most advanced technologies, attracting interest from national and international visitors.

The programs and facilities being developed by Celebration Health are designed to promote wellness by active personal management of health care, as well as to provide state-of-the-art treatment of patients through improved systems that allow them to have more involvement in their treatment. Celebration Health's objective is to demonstrate how to provide communities with the best affordable health care service, and in so doing make the town of Celebration the healthiest community in America.

In addition to these programs, there are plans to include a center for health innovations which will serve as a living laboratory for testing and evaluating the best methods for providing community based health care services. This center will provide the opportunity for health care providers to perform demonstrations and tests of new medical techologies, treatments and procedures, while documenting measurable outcomes. At the outset, the center for health innovations plans to concentrate on the areas of health information technology, medical problems associated with the elderly, heart disease, and cancer.

Of particular note is the access to information that will be available to patients and health care providers. For example, homes will have state-of-the-art capabilities that will permit residents access to on-line information developed by Celebration Health. With the development of a comprehensive computer information network, patients and professionals can access clinical data, personal medical records, diagnostic and treatment processes that will provide quick and efficient use of resources from home, hospital, outpatient clinic or home health agency.

Overall, Celebration Health will include an outpatient clinic, a health activities center, primary care facilities, medical support services and will be linked to area medical centers. Celebration Health will be a showcase for model health care delivery, operating from a technically advanced health care facility and providing state of the art medical care.

I urge the Department of Housing and Urban Development [HUD] to follow the recommendation of the Appropriations Committee in the conference report to H.R. 3666, the fiscal year 1997 VA, HUD, and independent agencies appropriations bill. Specifically, the committee urged HUD to support activities sponsored or administered by non-profit community-based entities. Celebration Health fits this requirement and I would be happy to assist the Department in supporting this important endeavor.

My colleagues, again I would like to commend Chairman LEWIS and the members on the Committee on Appropriations for their hard work on the VA, HUD, and independent agencies conference report. Their hard work on cutting spending while protecting the American people from unfair cuts is evident in this bill. Mr. Speaker, I strongly support this bill and urge my colleagues to do the same.

Mr. SHUSTER. Mr. Speaker, I would like to thank Chairman LEWIS for his hard work on this bill and the close cooperation he has afforded me and my committee, the Transportation and Infrastructure Committee during the 104th Congress. This conference report is good for our country. H.R. 3666, the VA, HUD, and independent agencies appropriations bill uses a commonsense approach to strengthen programs which protect our environment, support our veterans, and which help build environmental infrastructure for rural America.

In particular, I would like to clarify the intent of one provision related to my congressional district in Pennsylvania. On page 74 of the printed conference report 104–812, which accompanies H.R. 3666, the conference report directs EPA to make grants for $1,150,000 for waste water improvement needs in Franklin, Huntingdon, and Clearfield Counties, PA.

The following list should serve as a guide to the intent of this provision: $400,000 for wastewater needs of Metal Township in Franklin County, PA. $400,000 for wastewater needs of Mt. Union, PA in Huntingdon County, $186,000 for wastewater needs of Huston Township, PA in Clearfield County and $164,000 for Osceola Mills, PA in Clearfield County. This list equals the amount included in the report wastewater needs in these three countries and should stand to clarify any misunderstanding that might result from this provision. I thank Chairman LEWIS for this opportunity to clarify the intent of this provision and appreciate his hard work on this bill.

Mr. RICHARDSON. Mr. Speaker, I rise in support of the mental health provisions in this conference report.

Earlier this year, I offered an amendment to the health insurance reform bill which would have assured that patients with mental illness could not be discriminated against. It is long past time that this House be given the opportunity to vote on this important issue.

Mental illnesses are just as serious of a medical condition as heart disease or cancer, yet insurers have for years not offered complete coverages for the treatment of mental illness.

Nearly one out of four of all adults suffer from some type of severe mental illness in the United States each year, yet 95 percent of the major insurance companies in America have limited coverage of psychiatric care.

Of the adults in America suffering from mental health problems, less than half are receiving care for their mental illnesses.

It is time to eliminate discrimination against mental illness and I applaud this conference report for taking an important first step toward doing that.

I would urge my colleagues to support this conference report and the important mental health parity provisions it contains.

Mr. RAMSTAD. Mr. Speaker, I rise with mixed feelings about this conference report.

I am concerned about both the integrity of our legislative process and the narrowness of our mental health care debate. Earlier this year, I supported the House-passed version of the fiscal year 1997 VA/HUD appropriations measure. Since then the Senate has incorporated into this funding package three new health care mandates—in fact, it may be more appropriate to now refer to the bill before us as the VA/HUD/HHS appropriation bill. These three new public health provisions are not small and technical in nature, but rather significant changes that will affect the delivery of health care for hundreds of thousands of Americans.

To my knowledge, none of these new health care provisions have been reported out by any of the House committees of jurisdiction, nor reached the floor for a vote. I trust this leap frogging of our established legislative process, with the significant public policy implications it entails, is not a practice this body should encourage.

My second concern is that by passing the fiscal year 1997 VA/HUD conference report,

this Congress will take an important, but incomplete step toward a more equitable relationship between mental and medical health benefits.

Like the initial Senate-passed mental health parity provision in the Health Insurance Portability and Accountability Act, the provision before us again ignores all substance abuse—alcohol and drug—treatment services, which are clearly badly needed to help combat our Nation's No. 1 public health care problem. Silence and inaction are not golden.

I speak from first-hand personal experience about the benefits that alcohol treatment can bring to millions of Americans and their families. Today, alcohol and other drug addictions affect 10 percent of American adults and 3 percent of our youth. Untreated addictions last year alone cost our country nearly $167 billion.

For alcoholism alone, the public is paying $86 billion a year in direct and indirect costs attributed to the disease. Untreated alcoholics incur health care costs at least double that of nonalcoholics. Yet, most of our Nation's medical schools do not even require future health care professionals to study the disease of alcoholism.

When will Congress stop ignoring the disease of alcoholism?

As a recovering alcoholic, I know many Members of Congress need to be educated on this rampant public health problem. Only then will we be in a position to change our Nation's response to this costly, fatal disease.

To help begin our national education on alcoholism, I have introduced H.R. 3600, legislation to establish the Harold Hughes Commission on Alcoholism.

By establishing this 13-member volunteer commission for 2 years, this Congress can set into motion a commission with the task of studying methods to better coordinate existing Government programs responsive to alcohol abuse, increase public and private sector cooperation, step up the education of health care professionals on the disease of alcoholism, heighten research on alcoholism, and evaluate the cost effectiveness of treatment methods and services.

In the remaining days of this Congress, I strongly urge my colleagues to help begin our national awakening and education on the disease of alcoholism with the enactment of H.R. 3600.

I also challenge the 105th Congress to continue the important national dialogue begun this year to respond to our Nation's escalating alcohol and drug problem. We must review the importance of providing the same kind of parity we have before us today on substance abuse benefits. By working in a pragmatic, bipartisan fashion on parity and other important alcohol issues and drug concerns, we can achieve the balance between affordable health care insurance coverage, treatment and equity.

Mr. DINGELL. Mr. Speaker, I am especially pleased that the House conferees followed the Democratic motion to instruct the conferees to retain the Senate provisions regarding mental health insurance coverage and coverage for appropriate hospital stays for mothers and newborn infants. it is a single moment of enlightenment in this otherwise dismal Congress—a moment when we can say honestly we have put the needs of average American people ahead of the concerns of big insurance companies.

Equitable treatment of individuals with mental illness has been a long time coming, and these provisions—though they are not all that anyone could have wanted—are a major step in the right direction in two important ways. First, we are opening a door to understanding mental illness. Mental illness is not shameful, but treatable. It is not something to be concealed, but something to be helped. And second, it tells insurers that they must be fair about the coverage they provide to their clients, treating all conditions equitably and providing appropriate coverage so that patients can be treated and can be restored to health, from a physical or a mental cause.

The conference report also includes provisions that place in the hands of new mothers and their doctors the power to decide what kind of care these women need when they give birth to babies. Several months ago, I introduced the MOMS bill, which required health insurance coverage for at least 48 hours of hospital stay, or 96 hours for a Caesarean section, for new mothers and their babies. I am pleased that these requirements of my bill are included in the legislation before us.

However, my legislation also recognized that some doctors and new mothers may choose a shorter hospital stay. Thus, my bill provided that a shorter hospital stay could be accompanied by covered services providing care and support for the mother and the baby after they leave the hospital. But, again, that after care would be on the terms and conditions decided by the doctor and the mother together. The MOMS bill did not bring the heavy hand of Federal regulation on this decision.

Unfortunately, in negotiating this conference report, the Senate provisions relating to insurance coverage for after-hospital care of new mothers and babies were dropped. I understand the Senate provisions were considered too much Government interference. I regret that the conferees did not look at my legislation for guidance about this decision, because I think they would have found a happy solution.

While this provision is not perfect, it is good for women and for babies. It means that the era of the so-called drive-through delivery will come to an end. And it means that this important health care decision—what kind of care a new mother and a new baby need—will be made where all health care decisions should be made, in discussions between doctors and their patients.

Finally, Mr. Speaker, the conference report addresses the very real and pressing public health needs of more than 1.5 million people who live in Michigan's 16th Congressional District, as well as six other congressional districts in my home State. The Rouge River national wet weather demonstration project, a $1.4 billion effort to improve the condition of one of this Nation's most polluted rivers, will continue with $16 million in additional Federal commitments in fiscal year 1997. My colleague from Bloomfield Hills, Mr. KNOLLENBERG, worked very hard in the Appropriations Committee to assure inclusion of these much-needed funds, and as a result, dozens of communities in Metropolitan Detroit will gain from a cleaner and more usable Rouge River watershed.

Mr. Speaker, I urge adoption of the conference report.

Mr. WELDON of Florida. Mr. Speaker, I rise in support of this legislation. I am pleased that the bill provides the full amount requested by the President for NASA's human space flight programs. This will allow the functions at Kennedy Space Center, the launch site for all human space flight, to be fully funded at the budget requested by the President. This will ensure the safe operation of our Nation's space shuttle fleet.

The overall NASA budget is $13.7 billion, just $100 million under the President's budget request. The $100 million reduction comes in the science, aeronautics, and technology account, and will have no adverse impact on the operations of our space shuttle fleet or Kennedy Space Center.

This funding is important for the future of our Nation. We are the world's leader in space and we are moving forward with the next step in this leadership, the space station. We already have over 100,000 pounds of hardware ready for launch. This Congress has soundly rejected efforts to eliminate the space station.

The VA/HUD/Independent Agencies Appropriations Subcommittee recognizes clearly that NASA has already done a significant amount of voluntary downsizing, and it can truly serve as a model for other parts of the Federal Government as we reduce the size and scope of Government. However, NASA can take no further cuts in this year's budget. The committee recognized this and provide an amount nearly the President's budget request. Our children and grandchildren will thank you for supporting NASA and supporting their future.

The bill also contains provisions that would allow NASA to offer buyouts to NASA employees. This is important as some additional downsizing may take place at NASA centers around the country. I was pleased to support the inclusion of this provision, which should make the transition easier for NASA employees.

Finally, the bill includes language that urges the VA to move forward with the outpatient clinic in Brevard County, FL. For nearly a decade and one-half, veterans in this part of Florida have been promised a medical facility and after all these years have nothing to show for it but broken promises. That has changed, earlier this year the Congress passed and the President signed into law an authorization and appropriation of $25 million for the construction of an outpatient clinic in Brevard.

In a letter to me dated July 17, 1996, Secretary of Veterans Affairs Jesse Brown committed to me and the veterans of Florida that he would award a design contract by the end of September. He has yet to do this, and the bill before us includes language directing the Secretary to move forward expeditiously with this clinic. I am pleased that the bill includes this direction and hopefully it will encourage the Secretary to act quickly. The money has been available for nearly 5 months, and it's past time to get moving.

Mr. THOMAS. Mr. Speaker, I rise in support of the conference report on H.R. 3666, the VA/HUD appropriation for 1997.

In particular, as chairman of the Subcommittee on Health of the Committee on Ways and Means, I want to point out that two legislative provisions contained in the conference report amend Public Law 104–191, the Health Insurance Portability and Accountability Act of 1996, which falls within the jurisdiction of the Committee on Ways and Means. The rule, which the House just passed, waives the necessary points of order allowing the conference

report to be considered with these legislative items.

First, title VI of the conference report, titled ''Newborns' and Mothers' Health Protection Act of 1996,'' would introduce new rules which must be met by group health plans subject to the requirements of the Health Insurance Portability and Accountability Act of 1996. These rules would prevent group health plans from restricting certain benefits for hospital care in connection with childbirth.

Second, title VII of the conference report, titled ''Parity in the Application of Certain Limits to Mental Health Benefits,'' would introduce new rules which also must be met by group health plans subject to the requirements of the Health Insurance Portability and Accountability Act of 1996. These rules establish certain requirements concerning application of lifetime or annual limits to mental health benefits, if mental health benefits are included in the group health plan.

The conferees have noted in their report language that, in order for this provision to be fully implemented, the Internal Revenue Code must be appropriately amended. Such amendments would permit enforcement of these new requirements through the tax penalty structure that was recently enacted in the Health Insurance Portability and Accountability Act applicable to group health plans. In other words, we are adding new requirements to only the Public Health Service Act and ERISA—Employee Retirement and Income Security Act—portions of the underlying law without being able at this time, to make the necessary conforming requirements to the Internal Revenue Code due to procedural constraints on this appropriations bill. It is our intention on the Committee on Ways and Means to move the conforming tax provisions as soon as possible.

It is also important to note that the maternal stay provision has been scored as having a negative income and payroll tax revenue effect of $112 million over the period 1997–2002. The mental health parity provision has a negative revenue effect of $431 million over the same period. These revenue losses are clearly a matter of concern and responsibility for the committee with jurisdiction over tax matters.

The legislative language needed to accomplish full implementation of the maternal stay and mental health provisions in the framework of the underlying Health Insurance Portability and Accountability Act, is reflected in the text of H.R. 4135, introduced today by myself and Mr. STARK, the ranking minority member of the Subcommittee on Health. We are entering the text of H.R. 4135 in the CONGRESSIONAL RECORD to indicate the changes the Committee on Ways and Means intends to pursue.

Finally, we have exchanged letters regarding these jurisdictional matters with the chairman of the Committee on Appropriations and I understand that these letters will be placed in the CONGRESSIONAL RECORD.

H.R. 4135

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Newborns' and Mothers' Health Protection and Mental Health Parity Implementation Amendments of 1996''.

SEC. 2. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986 TO IMPLEMENT THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 AND THE MENTAL HEALTH PARITY ACT OF 1996.

(a) IN GENERAL.—Subtitle K of the Internal Revenue Code of 1986 (as added by section 401(a) of the Health Insurance Portability and Accountability Act of 1996) is amended—

(1) by striking all that precedes section 9801 and inserting the following:

''Subtitle K—Group Health Plan Requirements

''CHAPTER 100. Group health plan requirements.

''CHAPTER 100—GROUP HEALTH PLAN REQUIREMENTS

''Subchapter A. Requirements relating to portability, access, and renewability.

''Subchapter B. Other requirements.

''Subchapter C. General provisions.

''Subchapter A—Requirements Relating to Portability, Access, and Renewability

''Sec. 9801. Increased portability through limitation on preexisting condition exclusions.

''Sec. 9802. Prohibiting discrimination against individual participants and beneficiaries based on health status.

''Sec. 9803. Guaranteed renewability in multiemployer plans and certain multiple employer welfare arrangements.'',

(2) by redesignating sections 9804, 9805, and 9806 as sections 9831, 9832, and 9833, respectively,

(3) by inserting before section 9831 (as so redesignated) the following:

''Subchapter C—General Provisions

''Sec. 9831. General exceptions.

''Sec. 9832. Definitions.

''Sec. 9833. Regulations.'', and

(4) by inserting after section 9803 the following:

''Subchapter B—Other Requirements

''Sec. 9811. Standards relating to benefits for mothers and newborns.

''Sec. 9812. Parity in the application of certain limits to mental health benefits.

''SEC. 9811. STANDARDS RELATING TO BENEFITS FOR MOTHERS AND NEWBORNS.

''(a) REQUIREMENTS FOR MINIMUM HOSPITAL STAY FOLLOWING BIRTH.—

''(1) IN GENERAL.—A group health plan may not—

''(A) except as provided in paragraph (2)—

''(i) restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child, following a normal vaginal delivery, to less than 48 hours, or

''(ii) restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child, following a cesarean section, to less than 96 hours; or

''(B) require that a provider obtain authorization from the plan or the issuer for prescribing any length of stay required under subparagraph (A) (without regard to paragraph (2)).

''(2) EXCEPTION.—Paragraph (1)(A) shall not apply in connection with any group health plan in any case in which the decision to discharge the mother or her newborn child prior to the expiration of the minimum length of stay otherwise required under paragraph (1)(A) is made by an attending provider in consultation with the mother.

''(b) PROHIBITIONS.—A group health plan may not—

''(1) deny to the mother or her newborn child eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of this section;

''(2) provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum protections available under this section;

''(3) penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided care to an individual participant or beneficiary in accordance with this section;

''(4) provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section; or

''(5) subject to subsection (c)(3), restrict benefits for any portion of a period within a hospital length of stay required under subsection (a) in a manner which is less favorable than the benefits provided for any preceding portion of such stay.

''(c) RULES OF CONSTRUCTION.—

''(1) Nothing in this section shall be construed to require a mother who is a participant or beneficiary—

''(A) to give birth in a hospital; or

''(B) to stay in the hospital for a fixed period of time following the birth of her child.

''(2) This section shall not apply with respect to any group health plan which does not provide benefits for hospital lengths of stay in connection with childbirth for a mother or her newborn child.

''(3) Nothing in this section shall be construed as preventing a group health plan from imposing deductibles, coinsurance, or other cost-sharing in relation to benefits for hospital lengths of stay in connection with childbirth for a mother or newborn child under the plan, except that such coinsurance or other cost-sharing for any portion of a period within a hospital length of stay required under subsection (a) may not be greater than such coinsurance or cost-sharing for any preceding portion of such stay.

''(d) LEVEL AND TYPE OF REIMBURSEMENTS.—Nothing in this section shall be construed to prevent a group health plan from negotiating the level and type of reimbursement with a provider for care provided in accordance with this section.

''(f) PREEMPTION; EXCEPTION FOR HEALTH INSURANCE COVERAGE IN CERTAIN STATES.—The requirements of this section shall not apply with respect to health insurance coverage if there is a State law (including a decision, rule, regulation, or other State action having the effect of law) for a State that regulates such coverage that is described in any of the following paragraphs:

''(1) Such State law requires such coverage to provide for at least a 48-hour hospital length of stay following a normal vaginal delivery and at least a 96-hour hospital length of stay following a cesarean section.

''(2) Such State law requires such coverage to provide for maternity and pediatric care in accordance with guidelines established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, or other established professional medical associations.

''(3) Such State law requires, in connection with such coverage for maternity care, that the hospital length of stay for such care is left to the decision of (or required to be made by) the attending provider in consultation with the mother.

''SEC. 9812. PARITY IN THE APPLICATION OF CERTAIN LIMITS TO MENTAL HEALTH BENEFITS.

''(a) IN GENERAL.—

''(1) AGGREGATE LIFETIME LIMITS.—In the case of a group health plan that provides both medical and surgical benefits and mental health benefits—

''(A) NO LIFETIME LIMIT.—If the plan does not include an aggregate lifetime limit on substantially all medical and surgical benefits, the plan may not impose any aggregate lifetime limit on mental health benefits.

''(B) LIFETIME LIMIT.—If the plan includes an aggregate lifetime limit on substantially all medical and surgical benefits (in this paragraph referred to as the 'applicable lifetime limit'), the plan shall either—

''(i) apply the applicable lifetime limit both to the medical and surgical benefits to which it otherwise would apply and to mental health benefits and not distinguish in the application of such limit between such medical and surgical benefits and mental health benefits; or

''(ii) not include any aggregate lifetime limit on mental health benefits that is less than the applicable lifetime limit.

''(C) RULE IN CASE OF DIFFERENT LIMITS.—In the case of a plan that is not described in subparagraph (A) or (B) and that includes no or different aggregate lifetime limits on different categories of medical and surgical benefits, the Secretary shall establish rules under which subparagraph (B) is applied to such plan with respect to mental health benefits by substituting for the applicable lifetime limit an average aggregate lifetime limit that is computed taking into account the weighted average of the aggregate lifetime limits applicable to such categories.

''(2) ANNUAL LIMITS.—In the case of a group health plan that provides both medical and surgical benefits and mental health benefits—

''(A) NO ANNUAL LIMIT.—If the plan does not include an annual limit on substantially all medical and surgical benefits, the plan may not impose any annual limit on mental health benefits.

''(B) ANNUAL LIMIT.—If the plan includes an annual limit on substantially all medical and surgical benefits (in this paragraph referred to as the 'applicable annual limit'), the plan shall either—

''(i) apply the applicable annual limit both to medical and surgical benefits to which it otherwise would apply and to mental health benefits and not distinguish in the application of such limit between such medical and surgical benefits and mental health benefits; or

''(ii) not include any annual limit on mental health benefits that is less than the applicable annual limit.

''(C) RULE IN CASE OF DIFFERENT LIMITS.—In the case of a plan that is not described in subparagraph (A) or (B) and that includes no or different annual limits on different categories of medical and surgical benefits, the Secretary shall establish rules under which subparagraph (B) is applied to such plan with respect to mental health benefits by substituting for the applicable annual limit an average annual limit that is computed taking into account the weighted average of the annual limits applicable to such categories.

''(b) CONSTRUCTION.—Nothing in this section shall be construed—

''(1) as requiring a group health plan to provide any mental health benefits; or

''(2) in the case of a group health plan that provides mental health benefits, as affecting the terms and conditions (including cost sharing, limits on numbers of visits or days of coverage, and requirements relating to medical necessity) relating to the amount, duration, or scope of mental health benefits under the plan, except as specifically provided in subsection (a) (in regard to parity in the imposition of aggregate lifetime limits and annual limits for mental health benefits).

''(c) EXEMPTIONS.—

''(1) SMALL EMPLOYER EXEMPTION.—This section shall not apply to any group health plan for any plan year of a small employer (as defined in section 4980D(d)(2)).

''(2) INCREASED COST EXEMPTION.—This section shall not apply with respect to a group health plan if the application of this section to such plan results in an increase in the cost under the plan of at least 1 percent.

''(d) SEPARATE APPLICATION TO EACH OPTION OFFERED.—In the case of a group health plan that offers a participant or beneficiary two or more benefit package options under the plan, the requirements of this section shall be applied separately with respect to each such option.

''(e) DEFINITIONS.—For purposes of this section:

''(1) AGGREGATE LIFETIME LIMIT.—The term 'aggregate lifetime limit' means, with respect to benefits under a group health plan, a dollar limitation on the total amount that may be paid with respect to such benefits under the plan with respect to an individual or other coverage unit.

''(2) ANNUAL LIMIT.—The term 'annual limit' means, with respect to benefits under a group health plan, a dollar limitation on the total amount of benefits that may be paid with respect to such benefits in a 12-month period under the plan with respect to an individual or other coverage unit.

''(3) MEDICAL OR SURGICAL BENEFITS.—The term 'medical or surgical benefits' means benefits with respect to medical or surgical services, as defined under the terms of the plan, but does not include mental health benefits.

''(4) MENTAL HEALTH BENEFITS.—The term 'mental health benefits' means benefits with respect to mental health services, as defined under the terms of the plan, but does not include benefits with respect to treatment of substance abuse or chemical dependency.

''(f) SUNSET.—This section shall not apply to benefits for services furnished on or after September 30, 2001.''

(b) CONFORMING AMENDMENTS.—

(1) Chapter 100 of such Code (as added by section 401 of the Health Insurance Portability and Accountability Act of 1996 and as previously amended by this section) is further amended—

(A) in the last sentence of section 9801(c)(1), by striking ''section 9805(c)'' and inserting ''section 9832(c)'';

(B) in section 9831(b), by striking ''9805(c)(1)'' and inserting ''9832(c)(1)'';

(C) in section 9831(c)(1), by striking ''9805(c)(2)'' and inserting ''9832(c)(2)'';

(D) in section 9831(c)(2), by striking ''9805(c)(3)'' and inserting ''9832(c)(3)''; and

(E) in section 9831(c)(3), by striking ''9805(c)(4)'' and inserting ''9832(c)(4)''.

(2) Section 4980D of such Code (as added by section 402 of the Health Insurance Portability and Accountability Act of 1996) is amended—

(A) in subsection (c)(3)(B)(i)(I), by striking ''9805(d)(3)'' and inserting ''9832(d)(3)'';

(B) in subsection (d)(1), by inserting ''(other than a failure attributable to section 9811)'' after ''on any failure'';

(C) in subsection (d)(3), by striking ''9805'' and inserting ''9832'';

(D) in subsection (f)(1), by striking ''9805(a)'' and inserting ''9832(a)''.

(3) The table of subtitles for such Code is amended by striking the item relating to subtitle K (as added by section 401(b) of the Health Insurance Portability and Accountability Act of 1996) and inserting the following new item:

''SUBTITLE K. Group health plan requirements.''

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to group health plans for plan years beginning on or after January 1, 1998.

Mr. RANGEL. Mr. Speaker, I commend my good friends, Congressman STOKES, and Congressman JERRY LEWIS, ranking member and chairman respectively of the House Appropriations Subcommittee on Housing and Urban Development, Veterans Administrations Subcommittee for all their hard work in producing the conference report on the fiscal year 1997 VA–HUD appropriations bill.

I want to take this opportunity to discuss one of the important programs that has been supported in the past by this subcommittee, the Economic Development Initiatives of the Department of Housing and Urban Development. The EDI program is part of HUD's Community Development Block Grant Program. This program is assigned the important task of financing efforts that generate economic revitalization and link people to jobs and social services, goals which are critical to the communities which I represent in Harlem and Washington Heights.

I hope that over the next year Congressmen LEWIS and STOKES work with the Department of Housing and Urban Development to consider requests to fund grant proposals in the Economic Development Initiative Program. I also encourage the Department that if it does decide to fund such proposals, that it give strong consideration to an important project in my district, Columbia University's Center for Disease Prevention.

The Center for Disease Prevention provides a crucial instrument for the creation of new business and jobs in the economically depressed neighborhoods of Washington Heights and Harlem. CDP, as well as the larger Audubon Research Park of which it is a vital component, will be the central element of the new Enterprise Zone program in New York, providing job training and business development services to these north Manhattan neighborhoods. Furthermore, CDP will provide a center for enabling American biomedical science to generate new business in advanced pharmaceuticals and medical technologies in this economically depressed area. The purpose of the entire project is to attract entrepreneurs and expand businesses and establish the area as a hub of biotechnology industry employment.

When completed, the CDP will support 400 new jobs. The entire Audubon project will create nearly 2,500 jobs, including scientific, research, laboratory, clerical, administrative, retail, and building operations and support, and young people in the area will have access to job training and educational opportunities that would otherwise not be available to them. In addition to this important economic stimulus, the health benefits from new discoveries at CDP (and the entire Park) will flow directly to the surrounding community which is characterized by high rates of illness associated with poverty poor health, and urban distress.

In closing, I would appreciate the subcommittee encouraging the Department of Housing and Urban Development to consider proposals under CDBG's Economic Development Initiative program, and if such proposals are considered, I will work with the Department to favorably review Columbia University's Center for Disease Prevention, a project that will promote economic revitalization and job training and creation in New York City.

Mr. TOWNS. Mr. Speaker, I rise in full support of the maternity stay agreement reached in the Conference Report on VA–HUD appropriations for fiscal year 1997. The Maternity Stays provision ensures that newborn babies and their mothers receive appropriate health care in the critical first few days following birth.

The 48-hour minimum stay is consistent with steps being considered by some States and is very similar to the bill which I introduced during the 104th Congress, The Mother and Child Protection Act of 1996.

The typical length of stay over a decade ago for a woman and her infant after delivery was 3 to 5 days for a vaginal delivery and 1 to 2 weeks for a caesarean delivery. Over the past few years the typical length of stay decreased to 24 hours or less for a uncomplicated vaginal delivery and two or three for caesarean. In some regions of the country, hospitals are now discharging women 6 to 12 hours following a vaginal birth. The Conference Report on VA–HUD Appropriations for fiscal year 1997 will stop this problem from occurring.

I am pleased that my colleagues all agree that shorter hospital stays are placing the health of many newborns and mothers at risk. We all agree that the shorter stay increases the incidence in newborns of jaundice, dehydration, phenylketonuria [PKU], and other neonatal complications.

Prevention has always been a way to cut health care costs. However, discharging mothers and newborns early creates its own costs. No longer will a child have to suffer brain damage or other permanent disabilities because they did not receive adequate early care, insurers will not be forced to pay for treating patients for conditions which could have been prevented or lessened if caught earlier.

Mr. Speaker, the VA–HUD appropriations for 1997 will allow new mothers to focus on learning to care for their newborns and themselves instead of being concerned with when their insurance will run out. I also want to lend my full support of the mental health parity provisions contained in the 1997 VA–HUD Conference Report. As a trained social worker, I am quite comfortable with expressing the important of providing mental health coverage to the mentally ill population.

The mental health parity provision will help to eradicate the stigma that is commonly placed on mental health patients. This provision will begin to wash away the deep rooted ignorance of thinking that mental illness is due to some sinful behavior. This kind of stigma has kept many individuals from seeking help, and it has prevented health professionals from providing needed services. It is my honest belief that the stigma associated with mental health will be greatly reduced by this provision. No longer will patients be too embarrassed to seek help. And, no longer will providers be forced to turn patients away, and thus discriminate between illnesses.

I urge the adoption of these provisions.

Mr. FAZIO of California. Mr. Speaker, I rise in support of H.R. 3666, the VA/HUD and Independent Agencies Appropriations Conference Report. This bill provides a total of $84.7 billion for veterans and housing programs, the Environmental Protection Agency, NASA, and the National Science Foundation. While this bill falls well short of the administration's request, overall funding is $2.3 billion higher than last year's level. I would like to thank the chairman of the subcommittee, JERRY LEWIS, for moving this bill with little controversy, and I would like to recognize and thank the ranking member LOUIS STOKES for all of this assistance in getting this bill to the floor.

Although I am pleased that funding for the replacement hospital at Travis Air Force Base is included in this bill, I am concerned that construction for this hospital will continue to be delayed and cause veterans to wait even longer for adequate medical facilities. I would just like to point out that until last year this hospital was on track to be finished by the end of 1998. Now it looks as though we will not even begin construction until 1998 at the earliest.

I know that some members of the other body would like to see additional justifications for this project. However, with all due respect, Congress has already authorized this hospital. We don't need any more studies or more delays. We need to get concrete in the ground and begin to construct the hospital for our veterans.

I would again like to recognize the steadfast support of Operation VA, and in particular, Carolyn Rennert and George Pettygrove, who have been unwavering in their support for the construction of this hospital. The entire Travis community, including many hard working veterans and citizens throughout Solano County, deserve praise for their efforts. I would also like to thank the chairman of the VA–HUD Subcommittee, JERRY LEWIS, for his support for the hospital. His commitment to the hospital is a significant step in ensuring that the hospital at Travis becomes a reality.

I am also pleased that the bill includes funding for the Sacramento River Toxic Pollutant Control Program [SRTPCP] within the EPA's Environmental Programs and Management Account. This is a cooperative program conducted by the Sacramento Regional County Sanitation District and the Central Valley Regional Water Quality Control Board.

The Sacramento River is the largest and most important river in California. It supplies water for agricultural, municipal, and industrial uses as well as providing important recreational benefits. Unfortunately, this key environmental and economic asset is threatened by pollutant loadings that jeopardize these beneficial uses. The river exceeds State and EPA-recommended water quality criteria developed in the early 1990's for a number of toxic pollutants, particularly metals such as copper, mercury, and lead.

The SRTPCP, which is in its third year, was created to bring the Sacramento River into compliance with water quality standards. The program is based on watershed management concepts including the development of site-specific water quality standards and technically feasible, cost-effective programs to achieve water quality standards in the river and its tributaries.

I am also pleased that the conference committee was able to address three significant problems in the field of health policy.

First, I am glad to see that the conferees included a provision which will require insurance companies to pay for a mother and her newborn to stay in the hospital for at least 48 hours following delivery. Many of us have sponsored legislation which would achieve that same goal and I am glad that this bill includes that provision.

Next, I am pleased to see that the mental health parity provision was included in the conference report. This is an issue of fundamental fairness. Moreover, the Congressional Budget Office [CBO] has indicated that this provision will result in a minute increase in health insurance premiums. This is a small price to pay for equal treatment which will benefit millions of Americans.

Finally, I am particularly happy that the conference committee has included provisions that will have the Veterans Affairs provide certain benefits to children born with spina bifida, if one of the child's parents was exposed to Agent Orange while serving in the Vietnam War. I believe that we have the moral obligation to help these families. By having the VA provide benefits to these families who are in need of assistance, we can honor those who have served and stood by this country in times of need.

In closing, Mr. Speaker, I want to express my thanks to the conference committee for their fine work and urge my colleagues to support this bill.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 3666, the VA, HUD and Independent Agencies Appropriations Act. I ask unanimous consent to revise and extend my remarks.

This legislation contains several important provisions for my home State of Florida. First, the conference report for H.R. 3666 includes $20 million for the construction of the first phase of a new spinal cord injury [SCI] unit at the James Haley VA Medical Center in Tampa, FL.

The State of Florida has one of the highest concentrations of veterans with spinal cord injuries [SCI] or spinal cord disease in the country. The 70 SCI beds currently in operation at the James A. Haley VA Medical Center were originally intended for use by psychiatry patients and are inadequate for the unique needs of SCI patients. The VA first proposed expanding the current SCI unit in 1979.

The construction of a new SCI unit will replace Tampa's severely overburdened SCI unit and improve services to meet the high demand for specialized care provided to spinal cord injured veterans in the State of Florida.

I have been working on this project for several years and am pleased that the House Appropriations Committee recognized the importance of the SCI unit project and included its funding in H.R. 3666. I want to thank Chairman LEWIS and ranking minority member STOKES for their continuing support of this important project. This construction funding will allow the process of building the new spinal cord injury unit to move forward.

The conference report also retains a Senate amendment which directs the Secretary of Veterans Affairs to develop a national plan for the allocation of health care resources among health care facilities. This provision would ensure that veterans have similar access to health care regardless of where they live.

This resource allocation problem has been verified by the General Accounting Office in a report entitled ''Veterans' Health Care: Facilities' Resource Allocation Could Be More Equitable.'' The GAO found that the Department of Veterans' Affairs continues to allocate funding based on past budgets rather than current needs. In addition, the Agency has failed to implement the resource planning and management system [RPM] developed 2 years ago to help remedy funding inequity.

Since coming to Congress, I have heard from veterans who have moved to Florida and have been denied care by the VA. Prior to moving, these veterans were able to receive care from their local VA medical facility. However, once they move to Florida, which has one of the lowest rates of non-mandatory care in the country, they are turned away by the VA because they fall into the discretionary care category.

It is hard for these veterans to understand how they can lose their VA health care simply by moving to another part of the country. As their representative in Congress, I share their frustrations. Therefore, I am pleased that the House conferees agreed to the Senate amendment.

I urge my colleagues to support H.R. 3666.

Thank you, Mr. Speaker.

Mrs. ROUKEMA. Mr. Speaker, I rise in strong support of the conference report for H.R. 3666, the FY VA–HUD appropriations bill. I urge all of my colleagues to join in passing this important measure.

As chairman and ranking minority member of the VA–HUD appropriations subcommittee, our colleagues, Mr. LEWIS and Mr. STOKES, have a very difficult job—almost by definition—trying to steer the 3d largest spending bill through the Congress in these times of fiscal restraint. I commend them for their decision to, in some very important areas, adopt the more favorable funding levels proposed by the Senate, including such high priorities as: a $726 million increase in funding for the Veterans Department; a $323 million increase in funding for the Housing and Urban Development Department; and a $184 million increase in funding for the Environmental Protection Agency.

At the same time, this appropriation conference report meets all of its budget targets as part of our ongoing effort to balance the budget by the year 2002 by simply slowing-down the growth rate of Federal spending.

But, more than any particular funding level that is contained in this bill, I am rising in strong support of H.R. 3666 because the conferees retained two very important Senate amendments regarding health care for American families.

In this respect, I particularly wish to commend Representative STOKES for his dedication in bringing the focus and spotlight to the health insurance provisions attached to this bill by the Senate. He brought this issue to the attention of this House through his very successful motion to instruct the conferees almost 2 weeks ago. Because of his bold action, this conference committee report contains the so-called Bradley-Frist amendment requiring at least 48 hours of hospitalization coverage for women giving birth and the Domenici-Wellstone amendment requiring non-discrimination or parity in a health plan's annual and lifetime limits for physical and mental illness were both clarified and retained for the conference committee.

48-HOUR HOSPITALIZATION FOR MOTHERS W/NEWBORN CHILDREN

The Bradley-Frist amendment builds on the law that New Jersey and more than 20 other States have recently enacted in response to some of the latest so-called cost savings proposals—which in reality ration care and violate standards of modern medicine—from the managed care industry. In fact, some managed care plans send mothers with newborn children home 12 or 18 hours after delivery in order to cut costs and enhance their bottom lines. These practices are a disgrace and our action here today will mark the beginning of our standing up for the tradition of quality of care in our Nation.

Women don't go to hospitals to give birth for the hotel room service they receive there—mothers and newborn children should be able to stay in the hospital as long as medically necessary. Establishing 48 hours as a minimum hospital stay isn't really asking for too much for a health insurance plan to provide for a mother with a newborn child. Medical monitoring for at least 48 hours is necessary if we are to guard against new mothers hemorrhaging or newborns getting jaundice, in order to avoid the threat of mental retardation.

MENTAL HEALTH PARITY COMPROMISE

And, in addition, the conference report included a modified version of the Domenici-Wellstone-Roukema mental health parity amendment. The latest compromise version of this legislation simply requires health insurance companies to have equal annual and lifetime caps on physical and mental illness.

This is only a first step toward ending the discrimination that insurance plans practice against the mentally ill. But I believe it will be a landmark breakthrough—a first step, if you will, toward full parity.

This requirement will go into effect in 1998 and remain in effect until 2001 for employers with more than 50 workers. And, if insurance premiums increase by more than 1 percent as a result of this change, employers will not be required to offer parity.

Now, I should advise my colleagues that the Congressional Budget Office [CBO] has reviewed the Domenici-Wellstone-Roukema plan and concluded that the health insurance premiums will increase by less than one-fifth of 1 percent.

In other words, CBO believes that health premiums will not even increase by a half of one-percent, let alone anything more than 1 percent, as a result of this modest mental health parity requirement.

In the final analysis, what that really means in plain English is ''mental health parity is the right thing to do for workers, and it makes good business sense, too.''

While Senator DOMENICI and I originally sponsored legislation that required full-blown parity of health insurance treatment between physical and mental illness, people of good faith on the conference committee were able to reach consensus and compromise in order to help millions of people who suffer from mental illness, and for that, I thank Chairman LEWIS and subcommittee ranking minority member STOKES.

With this breakthrough, we are advancing beyond the ignorance and apathy that has characterized the treatment of the mentally ill by the insurance industry.

Mr. Chairman, I want to again commend Senator DOMENICI and the conferees for this enlightened and humane legislative package. I urge its passage and enactment.

Mr. VENTO. Mr. Speaker, I rise in reluctant support of the Conference Agreement on H.R. 3666, the VA, HUD and independent agencies appropriations bill. This fiscal year 1997 conference agreement is overall an improved bill in comparison to the extreme bill passed by the majority party of the House last year and by the measure that the House earlier acted on this year for fiscal year 1997.

I remain concerned, however, that this measure largely out of step with people, priorities and shared sacrifice which should characterize reductions in spending necessary to achieve sound fiscal balance. I do pragmatically understand, however, that more often than not the votes in this Congress simply don't reflect American public opinion and priorities.

On the whole, the agreement basically maintains the status quo with 1996 levels of spending; that is levels established After serious cuts of between 20 and 30 percent were made to housing and homeless programs in 1995–96. Unfortunately, it does continue the trend of cutting housing programs. While it changes the names of many of the housing accounts, the agreement is unable to mask 17 percent cuts from last year's levels in section 202 elderly housing and section 811 disabled housing and a 10 percent cut in section 8 rental assistance contract renewals. It is impossible to mask the fact this bill provides no new section 8 tenant rental assistance. This bill does not even attempt to put a dent in the number of households that have worst case housing needs. HUD has reported to us that some 5.3 million people who do not receive housing assistance are underhoused or are paying much too much of their income to be housed. By treading water, this bill's allocation for HUD espouses a policy of inadequate and limited help for people in need of housing assistance.

I am pleased at the continued funding for the drug elimination grant program for public and assisted housing, a program I have fought to keep authorized in the 104th Congress. I note, however, that the inability to compromise or work bipartisanly has put off a partial authorization of housing programs in this Congress. We are left, again, to ask the appropriators to carry forward critical programs and to enact only incremental or temporary reforms in public and assisted housing, FHA multi-family, FHA single-family, and the FHA assignment program.

I am hopeful that the authorizing subcommittee will work bipartisanly next year on all housing programs in our jurisdiction so that we can move forward on FHA reforms to expand homeownership opportunities, neighborhood and economic development programs so we continue to improve our assistance to our Nation's communities, and public housing reform so we can move forward permanently with appropriate devolution of authority to local housing agencies balanced by Federal standards to protect low-income tenants and aspiring residents.

As a senior member of the authorizing committee for housing programs, I have grave concerns about a bill that basically maintains about $4 billion worth of cuts from FY 1995 levels and undercuts the Administration's request by $2.3 billion while at the same time continuing to provide $5.4 billion to NASA for human space flight, the space station, in its tenth reincarnation. Like so many before it, this appropriations bill continues to place deficit reduction on the backs of the most vulnerable Americans—the poor, the homeless, and even our elderly.

EPA funding is $330 million below the Administration's request. A strong and cost effective community program, AmeriCorp, is level-funded at $403 million by this Conference Agreement. Perhaps the only ''safe'' programs

are those important programs within the Department of Veterans Affairs which has available over $39 billion. Even in this instance, we must acknowledge the greater needs for veterans and these programs. Despite funding less than the Administration requested, positive increases in VA medical care and major construction of VA facilities are achieved.

Although total spending for the Environmental Protection Agency is slightly higher than last year's level, if we are to protect the air we breathe and water we drink, we must be serious about the funding for this important agency. The bill also restores the $725 million funding to the state drinking water revolving funds which was lost when the Safe Drinking Water Act was reauthorized too late to include these funds in 1996 fiscal year. If the majority had been doing its job correctly, this deadline would have been respected and this funding would have been available as soon as the Safe Drinking Water Act was passed.

I do want to note my strong support for the $50 million of funding for the Neighborhood Reinvestment Corporation and for the provision of $45 million to continue the promising Community Development Financial Institutions Program. Both of these represent good public private partnership that would be penny wise and pound foolish to further cut or deny. I also note that the FEMA Emergency Food and Shelter Program has been level funded at $100 million for fiscal year 1997. Here again is an essential program that is a very successful partnership that should be pursued as vigorously as possible. With the non-profits who are attempting to cope with the needy, the homeless.

Mr. Chairman, while this agreement is a better bill, a less contentious bill, than last year's or this year's initial House-passed measure, I am concerned that this bill could have far reaching adverse effects as cuts masquerade as level funding amounts. The trick is viewing the reality of those cuts compared to a 1995 baseline. What I see is a continued reality of human deficits and environmental tragedies that will not be assuaged or fooled by the funding in this bill.

While this measure breaks the rules for consideration of policy matters. The fact is this 104th Congress has repeatedly disregarded such process specifics.

I am pleased to see the addition of several important health provisions to this bill. I am a supporter of parity health insurance coverage of mental illness and this bill states that insurers must provide the same spending cap for mental illness as they do for physical illness. This is a common sense measure of fairness.

Another important consumer victory in this bill is the inclusion of a provision to end ''drive-through deliveries.'' The bill require insurance plans to provide for at least a two-day hospital stay for mothers and newborns following a normal delivery, and a four-day stay following a Caesarean procedure. I am a cosponsor of separate legislation to provide this protection and am pleased to see it included in this Conference report.

Although I do not support every aspect of the bill and have grave misgivings about some of the NASA programs funded at the expense of housing and homeless programs, along with the tremendous number and dollar amount of the earmarks made in veterans and EPA programs. I will support the bills—as this Congress and administration have been through this exercise during this section once and the outcome and mark established in 1996 Fiscal Year is improved in this 1997 fiscal year version—compromise and reality argues for a positive vote. With the hope that the future will change the priorities and the mind set in Congress that has skewed the programs this session.

Mr. NADLER. Mr. Speaker, I rise in support of the Veterans Administration and Housing and Urban Development Appropriations Conference Report. The inclusion of maternity care provisions which require health insurance companies to provide a minimum hospital stay of 48 hours following the delivery of a child and a 72 hour stay for cesarean sections; an increase of $25 million for a total of $196 million for Housing Opportunities for People with AIDS; and the adoption of a mental health party provision, all represent great victories.

I am proud that maternity care protection, modeled on legislation which I introduced with Representative TORRICELLI, the ''Mothers' and Infants' Good Health Act,'' is included in this bill. As health care insurance companies continue to cut costs by reducing services and hospital stays the care given to mothers and newborns has suffered greatly. What has come to be known as ''express deliveries'' has led to numerous cases of undetected and untreated ailments—some potentially fatal—in both infants and mothers after they return home. The result has been additional complications, with more suffering, higher costs with increased emergency room visits, later hospital readmissions, and long lasting disability. The fact that it is now becoming the standard of care to release mothers and infants in under 24 hours following birth is atrocious.

As the trend continues for health insurance companies to sacrifice care for the sake of profits, the government has an obligation to make health insurers accountable to provide adequate and reliable health care for all Americans.

Numerous states have already enacted laws or regulations to enforce this provision. It's time that this became the national standard of care. I commend the Conferees for including it.

As a Representative of New York City, the city hardest hit by AIDS, I am pleased that this agreement contains an extra $25 million for the Housing Opportunities for People with AIDS program.

At any given time, one-third to one-half of all Americans with AIDS are either homeless or in imminent danger of losing their homes. HOPWA is the only federal housing program that specifically provides cities and states hardest-hit by the AIDS epidemic with the resources to address the housing crisis facing people living with AIDS in communities throughout the nation. This program is critically important is not only securing safe and suitable housing for the millions of people living with AIDS, but also for sustaining the health of those who have lost their housing or who have been homeless. Without stable housing, people with AIDS are at a greater risk of premature death due to exposure to other diseases, poor nutrition, stress, and lack of medical care.

The increase of $25 million for HOPWA will truly make a difference for people with AIDS in New York and the nation.

As millions of Americans suffer from mental illnesses which are quite often treatable, the mental health parity provisions in this bill are extremely important. To require health insurance companies to equalize the coverage of mental and physical illness is only fair and right, and to deny equal coverage amounts to nothing less than discrimination. As we continue to educate people about the nature of mental illness—that it is treatable like any other illness—we must continue to ensure that individuals suffering from those illnesses receive the help they need.

After a long year of fighting for these basic housing and health care protections I am pleased to see them included in this bill and urge my colleagues to support these very important provisions.

Mr. GOSS. Mr. Speaker, I am pleased to support H.R. 3666, the fiscal year 1997 VA/HUD appropriation bill. While a number of Members will undoubtedly touch on other important provisions in the bill—including parity for mental health benefits and mandatory stays for mothers and newborns—I would like to focus my limited time on veterans health care.

As we work to balance the budget, it is imperative that we maintain our sacred compact with our veterans. Again this year, we have demonstrated that you can save money and eliminate wasteful spending without cutting back on high priority items like veterans services. For fiscal year 1997, we have provided $17 billion for veterans medical care—a $449 million increase from last year's level and a raise from the President's request.

We have also moved to transform our health care delivery system from a hospital based system to one that emphasizes more cost-efficient primary and outpatient care. In my own district, we have moved forward to expand services to our underserved veterans through expansion of our Fort Myers outpatient clinic. I am pleased to report that the VA has chosen a site and we are on schedule for completion.

Veterans' health care continues to present other serious challenges as we enter the next century. For too many veterans in growth States like Florida, a guaranteed entitlement of medical care has become a hollow promise. We must find a way to have the dollars follow the veterans rather than being distributed in antiquated formulas. The Graham-McCain amendment, adopted in conference, is an excellent step in the right direction as we work for fairness and equity in the VA health care system. I hope and expect that the VA will follow this clear directive and expeditiously work for a better formula.

I applaud Chairman LEWIS and Ranking Member STOKES for a job well done and I urge a yes vote for this important legislation.

Mrs. VUCANOVICH. Mr. Speaker, many people have stated that the VA-HUD-Independent Agencies Appropriations Subcommittee has to deal with everything but the kitchen sink. As a member of this important subcommittee, I can tell you that this year we had to deal with the kitchen sink too. Fortunately, under the superb leadership of my friend, JERRY LEWIS, H.R. 3666 works hard for the citizens of our country.

Under the bill, veterans can be reassured that VA medical care is a top priority for Congress, increasing this account by 2.7 percent over last year. And for the first time ever, health benefits will be provided to children

born with spina bifida, if one parent was exposed to agent orange while serving our country.

In addition, H.R. 3666 keeps our commitment to those who need housing assistance. Specifically, the bill provides $39.2 billion for the Department of Housing and Urban Development. This amount includes $4.6 billion for community development grants which continue to help communities across the Nation.

H.R. 3666 also ensures that our missions in space are mean and lean. Funding for NASA is carefully calculated so that every penny can be accounted.

While the kitchen sink may be a useful item in our homes, it can get cumbersome in an appropriations bill. But the chairman and his staff have the skills of excellent plumbers. The health provisions to help newborns and their moms, and provide mental health parity were carefully crafted to provide the maximum benefit to citizens, with limited pressures on businesses. I thank the committee and the leadership for inclusion of these provisions.

On a personal note, I would like to thank the committee staff for their hard work and dedication to finishing this bill on time. I would also like to thank Mr. STOKES and Mr. LEWIS for their help and kind friendship throughout my years in Congress, and especially during my time on this important subcommittee.

Mr. Speaker, I strongly support passage of H.R. 3666, the VA–HUD-independent agencies appropriations bill for fiscal year 1997 and I urge my colleagues to do the same.

Mr. STARK. Mr. Speaker, this appropriations bill includes two important first steps toward improving health care in America—protection for mothers and newborn babies from being forced out of hospitals prematurely and better mental health insurance benefits.

Yet these are the first steps in what needs to be done.

Both amendments have gaping loopholes in them that we will need to fix in the next Congress.

The parity for mental health caps amendment has a potentially gutting amendment offered by the senior Senator from Texas [Mr. GRAMM] which says that the parity in annual or lifetime limits between mental health and physical health need not apply if it causes the cost of the health insurance plan to rise by 1 percent or more. The Congressional Budget Office has estimated that the cap parity amendment should only affect health insurance premiums by about 0.4 percent. A recent Coopers & Lybrand analysis says that the premium impact should not only be about 0.12 percent. But thanks to the Gramm amendment, any employer or insurer who does not want to provide this equity treatment only has to say that it will increase costs by 1 percent or more. You can drive an armored division through that loophole—and I hope the next Congress will repeal the Senator's mischievous amendment.

The mental health cap parity amendment also does not include treatment for drug or alcohol addictions—even though the airwaves are filled with political ads decrying the rising level of drug use. If we were serious about turning Americans away from drug use, we would certainly provide health care services for drug and alcohol addiction—and this should be a priority for the next Congress. I would like to include in the RECORD at this point, a letter from the heads of several of the Nation's major addiction treatment centers—such as the Betty Ford Center—on this point.

SEPTEMBER 16, 1996.

Hon. FORTNEY PETE STARK,
House of Representatives,
Cannon House Office Building,
Washington, DC.

DEAR CONGRESSMAN STARK: We are writing to express our grave concern over the mental health parity provision that was included as an amendment to the Senate's HUD–VA Appropriations bill, H.R. 3666. We are shocked that a provision that specifically excludes substance abuse treatment services is being recommended by the leadership in Congress at a time when Republicans and Democrats alike are engaged in a heated national dialogue about addressing our nation's escalating drug problem.

At the Betty Ford Center, the Hazelden Foundation, and the Valley Hope Association, we see first hand the devastation that spiraling alcohol and drug use has on the lives of millions of Americans and their families. We also know the benefit that cost effective treatment has on reducing collateral health care costs, increasing workplace productivity, and reestablishing strong family ties.

We urge you to insist that the leadership drop the language from the HUD–VA bill that excludes substance abuse services from the parity provision. The cost of providing these benefits is a nominal .7% increase in premiums according to an April 12, 1996 study prepared by Milliman and Robertson. At a time when Congress has pledged renewed efforts to address our nation's drug problem, you should not pass legislation that goes entirely in the wrong direction.

Sincerely,

JOHN SCHWARZLOSE,
President, Betty Ford Center.
JERRY SPICER,
President, Hazelden Foundation.
DENNIS GILHOUSEN,
President, Valley Hope Association.

On the new mothers and babies bill, the 48 hours of protection is an important first step. But again, look at the details. The amendment includes language that says nothing in the new law will interfere with a managed care plan's cost-sharing provisions. In other words, a managed care plan could require a two day deductible for maternity stays, thus completely negating this provision. It could require a $1000 a day copayment for maternity stays, thus making a mockery of this provision for most middle income Americans. There are some plans that are so money-hungry they will probably adjust their cost-sharing arrangements so as to continue to force new mothers out of hospitals before they are ready. I call on the nation's consumer groups to form a database on what the current maternity copays and deductibles are in major managed care plans, and publicize any changes in those requirements that are designed to subvert this new law. The spotlight of publicity may be our only real protection against this loophole.

The amendment also drops original language that requires that if a mother and her baby leave the hospital before 48 hours that there be follow-up, at home services. The U.S. General Accounting Office has just released a report entitled, ''Appropriate Follow-up Services Critical With Short Hospital Stays.'' This report clearly shows that we need to revisit this issue next year to provide the kind of care to new babies that a civilized society should provide. As the GAO says

Although the public debate over maternity care has focused on the shortening of the hospital stay after childbirth, the critical issue is whether mothers and newborns are receiving all necessary services. . . .There is evidence that women and newborns are being discharged early without much follow-up care. Even when follow-up care is provided, it is not always delivered in a timely manner by properly trained professionals.

Requiring insurers to either cover hospital stays of 48 hours for vaginal births or cover follow-up care within 72 hours of discharge may be giving the public a false sense of security. Extending hospital stays to 48 hours may provide for more medical surveillance, but it does not include the period when many neonatal problems usually occur—at 3 days of age. Follow-up care can be a safety net to protect mothers and newborns who are discharged early only if the appropriate services are actually provided.

Mr. KLECZKA. Mr. Speaker, I rise today in strong support of the VA/HUD appropriation bill's maternity stay provisions. I am a firm believer in the saying ''mother knows best.''

On Mothers' Day this year, I introduced the Newborns and Mothers Health Protection Act. Like the VA–HUD provisions, my bill would enable new mothers to receive insurance coverage for a 48-hour hospital stay after normal childbirth, and 96 hours for a Caesarean section.

Like the legislation we consider today, my bill is not Federal intrusion or a Federal mandate. Rather this bill removes a mandate—an insurance company mandate—and replaces it with the common sense idea that in America today mothers should be given the choice to stay in a hospital for more than 24 hours after they give birth.

My bill, like the language included in the VA/HUD bill, returns decisions about this important issue to those who know it best—a mother and her physician.

I introduced my bill after receiving numerous heartfelt letters from mothers in my district who were kicked out of the hospital only 24 hours after giving birth. I am happy to report to those mothers today that Congress listened, and Congress took action, to stop insurance companies who think their bottom line profits are more important than a newborn's health.

While I would have liked more elements of my bill to be included in the VA–HUD language—including coverage of post-delivery treatment—the provision I rise in support of today makes a major improvement in the way this Nation's mothers will be treated in the future.

Mr. Speaker, a birth is a sacred event. We cheapen it, and endanger lives, when we turn its management over to some insurance company official whose eye is only on the bottom line. The maternity stay provisions we approve today will end the discouraging, and demoralizing, practice of putting profits before people. I urge my colleagues to support this bill.

Ms. MCCARTHY. Mr. Speaker, I rise again today to express my support of one of our Nation's greatest success stories for our youth, the AmeriCorps Program. While the VA–HUD conference report does not provide the President's full funding request for AmeriCorps, it does appropriate $403 million in fiscal year 1997, an amount equal to the current funding level. This is an enormous improvement over the House-passed bill which eliminated funding for the program entirely.

The mission of AmeriCorps is sensible: provide educational opportunities for young people who serve their community in ways that make a real difference in the lives of others.

In my district, AmeriCorps members have partnered with professionals and nonprofit agencies to help immunize children, revitalize and clean up inner city neighborhoods, install smoke alarms in the homes of the elderly, and weatherize homes in low income areas. On Earth Day this year, I assisted AmeriCorps members with planting a community garden in a vacant lot once strewn with debris. The lot now is a source of neighborhood pride.

AmeriCorps members continually champion the cause of community service by their collective and individual efforts. In my community, members have worked with community police officers to initiate neighborhood watch programs and shut down drug houses. The energy of these young people has inspired many families to get more involved to preserve and protect their neighborhood. As a result, Kansas City is cleaner, safer, and more livable because AmeriCorps has made its mark.

As we work to balance the Federal budget, I believe we must set smart priorities. Certainly providing opportunities which afford young people access to job training and education ought to be among our national goals.

I urge my colleagues to support the funding for the AmeriCorps program included in this conference report.

Ms. ESHOO. Mr. Speaker, the conference report before the House today includes many provisions worthy of support. Funding for the Federal Emergency Management Administration [FEMA] is much better than the House-passed level. The Americorps Program will continue to provide civic minded young women and men the opportunity to help their communities and earn money for their college education. Even the Environmental Protection Agency [EPA], the target of endless Republican attacks, is funded at a level that will allow the agency to fulfill its mission.

In addition, this conference report contains three health-related provisions that deserve the strong support of every Member of the House. The year-long fight to ensure parity for mental health benefits has been successful. New mothers will no longer have to worry about being forced from the hospital by insurance companies placing costs over care. And the children of veterans exposed to agent orange will get the benefits they deserve to help treat spina bifida.

Because of these provisions and the improved funding levels, I will support this conference report; yet I must point out that this report also contains a provision I strongly disagree with and which fails the good public policy test. I am referring to language included by the conferees prohibiting the space agency from consolidating NASA research aircraft from centers east of the Mississippi, leaving only one facility subject to this ill-conceived proposal—NASA-Ames, located in the 14th District of California which I represent.

The numbers are clear. The NASA inspector general's final audit report states that the consolidation plan would mean nonrecurring costs of $11.3 million and annual savings of $218,049, resulting in a payback period of 52 years. If the cost of money—discount rate—is factored in, NASA will never recover its financial investment in aircraft consolidation.

Mr. Speaker, over the past several months I have worked with several of my colleagues, Democrats and Republicans, House and Senate, in opposition to NASA's consolidation plan. As I stand here today, it is only NASA Ames, which lies West of the Mississippi, that remains subject to the consolidation. I want my constituents to know that I continue to believe the consolidation is a bad plan and I will continue to press this case both with the Congress and the administration.

Mr. MOORHEAD. Mr. Speaker, I rise today to bring your attention to an effort in my district to establish a healthy lifestyles and opportunities for wellness in children. This enterprise is being undertaken by the Glendale Adventist Medical Center in a endeavor to establish an Institute for Childrens Health and Wellness. The institute will incorporate existing hospital treatment programs and add educational, clinical, and special family programs along with a comprehensive community outreach.

Good health is essential if children are to benefit fully from their education. At the same time, the education they receive must contribute to helping them to keep healthy. The link between education and health is strong and reciprocal. Prenatal and well baby care, language and speech development, good nutrition, emotional bonding, and the opportunity for age-appropriate cognitive, social, and physical experiences all have a profound impact in shaping a child's readiness to learn and become a healthy adult.

Today, tobacco, alcohol, diets rich in saturated fats and cholesterol, lack of physical exercises, the widespread use of drugs, and other hazards are, unfortunately, not only part of the lifestyle of many adult Americans, but of many teenagers and children as well. Helping children to live a healthy lifestyle in the face of destructive societal behaviors is a challenging task, but one that must be met head on. The savings in terms of human life and dollars will be monumental if children nationwide adopt a healthier lifestyle.

The Institute will serve community children in a wide array of services, touching every aspect of their development. Programs include a Learning Center, Mildly-Ill Care to assist working parents, Drop-In Care, Outpatient Pediatric rehabilitation, mental health services, health education classes, Outpatient Adolescent Recovery Program and extensive community outreach. The focus will not be to merely avoid illness, but rather to prolong life through activities that are designed to continually improve physical and emotional well-being.

We all recognize that children are America's most valuable resource. It is important to our future to give children opportunities for health and more importantly, the tools to learn how to live a healthy lifestyle that continue throughout their life.

It is my hope that the next Congress will want to join in partnership with Glendale Adventist Medical Center and create positive step toward a nation of healthier children. It is also my expectation that other communities across the Nation will undertake a replication of this admirable program. I hope to encourage the Department of Housing and Urban Development to support a proposal funding this initiative.

Mr. LEWIS of California. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the conference report.

The previous question was ordered.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the conference report.

Pursuant to clause 7 of rule XV, the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 388, nays, 25, not voting 20, as follows:

[Roll No. 426]

YEAS—388

Abercrombie
Ackerman
Allard
Andrews
Archer
Armey
Baesler
Baker (CA)
Baker (LA)
Baldacci
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Becerra
Beilenson
Bentsen
Bereuter
Berman
Bevill
Bilbray
Bilirakis
Bishop
Bliley
Blumenauer
Blute
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boucher
Brewster
Browder
Brown (CA)
Brown (FL)
Brown (OH)
Brownback
Bryant (TN)
Bryant (TX)
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cardin
Castle
Chabot
Chambliss
Chapman
Chenoweth
Christensen
Chrysler
Clay
Clayton
Clement
Clinger
Clyburn
Coble
Coleman
Collins (GA)
Collins (IL)
Collins (MI)
Combest
Condit
Conyers
Costello
Coyne
Cramer
Crane
Crapo
Cremeans
Cubin
Cummings
Cunningham
Danner
Davis
de la Garza
Deal
DeFazio
DeLauro
Dellums
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Dornan
Doyle
Dreier
Dunn
Edwards
Ehlers
Engel
English
Ensign
Eshoo
Evans
Everett
Ewing
Farr
Fattah
Fawell
Fazio
Fields (LA)
Fields (TX)
Filner
Flake
Flanagan
Foglietta
Foley
Forbes
Ford
Fowler
Fox
Frank (MA)
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Frost
Furse
Gallegly
Ganske
Gejdenson
Gekas
Gilchrest
Gillmor
Gilman
Gonzalez
Goodlatte
Gordon
Goss
Graham
Green (TX)
Greene (UT)
Greenwood
Gunderson
Gutierrez
Gutknecht
Hall (OH)
Hamilton
Hansen
Harman
Hastert
Hastings (FL)
Hastings (WA)
Hayworth
Hefley
Hefner
Herger
Hilleary
Hilliard
Hinchey
Hobson
Hoke
Holden
Horn
Hostettler
Houghton
Hoyer
Hunter
Hutchinson
Hyde
Inglis
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson (SD)
Johnson, E. B.
Johnston
Jones
Kanjorski
Kaptur
Kasich
Kelly
Kennedy (MA)
Kennedy (RI)
Kennelly
Kildee
Kim
King
Kingston
Kleczka
Klink
Klug
Knollenberg
Kolbe
LaFalce
LaHood
Lantos
Latham
LaTourette
Laughlin
Lazio
Leach
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Lightfoot
Linder
Lipinski
Livingston
LoBiondo
Lofgren
Longley
Lowey
Lucas
Luther
Maloney
Manton
Manzullo
Markey
Martinez
Martini
Mascara
Matsui
McCarthy
McCollum
McCrery
McDade
McDermott
McHale
McHugh
McInnis
McIntosh
McKeon
McKinney
McNulty
Meehan
Meek
Menendez
Metcalf
Meyers
Mica
Millender-McDonald
Miller (CA)
Miller (FL)
Mink
Moakley
Molinari

Mollohan
Montgomery
Moorhead
Moran
Morella
Murtha
Myers
Myrick
Nadler
Neal
Nethercutt
Ney
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Orton
Owens
Packard
Pallone
Pastor
Paxon
Payne (NJ)
Pelosi
Peterson (MN)
Pickett
Pombo
Pomeroy
Porter
Portman
Poshard
Pryce
Quillen
Quinn
Radanovich
Rahall
Ramstad
Reed
Regula
Richardson
Riggs
Rivers
Roberts
Rogers
Rohrabacher
Ros-Lehtinen
Rose
Roth
Roukema
Roybal-Allard
Royce
Rush
Sabo
Salmon
Sanders
Sawyer
Saxton
Schaefer
Schiff
Schumer
Scott
Seastrand
Serrano
Shaw
Shays
Shuster
Sisisky
Skaggs
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solomon
Souder
Spence
Spratt
Stark
Stearns
Stenholm
Stockman
Stokes
Stupak
Talent
Tanner
Tate
Tauzin
Taylor (MS)
Taylor (NC)
Tejeda
Thomas
Thompson
Thornberry
Thornton
Thurman
Tiahrt
Torkildsen
Torres
Torricelli
Towns
Traficant
Upton
Velazquez
Vento
Visclosky
Volkmer
Vucanovich
Walsh
Wamp
Ward
Waters
Watt (NC)
Watts (OK)
Waxman
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wise
Wolf
Woolsey
Wynn
Yates
Young (AK)
Young (FL)
Zeliff
Zimmer

NAYS—25

Bachus
Coburn
Cooley
Cox
DeLay
Doolittle
Duncan
Ehrlich
Geren
Hall (TX)
Hancock
Hoekstra
Istook
Johnson, Sam
Largent
Minge
Neumann
Petri
Roemer
Sanford
Scarborough
Sensenbrenner
Shadegg
Stump
Walker

NOT VOTING—20

Bunn
Durbin
Funderburk
Gephardt
Gibbons
Goodling
Hayes
Heineman
Jacobs
Lincoln
Oxley
Parker
Payne (VA)
Peterson (FL)
Rangel
Schroeder
Studds
Wicker
Williams
Wilson

□ 2042

Mr. BACHUS and Mr. HALL of Texas changed their vote from ''yea'' to ''nay.''

So the conference report was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore (Mr. LAHOOD). Pursuant to clause 5 of rule I, the pending business is the question on agreeing to the Speaker's approval of the Journal of the last day's proceedings.

Pursuant to clause 1, rule I, the Journal stands approved.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4134, AUTHORIZING STATES TO DENY PUBLIC EDUCATION BENEFITS TO CERTAIN ALIENS NOT LAWFULLY IN THE UNITED STATES

Mr. MCINNIS, from the Committee on Rules, submitted a privileged report (Rept. No. 104–834) on the resolution (H. Res. 530) providing for consideration of the bill (H.R. 4134) to amend the Immigration and Nationality Act to authorize States to deny public education benefits to aliens not lawfully present in the United States who are not enrolled in public schools during the period beginning September 1, 1996, and ending July 1, 1997, which was referred to the House Calendar and ordered to be printed.

PRESIDENTIAL AND EXECUTIVE OFFICE ACCOUNTABILITY ACT

The SPEAKER pro tempore. The pending business is the question of suspending the rule and passing the bill, H.R. 3452, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California [Mr. HORN] that the House suspend the rules and pass the bill, H.R. 3452, as amended, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 410, nays 5, not voting 18, as follows:

[Roll No. 427]

YEAS—410

Abercrombie
Ackerman
Allard
Andrews
Archer
Armey
Bachus
Baesler
Baker (CA)
Baker (LA)
Baldacci
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Becerra
Beilenson
Bentsen
Bereuter
Berman
Bevill
Bilbray
Bilirakis
Bishop
Bliley
Blumenauer
Blute
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boucher
Brewster
Browder
Brown (CA)
Brown (FL)
Brown (OH)
Brownback
Bryant (TN)
Bryant (TX)
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cardin
Castle
Chabot
Chambliss
Chapman
Chenoweth
Christensen
Chrysler
Clay
Clayton
Clement
Clinger
Coble
Coburn
Coleman
Collins (GA)
Collins (IL)
Collins (MI)
Combest
Condit
Conyers
Cooley
Costello
Coyne
Cramer
Crane
Crapo
Cremeans
Cubin
Cummings
Cunningham
Danner
Davis
de la Garza
Deal
DeFazio
DeLauro
DeLay
Dellums
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Dornan
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Engel
English
Ensign
Eshoo
Evans
Everett
Ewing
Farr
Fattah
Fawell
Fazio
Fields (LA)
Fields (TX)
Filner
Flake
Flanagan
Foglietta
Foley
Forbes
Ford
Fowler
Fox
Frank (MA)
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Frost
Furse
Gallegly
Ganske
Gejdenson
Gekas
Geren
Gilchrest
Gillmor
Gilman
Gonzalez
Goodlatte
Goodling
Gordon
Goss
Graham
Green (TX)
Greene (UT)
Greenwood
Gunderson
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hamilton
Hancock
Hansen
Harman
Hastert
Hastings (FL)
Hastings (WA)
Hayworth
Hefley
Hefner
Herger
Hilleary
Hinchey
Hobson
Hoekstra
Hoke
Holden
Horn
Hostettler
Houghton
Hoyer
Hunter
Hutchinson
Hyde
Inglis
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson (SD)
Johnson, Sam
Johnston
Jones
Kanjorski
Kaptur
Kasich
Kelly
Kennedy (MA)
Kennedy (RI)
Kennelly
Kildee
Kim
King
Kingston
Kleczka
Klink
Klug
Knollenberg
Kolbe
LaFalce
LaHood
Lantos
Largent
Latham
LaTourette
Laughlin
Lazio
Leach
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Lightfoot
Linder
Lipinski
Livingston
LoBiondo
Lofgren
Longley
Lowey
Lucas
Luther
Maloney
Manton
Manzullo
Markey
Martinez
Martini
Mascara
Matsui
McCarthy
McCollum
McCrery
McDade
McDermott
McHale
McHugh
McInnis
McIntosh
McKeon
McKinney
McNulty
Meehan
Meek
Menendez
Metcalf
Meyers
Mica
Millender-McDonald
Miller (CA)
Miller (FL)
Minge
Mink
Moakley
Molinari
Mollohan
Montgomery
Moorhead
Moran
Morella
Murtha
Myers
Myrick
Nadler
Neal
Nethercutt
Neumann
Ney
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Orton
Owens
Packard
Pallone
Parker
Pastor
Paxon
Payne (NJ)
Pelosi
Peterson (MN)
Petri
Pickett
Pombo
Pomeroy
Porter
Portman
Poshard
Pryce
Quillen
Quinn
Radanovich
Rahall
Ramstad
Reed
Regula
Richardson
Riggs
Rivers
Roberts
Roemer
Rogers
Rohrabacher
Ros-Lehtinen
Rose
Roth
Roukema
Roybal-Allard
Royce
Rush
Sabo
Salmon
Sanders
Sanford
Sawyer
Saxton
Scarborough
Schaefer
Schiff
Schumer
Scott
Seastrand
Sensenbrenner
Serrano
Shadegg
Shaw
Shays
Shuster
Sisisky
Skaggs
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solomon
Souder
Spence
Spratt
Stark
Stearns
Stenholm
Stockman
Stokes
Stump
Stupak
Talent
Tanner
Tate
Tauzin
Taylor (MS)
Taylor (NC)
Tejeda
Thomas
Thompson
Thornberry
Thornton
Thurman
Tiahrt
Torkildsen
Torres
Torricelli
Towns
Traficant
Upton
Velazquez
Vento
Visclosky
Volkmer
Vucanovich
Walker
Walsh
Wamp
Ward
Waters
Watts (OK)
Waxman
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wise
Wolf
Woolsey
Wynn
Yates
Young (AK)
Young (FL)
Zeliff
Zimmer

NAYS—5

Clyburn
Cox
Hilliard
Johnson, E. B.
Watt (NC)